APIA ACTION PLAN
ON TRADITIONAL MEDICINE
IN THE PACIFIC ISLAND COUNTRIES

WORLD HEALTH ORGANIZATION
Western Pacific Region
2001
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(APIA ACTION PLAN 2000)

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The views expressed in this Report are those of the participants in the Workshop on Development of National Policy on Traditional Medicine, 11-15 October 1999, Beijing, China, and do not necessarily reflect the policy of the World Health Organization.
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1. **Introduction**

1.1 Traditional medicine in the South Pacific island countries

Traditional medicine (TRM) in Pacific islands is an old, ancestral health system which has remained practically unchanged for many centuries. Practitioners of TRM are mainly herbalists, bonesetters, massagists, and faith healers. The healer’s knowledge is considered a healing gift, being passed on by “word of mouth” from one generation to the next. Younger members of the family who are considered to be worthy are selected to receive the special gift. Ancient books or papyrus writings that document the uses of indigenous plant medicines and healing practices are rare to non-existent. This lack of documented record makes it difficult to assess and analyze the health benefits or the therapeutic potentials of TRM in these countries.

The use of traditional medicine is very popular in the islands. For example, a survey revealed that about 80% of the population in Fiji regularly make use of medicinal plants. In Nauru, a survey showed that 60% of the population use traditional medicine. In Samoa, it is estimated that there are roughly 500 traditional birth attendants (TBAs) and that up to 40% of the births are delivered by TBAs.
In most Pacific island countries, traditional medicine is practised outside of formal health systems. Traditional medicine is usually rendered in the form of community or family practices. In some countries, it is practised in secret due to official and societal constraints. Recently, however, there have been some pioneering efforts to initiate dialogue between government health experts and traditional healers, as in Papua New Guinea, French Polynesia, Fiji and Samoa. This effort is a very encouraging first step towards the documentation, recognition and development of traditional medicine, and its integration into mainstream health practice in these countries.

To ensure the appropriate use of traditional medicine and to safeguard the users, the governments of Pacific island countries have taken an increasing interest in this medical modality. Several governments have seriously considered the possibility, and the necessity, of having a clear policy on traditional medicine. For example, in Fiji, the Cabinet has instructed the Ministry of Health to prepare a national policy on traditional medicine. Papua New Guinea has gone a step further by adopting a national policy that states the government’s position with regard to traditional medicine and outlines the role of traditional medicine in the delivery of primary health care in the country.

It is a fact that the recognition of traditional medicine in Pacific island countries is very much in an early stage. However, with the support of the governments of the Member States and the WHO Regional Office for the Western Pacific, remedial steps are being taken to address the issues of
efficacy, safety and integration of traditional medicine and medical practices into the primary health care systems of the Region. A few of the WPRO efforts in this area include the publication of a book on medicinal plants in the South Pacific, support for national and regional workshops, and the provision of technical support to countries.

1.2 The Palau Action Statement

During the Meeting of Ministers of Health for the Pacific Island Countries held in Cook Islands in August 1997, the ministers adopted the “Rarotonga Agreement: Towards Healthy Islands”, and recommended that the use of traditional medicine should be encouraged where appropriate, and steps should be taken to incorporate its use into the health care system. The Rarotonga Agreement further recognized the need to extend training in the practice of traditional medicine, especially herbal medicine, acupuncture and related practices, building on recent documentation on herbal medicine in the Pacific region.

As a follow up to the Meeting of Ministers of Health in Cook Islands in August 1997, a meeting of the same ministers was held in Koror, Republic of Palau, in March 1999. The outcome of the latter meeting was the issuance of the “Palau Action Statement on Healthy Islands”. This statement presented recommendations for action on (a) Healthy Islands initiatives, (b) human resources for health, (c) pharmaceuticals, (d) traditional medicine, (e) noncommunicable diseases, and (f) health information.
With regard to traditional medicine, the Palau Action Statement recommended four specific courses of action to be taken by individual Pacific islands:

(1) Where appropriate, governments need to develop policies in support of the proper use of traditional medicine.

(2) Commonly used local plants with medicinal value should be selected and their proper use should be assessed and promoted.

(3) Traditional medicine practitioners should be mobilized as community health providers in order to:
   (a) provide further training opportunities, and
   (b) pass on knowledge of traditional medicine on to other health workers.

   Traditional medicine practitioners should be, without question, included as members of the community health team.

(4) The potential contribution of scientifically proven traditional medicine should be fully explored.
1.3 Regional Workshop on Traditional Practice of Medicine and Health Sector Development

To promote the use of traditional medicine in health sector development in Pacific island countries and to prepare a detailed action plan for implementation of Palau Action Statement in the field of traditional medicine, the WHO Regional Office for the Western Pacific organized a Regional Workshop on Traditional Practice of Medicine and Health Sector Development held in Apia, Samoa, from 6 to 9 November 2000. Participants included health administrators, policy makers, professional health workers and traditional medicine practitioners from 15 Pacific island countries. As a result of the deliberations, the Apia Action Plan on Traditional Medicine for Pacific Island Countries (Apia Action Plan 2000) was prepared.
2. Goals and Objectives of the Apia Action Plan 2000

2.1 Goals

• To promote the appropriate use of traditional medicine in Pacific island countries
• To encourage the integration of traditional medicine into the mainstream health service system
2.2 Objectives

- To propose actions which could be taken by Pacific island countries for implementing the Palau Action Statement in the field of traditional medicine
- To guide interested Pacific island countries on proper actions for bringing traditional medicine and its practice into health sector development, and
- To provide various options for Pacific island countries to initiate and develop traditional medicine programmes.
3. **APIA ACTION PLAN 2000**

3.1 *Action Statement (One): Development of national policies on traditional medicine*

Traditional medicine is still popular in many Pacific island countries as indicated by the country reports given during the Regional Workshop on Traditional Practice of Medicine and Health Sector Development. The governments need to have a clear policy on where they will stand in dealing with traditional medicine and its practice. A government policy on traditional medicine will define the role of traditional medicine in health care delivery in the country. The policy will indicate the government’s direction of action and commitment through provision of resources. A national policy will ensure the proper use and safe practice of traditional medicine through establishment of mechanisms for regulation and control of traditional medicine and its practice.
3.1.1 Procedure for national policy development

Step 1: Agenda setting

**Action No. 1: Systematic review of the status of traditional medicine in the country**

The review will provide information on the current status as well as on the political, economic, cultural and health requirements for establishing a national policy on traditional medicine.

**Action No. 2: Information campaign**

The results of the information campaign will enable the government to understand and appreciate the role of traditional medicine in the community and will increase the awareness to have a policy on traditional medicine. These activities should be undertaken by traditional medicine practitioners and experts, and their professional organizations, in collaboration with appropriate governmental agencies.

**Action No. 3: Social marketing**

The public should be informed about traditional medicine through social marketing activities. These activities could be undertaken by the government with support from traditional medicine practitioners and experts, and their professional organizations. Posters and other written materials could be prepared and distributed widely. Community-based educational activities could be organized, and public media, such as newspapers, radio and television, could be used to aid in the
efforts on social marketing. The assistance of news editors or producers of radio and television programmes is invaluable in assuring full coverage. All relevant information on traditional medicine pertaining to a given story should be provided to the reporter, editor or producer. Personal interviews or interactions with the media will be most productive.

**Indicators and outcome:** The government accepts the proposal to develop a policy on traditional medicine.

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**Step 2: Policy formulation**

*Action No. 1: Identifying a national focal point for the development of national policy on traditional medicine*

In most countries, the Ministry of Health is the proper government agency responsible for coordinating the development of national policy on traditional medicine.

*Action No. 2: Organizing an advisory committee or task force*

An advisory committee or task force should be organized to assist in the development of national policy on traditional medicine. The committee should comprise representatives of the government, traditional medicine practitioners, research scientists and experts, modern medical practitioners, the lay public, and other stakeholders. The committee could be further
organized into subcommittees to address specific issues as required. Where necessary, expert assistance can be obtained from international agencies and other countries.

**Action No. 3: Drafting the policy**

The appointed committee or task force should be given the responsibility to draft or advise the drafting of the policy document.

**Action No. 4: Consultation on the draft policy**

Consultation with public and private sectors, various communities, stakeholders and interested parties is essential for policy adoption. Thus, the draft policy document should be distributed widely. National meetings and other relevant consulting activities should be organized to discuss the contents of the draft policy, and to collect comments and suggestions.

**Action No. 5: Draft policy revision**

Based on the results of the consultation, the draft policy document should be revised before it is finalized and submitted for formal governmental endorsement and adoption.

**Action No. 6: Policy approval/endorsement/adoption**

The policy document should be submitted to the relevant government agency/authority for endorsement and adoption. Where applicable, legislation to support the national policy should be enacted. It should be noted that the
government’s role is paramount in overcoming some of the legal barriers that may still exist against the use of traditional medicine.

**Indicators and outcome:** A government policy on traditional medicine is formulated.

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**Step 3: Policy implementation**

**Action No. 1: Identifying a government agency to be responsible for the implementation of the national policy**

A national agency of appropriate size should be identified or established to coordinate the implementation of the national policy on traditional medicine. This agency will ensure that the adopted policy is translated into operational activities at different levels, and will provide advice, suggestions and reference to policy/decision makers. It will work closely with other related government agencies, nongovernmental organizations (NGOs) and health communities to implement multisectoral and interdisciplinary activities related to traditional medicine.

**Action No. 2: Developing a strategic plan for implementation of the national policy on traditional medicine**

A strategic plan for the implementation of the national policy should be developed. The specific strategies to be adopted will depend on the national and local situations, including the accessibility of
the existing health care system; the acceptance levels for TRM by the dominant health care providers; the type and formal organization of the TRM modalities and practitioners; the social view and acceptance of TRM; and economic factors. Since each country has unique characteristics, the strategies to be developed must be specific for that country.

**Action No. 3: Allocation of funds**

Funds from local, regional and national authorities should be allocated to support the implementation of the policy.

**Action No. 4: Implementation action**

Once a responsible government agency has been identified, an appropriate strategic plan has been adopted, and funding has been secured, actions must be taken to implement the national policy on traditional medicine. The governmental agency will undertake the initial actions, followed by traditional medicine and other health care provider organizations, community and NGOs, universities and researchers.

**Indicators:** A strategic plan for implementation of policy on traditional medicine has been prepared. A structure/framework for implementation of the policy has been set up. Necessary resources for the implementation of the policy have been allocated.

**Possible outcome:** Traditional medicine is used properly and makes its contribution to national health goals through implementation of the policy on traditional medicine.
Step Four: Policy evaluation

**Action No. 1: Evaluation of the national policy**

As in the case of any policy, the national policy on traditional medicine must be evaluated from time to time. The basic evaluative criteria are: effectiveness; efficiency; cost-benefit ratio; and equity in political, economic, socio-cultural, health science and environment considerations. The evaluation process will also check whether the policy is implemented properly.

**Action No. 2: Modification of the policy**

Depending on the evaluation results, periodic modification of the national policy may be necessary to achieve its stated goals and objectives.

**Indicators:** National policy on traditional medicine is implemented.

**Possible outcome:** Legislation and regulation on traditional medicine and its practice have been established where appropriate.

