DEVELOPMENT OF NATIONAL POLICY ON TRADITIONAL MEDICINE

A REPORT OF THE WORKSHOP ON DEVELOPMENT OF NATIONAL POLICY ON TRADITIONAL MEDICINE, 11-15 OCTOBER 1999, BEIJING, CHINA

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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.
CONTENTS

Summary

1. Introduction
   1.1. The objectives of the workshop
   1.2. Participants
   1.3. Organization
   1.4. Opening ceremony

2. Proceedings
   2.1. Introduction: purpose of the meeting and method of work
   2.2. Presentations: role of traditional medicine
   2.3. Issues raised during discussion of country reports
   2.4. Group discussion session one: concept, scope and role of traditional medicine
   2.5. Plenary session: concept, scope and role of traditional medicine
   2.6. Field visit
   2.7. Presentations on policy and programme development
   2.8. Group discussion session two: development of national policy on traditional medicine
2.9  Plenary session on conclusions and recommendations  25

2.10  Closing ceremony  27

3.  Conclusions and Recommendations  29
   3.1  Conclusions  29
   3.2  Recommendations  38

ANNEXES:

Annex 1: List of Participants, Temporary Advisers, Consultant, Observers and Secretariat  41

Annex 2: Opening speech of Dr Shigeru Omi, WHO Regional Director for the Western Pacific  51

Annex 3: Summary of Country Reports  53

Cambodia
People’s Republic of China
Cook Islands
Fiji
French Polynesia
Hong Kong, China
Kiribati
Lao People’s Democratic Republic
Malaysia
Mongolia
Papua New Guinea
Philippines
Republic of Korea
Samoa
Singapore
Solomon Islands
Viet Nam
SUM M A RY

The workshop on development of national policy on traditional medicine took place in Beijing, China, from 11 to 15 October 1999. The main objectives of the meeting were:

(1) to review the role of traditional medicine and government policy;
(2) to share experiences with participants from other governments;
(3) to identify difficulties and constraints; and
(4) to discuss ways for setting up a policy.

The meeting was attended by 18 participants from 17 countries of the Western Pacific Region, four temporary advisers, one consultant, the responsible officer from the WHO Regional Office for the Western Pacific, a representative of WHO TRM/AFRO and five observers. Mr Jiang Zaizeng was elected Chairman and Dr Umadevi Ambihaipahar Vice-Chairperson. Dr Eliseo T. Banaynal Jr. and Dr Chris Cheah Hean-Aun were elected Rapporteurs.

Dr Zhu Qing-shen, Vice Minister of Health, welcomed the participants to the workshop on behalf of the Ministry of Health and State Administration of TCM of China. Mr A. Schnur, Acting WHO Representative for China delivered the opening remarks of Dr Shigeru Omi, WHO Regional Director for the Western Pacific Region.

Various presentations compared legislation and regulation of traditional medicine in the Region, with particular emphasis on the development of national policies. Country reports on the role and importance of traditional medicine in each country as well as on
existing policies and those planned by the government were presented and discussed by the participants. Further presentations addressed research and education on traditional medicine as well as regulation and quality control of herbal medicines in China.

The participants held a plenary discussion on:

1. the situation of traditional medicine in the Region, particularly the concept, the scope and the role of traditional medicine as well as its awareness, and
2. ways to develop a national policy on traditional medicine and to identify a traditional medicine programme at national level and below.

The main conclusions and recommendations of the workshop can be summarized as follows:

1. “Traditional medicine is the sum total of knowledge, skills and practices on holistic healthcare, which is recognized and accepted by the community for its role in the maintenance of health and the treatment of diseases. Traditional medicine is based on the theory, beliefs and experiences that are indigenous to the different cultures, and that is developed and handed down from generation to generation.” (Definition of traditional medicine adopted at the workshop.)

2. A national policy of the government on traditional medicine is needed in order to define the role of traditional medicine in national health care delivery systems and to promote its use as an affordable and cost-effective form of healthcare by ensuring its safety, efficacy and quality.

3. The national policy on traditional medicine should include vision and mission of the government in the field of traditional medicine. As a starting point, Member States should establish a national focal point for traditional medicine and develop an action plan.
(4) Collaboration between Member States and WHO to develop national policies, exchange information and develop various international standards is essential.
1 INTRODUCTION

Traditional medicine is able to contribute significantly to the common goal of health for all by its capacity to maintain health and treat diseases. Various forms of traditional medicine are practised in the Western Pacific Region. The use of medicinal plants and their preparations as well as the technique of acupuncture are the most important forms of traditional medicine used in the Region and are part of the cultural and social heritage of many countries.

WHO has addressed the importance of traditional medicine within the healthcare system of Member States in various resolutions. Based on these resolutions, WHO’s policy can be summarized as follows:

(1) WHO is fully aware of the importance of herbal medicines for the health of a large number of the population. Herbal medicines are recognized as valuable and readily available resources, and their appropriate use is encouraged.

(2) To promote the proper use of traditional medicine, a comprehensive programme of identification, evaluation, preparation, and cultivation of medicinal plants is encouraged;

(3) It is necessary to

- make a systematic inventory and assessment (pre-clinical and clinical) of medicinal plants;
- to introduce measures on the regulation of herbal medicines to ensure quality control of herbal products by using modern techniques, as well as applying suitable standards and good manufacturing practices;
- and to include herbal medicines in the national standard or pharmacopoeia.
In order to introduce measures for regulation and control of traditional medicine, a government policy is needed which requires, as a first step, a clear statement on the role of traditional medicine in health care. For this reason, the extent of governments’ involvement and the relationship between traditional medicine and formal health services requires a clear definition in order to develop a programme that might result in establishing a system to guarantee the safe and effective application of traditional medicine.

In December 1997, WHO Regional Office for the Western Pacific Region organized a Working Group meeting for those countries in the Region that had specific interest in these issues and that required support in finding solution for relevant questions. As a result of the Working Group meeting, the *Guidelines for the appropriate use of herbal medicines* have since been finalized reflecting the main recommendations of the group. The guidelines cover a broad range of topics in relation to herbal medicines, including national policy development, regulation of practice and registration of herbs and plants. This can be regarded as a milestone towards the appropriate use of herbal medicines which could be adopted or adapted by Member States in the Region. The Working Group, furthermore, recommended that each Member State should address the need and extent of regulatory mechanisms to promote safe and effective use of herbal medicines, and that WHO should play an active role to organize national programmes to promote the use of herbal medicines.

More and more countries in the Region have expressed support for the development of a national policy, as well as regulation and registration of traditional medicine to ensure its proper use and possible integration into the healthcare system. For this reason, WHO Regional Office for the Western Pacific invited representatives from interested countries in the region to share experience in national policy development and to help those countries lagging behind to initiate efforts for policy development.
1.1. The objectives of the workshop

The main objectives of the meeting were to:

(1) review the role of traditional medicine and government policy;

(2) share experiences with participants from other governments;

(3) identify difficulties and constraints; and

(4) discuss ways for setting up a policy.

1.2 Participants

The meeting was attended by 18 participants from 17 countries of the Western Pacific Region, 4 temporary advisers, 1 consultant, the responsible officer from the WHO Regional Office for the Western Pacific, 1 representative of WHO TRM/AFRO and 6 observers.

The list of participants is attached as Annex 1.

1.3 Organization

Mr Jiang Zaizeng, Deputy Director of the Department of International Cooperation, State Administration of Traditional Chinese Medicine of China, was elected Chairman. Dr Umadevi Ambihaipahur, Principal Advisor of Social Change and Mental Health, Department of Health of PNG, was elected Vice-Chairperson. Dr Eliseo T. Banaynal Jr., Deputy Director General of the Philippine Institute for Traditional and Alternative Health Care, and Dr Chris Cheah Hean-Aun, Assistant Director of the Traditional Chinese Medicine Department (Singapore), were elected Rapporteurs.

