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THE WHO STRATEGY FOR TRADITIONAL MEDICINE: REVIEW OF THE GLOBAL SITUATION AND STRATEGY IMPLEMENTATION IN THE EASTERN MEDITERRANEAN REGION

CONTENTS

1. WHAT IS TRADITIONAL MEDICINE?

During the last two decades, because of issues on population ageing, changes in patterns of common diseases and for other reasons, the use of traditional medicine has dramatically increased worldwide. A comprehensive term, "traditional medicine" (TM) refers both to traditional medicine systems, such as traditional Chinese medicine, Indian ayurveda medicine, Unani medicine, and to various forms of indigenous medicine. In countries where the dominant health care system is based on modern "Western" medicine or where traditional medicine has not been incorporated into the national health care system, traditional medicine is often termed "complementary", "alternative" or "non-conventional" medicine (CAM).

Unani is one of the most well known traditional medicine systems and draws on the ancient traditional systems of medicine of China, Egypt, India, Iraq, Persia and Syria. It is, therefore, also called Arab medicine. Unani is still popular in many Arab and east Asian countries. In fact, traditional medicine and herbal products are increasingly being used in many countries where modern medicine is easily available.

Practices of traditional medicine vary greatly with country and region, as they are influenced by factors such as culture, history, personal attitudes and philosophy. In many cases, the theory and application of traditional medicine are quite different from those of conventional medicine.

Based on the therapies, traditional medicine can be categorized into medication and non-medication.

Traditional medication involves the use of herbal medicines, animal parts and minerals.

Traditional non-medication involves various techniques, primarily without the use of medication. They include, for example, acupuncture and related techniques, chiropractic, osteopathy, manual therapies, qigong, tai ji, yoga, and other physical, mental, spiritual and mind–body therapies.

2. SITUATION AS REGARDS THE USE OF TRADITIONAL MEDICINE

Traditional medicine is widely and increasingly being used in both developing and developed countries. Up to 80% of the population in Africa and 65% in India depend on traditional medicine to help meet their health care needs. Elsewhere, in Asia and in Latin America, historical circumstances and cultural beliefs mean that populations continue to use traditional medicine. In many developed countries, certain complementary and alternative medicine therapies are popular; the percentage of the population that has used complementary and alternative medicine at least once is 48% in Australia, 70% in Canada, 70% in USA, 40%

in Belgium and 49% in France. However, comprehensive and reliable data and information about the global use of traditional medicine are not available.[1]

Herbal medicines and acupuncture are the two most popular forms of TM/CAM used worldwide.

The global and national market sales for herbal medicines has shown rapid growth. According to the Secretariat of the Convention on Biological Diversity (CBD) report published in 2000, the global medicines market in 2000 was estimated at US$ 60 000 million. In Japan, the herbal medicines market was worth US$1000 million in 1991, US$2000 million in 1994, US$2200 million in 1996 and US$2400 million in 2000. In the United Kingdom, this market was worth US$92 million in 1994, US$134 million in 1998, US$159 million in 2000 and it was expected to reach US$184 million in 2002. For the USA, the figures are US$1600 million in 1994, US$3000 million in 1997, US$4400 million in 1999 and US$5400 million in 2000.

In Arab countries, use of herbal medicines has also increased. For example, according to an estimate of the Ministry of Health in the United Arab Emirates, in 2000 the country imported 2500 tablets, 699 100 capsules and 6100 bottles of herbal medicine; corresponding figures for 2001 were 257 500 tablets, 2 454 160 capsules and 10 122 bottles. The total number of items of imported herbal medicine increased 3.85 fold in 2001 compared with 2000.

Acupuncture originated in China and has grown in popularity worldwide. Acupuncture is practised not only by acupuncturists, but also by medical doctors and other health care providers. According to the report of the World Federation of Acupuncture–Moxibustion Societies, there are 50 000 acupuncturists (including doctors and acupuncturists) in Asian countries and 15 000 (including doctors and acupuncturists) in European countries. In Belgium, for example, 74% of acupuncture treatment is provided by doctors. In Germany, 77% of pain clinics provide acupuncture treatment. In the United Kingdom, 46% of general practitioners either recommend patients for acupuncture treatment or treat their patients with acupuncture. In the United States, there are 12 000 licensed acupuncturists. Thirty-eight States recognize acupuncture practice legally, and six States are setting up policies on acupuncture practice.