### 3.1.2 Content of a national policy

In general, a national policy should include a definition of the government's role in the development of traditional medicine in the health care delivery system. The policy should include the vision and mission as well as goals and objectives of the
traditional medicine policy. A national policy could include the following items:

(1) A vision and mission statement
(2) Goals and objectives
(3) Specific aims
(4) Strategies
(5) Plan of action
(6) Indicators

Where feasible and appropriate, the following items should be included in the plan of action or action plan:

(1) Options for implementation
(2) Indicators
(3) Potential outcome
(4) Timetable
(5) Person or group responsible for implementation
(6) Available resources, e.g. human and financial

National policy development may include one or more of the following policy options, but not be restricted to them:
POLICY SCOPE NO. 1

Title: “Incorporation of traditional medicine into primary healthcare”

The promotion of the use of traditional medicine in primary healthcare can be carried out by Ministries or Departments of Health, traditional medical practitioners, NGOs and patients. The integration of traditional medical practices into the national health care systems requires not only the acceptance and support of governmental and nongovernmental agencies, advocacy groups, but also of the practitioners of modern (“Western”) medicine and traditional medicine.

**Indicators:** Regular public and cross-practice dialogues and seminars, and workshops may serve as indicators.

**Possible outcome:** The recognition and acceptance of traditional medicine as a component of a nation’s healthcare system. This may be manifested through establishment of institutions or offices tasked to oversee TRM development.
POLICY SCOPE NO. 2

Title: “Definition of the roles of governments, including the provision of appropriate resources (human and financial) for the implementation of the adopted policies”

The Ministry/Department of Health and other governmental agencies have major roles to play in most matters of health, including traditional medicine. For example, establishment of safety standards and educational standards; funding for research and training (both primary and continuing education); establishment of registration and regulatory rules and agencies, as well as quality assurance/quality measures including laboratory resources, intellectual property rights protection, and the promotions thereof, are among the roles within the domain of national governments.

Indicators: Public announcements are indicators of action.

Possible outcome: Safer and more effective medical treatments for the population.
POLICY SCOPE NO. 3

Title: “Establishment of codes of ethics and/or practices”

Codes of ethics and practices are fundamental requirements of the practitioner to protect the rights of the patient and to ensure that the patient receives optimal care. Since codes are not legal instruments, they must be established and publicized by the practitioner and practitioner organizations.

**Indicators:** Publication of such codes in professional journals and/or the print media will serve as indicators.

**Possible outcome:** Adherence to these codes by the practitioner will result in safe and effective medical treatment for the patient.
Title: “Establishment of measures that will insure a respect of the value system of traditional medicine practitioners and their patients”

As in the case of modern medicine, traditional medicine has a value system for both the practitioner and the patient. These values may not be apparent to the general public nor to the modern medicine practitioner, but they are an intrinsic part of the treatment. To insure a continued respect for this value system, the practitioners, and their professional organizations, as well as their patients, must establish appropriate measures.

**Indicators and outcomes:** Indicators and outcomes will be manifested by patient recovery and practitioners’ gain in reputation.
Safety is the primary concern in medical treatments — to patients and practitioners alike. Formal standards of safety for medication and non-medication treatment modalities are to be established by Ministries or Departments of Health or other governmental agencies. In absence of formal standards, practitioner organizations should establish such standards. Published literature may also serve as guidelines in absence of governmental or professional organization standards.

**Indicators:** Published notices serve as indicators of safe practices.

**Possible outcome:** The outcome of safety standards are the assurance of the patient’s right of safe medical treatment.
Title: "Registration of traditional practitioners and regulation of traditional practices"

The registration of practitioners and the promulgation of regulations for traditional practices are legal issues to be addressed by local, regional and national governments. These measures are designed for the protection of the patient/consumer to ensure that the practitioner is fully qualified. There are many options for regulation of practitioners, which can be adopted. These range from professional organizations imposing standards on their own members to a 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. As an initial step, practitioners may be listed by a professional organization or a local government authority.

Indicators and outcomes: The establishment of government registration systems is an indicator of success. It is also an indicator of formal recognition by authorities of the importance of TRM in the health system. Creation of government regulatory bodies that exclusively handle TRM practitioners or the inclusion of TRM practitioners in Western-oriented health professional regulatory commissions or equivalents is also an indicator. The initial process of registration
may take the form of self-imposed regulation by traditional medicine organizations, which are self-funded and monitored.

POLICY SCOPE NO. 7

Title: “Promotion of the proper use of effective and safe medication and other non-medicative traditional medicine modalities”

The effectiveness and safety of a traditional medical practice, with or without the administration of medicaments, can best be determined by investigators in universities, Ministries or Departments of Health and other research organizations, the outcome of which will impact on all segments of society including the patients and practitioners. These studies, however, are costly and public sector funding in addition to those from private and nongovernmental agency sources may be required.

Indicators: The adoption and publication of safety standards and guidelines by Ministries or Departments of Health, or through scientific literature, are indicators of promotion or cessation of such practices.

Possible outcomes: The outcomes of promoting the use of safe and effective traditional medical treatments are positive to
the patient in terms of health, and safety and rewards to the practitioner. Another outcome is the greater maturity of consumers who because of government-sponsored promotional activities in rational drug use are able to take charge of their health.

POLICY SCOPE NO. 8

**Title:** “Protection of the intellectual property rights (IPR) of practitioners and biodiversity”

The preservation of traditional medical knowledge and the biodiversity of the natural resources such as medicinal plants, which affect all stakeholders, require legal protection. Local, provincial, and especially national governments must enact the proper legislation, if they are not already in place. Bilateral or multilateral agreements between/among the traditional practitioners, researchers, NGOs, governmental agencies, companies and countries for the sharing of knowledge and royalty returns are required.

**Indicators:** Such agreements, and enacted laws, are indicators of appropriate intellectual property protection.
Possible outcome: The outcomes, such as the creation of patent and trademark systems for traditional medicine products and practices or international agreements regulating access to medicinal plant resources for pharmaceutical research, are positive steps towards preservation of knowledge, skills, and biodiversity.

POLICY SCOPE NO. 9

Title: “Conservation of the environment, biodiversity, knowledge/skill, and culture”

Conservation of the environment, biodiversity, knowledge and culture affects all stakeholders, from the individual to the world at large. Responsibility for conservation also rests on the individual as well as on the global community. Resources for such efforts may be derived from the local community, traditional medicine associations, private sector donors, nongovernmental and governmental organizations.

Indicators: The establishment of botanical/herbal gardens, and conservation reserves, as well as scientific publications are indicators of conservation.

Possible outcomes: Biodiversity and knowledge/skill will be preserved for future generations.
POLICY SCOPE NO. 10

Title: “Ensuring the accessibility of traditional medicine facilitating information exchange among practitioners”

Information on the safety, efficacy, and practice procedures can be made available to practitioners by the practitioner’s professional organization, other health professionals, research scientists, NGOs and government agencies through such media as print (publications, journals, books, booklets, news accounts, newsletters), electronic, web sites, and e-mail. Information exchange can also be accomplished through periodic (e.g. monthly) meetings and seminars at the local, regional or national levels. The primary responsibility for ensuring the transfer of information belongs to the practitioners and practitioner organizations, although government agencies do have roles to play in these endeavours.

Indicators and outcome: The appearance of publications, electronic documentation, and other forms of communication is an indication that the final outcome will be the availability of better skilled, more informed and more confident traditional medical practitioners.
For added information on policy development please refer to WHO publications entitled *Development of National Policy on Traditional Medicine* and *Guidelines for the Appropriate Use of Herbal Medicine*.

3.2. **Action Statement (Two): Selection, assessment and promotion of commonly used local plants with medical value**

**STEP 1: Information gathering on medicinal plants**

**Approach One: From traditional medicine practitioners**

**Action No. 1: Documentation**

Traditional practitioners such as herbalists can play a pivotal role by being sources of vital information on medicinal plant utilization. Their knowledge, which was developed from actual experience and/or passed down by their forebears or mentors is an important treasure to be preserved. It is strongly recommended that this knowledge be recorded through reports, video or audio recording and other forms of documentation.

**Action No. 2: Breaking the TRM practitioner’s code of secrecy**

It was suggested during the workshop that most traditional healers kept their knowledge secret.
Many factors contributed to such an attitude on the part of the practitioner. For example, there was the fear of losing one’s “power” to heal, as well as, perceived or actual competition from other practitioners. Therefore, it is recommended that genuine efforts to organize practitioners be exerted in order to remove this obstacle. This could be achieved by the following strategies:

(a) **Forming organizations**, associations or societies where healers will have the opportunity to gather for professional and personal interactions, which will instil trust, camaraderie, brotherhood and fellowship amongst members and to remove or reduce interpersonal barriers and anxieties. Such “Closeness” could lead to “Openness” among the healers.

(b) **Facilitating interaction and dialogue** between traditional practitioners and modern medical professionals, thus forming initial steps towards mutual respect and benefit-sharing between traditional and modern medical practitioners. Modern medical practitioners in return could develop a deeper understanding of TRM to be able to explain TRM ‘phenomenon’ in scientific terms.

**Action No. 3: Organizing meetings**

Meetings with herbalists, other traditional medicine practitioners and communities could be organized. Those meetings will be helpful to create an environment for sharing information.
The meetings could be organized by the government, TRM organizations and other NGOs.

Objectives of the meeting are:

• to explain the purpose of the whole exercise
• to encourage the willingness to be involved in the exercise
• to share knowledge of plants used for medical purpose with their indications
• to collect information on side-effects and toxicity of plants
• to promote ongoing efforts to record traditional knowledge on health and medicine

Action No. 4: *Visit herbalists and other practitioners*

To visit those herbalists who will not be able to attend meetings and record their knowledge on medicinal plants.

Attention and efforts should be given during the collection of knowledge from practitioners to ensure the proper protection of intellectual right. Fiji’s association of healers, *Wainimate’s* experience of naming participants’ contribution and phones could be referred to.

The creation of organizations, associations or societies as suggested above (a) may be facilitated through the following strategies:
(a) **Government initiatives**

Media exposure (e.g. advertising) through print (newspapers, magazines, brochures) and broadcast facilities such as radio and television increases awareness of the general public of special events such as the creation of a traditional practitioners association. As a consequence, more and more healers may want to participate and sign up as members of these newly-created organizations.

(b) **Private sector initiatives**

Replicating the above-mentioned strategy but with the private sector funding the media exposure. The details of organizing practitioners of traditional medicine could also refer to activities proposed under Palau Action Statement three (3.3).

**Indicators:** Knowledge on local plants with potential medicinal value collected from practitioners.
Approach Two: Through reviewing existing publications.

Action No. 1: Data collection and data search

It may be unknown to many, but there are numerous publications on medicinal plants in existence in different universities, colleges and schools throughout the region. Samoa’s experience shows that to prepare a bibliography on plants is helpful for data collection. Computer databases on medicinal plants such as NAPRALERT have been developed by WHO collaborating centres and other institutions. International organizations, government and other stakeholders should make an earnest effort to gather the reference books, pamphlets, brochures, research papers and monographs that deal with various subject matters on medicinal plants ranging from ethnobotany, botany, chemistry, to pharmacology, and clinical effects. These information should be encoded and entered into computer data systems for later retrieval in hard copy or electronically via the Internet.

