Informal Meeting on Strategic Directions for Traditional Medicine in the Western Pacific Region

Manila, Philippines
4–5 May 2010
REPORT

INFORMAL MEETING ON STRATEGIC DIRECTIONS FOR TRADITIONAL MEDICINE IN THE WESTERN PACIFIC REGION

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4-5 MAY 2010

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(15 September 2010)
REPORT

INFORMAL MEETING ON STRATEGIC DIRECTIONS FOR TRADITIONAL MEDICINE IN THE WESTERN PACIFIC REGION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
4-5 May 2010

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

(15 September 2010)
NOTE

The views expressed in this report are those of the participants in the meeting and do not necessarily reflect the policy of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office in the Western Pacific for those who participated in the Informal Meeting on Strategic Directions for Traditional Medicine in the Western Pacific Region which was held in Manila, Philippines from 4 to 5 May 2010.
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The Informal Meeting on Strategic Directions for Traditional Medicine in the Western Pacific Region was held in Manila, Philippines, from 4 to 5 May 2010. This meeting was organized by the WHO Regional Office for the Western Pacific. Participants included temporary advisers and observers from seven Member States in the Region, a facilitator and WHO staff.

The current situation and challenges of traditional medicine (TM) in the Western Pacific Region was presented during the meeting. The need for an updated regional strategy for TM in the Western Pacific Region, building upon the existing regional strategy, was identified. A potential method to update the regional strategy through assessments, consultations and meetings was suggested, along with a preliminary timeline for the formulation of an updated regional strategy for traditional medicine in the Western Pacific Region. It was recommended for the updated regional strategy to be tabled at the 62nd Session of the Regional Committee in 2011. The final outcome of this meeting was a set of recommendations for drafting an updated Regional Strategy for Traditional Medicine in the Western Pacific Region.

Nine temporary advisers attended the meeting from Australia, China, Japan, the Republic of Korea, the Lao People’s Democratic Republic, Malaysia and Viet Nam; four observers also were present. The Western Pacific Regional Office secretariat provided support to the meeting. During the meeting, the temporary advisers identified the new challenges and needs in the area of TM in the Region and the strategic directions for the TM programme of the Western Pacific Regional Office.

The agenda, timetable and list of participants are attached under Annex 1, Annex 2 and Annex 3, respectively.
1. INTRODUCTION

The Regional Strategy for Traditional Medicine in the Western Pacific 2001-2010 has sought to ensure the promotion of safe, appropriate use of traditional medicines in improving health and fighting illness in the Region. Both significant developments and new challenges for TM have occurred in Member States since this strategy was designed, resulting in a need to consider new future directions for traditional medicines in the Region. The Informal Meeting on Strategic Directions for Traditional Medicine in the Western Pacific Region was held in Manila, Philippines, from 4 to 5 May 2010. The purpose of the meeting was to identify the new challenges of, and strategic directions for, TM in the Region from the ideas and suggestions of the temporary advisers.

1.1 Objectives

(1) To discuss key challenges in TM in the Western Pacific Region.

(2) To solicit the strategic directions for future activities of TM in the Western Pacific Region.

1.2. Opening remarks

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, welcomed the participants and delivered the opening remarks. He began by thanking the experts and observers for their participation at the meeting. He spoke of the remarkably strong history, marked use and the importance of TM in the Western Pacific Region. TM has great diversity with its own long-term value and histories and has been growing globally. He emphasized the strengthening and promotion of TM activities as an essential part of primary health care with scientific and evidence-based research. In addition, he hoped that the meeting had productive outcomes with the participation of all temporary advisers.

The participants introduced themselves and gave some information about their background.

Dr Narantuya Samdan, WHO Regional Adviser for Traditional Medicine, introduced the objectives and expectations of the meeting.