3. THE ROLE OF TRADITIONAL MEDICINE IN HEALTH CARE

Despite limited evidence of efficacy, TM/CAM is used for the full spectrum of diseases from self-limited to life-threatening illnesses. For example, a WHO Roll Back Malaria programme reported that in Ghana, Mali, Nigeria and Zambia, herbal medicine is the first line of treatment for more than 60% of children with high fever. With technical and financial support from the WHO, the results of the pilot clinical studies on anti-malarial herbal

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[1] References for all data quoted can be found in *Traditional Medicine. WHO Policy Perspectives on Medicines No. 4* (document reference WHO/EDM/2001.4).

Worldwide, the surveys show that over three-quarters of AIDS patients in Africa, North America and Europe use traditional or complementary medicine for various symptoms or conditions. TM/CAM is often used to treat chronic pain and to improve the quality of life of those suffering from incurable diseases. In Germany and the United Kingdom, 77% and 90%, respectively, of pain clinics provide acupuncture treatment. Recently, a public hospital in the United Arab Emirates opened an acupuncture clinic to treat chronic pain. In Canada, TM/CAM is often used to prevent illness or to maintain health care, to treat back problems, chronic pain, fatigue or weakness and symptoms of chronic diseases. In France, among the people who have used TM/CAM, 49% used TM/CAM for minor diseases, 54% for chronic disease, 3% for serious illness, and 17% for maintaining good health and in the prevention of diseases.

4. WHO USES TRADITIONAL MEDICINE AND WHY?

According to surveys conducted in developed countries, normally women and people with higher education like to use TM/CAM. For example, a report from Canada showed young people, women and people with higher education like to use TM/CAM. In Germany, it is people with high incomes, in the United States with higher education and in Italy 69% the "middle class" who like to use TM/CAM.

So why is traditional medicine being used increasingly worldwide? Effective reaction is one of the reasons. Surveys of consumers and patients who have used TM/CAM treatment in different countries showed that, in Belgium, 77% of consumers and patients were satisfied with TM/CAM treatment; in Denmark, 77% considered themselves cured by TM/CAM, with only 17% claiming that the treatment had had no effect and 1% saying that their condition had worsened. In Viet Nam, patients say that TM/CAM is 100% effective, but slower than Western medicine. In the United States of America, 66% of women had confidence in the safety of herbal medicines and 37% of women believed that herbal medicine was effective. Even 57% of doctors believed herbal medicines had good benefits.

5. DIFFICULTIES AND CHALLENGES

Practitioners of allopathic medicine emphasize its scientific approach and contend that it is free of cultural values. TM/CAM therapies have developed rather differently, having been very much influenced by the culture and historical conditions within which they first evolved. Their common basis is an holistic approach to life, equilibrium between mind, body and their environment, and an emphasis on health rather than on disease. Generally, the provider focuses on the overall condition of the individual patient, rather than on the particular ailment or disease from which the patient is suffering.

This more complex approach to health care makes TM very attractive to many people. But it also makes scientific evaluation very difficult because so many factors must be taken into account and the various forms of traditional medicine have developed in the context of different cultures in different geographic regions without a parallel development of international standards and effective methods for evaluating traditional medicines.

Many TM/CAM providers seek continued or increased recognition and support in their field. At the same time many allopathic medicine professionals, even those in countries with a strong history of TM, express strong reservations and often frank disbelief about the purported benefits of TM/CAM. Regulators wrestle with questions of safety and efficacy of traditional herbal medicines and practice, while many industry groups and consumers resist any health policy developments that could limit access to TM/CAM therapies. Reports of powerful immunostimulant effects for some traditional medicines raise hope among HIV-infected individuals, but others worry that the use of such "cures" will mislead people living with HIV/AIDS and delay treatment with "proven" therapies.