Indicators: Knowledge on local plants with potential medicinal value collected from existing literature.
Step 2: Selection of commonly used plants

**Action No. 1: Organizing a working group on selection of commonly used medicinal plants**

A working group on selection of commonly used medicinal plants could be established. The members of the working group could include:

- experts on medicinal plants
- pharmacists
- traditional medicine practitioners
- representatives from Ministry or Department of Health, and other government agencies such as Agriculture, Environment, Science and Tourism

The role of the working group are to:

- review information and data collected;
- select commonly used medicinal plants

**Action No. 2: Setting up criteria for selection**

Selection of a few among the many medicinal plants can be based on three criteria:

1. They should be available locally.
2. They should be useful in controlling common local health problems. Selected plants could be used to cure or alleviate symptoms of prevalent or common diseases in a particular country or region.
Reference materials on their safety and efficacy should be available. Existing studies, surveys and inventories conducted by botanists and other research scientists and experience of long time use could provide evidence. Due to lack of financial resources for research, each individual island country may pursue the development of medicinal plants that have a substantial lead over others in terms of existing scientific data on their safety and efficacy.

There may be some medicinal plants that enjoy special attention of governments or the industry due to their economic or commercial potentials; this may be used as a criterion for selection.

**Action No. 3: Consultation**

Plant selection should be made in consultation with:

(a) herbalists  
(b) consumers and other stakeholders  
(c) experts from within the country or abroad, if necessary

The consultation will be useful for reaching consensus on supporting the use of those selected plants with medical value.

**Indicators:** Commonly used medicinal plants selected.
Step 3: Government endorsement of selected medicinal plants

Based on the recommendation of the working group, the government chooses, promotes and advocates medicinal plants that have the greatest impact on the health of the nation such as local herbs that are cures for the country’s top ten diseases.

**Indicators:** The use of selected commonly used medicinal plants are supported by the government.

Step 4: Promoting use of selected plants

**Action No. 1: Dissemination of information on selected medicinal plant**

Publication of an illustrated booklet or booklets on selected medicinal plants in local language. Posters on selected medicinal plants can be printed and posted in health facilities and community centers. Public media such as newspaper, radio and television could be used to introduce the proper use of selected medicinal plants.

**Action No. 2: Training and education**

Training in the use of selected medicinal plants including their identification, cultivation, harvest, processing, storage, clinical indications, instructions of use, possible side-effects, and contraindications should be provided to community health workers, medical doctors, traditional medicine practitioners, school teachers, active women’s groups and the public.
**Action No. 3: Cultivating medicinal plants in communities**

The public could cultivate selected medicinal plants in their gardens or backyards. Interested local communities could have a public herbal garden with medicinal plants.

**Outcome:** Selected medicinal plants are used properly particularly in supporting primary health care approach.

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### 3.3 Action Statement (Three): Mobilization of traditional medicine practitioners as community health providers

**Step 1: Organizing traditional medicine practitioners**

Two approaches are available in the process of organizing traditional medicine practitioners. The first approach is known as “top-down”, and the second “bottom-up”.

**Approach One: Top-down**

In this approach, the government takes the initiative and assumes the lead role as the organizer. Samoa and Papua New Guinea provide successful models on the top-down approach. The government actions will be as follows:
Action No. 1: Call for meetings
Governments call for and organize meetings, seminars, and workshops involving traditional medicine practitioners and other stakeholders. Such meetings could be organized at a national level or they can be organized separately in different islands within a country.

The purposes of such meetings are to:

- increase awareness of government’s policy and plan on traditional medicine
- create willingness of practitioners to be included in an organization of traditional medicine practitioners
- explore the proper way to organize practitioners
- assist practitioners in preparing the constitution and by-laws, and other working documents of the organization of traditional medicine practitioners

Action No. 2: Organizing multisector task forces
Governments select, appoint or recruit representatives from various sectors and organize them into task forces, which are charged with the responsibility to develop various policies and activities on traditional medicine. Examples of policies and activities include:
(a) regulation of traditional medicine practices and products
(b) codes of ethics and practice
(c) other relevant or related guidelines
(d) relevant activities:
   • developing databases on medicinal plant types and their applications, and census of traditional herbalist and their specialties
   • social marketing
   • facilitating intra- and inter-medical practice and inter-regional networking; organizing other workshop

Sector representatives may be selected from:
   • community
   • traditional healers
   • women’s groups
   • child welfare organizations
   • medical and nursing associations
   • pharmaceutical industry
   • academe
   • government representatives from Ministry or Department of Health. Representatives from Ministry of Agriculture, Ministry of Environment, Ministry of Transport and Ministry of Tourism may also be invited.
The task force will propose the proper way to set up an organization of traditional medicine practitioners and help practitioners to prepare the constitution and other working documents of the organization.

**Action No. 3: Dialogue with practitioners**

The government or the task force appointed by the government should conduct a dialogue with practitioners of traditional medicine through meetings and visits to explore the willingness of practitioners to be included in an organization of traditional medicine practitioners. During the dialogue with practitioners, the national policy on traditional medicine and the proposed constitution of the organization should be explained to healers clearly. The proposed constitution of the organization of practitioners needs to make some changes after discussion with healers.

**Possible outcome:** An organization for traditional medicine practitioners established.

- **Advantages of a top-down approach:**
  
a) The government has the authority and power to organize meetings of national concern, which will greatly speed up any form of social mobilization.

b) The government has in its disposal adequate resources to finance large meetings or gatherings.
• Disadvantages:

a) Bureaucratic red tape can exist.

b) The government’s position may change from one administration to the next.

c) The government’s position is dependent on political will of the office holders.

d) Financial and organizational resources required will be allocated based on competing priorities and debate.

**Approach Two: Bottom-up**

This approach address the same issues and outcomes as the “top-down” approach, except that the initiatives come from practitioners of traditional medicine, nongovernmental agencies, people or grassroots organizations that encourage appropriate actions by the government. Fiji provides a successful model of the bottom-up approach.

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**Action No. 1: Initiation**

The bottom-up approach can be initiated by practitioners of traditional medicine, community leaders, NGOs or any grassroots organization. Should the initiators be other than traditional medicine practitioners, the latter should be consulted as to their desire and willingness to be organized into professional groups, and to define their role in community health service in the future.
Action No. 2: Publicity

Publicity is particularly important for the bottom-up approach to organize traditional medicine practitioners.

Community-based activities should be organized to publicize the important role played by traditional medicine and its practitioners and the planned efforts to mobilize traditional medicine practitioners through organizing them and getting them to be involved in community health work.

Exposure through print media such as newspapers and electronic or broadcast facilities such as radio and television enhances the general public’s awareness of the special events such as the creation of a traditional healers’ association. As a consequence of media exposure, additional practitioners may want to participate and become members or associates of these newly formed organizations and societies.

To get a good media coverage on the topic of traditional medicine, news editors or producers of radio and television programme should be contacted. It may be helpful to meet the reporter covering the topic in person. Necessary information and data should be provided to reporters.

Action No. 3: Organizing meetings

The initiators will organize meetings with practitioners of traditional medicine. The purposes of such meetings are to:
• increase awareness of government’s policy and plan on traditional medicine
• create willingness of practitioners to be included in an organization of traditional medicine practitioners
• explore the proper way to organize practitioners
• assist practitioners in preparing the constitution and by-laws, and other working documents of the organization of traditional medicine practitioners

Action No. 4: Dialogue with government

The organizers of the bottom-up approach should contact and communicate with relevant government agencies and personnel to seek their support and involvement. The dialogue with government should be conducted during the entire process of the bottom-up approach.

Government endorsement and/or assistance is invaluable in fostering a viable professional association/organization/society. It lends instant credibility and will enable such organizations to fast track to positions of influence in the community.

The bottom-up approach will require initiators/organizers to engage in lobbying efforts in order to develop substantial leverage to convince Ministers or Secretaries of Health and other high ranking government officials that traditional medicine is a force in the health sector. These efforts may include:
(a) collecting and documenting vital information on and from healers
(b) recruitment of lobbyists to include families and spouses of community leaders and medical professionals
(c) active lobbying

Possible outcome: An association/organization/society of traditional medicine practitioners established.

• Advantages of a bottom-up Approach:
  a) NGOs generally work faster than government.
  b) Initiative is based on the organization’s beliefs and principles, which is relatively consistent.
  c) In cases where there is lack of political will on the part of government, a bottom-up approach is highly advantageous because well-organized traditional healers’ associations and other similar organizations can be strong lobby groups to influence the decisions of the country’s political leaders and heads of government agencies.

• Disadvantages:
  a) In most cases, NGOs have no authority or power to organize meetings of national concern.
b) Limited financial resources.

Note: A combination of the two approaches can speed up the process to mobilize traditional medicine practitioners. Many Pacific island countries are composed of several islands. It may be practical to establish a healers' group in each isolated island and create a national level healers' organization to include all groups from different islands.

Step 2: Training for traditional medicine practitioners

Practitioners of traditional medicine are a valuable human resource that already exists in many communities. Training of practitioners/stakeholders through courses/workshops, and/or consultations to upgrade the skills of the practitioners is important in ensuring the utilization of practitioners of traditional medicine as qualified community health providers.

Training practitioners of traditional medicine is not easy because many have no basic formal education. However, they can learn new concepts, safe techniques and certain fundamentals if they are trained in a manner that is appropriate. Therefore, the trainer of practitioners of traditional medicine needs special skills to change the latter’s entrenched thinking, concepts, practices and behaviour.

The responsibility for conducting the training rests with all sectors including practitioners, practitioner organizations, educational institutions, local, provincial and national governments. Educational standards may be set at the governmental levels,
especially at the national level. It is also probable that training may lead to exchanges between healers and other medical professionals.

The objectives of the training are to help the practitioners of traditional medicine to

• develop an overview of the importance of the concept of good health;
• understand their role in the health care set up;
• improve their knowledge and skills in safe practice;
• communicate with the community;
• collaborate with other practitioners including other professional health workers in their area; and
• act as a link between workers and the community.

**Action No. 1: Plan the training**

The objectives of the training should be identified during the planning stage.

In training plans, the following points should be taken into consideration:

• national policy
• availability of practitioners to participate in the training, and
• availability of trainers’ time and financial resources
The trainers of practitioners of traditional medicine should have experience in the field of public health and community work. For Pacific islands, nurses and other health care professionals could be used as trainers. The trainers should speak the language of the locality where they will conduct the training.

**Action No. 2: Selection/preparation of training materials**

Training modules could include:

- hygienic and safe practices
- training in the documentation of various traditional medicine practices
- traditional medicine preparations, and
- training on case recording and reporting

The topics for training will be decided according to the following criteria:

- policy of the government concerning training and utilization of practitioners of traditional medicine
- role of traditional medicine practitioners in community health care
- available knowledge of practitioners
- availability of resources for training, and
support structure available for practitioners of traditional medicine to use after training

Training materials should be prepared or selected. The *Training Package for Practitioners of Traditional Medicine* prepared by WHO Regional Office for the Western Pacific could also be used.

**Action No. 3: Recruitment of participants**

To recruit participants of traditional medicine practitioners may not be an easy job. Many of them have no basic formal education. However, experience in several countries has shown that they are willing to learn and that they can learn new concepts, safe techniques and certain fundamentals if trained in a manner that is appropriate.

The established organization of practitioners should recruit its members to participate in training.

**Action No. 4: Conducting training**

Training could be done in several separate sessions on different topics. The organization of the sessions should be flexible and be convenient for practitioners of traditional medicine. Teaching methods used for training should be suitable to the culture and knowledge of practitioners. Training of practitioners of traditional medicine should take place in a real-life situation. Models, pictures or role plays might be used. A considerable amount of time should be spent in practical demonstration.