Recognizing the informal nature of the meeting, the Regional Director identified a temporary adviser that should be nominated as Chairperson. The Regional Director proposed that the temporary adviser from Australia, Mr Michael Smith, be nominated as Chairperson, and the participants agreed. A photo session followed the designation of the Chairperson.
2. PROCEEDINGS

2.1 The WHO position on traditional medicine

The WHO position on TM was presented by the Regional Adviser in Traditional Medicine for the Western Pacific, Dr Narantuya Samdan. Objectives and strategic directions were reviewed regarding the WHO Traditional Medicine Strategy (2002-2005), the WHO Medicines Strategy (2008-2013) and the Regional Strategy for Traditional Medicine in the Western Pacific Region (2001-2010). The WHO and Western Pacific Regional Office TM activities were presented in terms of technical support to governments for TM policies and the development of the evidence base for TM. The strength of research in the Western Pacific Region was reiterated with a discussion of the 13 WHO Collaborating Centres for Traditional Medicine in the Region. The WHO resolution on TM (May 2009) was then presented with the renewed priority areas of WHO in TM. Finally, the guiding principles of Western Pacific Regional Office activities in TM were reviewed. These included:

(1) the recognition of the diversity of TM;
(2) activities based on Member States needs; and
(3) a balance of preservation of tradition while fostering innovation.

The importance of the temporary advisers’ input in identifying current challenges and strategic directions for TM in the Western Pacific Region was reiterated. Following the presentation by Dr Narantuya Samdan, the participants discussed the need for clarification between (TM) and complementary and alternative medicine (CAM). It was discussed that the use of these terms depends on the particular country situation. For example, although Traditional Chinese Medicine is considered TM in China, when practiced outside of China it maybe considered CAM. After hearing comments from participants, it was proposed that any direction forward should focus on medicine that is traditional to the Western Pacific Region countries, recognizing that these different traditional medical systems may be practiced outside of their country of origin. The subject of the appropriate use of the terms “traditional medicine” or “traditional, complementary and alternative medicine” was revisited throughout the meeting.

2.2 Situational analysis of traditional, complementary and alternative medicine in the Western Pacific Region

The meeting facilitator, Dr Paul Kadetz, an external researcher from Queen Elizabeth House, University of Oxford, presented a situational analysis of TM/CAM in the Western Pacific Region. A methodology of a preliminary assessment conducted according to nine criteria and organized according to the four WHO 2002 Traditional Medicine Strategy Objectives was presented. Data was collected via a systematic review and a meta-analysis of the literature supplemented by semi-structured and unstructured interviews.

Under the Objective of Policy, from 2001 to 2010, small increases were noted in both the number of countries reported to have implemented TM/CAM policy and in the number of countries drafting a TM/CAM policy. Regarding the objective of safety, efficacy and quality,
there were slight positive changes in the adoption of TM/CAM (mainly practitioner) regulations.

Under the Objective of Appropriate and Rational, use of TM/CAM from four to nine Member States during the period 2001-2009 reported a national pharmacopoeia and/or (legally-binding) herbal monographs. National TM/CAM offices, and/or TM/CAM committees, associations and governing bodies, were identified in 25 Member States. The final Objective of Access identified population use of TM/CAM in more than 50% of the population of 14 Member States.

In conclusion, countries display marked variation among these criteria. Regional disparity in TM/CAM may be addressed by regional collaboration, especially in terms of research and development of the evidence base. Existing data sets and the literature provide conflicting information, especially concerning specificity of terms and TM/CAM revenues and expenditures. Collection of TM/CAM data needs to be prioritized by Member States for accurate evaluations, especially cost-benefit and cost-effective analysis.

2.3 Country reports on the current state of traditional medicine

2.3.1 Australia

Mr Michael Smith, Head, Office of Complementary Medicines, Therapeutic Goods Administration, Department of Health and Ageing, discussed the current situation of complementary medicines in Australia, emphasizing that his presentation was limited to therapeutic products. Challenges were identified under TM/CAM products and included issues with:

(1) lack of common TM/CAM definition or understanding between countries and regions;
(2) lack of formal routes of communication and information-sharing;
(3) determining appropriate ways of evaluating evidence for efficacy while maintaining respect for traditional knowledge; and
(4) balancing safety with access.