1.4 Opening ceremony

The opening session was attended by all participants, WHO temporary advisers, observers, WHO short–term consultant and guests from the Chinese Government, including Dr Zhu Qing-shen,
Vice Minister of Health and Director-General of State Administration of Traditional Chinese Medicine (SATCM).

Dr Zhu Qing-shen gave his welcoming remarks at the opening session. On behalf of the Ministry of Health and State Administration of TCM of China, Dr Zhu warmly welcomed all the participants to join the Workshop on Development of National Policy on Traditional Medicine. Dr Zhu said that since the People’s Republic of China was founded, China’s Central Government had attached great importance to the development of traditional medicine. The Chinese constitution stipulates that “both modern medicine and traditional Chinese medicine must be developed”. Dr Zhu pointed out that the workshop held by Western Pacific Region was a good occasion for China to learn from different countries about traditional medicine.

Mr A. Schnur, Acting WHO Representative for China delivered the opening remarks of Dr Shigeru Omi, WHO Regional Director for the Western Pacific Region. In his opening speech, Dr Shigeru Omi welcomed all the participants, WHO short–term consultant, temporary advisers, observers and guests from the Chinese government and expressed his sincere appreciation to the Government of China for hosting this meeting. He emphasized that traditional medicine had been practised for hundreds of years making a great contribution to maintaining human health and to the struggle of human beings against various diseases. The growing interest of the population and the increasing use are also raising the interests of governments, and several countries and areas in the Region are considering integration of traditional medicine into their health care systems. For such government involvement, however, a government policy is needed which clearly states the level and the direction of its development. The Working Group recommended in 1997 that appropriate use of herbal medicines should be supported by various means. Sharing experiences in the development of policies and programmes as well as identification of constraints and possible solutions should, therefore, be the aim of the current workshop.

The opening speech of Dr Shigeru Omi is attached as Annex 2.
2. PROCEEDINGS

2.1 Introduction: purpose of the meeting and method of work

Dr Chen Ken gave a brief introduction to objectives, process and expected results of the workshop. The purpose of this meeting was the following:

- reviewing the role of traditional medicine and government policy;
- sharing experiences with participants from other governments;
- identifying difficulties and constraints; and
- discussing ways for setting up a policy.

2.2 Presentations: role of traditional medicine

2.2.1 Traditional medicine in the Western Pacific Region

Dr Chen Ken described traditional medicine (in particular herbal medicines and acupuncture) as an important part of the medical and cultural tradition of each country in the Region, as well as in the health services, particularly in rural areas, where it might be the only accessible, effective and affordable alternative. WHO supports the proper use of medicinal plants and the use of acupuncture, in particular. Various WHO resolutions have indicated them to be effective in various conditions.
Medicinal plants are used by most traditional systems of medicine, as direct therapeutic agents or as raw material for pharmaceutical products; furthermore, chemical structures derived from plants can be used as models for synthetic compounds. Acupuncture as a simple medical technique stimulating selected points in the body has been practised in China for more than 2500 years, with a systematic theory developed and nowadays proven effective by modern scientific research.

Dr Chen Ken described the characteristics of traditional medicine as a holistic approach based on the needs of individuals and in many systems on the belief that illness is a loss of balance between several opposing aspects in the human body that can in case of illness be restored by therapies. Traditional medicine, developed before its inception, is not easily understood by modern medicine, often due to a lack of scientific evaluation. Practices and forms of traditional medicine, however, vary greatly from country to country. The role of traditional medicine is also different in countries and areas of the Region.

Dr Chen put particular emphasis on education and training on traditional medicine, indicating various universities offering degrees on traditional medicine. A further important issue was the evaluation of quality (e.g. testing for heavy metals) as well as of safety and efficacy of herbal medicine by scientifically–based research.

2.2.2 The use of traditional medicine in Europe and the U.S.A.

Dr Barbara Steinhoff, WHO short–term consultant, presented data on market importance of and consumers’ attitude towards herbal medicinal products in Europe. A positive trend towards the use of natural medicines in Germany could be shown in a study conducted by the Institute for Demoscopic Research Allensbach in 1997. According to this study, the group of users of natural medicines comprised two thirds of the German population (65%). In 1970, only 52% of the population was included in this group. The users estimated the risk attached to natural medicines was lower than the ones attached to chemical pharmaceutical products. 80% of the population believed that the risk of natural medicines is low, whereas 47% and 37%, respectively, of the population estimated the risk of chemical medicines as middling and great, respectively.
In the U.S.A., there was a growing interest in herbal medicines, although in most cases herbal products were not regarded as OTC (over-the-counter) medicines but dietary supplements. Various preparations, e.g. from *Gingko biloba* and *Hypericum perforatum* had experienced a significant increase in demand. Particularly for circulatory disorders, calming, cough/cold and immunologic system, prostatic complaints and slight to medium depressive disorders, the use of herbal products had increased notably.

Furthermore, Dr Steinhoff elucidated the importance of acupuncture in Europe and in the U.S.A. in the treatment of various complaints. The practice of acupuncture in Europe was closely linked to the medical profession as could be demonstrated by a number of physicians’ training programmes that used acupuncture and which physicians from different national societies had developed. An increasing number of insurance companies already provided coverage for acupuncture services.

### 2.3 Issues raised during discussion of country reports

The representatives of Member States of the Western Pacific Region reported on the legislation and regulation of traditional medicine in their country. The summary of reports which have been submitted by the participants prior to the workshop are enclosed as Annex 3 in full length.

The promotion and integration of traditional medicine encounter many hurdles in Asian countries. Cambodia, for one, is burdened by financial problems. In the Cook Islands, the lack of legislation for changes in the national health agenda has stifled traditional medicine in spite of the fact that majority of the population patronize it. It was, however, proposed that the Cook Islands situation could be solved through advocacy. The Fiji delegate recommended that a movement in traditional medicine should be initiated and dialogues with government officials should be started.

The issue of intellectual property rights remained controversial and according to the delegate from Fiji, this issue should be looked into. The report of the delegate from French Polynesia drew questions inquiring if criteria in selecting traditional healers existed. In Fiji there was none. The Malaysian delegate mentioned that the criteria
were made by “God”, thus, making it difficult to question their validity. The delegate from Hong Kong, China, added that criteria for traditional healers were important for accreditation and credibility. Malaysia faced a peculiar problem in that scientists involved in the research and development of herbal medicines did not want to share data and knowledge.

A question was raised about how strict legislation for traditional medicine should be in comparison to food legislation. The general opinion was that food legislation did not require such high standards as legislation on medicines did.

Following the presentation of all country reports, Dr Chen Ken gave a summary stating that the main difficulties governments were facing consisted in:

- a lack of mutual understanding between traditional healers and modern medicine;
- a lack of communication between governments and healers;
- a lack of evidence based on scientific research; and
- a lack of funds and human resources as well as a lack of measures to protect intellectual properties and patents.

Creation of a better understanding between traditional healers and modern medicine seems to be one of the important goals. In many countries, traditional medicine is not accepted by the medical society (e.g. the Philippines). Solutions should be found by taking into consideration the role of traditional medicine in today’s life. WHO gives support to Member States, particularly in the fields of medicinal plants and acupuncture.

2.4 Group discussion session one: concept, scope and role of traditional medicine

Two groups were formed for group discussion. Each group selected a Chairperson and a rapporteur.
The first session of group discussion was focused on the concept, the scope and the role of traditional medicine.

During the group discussion, definitions of traditional medicine used by WHO document and government documents in the Philippines and Papua New Guinea were reviewed. Two groups brainstormed to bind items that should be included in the definition and took into account further proposals for amending the definition.

It was agreed that practice of traditional medicine had expanded its original ethnic boundary. Although traditional medicine may not be fully explicable by modern science at the moment, its further development and a possible rapprochement with modern medicine in the future should not be ruled out.

2.5 Plenary session: concept, scope and role of traditional medicine

In the plenary session, the result of each group’s discussions was presented and discussed.