In many countries of the Eastern Mediterranean Region, the majority of herbal products available are from the USA and European or Asian countries. The main problem in the evaluation of imported herbal products is that many products contain more than 10 plants and it is very difficult to conduct testing and quality control; the categories of herbal products are quite different from country to country. There is a lack of cooperation and information sharing as regards market control between the ministries of health among the countries. Important data related to safety, efficacy and quality control are often insufficient. As the components of herbal medicines are more complicated than chemical drugs, national authorities lack the knowledge and technical capacity to evaluate the safety, efficacy and quality of most imported herbal products. In most countries, either no safety monitoring system exists or the existing safety monitoring system excludes herbal medicines.

There are many different traditional practitioners providing a variety of therapies and herbal medicines. It is difficult for national authorities to distinguish between practitioners who are qualified and those who are not.

To maximize the potential of TM/CAM as a source of health care, a number of issues must first be tackled. They relate to policy; safety, efficacy and quality; access; and rational use.

6. PROMOTION OF THE SAFE AND EFFECTIVE USE OF TRADITIONAL MEDICINE

Policy and regulation are crucial to defining the role of TM/CAM in national health care delivery systems, ensuring the creation of regulatory and legal mechanisms for promoting and maintaining good quality of herbal medicines, and good practice. Policies are also needed in order to respond to issues concerning the protection of indigenous traditional medicine knowledge and protection of natural resources.

There are four main systems of national policy on TM/CAM worldwide: integrative, inclusive, tolerant and exclusive. At present, there are only four countries where TM/CAM has been integrated into their health care systems. There are now fewer countries with exclusive TM/CAM policies. Most countries have adopted inclusive or tolerant policies on TM/CAM.

Integrative system

So far, no clear criterion for the integration of traditional medicine into national health care systems has been established. According to the Health Assembly resolution WHA42.42 (1989), integration means that traditional medicine has been officially recognized and has been completely incorporated into all areas of the health care system, including national policy, regulation and registration of practitioners and remedies, practice at all levels, health insurance coverage, as well as research and education.

Worldwide, only four countries have reached integration level: China, the Republic of Korea, the Democratic People's Republic of Korea and Viet Nam.

In China, the integration of traditional medicine into the national health care system and the integrated training of health practitioners are officially promoted. The Chinese Government has reinforced its commitment to the integration of traditional and allopathic medicine on a number of occasions. Adopted in 1982, Article 21 of the Constitution of the People's Republic of China promotes both allopathic and traditional Chinese medicine. The Bureau of Traditional Medicine was set up as part of the Central Health Administration in 1984. In 1986, the State Administration of Traditional Chinese Medicine was established.

There are 350 000 staff working at more than 2500 traditional medicine hospitals in China. In addition, 95% of general hospitals have traditional medicine units and 50% of rural doctors are able to provide both traditional and allopathic medicine.

In 1949, there were 276 000 traditional medicine practitioners in China. The figure increased to 393 000 in 1965 and to 525 000 in 1995. Among these traditional medicine practitioners are 257 000 traditional medical doctors who graduated from traditional medical universities with knowledge of both traditional and allopathic medicine, 10 000 allopathic medical doctors who also received training in traditional medicine, 83 000 traditional medicine pharmacists who are specialists in herbal medicines and who have graduated from traditional medicine universities, 72 000 assistant traditional medicine doctors, and 55 000 assistant herbal pharmacists who have trained in traditional medicine secondary schools.

There are 800 herbal product manufacturers with a total annual output worth US$ 7800 million. There are over 600 manufacturing bases and 13 000 central farms specialized in the production of traditional medicinal materials. There are 340 000 farmers who cultivate medicinal plants. The total planting area for medicinal herbs amounts to 348 000 acres.

There are 170 research institutions across the country with perhaps the most prestigious being the Academy of Traditional Medicine in Beijing.