Future strategic directions for traditional medicine in Australia focused on the appropriate use of resources, the evidence base and the communication of information to support consumer decision-making. Expectations from the Western Pacific Regional Office also can be summarized as supporting both evidence-based information and communication within and between Member States.

2.3.2 China

Mr Zhu Haidong, Director, Division of Asia, America and Multilateral Relations, Department of International Cooperation, State Administration of Traditional Chinese Medicine, presented the current situation of TM in China. He summarized the number of Traditional Chinese Medicine (TCM) facilities, university and college TCM programmes, research and development capacity and the growth of the sales value of Chinese herbal products during the period 2002-2008.

The main challenges to traditional medicine included:
(1) loss of expertise and a concern with the fading of TCM characteristics;
(2) lack of human resources;
(3) damage to natural resources via traditional medicine products; and
(4) a need for common language between TCM and biomedicine.

Future strategic directions for traditional medicine in China primarily concern the
development of TCM in terms of human capacity, medical and preventative services and
innovation. The expectations of China from the Western Pacific Regional Office included the
promotion of communication and the sharing of information both between WHO Collaborating
Centres and Member States in the Region as well as providing advice about establishing a
project to support young traditional medicine researchers.

2.3.3 Japan

Dr Kazuo Toriizuka, Secretary-General, Japan Liaison of Oriental Medicine and
Professor, Laboratory of Pharmacognosy & Phytochemistry, School of Pharmacy, Showa
University, presented the current situation of TM in Japan. An overview of the Japan Liaison
of Oriental Medicine and the history of Kampo medicine were discussed. Dr Toriizuka then
presented an overview of WHO’s work in TM in the past 10 years with a critique of WHO’s
Traditional Medicine Clinical Practice Guideline. Also presented was an overview of WHO
and Western Pacific Regional Office involvement in information and terminology
standardization. Dr Toriizuka concluded with a summary of the work of the Japan Liaison
of Oriental Medicine, which was presented according to the seven objectives of the Strategy for
Traditional Medicine in the Western Pacific Region 2001-2010.

2.3.4 The Republic of Korea

Dr Kim Yong-ho, Director-General for the Traditional Korean Medicine Bureau,
Ministry of Health and Welfare, made a presentation on the current state of TM in the
Republic of Korea. He discussed TM in terms of current population use, the number of
facilities, the percentage of total health expenditure and health insurance coverage.

The main challenges identified for TM in the Republic of Korea include:

(1) an anticipated increase in demand for TM with an increase in chronic diseases;
(2) public confidence in, and use of, herbal medicines compromised by findings of
heavy metals; and
(3) existing regulatory barriers limiting the use of medical technologies.

Three main classifications for the Republic of Korea’s future directions for TM include
the establishment of the evidence base for TM and standardization, enhancing access through
extended insurance coverage and joint biomedical and TM consultations and the improvement
of safety of herbal medicines. Finally, the Republic of Korea seeks support and cooperation
from the Western Pacific Regional Office on research in areas of common interest.

2.3.5 The Lao People’s Democratic Republic
Dr Bounhong Southavong, Director, Traditional Medicine Research Center, Ministry of Health, presented the current state of traditional medicine in the Lao People’s Democratic Republic. He discussed the population use, number of traditional medicine facilities and the traditional medicine expenditure.

Dr Southavong identified many diverse challenges to TM, including:

1. promotion through a biomedical practitioner and biomedical curriculum;
2. the informal training of most traditional practitioners;
3. the integration of TM with biomedical practitioners and in harmony with Association of Southeast Asian Nation (ASEAN) countries;
4. a general lack of budget for TM; and
5. over-harvesting of plant materials.