A small working group, consisting of Dr Ping-yan Lam (chairman), Mr L. P. Maenu’u, Dr O. Kasilo and Dr E. T. Banaynal, was assigned to give a proposed definition of traditional medicine based on definitions given by two groups.

After a brief discussion, the workshop accepted the text of the definition of traditional medicine. The definition is recorded in section 3 of this report.

In terms of the role of the government, questions relating to good manufacturing practice and conservation of biodiversity also should have been taken into account, but the group felt that implementation of too much regulation was not desirable at this stage.
2.6 Field visit

On Wednesday, 13 October 1999, a field visit took place. The purpose of the visit was to demonstrate the role of traditional medicine at three different levels of the health service network in China and to inform the participants of the recent research activities in traditional medicine.

2.6.1. Shun Yi County

Shun Yi county is located 30 KMS north–east of Beijing. It has 12 townships, 427 villages, and a population of 548,000. About 440,000 of the population are engaged in agriculture. The three level (county-townships-villages) health care delivery system is in place.

Participants visited Shun Yi County Hospital of Chinese Medicine, a township health centre and a village health station to observe the role of traditional medicine in three different health service facilities at different administrative levels.

Established in 1985, the county traditional medicine hospital currently has 288 staff members and 235 beds, and further expansion is planned. Main areas of health care include internal medicine, surgery, gynaecology, paediatrics, laboratory and radiology. In this hospital, traditional medicine is used in integration with modern medicine and includes methods such as computer tomography.

The visit to the district hospital was followed by a visit to a township health centre and a village health centre in Shun Yi District that use traditional medicine such as herbal medicine and acupuncture alongside modern medicine.

2.6.2. Beijing University of Traditional Chinese Medicine (TCM)

Professor Zheng Shouzeng, the President of the University, welcomed the delegates to the University which, founded in 1956, is one of the earliest TCM universities in China and has 3347 students, including 329 post-graduate and 350 foreign students. It boasts of 4 schools, 7 departments and 7 professional programmes. The three post-doctoral research programmes are Chinese medicine, Chinese
pharmacy and the integration of Chinese and Western medicine. Over the past 40 years, 9837 local students and 1883 foreign students from 83 countries and regions have graduated from the University.

The delegation visited class rooms where students were taking a course on the effectiveness of herbal medicine by experimental study. The delegation observed laboratory studies of traditional medicine carried out by several post-graduate students. The delegation also visited the Museum of Herbal Medicines and History of Chinese Medicine. The dialogue session at the conclusion of the visit saw a lively discussion between the staff and students of the University and the delegation. Issues discussed included the integration of Chinese and Western medicine and the promotion of traditional medicine in the Asia Pacific Region.

2.7 Presentations on policy and programme development

Following the participants’ agreement on the concept, scope and role of traditional medicine, several presentations were given on WHO’s policy agenda in the field of traditional medicine as well as on legislation and regulation of traditional medicine in different parts of the world.

2.7.1 WHO’s policy and its intervention in traditional medicine

In his presentation, Dr Chen Ken gave an overview of resolutions relevant to traditional medicine adopted by World Health Assembly (WHA) and the Regional Committee. WHO’s policy can be summarized as follows:

- WHO is aware of the important role played by traditional medicine in preventive, promotive and curative aspects of health for a large percentage of the population, especially in developing countries;

- WHO notes that traditional medical practitioners are an available resource which could be utilized in primary health care, whenever possible and appropriate;
WHO encourages interested Member States to support their traditional system of medicine through continuous evaluation, formulation of policies with appropriate regulations suited to national health systems, and development of a comprehensive programme on traditional medicine; and

WHO supports the integration of traditional medicine with modern medicine, where appropriate, and encourages activities which lead to cooperation between health care through traditional medicine and modern health care, especially as regards the use of scientifically-proven, safe and effective traditional remedies, which ensure that the contribution of scientifically-proven traditional medicine is fully explored.

Main activities of WHO in these fields consist of:

- cooperation with, and provision of technical support to, interested Member States in the development of national policies;

- promotion of proper use of traditional medicine by giving support to Member States in programme development, e.g. in encouraging villages to cultivate specific plants as community–based activities, or in initiating training courses for school teachers, health workers and mothers (the “decision–makers” at home);

- promotion of quality of traditional medicine in terms of services and products, e.g. by establishing training opportunities and performing training for medical doctors and traditional healers as well as by establishing rules for good manufacturing practice and control of heavy metals and pesticide residues in herbal medicines;

- promotion of research by giving support to prepare guidelines on research methodology together with specific workshops;
DEVELOPMENT OF NATIONAL POLICY ON TRADITIONAL MEDICINE

- exchange of information as well as documentation of knowledge by databases in close cooperation with WHO Collaborating Centres.

2.7.2 The legislation and regulation of traditional medicine in China

Professor Shen Zhi-xiang reported on different reviews in legislation during the past decades and described five different levels of legislation on traditional Chinese medicine (TCM) from the state constitution (where the legal status of TCM is stipulated) to local laws in provinces and municipalities. He focused on different types of regulation on TCM such as medical administration, production and trade, scientific technology and education, personnel and labour, international cooperation and drug control laws. Establishment of laws and regulations is guided by the following principles:

- to establish the legal status and role of TCM in the State affairs;
- to strengthen the management of TCM and to standardize the sequence of TCM work; and
- to safeguard the legal rights of patients and health workers and the people’s good health.

As an administrative institution, the State Administration of Traditional Chinese Medicine was established in 1986 to perform legal supervision and to fight against illegal activities. At each different level of administration particular administrative institutions were formed. Thus, an administrative system exists from top to bottom.

He stated that in China, attempts were continuing to improve the status of TCM. Further development of TCM in the future would include creation of new laws and revision of the existing ones, and enlargement of international exchange and cooperation programmes.
2.7.3 The legislation and regulation of traditional medicine in Hong Kong, China

Dr Ping-yan Lam stated that main health care providers in Hong Kong were practitioners of Western medicine. Trade with TCM, however, was very important; there were about 2000 types of herbs as well as about 3300 proprietary Chinese medicines in the market. Although TCM formed an integral part of the health care system, there were no control mechanisms and no official recognition until recently.

Article 138 of the Basic Law of Hong Kong provides proper policies to develop Western and Chinese medicine and to improve services in this field. A Working Party appointed in 1989 had recommended to establish a committee and a statutory framework for the promotion, development and regulation of TCM. This recommendation resulted in the appointment of the Preparatory Committee on Chinese Medicine (PCCM).

On 14 July 1999, the Chinese Medicine Ordinance was enacted providing the establishment of the Chinese Medicine Council. Its functions are to ensure adequate standards for practitioners as well as for products, promote professional education, promote the proper use of products, and ensure their safety, quality and efficacy. The Chinese Medicine Council includes a Practitioners Board and a Medicines Board, and oversees the registration system of Chinese medicine practitioners. They are entitled to use the title of a registered Chinese medicine practitioner in a specific field, e.g. acupuncture or bonesetting. Regulation of Chinese medicines comprises two lists depending on the potential harmfulness of the substance. Products already in the market on 1 March 1999 when a new legislation was set into force are “grandfathered” and will be reviewed particularly on quality aspects. New products require assessment of safety, quality and efficacy by the Chinese Medicine Board.

Regulation and promotion of TCM is a complex subject, and among many considerations, the main issues to be addressed include:

- strategic positioning of TCM in health care system;
- interface between practitioners of Western and traditional medicine;
DEVELOPMENT OF NATIONAL POLICY ON TRADITIONAL MEDICINE

• scope of practice of practitioners;
• implications of integration;
• methodology and criteria for evaluation of herbs and products; and
• long-term financial viability in terms of good manufacturing practice.

2.7.4 The legislation and regulation of traditional medicine in Europe and the USA

Dr Barbara Steinhoff gave an overview of legislation and regulation of traditional medicine in Europe stating that medicinal products in general require pre-marketing approval based on proof of quality, safety and efficacy. In order to fulfil the requirements set by various European directives, Member States of the European Union have made different approaches to review herbal medicinal products in the market in order to fulfil the requirements of these European directives. She described the different situation in different Member States of the European Union focusing particularly on the option of a bibliographic application for products with a well-established medicinal use.