Inclusive and tolerant systems

In this category, TM/CAM is partially recognized as forming a special part of health care systems. Compared with countries where traditional medicine has been integrated into national health systems, work on further improvement of policy, regulation, practice, research

and education are ongoing in countries with inclusive systems. In the future, these will be listed under the integrative system.

In Belgium, for example, 59% of patients utilize complementary/alternative medicine. Most providers of complementary/alternative treatments are allopathic doctors or physiotherapists. One allopathic physician out of four, mostly general practitioners, provides complementary/alternative treatments. The most commonly practised forms of complementary/alternative medicine are homeopathy, practised by 59% of providers of complementary/alternative medicine; acupuncture, practised by 40%; and phytotherapy 28%. Thirty-three per cent of manipulative treatments are provided by physiotherapists and 34% by non-allopathic practitioners. After the intervention of the European Commission with regard to the (non-)enforcement of European Directives on homeopathic products, the Belgian Government asked the Federal Department of Public Health to draft legislation on complementary/alternative medicine. On 29 April 1999, the new law was adopted by the Belgian Parliament. In November 1999, the Government enacted bylaws to ensure enforcement of the law. The new law introduces provisions for homeopathy, chiropractic, osteopathy and acupuncture and allows for the recognition of other complementary/alternative techniques. The law also requires establishing a commission to advise the Government on the practice of complementary/alternative medicine, particularly registration of practitioners, membership of recognized professional organizations, insurance for professionals, regulation of advertising, and restrictions on medical acts. In order to register, practitioners must demonstrate that they provide high quality and accessible care that positively influences their patients' health.

During the past 20 years, interest in complementary/alternative medicine has increased. Seventy per cent of the public is in favour of complementary/alternative medicine—particularly osteopathy, acupuncture, chiropractic, and homeopathy—becoming widely available in the National Health Service (NHS) in the United Kingdom. One-eighth of the British population has tried complementary/alternative medicine, 90% of these people are ready to use it again. Complementary/alternative medicine is most popular with middle aged, "middle class" women.

Much complementary/alternative medical practice centres on treating chronic diseases. The complementary/alternative therapies most utilized are herbal medicines, osteopathy, homeopathy, acupuncture, hypnotherapy and spiritual healing. Most patients of complementary/alternative medicine are also patients of allopathic medicine.

The United Kingdom is the only country in the European Union with public sector complementary/alternative medicine hospitals. Allopathic physicians providing homeopathy are included in the NHS. Indeed, there are NHS homeopathic hospitals in London, Glasgow, Liverpool, Bristol and Tunbridge Wells. At Saint Mary's Hospital where relaxation, dietetic, yoga and meditation therapies are available, allopathic physicians work closely with non-physicians.

Complementary/alternative practitioners without an academic degree provide the largest proportion of complementary/alternative medicine. In 1987, there were about 2000

non-allopathic medical practitioners. In 1999, there were 50 000 complementary/alternative medical providers. Approximately 10 000 of these are officially registered health professionals. In 1998, up to 5 million patients consulted a complementary/alternative practitioner. Patients spend about 1.6 billion pounds sterling each year on complementary/alternative medicine.

Though complementary/alternative medical practitioners without an allopathic medical degree are tolerated by law, only medical providers holding a university allopathic medical degree are officially recognized. In 1950, the Government gave official recognition to homeopathy in the Faculty of Homeopathy Act. The Government regulates osteopathy and chiropractic through the quite similar Osteopath and Chiropractor Acts of 1993 and 1994, respectively. While registered practitioners of these two professions have special rights, including title protection, they, like other non-allopathic practitioners, are not recognized as official health care providers and may not work in NHS hospitals. Nonetheless, these two acts are considered as important developments in complementary/alternative medicine. Other practitioners, including acupuncturists, homeopaths, and herbalists, are now pursuing the same level of recognition.

At present 25 of the 191 WHO Member States have developed national TM/CAM policies and more than 70 countries have established regulation on herbal medicine. Two years ago, a survey on regulation of herbal medicines was conducted in 22 countries of the Eastern Mediterranean Region and feedback was received from 13 countries. A review of the regulatory situation of herbal medicine showed that five of the countries have a national policy on traditional medicine; eight countries have regulation for herbal medicines; in nine countries herbal medicines are sold legally without registration/market authorization; and in five countries, there are national research institutes of herbal medicine. In addition, five countries intend to establish national regulation for herbal medicine.