Senior practitioners with experience could be invited to give presentation on their experience.
Action No. 5: Following up after completion of training

It is important to establish a support system for practitioners of traditional medicine to encourage them in using the knowledge learned. Feedback from participating practitioners will be useful for organizing similar training in the future.

**Indicators:** Continuing education may be conducted through workshops, formal courses, or consultations, with funding from nongovernmental and governmental, and private or international organizations.

**Possible outcome:** Certification of training or course completion is an outcome of qualification enhancement. Increased standards of practice and the passage of skills are other outcomes.

Step 3: Use of traditional medicine practitioners at the communities where they live

The Declaration of Alma-Ata adopted by the International Conference on Primary Health Care which was organized by the World Health Organization and the United Nations Children's Fund in 1978 recommended that health workers, including physicians, nurses, midwives, auxiliaries and community workers as well as traditional practitioners work as a health team and respond to the expressed health needs of the community.
Action No. 1: Establishing a policy in support of traditional medicine practitioners at the communities where they live

For details, consult Action Statement (One) actions

Action No. 2: Fostering mutual respect

Knowledge of traditional medicine in the proper context by modern medical practitioners and the provision of some basic training in fundamental health care to traditional medicine practitioners will contribute to the creation of mutual respect among these groups of health providers. Modern medicine practitioners need to acquire adequate education and awareness of the practice, principles and context of traditional medicine. Similarly, traditional medicine practitioners need to be significantly more aware of the nature of practice and strengths of modern medical approaches. The purpose of this broader education base is not simply to yield a better understanding of differing practices, but primarily to promote the best care for patients by intelligently selecting the most effective and efficient route to health and wellness.

In addition to direct cross-practice education, the publication or the dissemination by other means of well-performed scientific research on traditional medicine will also be useful in creating acceptance and respect.
**Action No. 3: Inclusion of traditional medicine practitioners as a member of the community primary health care team**

Traditional medical practitioners including traditional birth attendants are found in most societies. They are often part of the local community, culture and traditions, and have high social standing which lead to their being able to exert considerable influence on local health practices. With the support of the formal health system, these indigenous practitioners can become important allies in organizing efforts to improve the general health of the community. Some communities may select, recruit or designate them as community health workers. With proper training, traditional medicine practitioners could even assume the active role of public health educators. It is, therefore, a worthwhile option to explore the possibilities of training these healers to be part of the community’s primary health care team. In these situations, the roles and responsibilities of the traditional practitioners must be clearly expressed. Team supervisors must provide guidance to traditional medicine members. Members of traditional medicine practitioners in the team should learn how to record and report cases. Difficult cases, which they see, should be referred to other members of the team. Other members of the team should respect the cultural background and knowledge of the traditional medicine practitioners.

**Possible outcome:** Trained practitioners of traditional medicine become members of primary health care team. In the end, communities will receive better health service.
3.4 Action Statement (Four): Exploring potential contribution of scientifically proven traditional medicine

Traditional medicine as a whole has many potential contributions to make to a country’s health care system, but there is no greater role than that in the delivery of primary health care. The vast numbers of TRM practitioners, who sometimes outnumber the modern medical professionals, are distributed in areas where the delivery of basic health services is sparse or non-existent. From the public health perspective, these traditional practitioners are underutilized. Therefore, tapping this underutilized manpower to be part of the primary health care team is, without question, an important step, especially in less developed areas with generally poor health facilities to deliver health care to the entire population. Herbal medicine remains a dominant force in traditional medical practices. It is an important traditional medicine component which when combined with acupuncture can go beyond the limits of primary health. In addition to their use in traditional practices, medicinal plants are sources of many modern drugs including morphine, codeine, quinine, taxol, and vincristine which are used in the treatment or management of secondary or tertiary diseases. Acupuncture has been shown to be effective in the management of certain chronic ailments.
Step 1: Using existing research outcomes

**Action No. 1: Information exchange**

Action should be taken to develop systems of information exchange between Member States of the Pacific island countries. All scientific information on medicinal plants and traditional medicine practices is encoded and computerized in a data handling system for easy access from anywhere in the Western Pacific Region. For stakeholders wanting to access this information but are technologically challenged, or are lacking in electronic information technology facilities, alternative means such as videos, recorded tapes, books, brochures and other print materials should be provided by government organizations, NGOs or international organizations on a regular basis.

Information dissemination among members of the traditional medical community can also be effected through newsletters such as those published by the Fiji nongovernmental healers’ organization, *Wainimate*. Universities and research organizations can also prepare educational materials in the forms of videos, tape recordings, posting on internet websites and through publications of scientific findings.

Regional or national seminars, meetings and workshops sponsored by professional organizations, NGOs, government or international organizations also provide effective means of information exchange.
Action No. 2: Developing an evidence-based approach

Adopting an evidence-based approach is important in the efforts to explore the contribution of traditional medicine. There is a need to acknowledge the evidence base within traditional medicine. However, traditional medicine should recognize the importance to clarify the extent and limitations of its practice through methodologically sound research. There are no major problems with applying the principles of evidence-based medicine to traditional medicine research and practice. This is a process that will only assist in increasing the credibility of traditional medicine practice.

Action No. 3: Promoting the use of scientifically proven traditional medicine

Social marketing, and the advocacy for the use of effective traditional medical treatments as part of a nation's health care system, can be undertaken by Ministries or Departments of Health, NGOs, professional organizations and others through electronic and/or the print or broadcast media. Illustrated booklets and/or show and tell demonstrations at the local level are options to employ to reach the less literate population. Training on use of scientifically proven traditional medicine should be provided to medical doctors, clinical nurses and other professional health workers.

Indicators: Increased awareness and utilization by the population of scientifically proven traditional medicine are indicators of success.
Possible outcome: Behavioural and lifestyle changes of the providers and service recipients are outcomes of social marketing and advocacy. Annual holding of exhibits or conferences in TRM is another tangible outcome.

Step 2: Conducting research on traditional medicine

It is recognized that the available resources including human and financial resources for health research in Pacific island countries are limited. Collaborative research among Pacific island countries as well as with other countries could be conducted.

Priorities should be given to the following areas:

(1) Surveys of healers, herbs and other resources
(2) Social behaviour and attitudes
(3) Practice models
(4) Laboratory and clinical validation of the effects of TRM products and practices.

These studies should employ, as much as possible, international standards such as double blind testing but with the inclusion of experiential evidences of safety and efficacy.
The WHO Research Guidelines for Evaluating the Safety and Efficacy of Herbal Medicine and Guidelines for Clinical Research on Acupuncture and other relevant documents should be referred to when preparing and conducting research on traditional medicine.

Step 3: Harmonizing traditional and modern medicine

The harmonization of traditional and modern medicine will ensure their proper and effective employment as companion treatment modalities. It will assure their peaceful co-existence. Harmonization will occur through mutual appreciation and respect. An evidence-based treatment approach will minimize bias, and is very important in promoting and effecting harmonization. Improved access to information, generation of information through appropriate research, better education and training, and cross-practice collaboration are other important factors toward achieving harmonization.
<table>
<thead>
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<th>Palau Action Statement</th>
<th>Steps</th>
<th>Action</th>
<th>Indicators/Outcomes</th>
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<td>Development of national policy on traditional medicine</td>
<td><strong>One</strong>: Agenda setting</td>
<td>1. Systematic review on the status of traditional medicine in the country &lt;br&gt; 2. Information campaign &lt;br&gt; 3. Social marketing</td>
<td>The Government accepts the proposal to develop a policy on traditional medicine.</td>
</tr>
<tr>
<td></td>
<td><strong>Two</strong>: Policy formulation</td>
<td>1. Identify a national focal point for the development of the national policy on traditional medicine. &lt;br&gt; 2. Organize an advisory committee or task force &lt;br&gt; 3. Draft the policy &lt;br&gt; 4. Consultation on the draft policy &lt;br&gt; 5. Draft policy revision &lt;br&gt; 6. Policy approval/ endorsement/ adoption</td>
<td>A government policy on traditional medicine is formulated.</td>
</tr>
<tr>
<td>Three: Policy implementation</td>
<td>Four: Policy evaluation</td>
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<tr>
<td>1. Identify a government agency to be responsible for the implementation of the national policy</td>
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<td>2. Develop a strategic plan for the implementation of the national policy on traditional medicine</td>
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<td>3. Allocation of funds</td>
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<td>4. Implementation action</td>
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<td>1. Evaluation of the national policy</td>
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<td>2. Modification of policy</td>
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</table>

A strategic plan for implementation of policy on traditional medicine has been prepared. A structure/framework for implementation of the policy has been set up. Necessary resources for the implementation of the policy have been allocated.

Traditional medicine is used properly and makes its contribution to national health goals through implementation of the policy on traditional medicine.

National policy on traditional medicine is implemented. Legislation and regulation on traditional medicine and its practice have been established where appropriate.
<table>
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<td>2. Break the TRM Practitioner’s Code of Secrecy</td>
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<td>3. Organize meetings</td>
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<td>4. Visit herbalist and other healers</td>
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<td><strong>Approach two:</strong> Through reviewing existing publications</td>
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<td>Two: Selection of commonly used plants</td>
<td>1. Organize a working group on selection of commonly used medicinal plants</td>
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<td>2. Set up the criteria for selection</td>
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<td>3. Consultation</td>
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<td>Knowledge on local plants with potential medicinal value collected from healers.</td>
<td>Knowledge on local plants with potential medicinal value collected from existing literature.</td>
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<td>Commonly used medicinal plants selected.</td>
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<td>Three: Government endorsement of selected medicinal plants</td>
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<td>Four: Promoting the use of selected plants</td>
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</tbody>
</table>

**One:** Organizing traditional medicine practitioners

**Approach one:** Top-down

1. Dissemination of information on selected medicinal plants
2. Training and education
3. Cultivate medicinal plants in communities

**Three:** Government endorsement of selected medicinal plants

**Four:** Promoting the use of selected plants

1. Calls for meetings
2. Organize multi-sector task forces
3. Dialogue with healers

The use of selected commonly used medicinal plants are supported by the government.

Selected medicinal plants are used properly particularly in supporting primary healthcare approach.

An organization for traditional medicine practitioners established.
| Approach two: Top – down | 1. Initiation  
2. Publicity  
3. Organize meetings  
4. Dialogue with government | An association/organization/society of traditional medicine practitioners established. |
|--------------------------|-------------------------------------------------|---------------------------------------------------------------------------------|
| Two: Training for traditional medicine practitioners | 1. Plan the training  
2. Selection/preparation of training materials  
3. Recruit participants  
4. Conduct the training  
5. Follow up after completion of training | Continuing education may be conducted through workshops, formal courses, or consultations, with funding from non-governmental and governmental, and private or international organizations, which is one of the indicators of such activities. Certification of training or course completion is an outcome of qualification enhancement. Increased standards of practice and the passage of skills. |
| Exploring potential contribution of scientifically proven traditional medicine | **One**: Using existing research outcomes  
1. Information exchange  
2. Develop an evidence-based approach  
3. Promote the use of scientifically proven traditional medicine  
   
**Two**: Conducting research on traditional medicine  
Trained practitioners of traditional medicine become members of primary health care team. In final, communities will receive better health service.  
Increased awareness and utilization by the population of use of scientifically proven traditional medicine are indicators of success. Behavioral and lifestyle changes of the providers and service recipients are outcomes of social marketing and advocacy. Annual holding of exhibits or conferences in TRM is another tangible outcome.  