Future strategic directions mainly concerned the scientific development of Lao TM through the strengthening of infrastructure and capacity-building, through research and clinical trials of Lao TM and through the continued development of a database of Lao TM knowledge. Lastly, support was sought from the Western Pacific Regional Office in terms of technical assistance in establishing guidelines for safety and efficacy of Lao TM, training for executing safety and efficacy guidelines, training for traditional practitioners and communities, herbal monographs and analytical support.

2.3.6 Malaysia

Mr Mohd Zulkifli Abd Latif, Senior Principal Assistant Director, The Traditional and Complementary Medicine Division, Ministry of Health Malaysia, presented on the state of TM in Malaysia. The presentation included an overview of the traditional and complementary medicine identified in Malaysia, population use, number of practitioners, facilities, traditional and complementary medicine policy, education, research and development, safety and regulations and the estimated expenditure on, and development of traditional and complementary medicine in Malaysia.

Traditional and complementary medicine challenges identified include:

1. a lack of regulatory and legal mechanisms;
2. inadequate evidence base;
3. a lack of formalized training; and
4. a lack of public information regarding rational use of traditional and complementary medicine.

Future strategic directions for traditional and complementary medicine in Malaysia concern the areas of practitioner training and regulations and international collaboration and research (specifically concerning patient satisfaction and quality of life and services offered). Lastly, Western Pacific Regional Office technical support was identified as needed in regional cooperation and information-sharing through specific activities, regional research development and standardization of raw materials of traditional and complementary medicine.

2.3.7 Viet Nam
Dr Chu Quoc Truong, Former Director, National Hospital of Traditional Medicine, presented the state of TM in Viet Nam, with an overview of the development of Vietnamese TM, TM policy, facilities, population use, expenditure and health insurance coverage.
Numerous challenges to Vietnamese TM were identified, including:

1. inadequate expenditure on TM (at 2% of total health care expenditure);
2. low quality of diagnosis and treatment affecting patient use and general lack of development, with a concern for cultural preservation;
3. risk to reduction in TM workforce;
4. management of TM practices and control of products; and
5. integration of traditional and biomedicine not producing desired effects.

Myriad future strategic directions identified included the areas of the development and integration of Vietnamese TM at all levels of health care delivery, private and organizational investment in TM facilities and encouraging local development of herbal gardens. Policy development was identified concerning intellectual property, appropriate agricultural practices and generation of herbal products, incentives for contributions to the field and diversification of TM activities.

In terms of management and manpower, improved practitioner professional abilities and complete TM examination and treatment methods were identified along with strengthened and standardized practitioner training. In terms of diversifying health care services, cooperation with professional organizations, providing guidelines on cultivation and use of medicinal plants, facilitation of practitioner activities, establishing private facilities and coordination of local level private and public facilities were identified. International cooperation is sought in terms of strengthening regional and international collaboration, promotion of the export of Vietnamese medicinal plants, establishment of TM hospitals and manufacturers and the international exchange of information via students and practitioners. Also discussed was establishing financial security through the mobilization of all sources of security and balancing of public investment capital with legal state budget allocations.

Lastly, expectations from the Western Pacific Regional Office were identified, including technical support for the integration of Vietnamese TM into health care services, especially for primary health care at the local level, for the establishment of fellowships in TM, for the organization of regional and international meetings and in the development and advice in implementing a new regional strategy for TM.

2.4 Challenges for traditional medicine in the Western Pacific Region

Potential challenges identified for traditional, complementary and alternative medicine in the Western Pacific Region were presented by Dr Kadetz. Potential challenges for Member States were identified using the WHO Global TM/CAM survey, self-identification by countries in the past five years and from the situational analysis Dr Kadetz presented. The four objectives from the WHO 2002 Traditional Medicine Strategy were again used to group the identified challenges.