The so-called decentralized system to obtain marketing authorization in more than one Member State provides, as a general rule, that the assessment by one national authority should be sufficient for subsequent registration in other Member States. As common criteria for the assessment of safety and efficacy of herbal medicinal products did not exist for a long time, harmonization of scientific assessment was regarded to be a precondition for adjustment of different marketing authorization decisions of authorities, particularly in case of products having different national traditions and assessment criteria. Dr Steinhoff described the attempts for harmonization of assessment criteria that had so far been achieved by the European Scientific Cooperative on Phytotherapy (ESCOP), as well as by the Working Group on Herbal Medicinal Products consisting of health authorities’ representatives.
In the USA, the situation is quite different because herbal products are in most cases marketed as dietary supplements with restricted claims on their label, only in few cases as OTC drugs. Attempts to clarify the situation with the Food and Drug Administration (FDA), particularly in terms of acceptance of foreign marketing experience have not yielded any concrete results.

In the morning session, an overview of regulation of acupuncture was given with the conclusion that in many countries there were no specific requirements set by law, but developed by the physicians’ associations for postgraduate training. In the USA, the situation was different in each state. There were specific practice acts available in 33 states.

During the discussion, the issue was raised that governments were faced with difficulties whether to regulate a product as medicine or as food.

2.7.5 Development of national policy on traditional medicine

Dr Chen Ken indicated that as the interest of public and academics as well as involvement of government was increasing, a government policy and measures to control the proper use of traditional medicine was needed.

Different categories of government policies in existence may be summarized as follows:

- **Integrated** - Traditional medicine is an integral part of the official health service system.

- **Supported** - The government recognizes the role played by traditional medicine, supports its proper use, particularly as a community and individual practice, initiates efforts to bring proven traditional medicine into the formal health service system and takes measures to control its safe practice, although it is not part of the formal health service system.

- **Recognized** - The government officially announces it is aware of the potential role of traditional medicine.
However, there is no activity relevant to traditional medicine organized or supported by the government.

- **Not recognized** - The existing traditional medicine system is ignored and only the practice of modern medicine by professionals and auxiliaries is recognized and supported.

Dr Chen Ken mentioned the following main issues that should be addressed in a policy:

- **The governments’ attitude towards traditional medicine**
  - recognition of the role of traditional medicine in the health care system, ethnological background;
  - support for the appropriate use of traditional medicine and identification of its health, economic and social benefits;
  - recognition of the role played by practitioners of traditional medicine in maintaining health of people living in the communities where the practitioners live.

- **Legislation and regulation**
  - establishment of suitable management and regulatory measures;
  - regulation and licensing of traditional medicine practices; and
  - regulation of herbal products, their manufacturers and distribution.

- **Rational use of traditional medicine**

- **Development of traditional medicine**
  - development of appropriate human resources
  - planning for research and development

- **Subscribing to the conservation of medicinal plants**
• Cooperation among traditional and modern medicine
• Technical collaboration with other countries
• Monitoring and evaluation of national traditional medicine policy

The procedure to develop a policy should include the following items:

• A systematic review of the current status of traditional medicine in individual countries and its role in maintaining health will be necessary for policy development.

• The national health authority is the most appropriate body to take the lead in developing the national policy.

• A national advisory committee could be set up to assist the health authority in developing a policy. The advisory committee could be supported by subcommittees to advise on specific aspects, if required.

• A strategic plan should be developed as part of overall planning. Following identification of problems and benefits, priorities can be set and objectives better defined. The adoption of a strategy is very important as it may involve a choice between several approaches to address the issues.

• Consultation with the communities and interested parties concerned is essential. Where necessary, expert opinion can be obtained from international agencies and other countries. The public can be consulted when the policy is prepared.

• The contents of the draft policy document should be discussed with institutions within and outside of government and with the private sector before it is finalized and submitted for formal endorsement.

• Guidelines for the appropriate use of herbal medicines prepared by the Working Group on Herbal Medicines in 1997 provides detailed information on how to develop
DEVELOPMENT OF NATIONAL POLICY ON TRADITIONAL MEDICINE

a national policy on herbal medicine. The principles reflected in the guidelines can also be applied to developing a policy covering traditional medicine as a whole.

In the discussion it was observed that difficulties could consist in an appropriate budget, and, therefore, as a first step recognition by government would be necessary.

2.7.6 Research and education on traditional medicine in China

Ms Situ Wen held the presentation prepared by Professor Li Zhen-jie and gave an overview of the basic situation of science and technology in traditional Chinese medicine as well as of the supporting system for research and development.

In China, a tremendous amount of work has been done in the field of “evidence–based” basic theory of TCM, the hypothesis of acupuncture anaesthesia and channels and on mechanisms of compound TCM herbs as main fields. Further achievement will comprise prevention and treatment of major diseases, protection of TCM resources, substitution of drugs extracted from endangered species, and quality control standards. Significant success has also been made in the treatment of various conditions such as acute abdominal diseases and bone diseases, in the development of new technologies of preparation and dosage forms, in artificial cultivation of plants with medical value, and in the research on development of new drugs from plants materials.

Visions and expectations for the next 10 years could encompass the following issues:

• upgrading the standard of TCM, training and capacity building;

• rational allocation of resources;

• establishing a system to modernize TCM; and

• insisting on the policy of serving clinical practice, production and society’s needs, encouraging integration of science into economy to serve social development and economic construction.
Important tasks, therefore, are:

- pursuing intensified basic theory research;
- regulating and upgrading clinical research;
- strengthening research on sustainable application of TCM;
- developing good varieties and poll-free “green” medicines;
- increasing quantity and quality of Chinese medicines;
- carrying out research on artificially–cultivated substitutes to replace endangered species in cooperation with WWF;
- implementing the “Plan of Action for the Modern Industrialization of Chinese Medicine”; and
- enhancing capacity building and speeding up the creation of an information network.

If these issues are addressed, TCM will make a contribution to the modern life science development and to the health of people.

The following discussion made it clear that traditional medicine needs development, although some of its effects cannot be fully explained by modern science. Research might verify the validity of traditional practice or even improve what has been traditional. It is very important to gain further information by research, why traditional medicine is effective. In this respect, consumer protection is an important issue. Therefore, it should be ensured that traditional medicines are safe through appropriate research.

**2.7.7 Regulation and quality control of herbal medicines in China**

Dr Lin Ruichao presented the organizational structure of the State Drug Administration (SDA) and organizations attached to SDA. He focused on quality standards such as the Chinese Pharmacopoeia, Ministerial Drug Standards and Pharmaceutical Standards of SDA, and explained the content of the guidelines for the standardization of Chinese Materia Medica. They include
requirements for name, source, identification, description, extract, processing, assay, characteristics and channel tropism, action and indication, usage and dosage, precautions for use and conditions for storage. Reference substances are available for identification and assay in the form of chemical substances as well as reference crude drugs.

Examples for quality control were given using modern analytical methods such as thin layer chromatography as a crude drug and liquid chromatography used for single crude drugs as well as for patent medicines consisting of several compounds. This was demonstrated by the examination of Salvia miltiorrhiza as single drug and a mixture from Radix Ginseng rubra, Radix Ophiogonis and Fructus Schizandraceae by using different methods for identification and assay of each compound.

Various guidelines are available in China for registration of herbal drugs and products. If powder is used traditionally and a new dosage form is developed (e.g. a capsule), documents for assessment have to be submitted. There seems, however, to be a lack with regard to the control of raw material.

Regarding isolated substances, it was confirmed that single substances isolated from plants did not fall under the definition of traditional medicines.