**Three**: Use of traditional medicine practitioners at the communities where they live  
1. Establish a policy in support of traditional medicine practitioners at the communities where they live  
2. Foster mutual respect  
3. Inclusion of traditional medicine practitioners as a member of the community primary health care team.  

**Three**: Harmonizing traditional medicine and modern medicine
The Apia Action Plan on Traditional Medicine in Pacific Island Countries (Apia Action Plan 2000) is intended to facilitate the work of interested Pacific island countries to initiate and further develop their traditional medicine programme. The action plan is intended to cover a wide range of issues and to provide various options for meeting the different health care situations of Pacific island countries.

The action plan also provides step by step approach to render it user-friendly for implementation. As each country in the Pacific islands is unique and has a health care system reliant on needs and standards different from others', the action plan can be modified by each Member State to suit its own specific needs. The Apia Action Plan 2000 should be regarded as a guideline which each country can use to adapt, modify or begin anew its own situation and needs.
Interested NGOs can also use this action plan to initiate and organize activities in support of the efforts to promote the proper use of traditional medicine.

The development and implementation of national traditional medicine programmes and projects such as those presented in the Apia Action Plan 2000 will require the collective effort of national governments, NGOs, traditional medicine practitioners and their professional organizations, health care providers, research institutions, academia and other stakeholders.

Evaluation of plan implementation shall follow standard operating procedures such as monitoring, feedback and evaluation. Feedback shall incorporate continuing dialogue and enhancing linkages in order to identify possible gaps in the implementation of plans. Each country should choose from the above-mentioned options, accepting and incorporating or modifying those that best fit its needs and conditions.
1. INTRODUCTION

In the South Pacific, the practice of traditional healing is still very popular, and is a part of the culture and community life. For example, a survey conducted in Fiji estimated that about 80% of the population regularly make use of medicinal plants. In Nauru, a survey showed that 60% of the population use traditional medicine (TRM). However, in most countries in the Pacific, the traditional practice of medicine is not a part of the formal health service system. Also, knowledge of traditional healing is not well recorded and documented.

Most governments of Pacific island countries have not been involved in activities to support the proper use of traditional medicine. However, in recent years, their interests on traditional practice of medicine have increased. The Palau Action Agreement adopted by the Meeting of Ministers of Health for the Pacific Island Countries held in Palau in March 1999 reiterated their support for the proper use of traditional medicine and proposed several activities.
WHO supports the appropriate use of traditional medicine, particularly with regard to its potential role in support of primary health care. WHO has also given attention to interested countries and regions in the development of national policies on traditional medicine. The Guidelines for the appropriate use of herbal medicines, with emphasis on the development of national policy on traditional medicine programmes and regulation of herbal medicines, was prepared by the WHO Regional Office for the Western Pacific. In 1999, the WHO Regional Office for the Western Pacific organized Workshop on Development of National Policy on Traditional Medicine, and Consultation Meeting on Traditional and Modern Medicine: Harmonizing the Two Approaches. Both meetings were attended by participants from Pacific island countries. These meetings recommended specific directions for future efforts in promoting the proper use of traditional medicine.

To increase awareness of the role of traditional medicine in improving health service coverage and to recommend follow-up action to the Palau Action Statement, WHO Regional Office for the Western Pacific organized the present Regional Workshop on Traditional Practice of Medicine and Health Sector Development in Apia, Samoa. It is the first WHO regional meeting organized in the South Pacific on the subject. The workshop proposed to identify key areas for action for which the governments of Pacific island countries could initiate its involvement in promoting the proper use of traditional practice of medicine, with specific focus on the situation of Pacific island countries. The meeting would also identify possible areas for further collaboration among Pacific island countries as well as with other countries in the Region.
1.1 Objectives of the workshop

The objectives of the workshop were:

1. to review the role of traditional medicine in achieving national health goals;
2. to discuss the possibility of bringing traditional practices of healing and their practitioners into the formal health delivery system;
3. to propose possible interventions in harmonizing traditional and modern practices of medicine;
4. to identify the roles and functions of governments in supporting the proper use of traditional practices of medicine; and
5. to propose an action plan for the integration or incorporation of traditional practices of medicine for the Pacific island countries in accord with the Palau Action Statement.

1.2 Participants and others

Representatives from the majority of Member States in the Pacific island countries attended the workshop. There were one or two attendees from each of the fifteen (15) island countries with a number of special guests including Samoan government officials; the Minister of Health of Tonga; representatives of academia; and observers from Samoa, New Zealand and the Republic of Korea. In addition, there were two (2) consultants, four (4) temporary advisers and three (3) members of the
secretariat from the WHO Western Pacific Region. The list of participants is attached as Annex 2.

1.3 **Organization**

To facilitate the proceedings of the workshop, a Chairperson, a Vice-Chairperson and two rapporteurs were elected. Dr Nuualofa Potoi from Samoa served as chairperson. The Vice-Chairperson was Dr Airambiata Metai, from Kiribati. The two rapporteurs were Dr Umadevi Ambihaipahar from Papua New Guinea and Mrs Kale Tutaki from Niue.

To facilitate the proceedings, the participants divided into three smaller working groups, each of which chose its own chairpersons and rapporteurs.

2. **PROCEEDINGS**

2.1 **Pre-workshop session**

A pre-workshop session was held on 6 November 2000. Participants, temporary advisers, consultants and observers attended the pre-workshop session.

The purposes of the pre-workshop session were:

(1) to familiarize the participants with the objectives, working procedure and expected outcome of the workshop,

(2) to review country reports; and
(3) to establish a baseline survey or assessment of the state of TRM in the Pacific island countries.

2.1.1 Introduction

Dr Chen Ken, the WHO Regional Adviser for Traditional Medicine for the Western Pacific Region, outlined the workshop's objectives, its process and expected results. To facilitate active participation and to achieve the objectives of the workshop, it was suggested that the meeting would be divided into pre-workshop, workshop and post-workshop sessions. In the pre-workshop and workshop sessions, presentations on various topics would be given by special guests, consultants, temporary advisers and WHO secretariat.

The workshop itself would devote most of its time to individual group deliberations. Each of the three groups would prepare detailed strategic action plans to meet the objectives of the Palau Action Statement issued by the Meeting of Ministers of Health in March 1999 held at Koror, Republic of Palau. The work of each group would be reported to the plenary session for comments and recommendations from members of the other groups, who worked on different issues in their own sessions.

The post workshop session to be held after each day’s meeting involves the WHO Responsible Officer, rapporteurs, the temporary advisers and consultants for the purpose of evaluation, summation, and documentation of the day’s progress. Summary of
each day’s work would be prepared and provided to participants prior to the next morning’s session of the workshop.

2.1.2 Country reports

The participants were instructed prior to their departure for the workshop to prepare country reports on the status of their national status on traditional medicine. Reports were submitted by representatives from 14 countries and areas.

Participants were divided into three groups. Each group reviewed reports from five to six countries. Each report was discussed at length in open forum to resolve questions and learn about the issues unique to each country. The chair and rapporteur of each group prepared summaries of the salient and unique points of each country report, which the rapporteur presented to the plenary session. These reports are summarized below:

**Cook Islands**

TRM is widely used in Cook Islands and the Government acknowledges that TRM can complement health care. However, there is a need to work out its place or its role and how it may be integrated into the formal health care delivery system, which like other countries in the South Pacific is dominated by Western medicine.
Fiji

Fiji’s population is estimated to be 750,000 strong. The attitude of the general public when it comes to TRM is mixed. However, in spite of the prevailing attitude, the Ministry of Health has recently shown some interest in TRM by approving a national policy on herbal medicine. One of the movers of Fiji TRM is an active and committed nongovernmental organization composed of healers, called the Wainimate. One of the first, if not the first, formal organization or association of healers in the Pacific islands, Wainimate has undertaken several activities aimed at positioning itself in the formal health care delivery system and has almost completed a national survey of local healers in pursuit of this agenda.

Solomon Islands

As far as the government is concerned, there are existing policies on TRM but unfortunately it does not want to institutionalize them for unexplained reasons. However, the practice of TRM remains widespread and the government does not oppose the collection of fees practised by some healers. In fact, healers are respected members of the community and are given special titles in the social hierarchy. When it comes to patients seeking consultation from government doctors and availing of government hospital services, these services are given to the citizens of Solomon Islands for free.
Kiribati

North of the islands of Western and American Samoa near the equator, Kiribati is a group of 33 atoll-size islands with a small population of ca 80 000. As in Fiji, the Ministry of Health recognizes TRM but goes one step further by providing TRM practitioners training in hygienic and safe practices. In addition, a protocol for research on TRM practices has been developed. Again like Fiji, the government allows healers to charge patients for their services but with a directive that TRM shall only be practised outside of hospital premises. This policy may be attributed to the antagonism expressed by Kiribati’s medical doctors whose salaries are subsidized by government but whose professional services along with hospital services are given free of charge. Since 30% to 40% of Kiribati’s populace are in favour of TRM, there is an attempt to integrate traditional healers with the public health system.

Vanuatu

Located north of New Caledonia, Vanuatu is at the same level of development with New Caledonia, Niue and French Polynesia as far as the integration of TRM is concerned. TRM is not accepted in the hospitals where Western medicine is prescribed for free, thus, putting TRM practitioners at a disadvantage since they charge their patients for services and their practice cannot be done openly.
New Caledonia

Located northwest of New Zealand, New Caledonia's population is ca. 200,000 which is divided equally into 50% Melanesian and 50% European. New Caledonia is still governed by France, and has a government policy that discourages the practice of TRM and its inclusion in the formal health care system. There is an abundance of Western medical practitioners, which further negates the need for TRM practitioners.

Niue

South of Samoa and northeast of Tonga is the small island of Niue with a population of 1865. TRM is practised secretly at home and is not a topic of public discussion. In Niue, Asian physicians encourage the use of imported herbal medicines but there is no government policy on TRM.

Samoa

Far north of New Zealand and past the islands of Tonga are the islands of Western and American Samoa with a population of ca. 170,000. Here, TRM is widely used. Although there is no official ban on TRM, there has been a shift toward Western medicine in recent years. Realizing the importance of indigenous TRM, the Samoan Ministry of Health has initiated a programme to encourage the formation of a healers' organization.
and to promote dialogues between traditional healers and Western medicine practitioners. Furthermore, the government also provides training to traditional birth attendants.

**French Polynesia**

Located far east of Samoa, French Polynesia is more renowned worldwide for Tahiti and has a population of 240,000. French Polynesia boasts of a fairly modern health system augmented by social security. As far as the practice of TRM is concerned, French Polynesia’s various practitioners such as herbalists, masseurs and shamans conduct their trade at home. Like New Caledonia, their government does not recognize TRM.

**Tonga**

Tonga is situated north of New Zealand and south of Samoa. TRM is widely practised but is also unregulated. Western medicine practitioners have mixed sentiments with regard to TRM. Full details are covered in Minister Tangi’s presentation.