It was noted that common challenges were identified among the three quality groups. The most significant number of challenges was identified under the Objectives of Safety and Efficacy and Appropriate and Rational Use of TM/CAM. Challenges in these groupings (self-identified by four or more countries) include the quality control of herbal medicines in terms of authenticity and purity of products and standardized guidelines for herbal production. In terms of research and establishment of the evidence base for TM/CAM, low priority of
TM/CAM research funding, lack of research and clinical trials and regional and international research collaborations were identified as significant challenges for several Member States. In terms of TM/CAM practitioner training, academic training, standardized training and models of diagnosis and treatment and the registration and regulation of practitioners were identified as significant challenges in several countries. Fewer challenges were identified for access to TM/CAM (mainly in terms of insurance coverage and human capacity) and for national TM/CAM policy (especially in terms of insufficient government commitment, investment and enforcement of policy).

Lastly, challenges that may be considered (but were derived from the literature and not directly from data analysed) include the preservation of cultural diversity, intellectual property, Good Supply Practices (GSP), Good Laboratory Practices (GLP), Good Clinical Practices (GCP) and the measurement of TM/CAM with standardized indicators.

A discussion followed the presentation in which there was a consensus from participants of the need for a revised regional strategy for TM in the Western Pacific.

2.5 Review of the meeting

The second day of the meeting began with a review, presented by Dr Kadetz, encapsulating the presentations and discussions of the previous day, grouped under the seven Objectives of the Strategy for Traditional Medicine in the Western Pacific 2001-2010. This presentation provided an illustration of what potential challenges, future strategies and concerns could be grouped under the seven objectives of the current Western Pacific Region strategy. In addition, a number of other areas, such as human resource issues and matters related to the monitoring and evaluation of TM/CAM, also was identified.

2.6 Designing an updated regional strategy

Following on the consensus agreed upon by participants of the need for an updated regional strategy for TM in the Western Pacific Region, the following principles and suggestions for the formulation of the new strategy were discussed:

(1) A need for a consistent approach in the assessment and formulation of the strategy.

(2) Seek to use the WHO Global Survey on Traditional Medicine, if suitable and timely, to prevent duplication of work by Member States.

(3) A consultative process using regional experts and WHO Collaborating Centres.

(4) A separate consultation and endorsement will be sought from Member States before the Regional Committee Meeting (RCM).

(5) The nature of the role of the Western Pacific Regional Office should reflect the different levels of development of TM in each Member State.

(6) It is anticipated that Member States will internally consult for the formulation of the Regional Strategy for Traditional Medicine.

Dr Narantuya Samdan presented a general method to draft and update the regional strategy for TM in the Western Pacific Region.
The strategy formation commonly followed a format of:

(1) a regional evaluation whose findings form the basis of the drafting of an updated strategy;
(2) consultation and review of the strategy with experts, key partners and stakeholder groups;
(3) updated draft incorporating consultation and review findings;
(4) finalized draft for submission;
(5) presentation of draft to the RCM for comments and adoption; and
(6) further editing, layout and printing of the finalized strategy.

Building upon previous discussions during the meeting, it was agreed that the existing Regional Strategy for Traditional Medicines in the Western Pacific 2001-2010 could be used to perform a preliminary country assessment and literature review in the Western Pacific Region. This could be performed in conjunction with pilot study assessments in some selected Member States (to be determined) along with country assessments already completed in Cambodia, Mongolia, the Lao People's Democratic Republic and the Philippines as well as assessments in selected Pacific island countries (dependent on funding). Self-administered questionnaires and in-country self assessments could be conducted to identify the future strategic directions of TM in the Western Pacific Region.

Following the presentation by Dr Narantuya Samdan, a potential timeline was discussed by participants.

There was a general recommendation that there is a need to update the existing Regional Strategy for Traditional Medicine in the Western Pacific Region. It is anticipated that this regional strategy will be tabled during the 62nd Session of the RCM in 2011. Recognizing and building upon the existing strategy, it is anticipated that new strategic directions will be established and existing ones refined or removed.

Participants were encouraged to share ideas with the Western Pacific Regional Office with respect to the development of the Regional Strategy for Traditional Medicine.