2.8 Group discussion session two: development of national policy on traditional medicine

The discussion continued after two groups had been formatted. The composition of the groups was the same as it had been earlier. The groups discussed the development of a national policy on traditional medicine and the issues to be addressed, including the development of a traditional medicine programme and action plans. Each group listed difficulties in preparing a national policy and a possible solution to those difficulties.
2.9 Plenary session: on conclusions and recommendations

Dr Umadevi Ambihaipahar, Vice–Chairperson, summarized the results of the workshop up to this point. She stated that the situation of traditional medicine showed large differences in Member States of the Western Pacific Region as well as when compared with Europe or the United States of America. Group discussions, however, resulted in a common definition of the scope and concept of traditional medicine, and in the field–trip “real life” was experienced. Furthermore, details on research and education in the field of traditional medicine in China were presented, spurring intensive group discussions on development of national policies.

The rapporteurs of both groups, Dr Chris Cheah Hean–Aun and Dr Eliseo T. Banaynal Jr., reported on the outcome of the group discussions and presented the results. Both groups had agreed overwhelmingly that a national policy was needed. Both groups thoroughly explained their ideas about ways to develop a national policy, about the contents of a national policy and about the role of government. Likewise, both groups had some of the same results; however, the order of the discussed items were slightly different.

In the plenary discussion, both proposals were discussed together in order to find a common statement. The group reiterated that a national policy was needed, and that a consensus was required for government action, e.g. funds, consumer protection and promotion of traditional medicine.

As proposed by Dr Chen Ken, the group agreed that preparation and organization of a strategic plan should, therefore, cover

- identification of common status, systematic review;
- identification of national focus point;
- establishment of an advisory committee;
- consulting experts; and
- public consultation and government adoption.
The group discussed potential difficulties in the development of national policies and options for solving these problems. The group unanimously agreed that the role of the government in policy development should consist in its function leading management body (government or ministry of health) and in its task assessing the scope of the problem.

Promotion of proper use and integration of traditional medicine into national health care systems should be the guiding principles. For these reasons, it was suggested that a list of items to be included in a policy should be developed, accompanied by a preamble describing what the national policy should be in general. These general aspects should cover a definition of the government’s role in the development of traditional medicine in the healthcare delivery system. Another guiding principle should be safety and efficacy. Last, but not least, the policy should include vision and mission as well as goals and objectives which should be expressed through general policy statements.

Within the content of the policy, a clear statement on the definition of traditional medicines was regarded to be of high importance. Within this definition the government in each country should clearly indicate the role, the scope and concept of traditional medicine.

As a solution to the problem of lack of understanding of traditional medicine and non-cooperation between practitioners of Western and traditional medicine, it was discussed whether integrating the knowledge of traditional healers into the western system and vice versa was feasible. Introduction of traditional medicine curricula in the western system has, however, only been possible in some countries, e.g. in China, but not in the Republic of Korea. For this reason the group proposed as a solution either to encourage practitioners to practice both systems of medicine to complement each other, where applicable, or to introduce traditional medicine curricula in the western system, where applicable. Furthermore, introduction of education and training to traditional health practitioners as well as an attempt to convince other health care providers that traditional medicine does not intend to compete but to safeguard public health could be potential options.
Dr Banaynal suggested that a paragraph on the issue raised in the meeting concerning the protection of intellectual property rights should be included in the recommendations.

After a detailed discussion, a conclusion was drawn up. The group also agreed on the development of a national policy in the field of traditional medicine and gave subsequent recommendations to WHO and its Member States, which are recorded under section 3: Conclusions and Recommendations.

2.10 Closing ceremony

Mr Jiang Zaizeng, in his closing remarks, said that it had been a great honour for him to chair this fruitful workshop in which government officials and health administrators from 17 countries in the Western Pacific Region participated. He regarded this workshop as a contribution to the official promotion of traditional medicine not only in the Western Pacific Region but all over the world. He referred to the opening ceremony and the welcoming remarks of Dr Zhu Qing-shen who had pointed out that the workshop offered China an opportunity to learn about traditional medicine from different countries, and that China hoped, with cooperation from Western Pacific Region countries, to build WPRO into a traditional medicine centre for the world. He announced a conference on traditional medicine to be held in Beijing in April 2000 and invited everyone to participate. He expressed his thanks to Dr Chen Ken for having prepared and organized the workshop, to Umadevi Ambhaipahar for acting as Vice–Chairperson and all participants for their cooperation.

On behalf of all participants, Dr Eliseo T. Banaynal Jr. acknowledged the effort and support of the WHO Regional Office for the Western Pacific in holding the workshop and thanked the chairpersons, temporary advisers and consultant as well as the Chinese government for being exceptional partners.

Professor Li Zhen-jie, Vice Director General of the State Administration of Traditional Chinese Medicine, congratulated WHO on the success of the conference which from his point of view had been both active and fruitful for the development of traditional
medicine in the Western Pacific Region. Regarding recent positive
developments, he mentioned that the Chinese government was
investing heavily into basic research on traditional medicine.
A common goal of all countries as well as guidance by WHO would
facilitate exchange of information and cooperation between the
countries. He invited all participants to visit Beijing again in April
2000.

Dr Chen Ken thanked all participants for their contribution to
the successful, fruitful and productive meeting, and thanked WHO,
particularly the Western Pacific Regional Office, for its support of
the Traditional Medicines Programme. He expressed his thanks to
the Chinese Government, the Ministry of Health and the State
Administration of Traditional Chinese Medicine for their support.
He thanked the Chairman and Vice–Chairperson for their efforts to
make the meeting succeed, the chairmen of the group discussions
and the rapporteurs, the consultant and the colleagues from WHO
as well as from the Institute of Chinese Materia Medica for their
support.

As a result of the meeting, Dr Chen Ken concluded, the
participants have shared experiences, knowledge and concerns about
traditional medicine and prepared detailed findings on development
of a national policy on traditional medicine, particularly in terms of
the role of the government, existing difficulties and possible solutions.
He maintained that if they do something in the future, it should be
done together. He mentioned a meeting of the Southern Pacific
islands to be held in Fiji in October 1999 where an exchange of
information would take place with the aim to develop harmonized
approaches in traditional and modern medicine. Working together
with Member States and other international organizations, research
institutes and nongovernmental organizations in the promotion of
traditional medicine would be a big step forward in reaching the
common goal of "Health for All".
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

**Definition of traditional medicine**

“Traditional medicine is the sum total of knowledge, skills and practices on holistic healthcare, which is recognized and accepted by the community for its role in the maintenance of health and the treatment of diseases. Traditional medicine is based on the theory, beliefs and experiences that are indigenous to the different cultures, and that is developed and handed down from generation to generation.”
Scope of traditional medicine

Traditional practice of medicine includes a wide scope such as:
- herbal medicine;
- acupuncture;
- massage/manipulation;
- heat/steam/sauna;
- diet;
- exercise (e.g. Yoga, Qigong); and
- spiritual/mental therapy and others.

Role of traditional medicine

Traditional medicine has an established promotive, preventive, curative and rehabilitative role with varying emphasis in different countries. It can be the main form of health care, or an integrated component of the mainstream health care, or an alternative or complementary to the main form of health care in the countries in the Region.
Reasons for acceptance of traditional medicine by the public, including:

- cost effectiveness and affordability;
- accessibility;
- cultural acceptability;
- natural material and holistic approach;
- safe and fewer side effects or other negative effects; and
- effectiveness.

Role of government in the field of traditional medicine

Since traditional medicine is still popular in many countries and has been reappearing in others, the governments should give traditional medicine appropriate recognition to improve the image and standard of the practitioners. This can be done through policy changes, regulations and registration and improving training and research of traditional medicine.

The roles of the government are considered to be the following:

- policy maker;
- legislator;
- regulator;
- developer of referral systems, structures and facilities for traditional medicine;
- developer of repository of data bases;
- maintainer of registry/directory of practitioners;
- enabler, in areas of:
  - insurance,
  - training and education,
  - product research and development, and
  - regulation of practice.
Need for a national policy on traditional medicine

A national policy on traditional medicine is needed for the following reasons:

• The use of traditional medicine is widespread in some countries and is the only available form of health care system in others.

• It will define the role of traditional medicine in health care delivery systems.