**Papua New Guinea**

This country has a population 4.7 million. Bordering the province of Irian Jaya of Indonesia, Papua New Guinea has a total of 19 provinces, each with its own hospital. Again, like the rest of the Pacific island countries, TRM is practised outside the formal health care system. However, the government has recently adopted a national
policy on traditional medicine for 2001-2010. Simultaneously, guidelines for TRM practitioners are also being prepared. Additionally, there is an ongoing active research in the pharmacology of local herbs.

Tuvalu

Tuvalu has a population of 11,000, with one main hospital and eight small health centers on the islands. TRM is widely practised, especially massage. The Government of Tuvalu has no policy on TRM.

Marshall Islands

Islands north of Kiribati and far south of Hawaii with a population of ca 60,000. Citizens tend to seek TRM as initial treatment as high cost tends to prevent them from using modern medicine. The government has no policy on TRM.

New Zealand

New Zealand’s population is 3.7 million. As with any first world country, it boasts a modern health care system. Because of its large Maori and Polynesian population, TRM is popular in these communities. Other than TRM, there is a large number of other alternative or complementary therapies that are availed of by the general population such as naturo or homeopathy whose practitioners are largely self-regulated.
2.2 *Opening Ceremony*

The opening ceremony was attended by a number of high government officials led by His Excellency Tuilaepa Sailele Malielegaoi, Prime Minister, Republic of Samoa. Members of the diplomatic corps and representatives from other UN agencies such as UNDP and FAO were also in attendance. The Reverend Livigisitone Toelupe led off with prayers followed by a greeting from the Samoan Health Minister, the Honourable Misa Telefoni Retzlaff.

One of the highlights of the opening ceremony was a speech by Prime Minister Malielegaoi in which he reiterated his support of the development of traditional medicine in Samoa and to the Pacific islands region as a whole. He also congratulated WHO for its forward vision. His support was enhanced by a positive personal experience with traditional medicine. He made mention of a relative who was diagnosed to have an incurable disease and was given a few weeks to live by his personal physician. As a matter of last recourse, the Prime Minister’s relative resorted to traditional medicine hoping for cure. He was then subjected by local healers to a series of cleansing herbs and diets. The net result was a total remission of the disease which even years after the initial diagnosis, has remained undetectable through the usual clinical screening procedures. It was indeed an experience that has changed his opposing views on TRM. The Prime Minister concluded by formally welcoming Dr Shigeru Omi and bestowing on him a high chief’s title from “Faielatai”.
Dr Shigeru Omi, WHO Regional Director for the Western Pacific, in his opening speech mentioned that the WHO traditional medicine programme was established in conjunction with the goal of health for all, which was advanced in 1978 when the International Conference on Primary Health Care, sponsored by WHO and the United Nations Children’s Fund (UNICEF) adopted the Alma-Ata Declaration. This Declaration strongly reaffirmed the role of primary health care and recognized traditional medical practitioners, including traditional birth attendants, as important allies in the continuous effort to improve the health of the community. Since the adoption of the Alma-Ata Declaration, WHO has enthusiastically supported the development of traditional medicine in the Western Pacific Region by providing training, publishing reference works, and conducting community-based activities. In addition, numerous major activities were conducted in the region, examples of which are (1) the Regional Workshop on the Development of National Policy on Traditional Medicine and (2) the Consultation Meeting on Harmonizing Traditional and Modern Medicine, both held in Beijing, China, in 1999. Dr Omi also mentioned that a large portion of the population in the Western Pacific Region use traditional medicine, often together with modern medicine, as a primary means of care. Further, there is also an increasing public demand for the use of traditional medicine, which has led to considerable interest among policy-makers, health administrators and medical doctors. Finally, he encouraged Member States from the Pacific island countries to develop their own action plans for TRM in order to appropriately guide the development of their respective health sectors.
2.3. **Presentations**

2.3.1 Special presentations

After the opening session, Honourable Dr Viliami Ta’u Tangi, Minister of Health, Tonga and Dr Retzlaff Minister of Health, Samoa, were invited to give special presentations on traditional medicine in their countries.

**TRM in Tonga (Excerpt from Minister Tangi’s Speech)**

“TRM in Tonga is practised in all the islands. There are many known TRM healers whose task is to attend to some patients each day. There is no government policy but we are looking into two important areas where TRM could be applied. This is (1) acute mental condition and (2) terminal illness. Healers have a role in the former by providing support along with the relatives. Traditional healers, called locally as Kahtawa or Faito meaning someone with great authority, in cases of terminal illness provide medical intervention through the use of herbs. Traditional healing practices are handed down from generation to generation and passed on to the successor by ‘word of mouth’. TRM is generally not accepted in hospitals in Tonga. Occasionally, family and relatives smuggle herbal concoctions or leaves to administer to patients without the knowledge of the doctor. There have been cases wherein TRM together with Western Medicine has been successful and some cases have not been
successful. The reason the government has not looked at regulating the use of TRM is simply because it is such a wide area thus, we are currently looking at implementing the National Drug Policy for Tonga. However, we feel that the traditional practice of medicine is quite interesting but because the practice is not written in any form or recorded, it is slowly disappearing. So we are concerned about the preservation of medicinal plants and this should be done in order for our medicinal plants to be available for many more generations.”

TRM in Samoa (Highlights of Minister Retzlaff’s Speech)

The Minister welcomed the participants and acknowledged the presence of the president of the “Taulasea” which is the Samoan word for healers. Citing the example set forth by Fiji where they have organized the healers into associations, the Minister emphasized the importance of such associations because it is through these associations that pioneering agreements have been entered into with medical associations. He further noted that this activity has led to the establishment of mutual respect between the two stakeholders in health and has set formats to resolve disputes. He also mentioned the following key points:

• Samoan traditional practitioners are worried about revealing their secrets because of fear of losing one’s power.
• Traditional healers’ organizations must be able to police themselves and sanction so-called ‘impostors’ that give any traditional healers’ organization a bad name.

• Traditional medicine practitioners must develop the ability to negotiate amongst themselves and with relevant government organizations. The people of Samoa should recognize the existence of these practitioners and define their role at the national level.

• A system has to be established wherein TRM practitioners work with modern medical practitioners and provide the best advice and treatment to patients, similar to the Chinese model.

• Traditional practitioners should be educated and groundwork for traditional healers has to be initiated because current medical conditions are too complicated to handle, especially for practitioners of TRM.

• Professional maturity and lack of insecurity should apply to traditional healers. ‘Broader minds’ and ‘no fear’ of referring patients to other healers should be practised.

• ‘Relief from mental burden’ is something that traditional practitioners can give by providing the patient a ‘comforting shoulder to lean on’.

• There should be mutual respect between each other, namely, traditional medicine practitioners and medical health professionals. Once this is done, one could say that we have achieved 90% of our goals.
2.3.2 TRM and WHO

Dr Chen Ken defined TRM as the sum total of knowledge, common skills and practices on holistic health care, which is recognized and accepted by the community for its role in the maintenance of health and the treatment of disease. TRM is based on theories, beliefs and experiences that are indigenous to the culture, and that was developed and handed down from generation to generation.

He defined the different terms of traditional medicine such as alternative and complementary medicine and he further classified the practitioners as people who provide health care by using plant, animal and mineral substances, including birth attendants, herbalists and bonesetters. He further stated that traditional medicine is practised to some degree in all cultures. Traditional medicine considers life as the union of body (senses), mind and soul and it is holistic and personal. Traditional medicine takes a positive look at health which is described as the blending of physical, mental, social, moral and spiritual welfare.

Dr Chen talked about the increased usage of traditional medicine and herbal medicine in the Western Pacific Region and the importance of herbal medicine in the health sector. He pointed out that the increased usage is because of TRM’s cultural orientation, economic cost, accessibility, safety and effectiveness. Dr Chen summarized WHO’s intervention in traditional medicine through provision of technical support to Member States in developing their national policy and regulations, proposing proper
uses, conducting research and sharing information. Dr Chen concluded that although existing progresses have been achieved, there are many future challenges in terms of research and information exchange.

2.3.3 Development of TRM policy and its integration into health care system in Hong Kong

Dr T.H. Leung stated that the government of Hong Kong Special Administrative Region, People’s Republic of China, formulated its own policies to develop Western and traditional Chinese medicine (TCM) and improve medical and health services. Their plans for TCM development are slowly being implemented through the following:

(1) the establishment of an advisory committee on TCM;
(2) the conduct of a citywide situational analysis of TCM;
(3) the submission of a well-developed recommendation to the government;
(4) development of a government policy on TCM which in Hong Kong was summarized in the Chief Executive’s policy address in 1997 and in 1998;
(5) the enactment of a TCM ordinance in 1999;
(6) the establishment of the Chinese Medicine Council of HK (which was done in 1999);
(7) the development of product standards;
the development of centers of good clinical practice wherein TCM is not only used in primary but also to some extent in secondary and tertiary care;

(9) the establishment of a good system of education and training; and,

(10) the regular promotion of research, development and innovation.

All of the above aim to establish Hong Kong as an international center for Traditional Chinese Medicine in the future.

2.3.4 National policy development in Papua New Guinea

Dr Umadevi Ambihaipahar in her presentation introduced the concept that traditional medicine encompasses pre-Western medical practices, including those that employ medicaments prepared from plants, animals and minerals. It also includes non-medical modalities such as bone setting, spiritualism, incantations, divination, mental therapy and baths. There has been a growing recognition that traditional medicine in Papua New Guinea, in particular herbal medicine, can contribute much to primary health care, especially in home use and self-care.

She stated that herbal medicine forms an important and integral part of traditional medicinal practices in Papua New Guinea; however, there is little recognition of documentation on the commonalities, identities and uses of these plants.
The national health services would benefit if this field of medicine was further explored and incorporated into the health care system.

Whilst the potential of traditional medicinal practices to complement or supplement health care needs to be acknowledged, witchcraft, sorcery or related dangerous practices must not be recognized as part of the legitimate traditional medicine and will not be incorporated into the formal health system.

It is recognized that challenges are faced in the government’s efforts to incorporate traditional medicine into health care system, which include:

- traditional medicines and practices have been insufficiently documented and developed;
- national policy and legislation on traditional medicine are lacking;
- there is a lack of relevant and coordinated research into herbal medicine and therapeutic benefits; and
- there is a lack of public information about traditional medicine.

Given the existing situation the following measures will be taken:

- developing policies to harmonize herbal medicine with the health care system and to incorporate TRM into the health care system;
- establishing a databank on medicinal plants; and
- advocating for and improving public awareness.
Papua New Guinea Government has prepared a new National Health Plan 2001 – 2010. Traditional medicine is included in the new national plan. The highlight of the national health plan describes traditional medicine:

- Safe and effective forms of traditional medicine and practices shall be recognized as complementary to the health care system.
- The safe use of traditional practices and herbal medicines shall be taught and promoted.
- Herbal medicine shall be developed as an integral part of the health care system.
- Traditional herbal products for commercial use shall be produced according to good manufacturing practices and be subject to quality control.
- Witchcraft and sorcery-related practices shall be excluded from the health care system.