Kuwait was the first country to recognize Islamic medicine in its constitution and set up the regulation of herbal medicines separate from that for conventional medicines. In 1984, Islamic medicine was recognized by law; "An organization for 'Islamic Medicine' called 'The Islamic Organization for Medical Sciences' shall be established, having its own identity and independence, for which the State of Kuwait is the Residency. It might establish centres for research and study in or out of Kuwait and shall function according to its constitution that will be issued by an Amiree Decree". The law also states that, "Ministers, each within his Jurisdiction, shall see to the implementation of this Decree, effective on date of its publication in the official gazette." In 1986, the law of herbal medicines was established. It supports the development of the safety and quality aspects of herbal medicine. The Islamic Medicine Centre was established in 1985. The Islamic Medicine Centre works together with medical doctors, scientists and traditional practitioners. The Centre focuses on herbal medicines which have been traditionally used in Kuwait or in other Islamic countries. The safety aspects are tested first. If the safety of herbal preparation is proved by the laboratory experiment, then the format is standardized into tablet, capsule and syrup forms, etc. All herbal medicines used for treating the patients in the clinic of the Centre are produced by the Centre. The patients are diagnosed by doctors and then traditional practitioners prescribe herbal treatment. The treatment is covered by the State health insurance scheme. Up to now, 40 types of herbal

products have been produced by the Centre and it can treat 13 common diseases. An average of 15 000 patients are treated at the Centre each year. Based on the treatment results, further full pharmacological testing will follow. There are now three products for which full pharmacological tests has been completed. In Kuwait, there is one public acupuncture clinic. Insurance also covers the treatment costs.

In the United Arab Emirates, there is a long history of use of traditional medicine. The government has paid attention to developing its own traditional medicine. His Highness Sheikh Zayed Bin Sultan Al Nahyan felt deeply that, despite all the recent developments in the modern health care system available the people of United Arab Emirates, there was need for a Research Centre that deals exclusively with herbal and traditional therapy. As a result the Zayed Complex for Herbal Research and Traditional Medicine was established in 1996. The major mission of the Zayed Complex is to use traditional medicine therapies and herbal medicines in treating common diseases; to produce new and known herbal medicines in different dosage forms through research and development; to collect, record and analyse knowledge from traditional practitioners; to do laboratory research in testing the safety, efficacy and quality of traditional herbal medicines; and to assess the quality control studies of the crude and finished herbal products to be registered in the United Arab Emirates. The Centre also supports the Department of Drug Control of the Ministry of Health to develop the regulation for herbal products and also to test registered herbal medicines.

The majority of products are imported from Australia, Austria, Belgium, China, Germany, India, Indonisia, Netherlands and Switzerland. In 1998, the Ministry of Health issued the requirements for the registration of herbal products. Since then, the Department of Drug Control has received 55 applications. Among these, 37 applications have been completed and approved to date. Four applications passed laboratory tests and are waiting for Registration Committee approval. Fourteen applications are waiting for laboratory analysis.

In 2001, a survey on setting up an Office of Complementary and Alternative Medicine was undertaken and the office was set up in 2002. This office started conducting examinations for traditional practitioners and licensing practices for therapies such as natural therapy, chiropractic, etc. The office has so far received 180 applications, of which 110 have met the necessary criteria and 34 have so far been licensed.

The Islamic Republic of Iran has a long history in the field of Iranian and Islamic traditional medicine. It has rich medicinal plants resources; it is estimated that there are more than 8000 medicinal plants in the country. In seven provinces, the faculties of pharmacy are conducting research in medicinal plants. There are 30 pharmaceutical companies producing herbal medicines: 20 of these produce herbal products and 10 produce only tea bags or raw materials of herbs. Some of them produce both herbal products and chemical drugs.