• Government commitment is needed to ensure the direction, action and provision of financial and other resources.

• Traditional medicine needs to be regulated in order to ensure its safety, efficacy and quality.

• It could assist in the control of the growth of medical expenditures.

• Traditional medicine could be an affordable and cost-effective form of health care.
Steps for development of a national policy

The government is the leading body for development of a national policy on traditional medicine. Development of a national policy should consist in the following steps:

(a) information campaign to enable the government to understand and appreciate the role of traditional medicine in the community;

(b) identifying a national focal point or management body devoted to traditional medicine (e.g., the ministry of health);

(c) organizing an advisory committee or task force comprising:
   • champions of traditional medicine;
   • stake holders;
   • lay people; and
   • local and foreign experts (including traditional medicine practitioners, pharmacists, botanists, academics, medical doctors, lawyers, environmental and conservation departments, etc.);

(d) conducting a systematic review and a situational analysis to provide information to the government in order for it to make an informed policy decision;

(e) providing a draft policy statement;

(f) organizing nation–wide workshops and national consultations involving stake holders including the government, the public, practitioners (e.g. doctors, pharmacists, pharmacologists, traditional health practitioners), and other relevant organizations;

(g) getting approval/endorsement from relevant government authority, and, if applicable, legislation to support the national policy;

(h) developing a strategic plan;

(i) allocating funds;

(j) implementing national policy; and

(k) evaluation and monitoring.
Contents of a national policy

In general, the national policy should include a definition of the government’s role in the development of traditional medicine in the health care delivery system. Safety and efficacy should be stated as the guiding principles. The policy should also include vision and mission as well as goals and objectives of the traditional medicine policy.

Detailed policy statements should be given in the following areas:

Vision

The vision (foresight) of the government on traditional medicine could include the following points:

- Definition of traditional medicine
  An individual country may wish to give its own definition of traditional medicine as related to its cultural, social and economic values.

- Contribution of traditional medicine in healthcare system
  The government should address the likely contribution of traditional medicine to the health care delivery system of the country.

- Benefits of traditional medicine
  The government should explain the benefits of traditional medicine for the society and the economy of the country.

- Positioning and interface between traditional medicine and Western medicine in healthcare system.
Mission

The mission is a general statement to define tasks and function, to be performed by the government and its designated agency.

The government of the country should define its mission according to the particular needs of the country. The mission could include the following points:

• promotion of the proper use of traditional medicine particularly in PHC delivery system;
• the government’s responsibility for the traditional medicine programme;
• need for new legislation or expansion of laws already existing in the country, taking into account the existing international conventions;
• regulation of traditional medicine practitioners, provision of infrastructure as far as applicable, development of code of ethics and practice for practitioners;
• education and training of practitioners;
• regulation of raw materials, semi-finalized and finished products;
• acceptable standards of safety and quality;
• consideration on potential coverage by state health insurances;
• capacity building of traditional medicine human resources in order to strengthen expertise of government in traditional medicine;
• conservation of plants and animals (conventions of biodiversity and endangered species);
• promotion and advocacy (dissemination of information inside and outside governments);
• research and development;
• international technical co-operation and exchange; and
• monitoring and evaluation of implementation of the national policy on traditional medicine.
Difficulties in developing a national policy and programme in traditional medicine

The following difficulties could exist:

- lack of political will;
- lack of understanding of traditional medicine;
- role and positioning of traditional medicine in the country;
- resistance to change by all;
- reluctance/non-cooperation by practitioners, manufacturers to government intervention in traditional medicine;
- financial constraints;
- difficulty in reaching a consensus in accreditation of practitioners;
- shortage of qualified manpower in and out of government; and
- shortage of personnel in government to ensure sustainability of traditional medicine.
Proposed solutions

Solutions for existing difficulties mentioned above can consist in:

- advocacy by education and information dissemination to raise public awareness on traditional medicine;
- open discussions and consultations;
- convincing the government of long term financial benefits of traditional medicine;
- allowing practice of both systems of medicine to complement each other (where applicable);
- introducing traditional medicine curricula to the Western system (where applicable);
- introducing education and training to traditional health practitioners;
- convincing other health care providers that traditional medicine policy is not to compete with them but to safeguard public health;
- mobilizing financial resources (plan of action, lobby in budget proposals);
- a transition period/grace period given to practitioners and manufacturers (phase by phase through consultations; government incentives), before regulation is introduced;
- working out a credible system of accreditation;
- developing social organizations (associations of traditional medicine practitioners);
- capacity/capability building (intercountry exchange programmes/technical cooperation);
- liaison with WHO, other international organization and other countries; and
- use of NGOs as long as government takes a leading role to ensure capacity building and sustainable development.
3.2 Recommendations

The workshop reached its consensus and agreement on development of a national policy on traditional medicine as reflected in 3.1 Conclusions. In addition, the participants of the workshop provided the following general recommendations to WHO and its Member States.

1. WHO should provide technical support interested Member States to develop a national policy.
2. WHO should help to formulate national action plans.
3. WHO should organize workshops to share experiences to develop a national policy.
4. WHO should provide criteria for the assessment of traditional medicines (e.g. monographs).
5. WHO should co-ordinate the development of various international standards in traditional medicines.
6. WHO should co-ordinate the development of a collaborating framework to support exchange of information, development of national policies, training of personnel and the establishment of standards, etc.
7. Member States should develop national policies and action plans on traditional medicine as part of the national health care system.
8. Member States should establish a national focal point/coordinating/leading body for traditional medicine.
9. Member States should make extensive reference to the findings of this working group.
10. Member States should make use of WHO guidelines on traditional medicine as references.
11. Member States should disseminate information on traditional medicine within individual Member States.
(12) Member States should collaborate with WHO and other Member States in the exchange of information, development of national policies, training of personnel and the establishment of standards, other international organizations, etc.

(13) Member States should give particular attention to the development, issues and concern related to the protection of intellectual property rights and patents of medicinal plant products and traditional practices as well as to the protection of biodiversity.
ANNEX 1

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Distinguished participants, ladies and gentlemen,

I am very pleased to welcome you all to this workshop on traditional medicine. On behalf of the World Health Organization, I would like to express my sincere appreciation to the Government of China for hosting this very important meeting.

Traditional medicine has been practised for hundreds of years. It was the only available method of health care in this part of the world before Western medicine was introduced to Asia. The services provided by practitioners of traditional medicine formed a type of health care coverage and dealt more or less satisfactorily with many of the health problems at that time. Traditional medicine made a great contribution to maintaining human health and to the struggle of human beings against various diseases. Even now, in spite of the widespread introduction of modern medicine in the Region, traditional medicine still plays a role in many countries. Studies conducted in Australia and other countries are showing that people are increasingly using traditional medicine and attach considerable importance to it.

This increasing use of traditional medicine is also raising the interest of governments. Several countries and areas in the Region are seriously considering integrating traditional medicine into their formal health care system. However, such government involvement needs government policy on traditional medicine, which clearly states the level and the direction of its involvement. During the last five
years, WHO has provided support in developing national policy and programmes on traditional medicine to the governments of Cambodia; Hong Kong, China; Malaysia; Mongolia; the Lao People’s Democratic Republic; Papua New Guinea; the Philippines; Singapore and Viet Nam.

In order to support more countries in the Region to develop their own national policies and programmes on traditional medicine, the WHO Regional Office for the Western Pacific Region organized a meeting of the Working Group on Herbal Medicines in December 1997. During the meeting, the *Guidelines for the appropriate use of herbal medicines* were prepared. The *Guidelines* cover a broad range of topics in relation to herbal medicines, with particular emphasis on national policy development, development of national programmes, regulations on practice and registration of herbal medicines. Although focusing on herbal medicines, the principles and approaches mentioned in the *Guidelines* can be expanded to cover the work of traditional medicine as a whole.

The participants of the Working Group recommended that WHO should promote the use of the *Guidelines for appropriate use of herbal medicines* among Member States and should organize training courses, seminars and workshops on the appropriate use of herbal medicines.