Based on the above policy direction, a strategic and activity plan of Department of Health in the area of traditional medicine for next ten years has been designed carefully, which covers the following priority areas:

- Development of policies, standards and legislation
- Establishment of a national databank on medicinal plants
- Improvement in public awareness
• Promotion of research into and development of herbal medicine
• Improvement in staff knowledge and skills
• Improvement in traditional healers’ knowledge of and skills in primary health care

2.3.5 TRM in the Philippines

Dr Eliseo T. Banaynal, Jr. related that TRM in the Philippines is halfway between fully developed systems seen in Japan, South Korea and China and primordial TRM structures found in Pacific island countries. Due to major policies put into place in 1997, the herbal medicine component of TRM is now a fast growing industry in the Philippines. In 1999 surveys showed annual sales for each of the two most popular medicinal plants reaching US $ 300 000 level. This is due to a wider and greater public awareness of the ten medicinal plants endorsed and advocated by the Philippine government and the budding export demand for these alternative medicines. Acupuncture is an accepted alternative medical modality practised by a mixed group of physicians and non-physicians. There are thousands of acupuncturists scattered all over the archipelago and their practice is monitored and partially regulated by concerned organizations or associations. Other forms of alternative or complementary medicine such as aromatherapy and iridology are still the subjects of debate and research.
Four years ago, the Department of Health undertook a pilot project with the purpose of integrating TRM at the grassroots or primary health care level. Targeting three fifth class municipalities in three provinces, the project was an experiment to look into the feasibility of utilizing TRM in a Western medicine dominated health care delivery system. If successful, this project would have been replicated nationwide at the primary health care level. Dr Banaynal also mentioned that almost all prerequisites to ensure an excellent outcome was provided by the project team such as training and financial support for manpower services, the construction of mini herbal manufacturing facilities including pocket herbal gardens and the purchase of equipment. But in spite of these, the achievements of the pilot project was below their expectations for the following reasons:

(1) Income derived from marketed herbal products manufactured by the mini-manufacturing facilities was not sufficient to compensate for the overhead expenses. This contracted income was due to:

(a) limited distribution because of a prevailing Bureau of Food and Drugs (BFAD) ruling, which confined the distribution of such ‘home-made’ products within the geographic limits of the community;

(b) limited mark-up in product pricing since the target consumers had limited buying power; and
(c) a large percentage of the products manufactured were distributed free of charge.

(2) Management was lacking in some economic orientation. It was, therefore, recommended that a health project such as this should recruit the services of an expert in small business enterprises.

2.3.6 Alternative medicine in New Zealand - practice and relationships with doctors of medicine

Dr Timothy Charles Ewer stated that medicine in New Zealand remains dominated by the conventional medicine model, which focuses on pharmaceutical and surgical approaches to health delivery. However, there are a considerate number of trained doctors who practice alternative medicine. Dr Ewer said there is an urgent need for better research in the whole area of complementary and alternative medicine (CAM) including acupuncture and herbal medicine. He further stated that a recent study concluded that the “experimental instruments of randomized double blind placebo tests” deliberately exclude essential therapeutic factors, which are integral elements of CAM. Therefore, it was suggested to supplement quantitatively and collectively oriented experimental research with non-experimental procedures that would adequately reflect context and practice-related individual reality.
2.3.7 The role of traditional medicine practitioners – Fiji’s experience

Mrs Silina Masi emphasized several achievements by the *Wainimate*, which means *medicine* in the local language. Their achievements are enumerated as follows:

1. a healer’s profile survey;
2. establishment of new *Wainimate* branches all over Fiji;
3. the construction of a botanical garden; and
4. the publication of a newsletter and booklet.

Other noteworthy achievements forwarded by Mrs Masi are development of the association’s goals and strategies such as:

1. to save the plants that save lives;
2. to ensure affordable health for all;
3. to protect the intellectual property rights of healers;
4. to ensure the safety and efficacy of traditional medicine practice;
5. to discourage unsafe and ineffective traditional medicine; and
6. to ensure that indigenous knowledge about medicinal plants is retained.
2.3.8 Development of national policy on traditional medicine

Dr Chen Ken reviewed the increasing interests from governments and different categories of government policies in the Region. He introduced the process for policy development including

1. agenda setting,
2. policy formation,
3. policy implementation, and
4. policy evaluation.

2.3.9 Traditional medicine in Japan and research on TRM in Japan

Professor Ushio Sankawa started by describing the medical system in Japan wherein medical doctors are subjected to intensive education for six years in Japanese Schools of Medicine. After which, the medical doctors may opt to take additional post-graduate training in Kampo meaning “From China” medicine. Would-be acupuncturists must take an additional three years to earn a certificate or diploma in the traditional art. Production of Japanese herbal medicines is one of the largest in the whole of Asia. Most of these products are for medical use (approximately 90%) whereas some 10% are “over-the-counter” (OTC) drugs. 147 prescriptions are listed under Ethical Kampo Preparations, which are drugs covered by the Japanese National Health Insurance. Each Kampo preparation is assigned its
efficacy, effect and indication, thus medical doctors are properly guided as to the indication or use of a Kampo preparation. As far as government recognition is concerned, the Ministry of Health regards Kampo preparations as medicinal drugs thus, extensive studies have to be done to break down the components of these preparations and validate their beneficial and negative effects via double blind clinical studies. The outcome of these exemplary efforts is that it is now possible to concomitantly use Kampo preparations with synthetic drugs. To sustain the good quality of Kampo preparations, Government prescribes good manufacturing practices (GMP) and requires manufacturers to undertake crude drug identification and analysis through high performance liquid chromatography (HPLC) and other methods. In spite of these advances there are still major hurdles to overcome. They are: (1) Insufficient research. Additional studies on the efficacy of pharmaceutical products based on traditional medicine using double blind clinical tests should be done. (2) Unknown mechanism of action of some Kampo preparations. There is a need to clarify the mechanism of action of these preparations. (3) The need to develop new medicinal drugs from traditional drugs. (4) The need to clarify the definition of traditional medicinal drugs and dietary supplements; and (5) The use of traditional medicines for improving the quality of life.
2.3.10 Efficacy and Safety of Herbal Medicines

Professor Harry Fong reviewed the current situation that despite the fact that up to 80% of the population in developing countries still depend on traditional and herbal medicines as their primary source of health care and that there is a renewed global interest in the use of traditional systems of medicine and herbal medicinal products, few plant materials have been scientifically evaluated for their rational application. Nevertheless, some studies on the efficacy and safety have been carried out, with the relevant data recorded in the literature. An examination of the contents of the NAPRALERT database, the WHO Monographs on Selected Medicinal Plants, Vol. 1-3, and a new reference, Botanical Dietary Supplements: Quality, Safety and Efficacy revealed documented information, which provide evidence for the employment of many medicinal plants in primary health care around the world. Most of the top selling botanicals in the U.S. market have been plants evaluated for efficacy and safety. The data showed that clinical evidence of efficacy are available to support the claimed medical uses for garlic [Allium sativum L. (Liliaceae)], black cohosh [Cimicifuga racemosa (L.) Nutt. (Ranunculaceae)], echinacea [Echinacea augustifolia D.C. var. augustifolia, Echinacea pallida (Nutt.) Nutt., Echinacea purpurea (L.) Moench (Asteraceae)], ginkgo [Ginkgo biloba L. (Ginkgoaceae)], St. John’s Wort [Hypericum perforatum L. (Clusiaceae)], Asian ginseng [Panax ginseng C.A. Meyer (Araliaceae)], kava [Piper methysticum G. Forst. (Piperaceae)], saw palmetto [Serenoa repens (Bartr.) Small. (Arecaceae)], aloe
[Aloe vera (L.) Burm. f. (Liliaceae)], androgaphis [Andrographis paniculata (Burm. f.) Nees (Acanthaceae)], goto kola [Centella asiatica (L.) Urban. (Apiaceae)], turmeric [Curcuma longa L. (Zingiberaceae)], and ginger [Zingiber officinale Roscoe (Zingiberaceae)]. Kava, aloe, androgaphis, goto kola, turmeric, and ginger are medicinal plants found in the Pacific islands.

2.4 Team works

Three teams were formed to prepare detailed strategies for the Palau Action Plan. Team One was assigned to work out plans on policy development. Team Two was responsible for preparing a document on the selection of commonly used medicinal plants and for the potential contribution of scientifically proven traditional medicine. Team Three was concerned with developing strategies for the mobilization of traditional medicine practitioners. Each team worked out detailed plans on what, who and how to implement the issues. Each team was led by a Chair with one or more temporary advisers/consultants serving as resource persons. The participants freely contributed their thoughts and ideas, which were discussed and debated by others in the group. Rapporteurs then recorded the agreement to plans of action, which were then presented at the plenary sessions for further deliberation and adoption.

The results of the team works are reflected in Apia Action Plan 2000.
2.5 Market place

A special feature called “Market Place” of the workshop was arranged. Photos, posters, newspaper, video and other publication pertaining to traditional medicine in the Pacific region in general and in the Philippines, Japan, Fiji, Cook Islands, Hong Kong, Republic of Korea and USA in particular, and WHO’s traditional medicine programme in the region were displayed. Various herbal products from the Philippines and Japan were exhibited.

The “Market Place” provided a venue for participants to share experience and common interests on a person-to-person basis. It also provided venue to discuss possible collaboration among participants.

An extension of the “market place” activity allowed the participants to visit an exhibition on medicinal plants and traditional therapies prepared by the Samoan Association of Traditional Healers and held in front of the government building in Apia, Samoa.

2.6 Closing remarks

Dr Shigeru Omi, WHO Regional Director for the Western Pacific, begun his closing remarks by expressing his sincere appreciation to the Government of Samoa and the Prime Minister for helping to organize the workshop. He then thanked Dr Tangi of Tonga who made it a point to visit the hospitals in the island. He also gave special thanks to the Chairperson, Vice-Chairman and the
rapporteurs for their contributions to the workshop. He was also extremely grateful for being bestowed the honorary title of a Samoa “Taefu”. He congratulated the organizers and participants for wholeheartedly contributing to the workshop, which in his opinion had been one of the best workshops that WHO conducted or that he attended in the Region. The workshop initiated a dialogue between traditional healers and Western medical practitioners. The five operational recommendations of the workshop were read by Dr Omi who noted them to be excellent. He made special mention of the need for meetings such as the one just concluded, and pledged his full support for convening similar future events. He further stated that if the Pacific island countries would in the next meeting include other countries in the region such as China and Japan, where there were more experts in traditional medicine, this would be facilitated. In other related matters, he mentioned the need to (1) combat communicable disease especially filariasis, which is endemic in Samoa; (2) promote the healthy islands initiative; and (3) pursue health sector development.

Immediately following Dr Omi’s remarks, tokens of appreciation were given to the foreign participants, consultants, temporary advisers, rapporteurs and Dr Chen Ken. This ceremony culminated in the awarding of the title of “Taefu” to Dr Omi and Honourable Tangi. A traditional Samoan staff and whip signifying authority and the ability to drive evil spirits away, respectively were bestowed on Dr Omi and Honourable Tangi.
3. CONCLUSIONS AND RECOMMENDATIONS

TRM should be developed in the Pacific island countries for the very reason that the member countries have much to gain in the process. Because the utilization of TRM in primary health care is still in its infancy stages, there is much work to be done. Many problems and challenges exist. However, Palau Action Statement has indicated directions for Pacific island countries in the field of traditional medicine. In keeping with the goals and objectives of the regional workshop, the participants have prepared a detailed action plans for the implementation of the Palau Action Statement, and proposed a series of recommendations to the appropriate authorities.