The Government has paid much attention to protecting its traditional medicine. The National Academy of Traditional Medicine in Iran was established in 1991. Its objectives are to support research on herbal medicines; to study the history of Iranian traditional medicine and maintain the traditional medicine; to conduct research on education in the field of

traditional medicine and to recommend educational plans to the Ministry of Health and Medical Education; and to educate the public in the rational use of traditional medicine.

In 1996, the Ministry of Health and Medical Education established the Council of Medicinal Herbs and Products. A panel of experts has been charged with the evaluation of safety and efficacy of herbs and its products, and rules and regulations for packages of herbal medicine were issued. There are more than 100 registered (local produced) and several hundred non-registered, but regulated, herbal medicines in the market. These herbal medicines have been included in the list of essential drugs. The number of licensed herbal products is intended to increase to 300 by the end of 2004.

Since 1990, the Government has supported development of the national inventory of medicinal plants in the Islamic Republic of Iran. Up to now, 2500 out of 8000 plants have been listed and classified into 20 volumes. In each volume, there are 125 herbs.

Other countries in the Eastern Mediterranean Region are aware that the demand for traditional medicine is growing and the health authorities are taking action to ensure the safety and efficacy of traditional medicine. For example, the regulation of herbal medicines is a high priority for the Government of Jordan. In 1990 an Expert Committee was established and drafted requirements for registration of herbal medicine. In 1996, the committee formulated in final form guidelines and rules for herbal medicines and preparations. Since 1999, herbal medicines have had to be approved by the herbal medicine committee. In recent years, the member states of the Gulf Cooperation Council have started to develop guidelines for the regulation of herbal medicines.

7. IMPLEMENTATION OF THE WHO STRATEGY FOR TRADITIONAL MEDICINE

Strategy

In order to assist Member States to develop and promote TM/CAM, WHO has developed its strategy for traditional medicine. The strategy has four main objectives:

- Policy: Integrate relevant TM/CAM with national health care systems by developing and implementing national TM/CAM policies;

- Safety, efficacy and quality: Promote safety, efficacy and quality by expanding the TM/CAM safety, efficacy and quality knowledge-base, and by providing guidance on regulatory and quality assurance standards;

- Access: Increase availability and affordability of TM/CAM;

- Rational use: Promote sound use of TM/CAM by providers and consumers.

In response to the challenges of promotion of safe and effective use of traditional medicine, particularly focusing on the use of herbal medicines in the Eastern Mediterranean countries, the following actions are proposed.

Plan for implementation of WHO traditional medicine strategy in countries of the Eastern Mediterranean Region 2002–2005: objectives, components and planned actions

Objectives	Components	Planned actions
Policy	**Recognition of TM/CAM** Assist countries to develop national policies and programmes on TM/CAM	• Support selected countries to integrate TM/CAM into national health system
	Protection and preservation of indigenous TM knowledge Assist countries to protect their indigenous TM knowledge	• Support selected countries to record the indigenous TM knowledge and developing the national inventory of medicinal plants
Safety, efficacy and quality	**Regulation of herbal medicines** Support countries to establish effective regulatory systems for registration and quality assurance of herbal medicines	• Conduct two regional workshops on national regulation of herbal medicines; Islamic Republic of Iran 2002 and United Arab Emirates 2003
Access	**Recognition of role of traditional practitioners and TM/CAM in health care** Advocate recognition of traditional practitioners and practice	• Conduct training workshops for TM/CAM practitioners in selected countries
	Conservation of medicinal plants and sustainable use and cultivation of medicinal plants	• Support development of guidelines for good agriculture practice in relation to medicinal plants • Promote sustainable use of natural resources
Rational use	**Proper use of TM/CAM by health providers** Increase capacity of health care providers to make proper use of TM/CAM products and therapies	• Support basic training for the commonly used TM/CAM therapies • Strengthen cooperation between TM/CAM practitioners and other health care providers
	Proper use of TM/CAM by consumers Increase capacity of consumers to make informed decision on use TM/CAM	• Conduct a regional workshop on proper use of TM/CAM for consumers and public, United Arab Emirates 2003

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