In response, WHO has organized this workshop to review the role of traditional medicine, share experiences in the development of policies and programmes on traditional medicine, identify constraints faced in promoting the proper use of traditional medicine and identify possible solutions to these difficulties.

I hope that as a result of the workshop, and with your active involvement, more countries and areas in the Region will have a supportive policy and well-planned programme on traditional medicine.

With these few words, I wish you all a successful meeting and an enjoyable stay in Beijing! Thank you.
ANNEX 3

SUMMARY OF COUNTRY REPORTS

(1) Cambodia

Ms Cheng Li Bota explained the country status of traditional medicine. Having established a network on traditional medicine in 1982, the government is now facing problems mainly caused by lack of collaboration between traditional healers and medical doctors, lack of proof of benefit as well as of budget and human resources. She put particular emphasis on the activities of the National Centre for Traditional Medicine as part of the network which has performed, e.g. a survey of medicinal plants (514 with therapeutic value) in 6 provinces, published booklets on medicinal plants, developed a list of 16 diseases that can be treated by medicinal plants, stimulated clinical trials and organized a National Workshop on Traditional Medicine and Natural Products supported by WHO in October 1997. Furthermore this centre provides training to students of pharmacy, provides information on medicinal plants, selects medicinal plants for primary health care, promotes the appropriate use and co-ordinates the national network.

Government policy include organization of research on traditional medicines and diseases that can be treated with it, establishing methodologies and technologies for the development of traditional medicine, improvement of quality, training of professional health workers and promoting the use of traditional medicine in primary health care.
Recent development include a decision of the Health Ministry on traditional medicines stores, a subdecree on production and trading and a procedure for regulations and traditional medicine. For the future, increase of importance of Cambodian traditional medicine is one of the government's plans, furthermore an initiative to establish quality, safety and efficacy criteria, development of traditional medicines and promoting its rational use in collaboration with WHO and traditional healers.

(2) China

Mr Jiang Zaizeng talked about the important role of Traditional Chinese Medicine (TCM) in Chinese tradition and culture. Complementing with western medicine, TCM has a specific task within health services in the country. Infrastructure for serve of traditional medicine has been established. Each county is equipped with a county TCM hospital (altogether 1800 TCM hospitals), and also a majority of township health centres recruit TCM doctors and pharmacists. Health workers at the village clinics are able to us both western medicine and TCM.

Some of the main measures to enhance TCM in these areas are:

• to provide guidance to the government in order to bring the awareness into the rural health service and thus to strengthen the leadership of TCM
• to intensify planning and to formulate policies
• to develop laws and regulations
• to strengthen capacity building of TCM hospitals
• to enhance training of health workers
• to allocate funds.

According to the positive experiences that have been gained in the past years, a fundamental policy should be the leading principle for the future, integrating the work with the development of economy and society.

After Mr Jiang’s presentation, a video programme introducing the role of traditional medicine in rural areas of Anhui province, China was showed to participants.

(3) Cook Islands

Dr Auemetua Taurarii gave a statement about the importance of and the growing interest in traditional medicine by the community and the government. Traditional medicine however which had been frequently used before, was restricted in its use by providers of western medicine in the 1950’s, due to complications or side effects. For this reason, the use of traditional medicine in hospitals is not accepted.

Although the interest is growing, there is currently however no government policy on traditional medicine existing, because there is no priority seen by health professions for the management of health problems, and its use is restricted due to yet unknown effects and potential side effects. A future strategy of the government taking into account the question of efficacy of locally used traditional medicine seems to be of utmost importance.
(4) Fiji

Dr Nacanieli Goneyali reported on the wide use of medicinal plants in Fiji and a growing interest in traditional medicine, mainly due to better accessibility, particularly in local or rural healthcare. Currently, there are however no clear policy guidelines available, and development of proper legislation is lacking. Wainimate, an association representing natural therapies, is currently working towards drafting proper legislation to protect intellectual property rights of healers, licensing of healers and regulation on safety and efficacy of herbal products.

As the government recognizes the benefits of traditional medicine and how it can complement modern health care systems, its integration within national health systems is planned focusing e.g., on a policy framework, training of practitioners, development of standards of practice, regulations, safety and research to promote mutual understanding and the management of integrating both systems.

(5) French Polynesia

Dr François Laudon described the legal requirements to exercise medicine and other health care professions. These persons must have a French diploma and additionally be registered. The practice of Chinese medicine, however, is not regulated although it is widely used. There are regulations on the import of Chinese materials and on the herbalists who market them, the status of a Chinese Medicine practitioner however is not officially recognized, and western doctors do not communicate with Chinese herbalists.

During preparation of the health plan 1995-1999, the situation of traditional medicine and potential actions to bring them closer to western medicine
have been considered. Today the health authority is likely to revise their policy on authorizations for Chinese herbalists in the near future particularly in terms of education of herbalists, control of practice, regulations for new medicines, validation of the annual list of medicinal plants regulation on storage conditions for products as well to establish compulsory training for herbalists. Continuing the dialogue with traditional practitioners and setting up a ministries’ steering committee for codification are the most important goals for the future.

(6) Hong Kong, China

Dr Leung Ting-hung reported that while Western Medicine has been the mainstream of the health care system in Hong Kong, Traditional Chinese Medicine (TCM) is widely used. Until recently there were however no specific legal controls and recognition of TCM only incidental controls.

In 1989, the Working Party on Chinese Medicine was set up to review the use and practice of TCM. Following the Working Party’s recommendation, the Preparatory Committee on Chinese Medicine (PCCM) was appointed in 1995. They conducted a census among TCM practitioners and collected data on the trade with Chinese medicines available in the Hong Kong market. Based on the submission of PCCM’s first report in 1997 which recommended the creation of a regulatory framework and a statutory body for regulation and control, and based on second report in 1999 recommending further regulation and development, the Chinese Medicine Ordinance was passed by the Legislative Council in July 1999. The government policy included the following main topics: development of a statutory framework, development of education, and scientific research in TCM.
The Ordinance provides for the Chinese Medicine Council to implement the regulatory measures adopting a system of self-regulation, and the Department of Health will provide the administrative support and carry out enforcement work. A licensing system and a registration system to regulate manufacture and trade is scheduled for the year 2000. Universities have introduced particular courses in TCM practice, and research is being developed.

(7) Lao People’s Democratic Republic

Dr Kaysone Keola said that Lao traditional medicine (LTM) is a very ancient and has become a very important part of the country’s heritage and culture. The government is encouraging and promoting the use of both traditional and western medicine. The Research Institute of Medicinal Plants (RIMP) was established in 1976 and a traditional medicine hospital was established in 1991.

The government is encouraging and promoting the use of both traditional and western medicine. New laws on traditional medicine will be promulgated. Although there was some achievement during the past years, the development however has slowed down. The most important problems are:

• limited budget
• combination of traditional and western medicine
• mutual understanding of both therapies
• different names for medicine  
• availability of formula  
• training for healers

An executive plan should be set up taking into account the needs and duties of both western and traditional doctors, feasibility of the project, budget for financial support, criteria for traditional healers, promotion of the use of traditional medicine and organizing an association. Existing opportunities are the positive attitude of the government and its policy, an existing traditional medicine network, a positive tendency towards the use of traditional medicine and the support from countries all over the world.

(8) Malaysia

Dato' Dr Mohd. Ismail Merican stated that while modern and scientifically based medical and health facilities are used extensively by all levels of the community, alternative forms of therapy are also popular. They include Chinese, Malay, Indian and Complementary medicines. The government being pro-active in these issues, a Standing Committee on Traditional/Complementary Medicine was formed in 1998 to advise and assist MOH in formulating policies and strategies for the monitoring of traditional/complementary medicine in Malaysia. Manufacturers of traditional medicine must have GMP requirements. In particular, the government looks at issues related to the product and the practice including training and research in traditional medicine. The Drug Control Authority is responsible for registration of traditional/complementary medicine products, and approx. 8,000 products have been listed. Licensing of traditional medicine importers has been implemented since 1999. Malaysia is member in "Commonwealth Working
Group in Traditional/Complementary Medicine Health System”.