3.1 Apia Action Plan on Traditional Medicine in the Pacific Island Countries (Apia Action Plan 2000)


3.2 Recommendations

The participants of the workshop propose that the Apia Action Plan on Traditional Medicine in the Pacific Island countries (Apia Action Plan 2000) should aid in the implementation of the Palau Action Statement. Furthermore, the participants propose the following operational recommendations:
(1) The Apia Action Plan on Traditional Medicine in the Pacific Island Countries (Apia Action Plan 2000) should be presented to the meeting of the Ministers of Health to be held in Papua New Guinea in March 2001 for their endorsement.

(2) The Member States of the Pacific island countries should develop their own national policy on traditional medicine to encourage the dialogue and subsequent collaboration between traditional and modern medicine practitioners, and to promote cooperation amongst Member States with regard to traditional medicine research and ongoing development.

(3) The Member States of the Pacific island countries should strengthen traditional medicine practitioner networks within and among island countries. Funds from local, provincial, regional, national and international organizations including WHO and other similar donor agencies should be mobilized to support the development of traditional medicine in the Pacific region.

(4) Participants of the just concluded workshop should brief their Ministers, Secretaries, Directors of Health and other policy– or decision–makers and other interested parties or stakeholders on the outcome of the workshop and initiate activities to implement the Apia Action Plan for traditional medicine in the Pacific island countries.
(5) Workshops on traditional medicine and health sector development should be conducted on a bi-annual basis with the support of Member States, nongovernmental organizations and international organizations such as WHO to evaluate the implementation of the Apia Action Plan 2000 and the development of traditional medicine in the Pacific island countries.
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ANNEX 3

AGENDA

1. Pre-workshop session: objectives and expected outcome of the workshop and working methods
2. Pre-workshop working teams: Country reports
3. Plenary session:
   – Traditional medicine and the individual (family and community experiences)
   – What should be done (based on country, community, family and personal experience)
4. Market place: collaboration and cooperation
5. Opening session
6. Plenary presentations:
   – Traditional medicine in Tonga
   – Traditional medicine in Samoa and the government initiative
7. Plenary session:
8. Working teams (session one): Position of traditional medicine in health sector development and actions for Pacific Islands

9. Plenary session: reports of working teams (session one)

10. Market place: collaboration and cooperation

11. Plenary presentations:
   - Development of national policy on traditional medicine
   - Development of traditional medicine policy and its integration into healthcare system in Hong Kong
   - National policy development in Papua New Guinea
   - An updated report on the status of Philippine traditional medicine

12. Working teams (session two): Better policy on traditional medicine and actions for Pacific Islands
   - The intervention of government
   - Better policy on traditional medicine
   - Involvement of community in proper use of traditional medicine
13. Plenary session: report of working teams (session two)

14. Plenary presentations:
   - Alternative medicine in New Zealand: its practice and relationships with doctors of medicine
   - Role of traditional healers and their potential position in health care system – experience of WAINIMATE, Fiji
   - Scientific research on traditional medicine

15. Working teams (session three): Safer practice of traditional medicine and actions for Pacific Islands
   - The potential role of traditional medicine in prevention and treatment of diseases
   - The potential role of traditional medicine for achieving national health goals

16. Plenary session: report of working teams (session three)

17. Plenary session: preparation of proposed action plan

18. Closing ceremony

19. Post-workshop session: Finalizing Action Plans on traditional medicine for Pacific Island countries
OPENING SPEECH OF DR SHIGERU OMI,
REGIONAL DIRECTOR,
WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC,
DURING THE WORKSHOP ON TRADITIONAL
PRACTICE OF MEDICINE
AND HEALTH SECTOR DEVELOPMENT
7 NOVEMBER 2000, APIA, SAMOA

HONOURABLE Prime Minister of Samoa,
Tuilaepa Sailele Malielegaoi, HONOURABLE
Ministers of Health, DISTINGUISHED Participants,
Ladies and Gentlemen:

First of all, I would like to express my sincere
thanks to the Government of Samoa for hosting this
WHO regional workshop on traditional practice of
medicine and health sector development. Your warm
and traditional welcome celebration makes all of us
remember how strong and important culture and
tradition are in our life.

I would like to join the Honourable Prime Minister
of Samoa in welcoming all of you to this regional
workshop.

Most of you come from different Pacific Islands.
We all came here after a long journey crossing the
ocean from different directions, South, North, East
and West to this beautiful island country. Our journey brought us here to discuss the role of a part of our culture, traditional medicine, in modern society.

The journey to Samoa also makes us look at another kind of journey, I mean the journey that the WHO traditional medicine programme has taken to bring us here together.

The WHO traditional medicine programme was established in conjunction with the goal of health for all and the adoption of primary health care.

In 1978, the International Conference on Primary Health Care, sponsored by WHO and the United Nations Children’s Fund (UNICEF) adopted the Alma-Ata Declaration, which strongly reaffirmed the role of primary health care. The Declaration recognised that traditional medical practitioners, including traditional birth attendants, were important allies in organising efforts to improve the health of the community.

Since the adoption of the Alma-Ata Declaration, WHO has supported the development of traditional medicine in the Western Pacific Region by providing training, publishing reference works, and conducting community-based activities. Numerous activities have been carried out throughout the Region.

For example, the Regional Office organised a Regional Workshop on Development of National Policy on Traditional Medicine in October last year. The role of government is critical to the planned and rational development of traditional medicine, and WHO has worked closely with governments of its Member States, such as Hong Kong, (China), the
Philippines, Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Singapore and Vietnam in formulating and revising their national policies on traditional medicine.

A large proportion of the population in the Region use traditional medicine as a primary means of care, often together with modern medicine. The increasing public demand for the use of traditional medicine has led to considerable interest among policy-makers, health administrators and medical doctors on the potential for bringing traditional and modern medicine together.

In November last year, WHO organised a Consultation Meeting in Beijing, China to discuss harmonizing traditional and modern medicine. Harmonisation of traditional and modern medicine means that the two approaches work effectively side by side. The meeting recommended promoting an evidence-based approach and encouraging mutual respect between traditional and modern medicine. It also recommended conducting research on traditional medicine using scientifically sound methods.

To facilitate scientific research on traditional medicine, the Regional Office for the Western Pacific has published guidelines on methodology for research on herbal medicines and acupuncture. These guidelines brought basic principles and methods used by modern scientific research into research on traditional medicine, while respecting the nature of traditional medicine.
People living in the Pacific Island countries have very rich experience of the use of plants, marine materials and other traditional medicines for fighting disease and maintaining health. Many Pacific islands use the traditional practice of medicine in different ways and to different degrees. In most cases, the use of traditional medicine is practised outside formal health service systems. Yet, modern medical practitioners’ lack of knowledge on diagnosis and treatment using traditional medicine and the absence of scientifically sound evidence on many kinds of traditional medicine has led some to doubt the value of traditional medicine in health service development.

In recent years, the governments of Pacific Island countries have paid more and more attention to traditional medicine. During the Meeting of the Ministers of Health of the Pacific Island Countries held in Rarotonga, Cook Islands in August 1997, Ministers were determined to extend training in the practice of traditional medicine, especially herbal medicine, acupuncture and related practices. During the second meeting of the Ministers of Health for the Pacific Island Countries held in Palau in March 1999, the Ministers reiterated the important role played by traditional medicine in health care systems and urged actions in the field.

This is why WHO has organised this meeting for Pacific Island countries. Participants come from many different disciplines and sectors. We have policy-makers, health administrators, medical doctors, and nurses. We also have pharmacists, botanists, psychologists and traditional healers. What do we expect from the workshop? You will first review the role of traditional medicine. The
possibility of bringing the traditional practice of medicine into the formal health delivery system will be discussed. So too will the best way of harmonising the traditional practice of medicine with modern health service systems. We hope that the workshop will prepare an action plan that will advise us on where to go, and what to do. It should identify who will do what and how to do it. It should provide a step-by-step approach for Pacific Island countries. I hope that as a result of the workshop, and with your active involvement, more Pacific Island countries will have active traditional medicine programmes within health sector development.

With these few words, I wish you all a successful meeting and an enjoyable stay in Samoa. Thank you.
CLOSING REMARKS OF DR SHIGERU OMI,
REGIONAL DIRECTOR,
WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC,
DURING THE WORKSHOP ON TRADITIONAL
PRACTICE OF MEDICINE
AND HEALTH SECTOR DEVELOPMENT
9 NOVEMBER 2000, APIA, SAMOA

Thank you Madam Chairperson and distinguished delegates.

I am sorry that I was not able to be with you for the whole period during your workshop. As the Honourable Prime Minister of Samoa mentioned during his opening remarked, this is my first official visit to Samoa as WHO Regional Director. I have several other commitments during this first official visit. At the same time, it is my great honour to be appointed as a high chief, TAEFU. As a high chief in Samoa, I have some additional responsibilities here. However, I have been updated on the progress of your meeting by our staff here. I understand that you worked very hard and have been very productive throughout.

During the last three and half days, you reviewed the situation of traditional medicine in the Pacific Islands countries. You have reach consensus that
traditional medicine is still practiced widely in your countries and plays an important role for maintaining the physical, mental and spiritual health of the Pacific island people. You agreed on the efforts to integrate/incorporate traditional practices of medicine into your formal health service systems. You have identified difficulties and constraints that may be faced in this effort, and have proposed possible solutions.

In my opening remarks, I challenged all of you to prepare an action plan that will provide advice on what to do, how to do it and who will do it. I am very pleased to learn of the outcome of this meeting. Your meeting is very productive. I am heartened by your hard work in drafting an action plan for the implementation of the Palau Action Statement prepared by the Ministers of Health of the Pacific Islands countries. This action plan covers many areas, including the development of policy on traditional medicine; the mobilization of traditional medicine practitioners as members of the primary health care team in communities where they live; the selection of commonly used local plants with medical value; and the integration of scientifically proven traditional remedies. Your draft plan provides options for the Pacific island countries to select for adoption based on their own situation. You also gave details on the approach and process toward the implementation of the action plan.

As you recommended, we will submit the action plan prepared by you to the meeting of ministers of health of the Pacific Islands countries, which will be held in Madang, Papua New Guinea in March 2001.
You recommend that WHO should facilitate, through collaboration with governments of its Member States, implementation of actions and encourage the integration of traditional medicine into the health service system, where appropriate. We will do it.

This meeting is very timely. We are about to welcome a new century in one month and 20 days time. In the new century, people living in different parts of the world will be closer to each other than at any time in the history of the world. Modern communication techniques make it very easy for us to contact each other. Modern modes of transportation can also easily bring us together. Your proposal to record and document knowledge on your traditional Medicine before they become lost is very important, not only locally, but to all mankind. The WHO Regional Office will continue to play its role in promoting information exchange in the area of traditional medicine by encouraging the sharing of knowledge, the recording of knowledge, the development of databases and publications. In this regard, it should be noted that recording your knowledge properly would protect your intellective property.

I noted that you have also addressed the different roles that government officials, administrators, medical professional workers, social and community workers and traditional medicine practitioners will play for the implementation of the action plan. You, the participants, in your own roles, should return to your respective countries to initiate actions for the implementation of this plan. This is a very important issue.
I also noted that although you come from different countries with different cultures you work closely as a family. I always believe that only when we work together we can achieve our common goal.

In closing, let me thank you, Madam Chairperson, Mr Vice-Chairperson, and the two rapporteurs, for your hard work during this workshop. I would also like to thank the consultants, the temporary advisers and others for their contributions to this workshop.

With these few words, I would like to wish you a pleasant journey.