Future plans of the government include further promotion of cultivation, research as well as co-operation with organizations inside and outside the country. It is hoped that the availability of existing regulations and resources will help strengthening the acceptance of traditional medicine in future.

(9) Mongolia

Dr Sharav Bold reported that traditional medicine has become an inescapable part of health care system in Mongolia since 1900’s. A Traditional Medicine Department was set up in the National Medical University in 1990, and a lot of theoretical work is carried out by the national Institute of Traditional Medicine.

An order to develop traditional medicines was issued by the Health Minister in 1991 resulting in many efforts on further enrichment of traditional medicine and cultural heritage. A policy was developed in 1996 followed by a work on basic directions for the coming years. In 1998, a working group was set up according to a state policy which was subsequently approved by a conference of medicinal doctors. It was further approved by Resolution of the State Great Khural Parliament in July 1999. The document includes strategies to develop traditional medicine hospitals, for training of traditional medicine manpower and for production safe medicinal drugs to meet GMP requirements.
(10) Papua New Guinea

Dr Umadevi Ambihaipahar said that traditional medicine remains a form of practice outside the formal health system. It is widely accepted and practised in rural areas. Papua New Guinea has numerous species of plants and majority of traditional medicaments are of plant origin. Revision for introduction of proven traditional medicines has already been made in the National Drug Policy. The healthcare system is currently passing through a structural adjustment, the issue of traditional medicine however has not yet adequately been addressed. It is expected that a policy in support of the proper use of traditional medicine will be developed soon and will be embodied in the new National Health Plan (2001-2010).

Provision for introduction of proven traditional medicines in this document has already been made, and a draft is available setting priorities such as promotion of proper use of medicinal plants, inventories of modalities and plants as well as training of traditional healers. Programme policies are existing giving particular attention to the of traditional medicine as complementary therapy to the official allopathic system.

(11) Philippines

Dr Eliseo T. Banaynal Jr. reported on recent developments in his country where Western medicine does no longer seem to be the only alternative although the health care system is predominantly influenced by western medicine. Taking both traditional and western principles into consideration, development and promotion of holistic medicine is an important aspect. Safe, effective and affordable medicines are needed.
The Traditional Medicines Programme which started in 1992 was signed into law on 8 December 1997. A guiding principle of this legislation is the development of traditional and alternative health care and its integration into the national health delivery system. Particular emphasis has been put on scientific research and development, promotion of the use of safe, effective and cost-effective modalities, training and formulation of standards, guidelines and ethical codes. Based on this law, the Philippine Institute of Traditional and Alternative Healthcare was founded to take the measures necessary for implementation of these objectives.

Further strategies for the future include increased production of scientifically tested herbal medicines produced in the country, further research and development activities, development and accreditation of schools, colleges and universities in co-operation with foreign institutions. There is reason to be optimistic.

(12) Republic of Korea

Mr Hyun Woo Han described recent trends in the field of Oriental Medicine resulting from an obligation of the state to sustain and develop cultural heritage. In June 1993, the Oriental Medicine Division was founded and expanded to the Oriental Medicine Bureau in 1996, furthermore the Korean Institute of Oriental Medicine was established in 1994. Oriental Medicine at present has the same status as western medicine has. Oriental doctors however practise only oriental medicine; there are approx. 9000 doctors for Oriental medicines and approx. 62 000 for Western medicine.
The existing legal system covers herbal medicine pharmacists, oriental medical doctors, and herbal medicine dispensers and shops by different laws. Research and development of traditional medicine is of great importance, as can be demonstrated e.g., by the establishment of a Clinical Research Centre for Oriental Medicine in 1996.

New fields made up comprise e.g. internal medicine, paediatrics, etc. Promotion of international cooperation is one of the goals as well as standardization of the products and demonstration of their health insurance benefits. Future plans of the government include improvement and development of traditional medicine as well as its control and improvement of quality and distribution.

(13) Samoa

Dr Leota Siu Paolo Ainuu reported that traditional medicine had been practised for a long time by traditional healers. Documented knowledge about the use of traditional medicinal plants exists as can be shown by several examples. Besides the use of plants, traditional medicine also covers traditional birth attendants, bone-setting, massage and acupuncture. There is growing interest in traditional medicine and a tendency towards consulting a traditional healer after having been treated by government health workers, because the service provided by the government is cheaper or even free.

The Health Sector Reform strategy has included traditional medicine. There is at present however no particular legislation on traditional medicines existing. The Medical Practitioner’s Act does not permit practising medicine as a traditional healer.
The government's future plans are to

- recommend further studies on medicinal plants
- establish a botanical garden
- continue communication and dialogue with traditional healers (formal training is not considered appropriate)

(14) Singapore

Dr Chris Cheah Hean-Aun pointed out that besides several laws regulating Chinese Medicine Materials (CMM) (which are under general legislation for medicinal products), self-regulation mechanisms are available such as listing of TCM practitioners (at present approx. 1800), standardized TCM training courses and ethical codes. The policy of the government includes self-regulation mechanisms followed by statutory regulation, measures to upgrade the standard of practitioners’ training and control of CMM.

In order to achieve a tighter control on products, new regulations were developed in 1998 requiring e.g., documentation, labelling and quality control of Chinese Proprietary Medicines (CPM) which will be implemented step by step during the next years. Statutory registration of practitioners and acupuncturists as well as training courses and examination are planned for the near future. Licensing of importers, wholesalers, manufacturers and assemblers of CPM products is intended to be completed in 2001. Long-term goal is to upgrade the manufacturing processes in order to achieve the WHO GMP standard.
(15) Solomon Islands

According to the statement of Mr Leonard Palmer Maenu’u traditional medicine is practised as is common throughout the country using medicines derived from plants and trees. The procedures of preparation and application are very important because they influence the results.

The government has agreed upon a policy which recognizes and accepts the use of traditional medicine in rural communities which might supplement modern medicines. This however was not intended to be institutionalized. The government’s policy corresponds to WHO Resolution (WHA 30.43) on primary health care. Prior to establishing more detailed policy however it is considered important to investigate questions related to traditional medicine more intensively.

Regulatory measures on traditional medicine do not exist. Mr Maenu’u stated that care should be taken when implementing legislation, because an over-legislation could result which might contain items that should not necessarily be regulated by law.

Based upon the government’s decision to recognize the use of traditional medicine, recommendations were made in order to collect detailed information, e.g., by utilizing the existing health care network, close contact to practitioners, later on recruitment of experts. There are however obstacles with regard to further developments, such as narrow manpower and lack of funding.
(16) Viet Nam

Dr Chu Quoc Truong emphasized the long history of traditional medicines and recent years achievements in his country but also the fact that traditional medicine has still many difficulties. During the past decades traditional medicine as well as integration of traditional and modern medicines have experienced a positive development in terms of research and documentation, education and training. Great attempts have been undertaken to combine traditional and modern medicine and to bring traditional medicine into the provision of a nationwide public healthcare. The main achievements are:

• Official position of traditional medicines in the medical system
• Training of staff in combination of traditional and modern medicine
• Inheriting and applying precious medicinal recipe
• Bringing the potential of traditional medicine into full play

For the coming years development of research, modernization and further integration is planned. The objectives of national policy are therefore further development of integration, renewing and perfecting the network, mobilizing financial resources, and upgrade and develop the level of technique. The main policies are:

• inheriting traditional medicine with intellectual ownership
• training of medical workers
• performing scientific research
DEVELOPMENT OF NATIONAL POLICY ON TRADITIONAL MEDICINE

- developing effective control
- allocating further state budget
- broadening international cooperation.

Solutions could comprise administrative developments, building up specific departments, and intensifying coordination among different associations carrying out policies on traditional medicines.

The country report of Kiribati was submitted. There was however no oral presentation of the report of Kiribati.