3. CONCLUSIONS

3.1. General

Recognizing the informal nature of the meeting and that all Member States were not represented, it was agreed by all participants that the meeting was successful with all of the objectives met. The meeting concluded with many issues agreed upon by consensus of the participants. The major consensus during this informal meeting would be recognizing the necessity for updating the Regional Strategy for Traditional Medicines in the Western Pacific Region. Additionally, basic principles and suggestions for drafting a new strategy were discussed along with the establishment of a potential timeline.
It was acknowledged that many issues discussed in this informal meeting will be revisited in the future and in the preparation of the updated regional strategy for TM.

4. CLOSING

Dr Narantuya Samdan, Regional Adviser, Traditional Medicine, thanked all participants for their active participation.
ANNEX 1

INFORMAL MEETING ON STRATEGIC DIRECTIONS FOR TRADITIONAL MEDICINE 15 April 2010 IN THE WESTERN PACIFIC REGION
MANILA, PHILIPPINES
4-5 MAY 2010

ENGLISH ONLY

PROVISIONAL AGENDA

1. Opening session and election of chairperson
2. Introduction: meeting objectives and expectations
3. Traditional medicine in the Western Pacific Region and WHO's position – introduction and overview
4. Country experience with traditional medicine (country presentations by all participating countries)
5. Main challenges of traditional medicine in the Western Pacific Region
6. Strategic directions for traditional medicine in the Western Pacific Region
7. Conclusions and recommendations
8. Closing session
# INFORMAL MEETING ON STRATEGIC DIRECTIONS FOR TRADITIONAL MEDICINE

## IN THE WESTERN PACIFIC REGION

Manila, Philippines, 4-5 May 2010

## TIMETABLE

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<tr>
<td>08.30</td>
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<tr>
<td>09.00</td>
<td>1. Opening session and election of chairperson</td>
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<td>2. Introduction: meeting objectives and expectations</td>
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<td>3. WHO's position on traditional medicine</td>
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<td>Dr Samdan Narantuya</td>
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<td>Situational analysis of traditional, complementary and alternative medicine in the Western Pacific Region</td>
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<td>Dr Paul Kadetz</td>
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<td>12.00</td>
<td>4. Country experience with traditional medicine (Australia, China, Japan)</td>
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<td>Country experience with traditional medicine (Republic of Korea, Lao PDR, Malaysia, Viet Nam)</td>
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<td>5. Main challenges of traditional medicine in the Western Pacific Region</td>
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<td>18.30</td>
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WHO POSITION ON TRADITIONAL MEDICINE

**WHO GLOBAL STRATEGIES**

**REGIONAL STRATEGIES AND FRAMEWORKS**

**WHO / WPRO ACTIVITIES**

**WHO COLLABORATING CENTERS**

**RENEWED PRIORITY AREAS**

**GUIDING PRINCIPLES**

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**Who position on Traditional Medicine**

- Traditional medicine is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.

  *WHO definition of Traditional Medicine*

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**Content**

- Alma-Ata Declaration in 1978
  
  "Primary health care relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community."

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**WHO strategies**

**Global**

- WHO Traditional Medicine strategy: 2002-2005
- WHO Global strategy and plan of action on public health, innovation and intellectual property

**WHO Traditional Medicine Strategy (2002-2005)**

**Four major objectives:**

- Framing policy
- Ensuring safety, efficacy and quality
- Enhancing access
- Promoting proper use of TM/CAM
WHO Medicines Strategy (2008-2013)

- Strategic directions:
  - Integration of TM/CAM into the national health system
  - Evidence on quality, safety, and efficacy
  - Explore the contribution of TM/CAM to primary Health Care
  - Ensure patient safety
  - Build national capacity

WHO/WPRO/TRM Activities

Policy: technical support and advice to governments

- Regional Meeting on Network for Policy and Programme Development in Traditional Medicine (Shanghai, 2003)
- Cambodia Traditional Medicine Policy
- Lao PDR’s national policy on traditional medicine and regulation of herbal medicine
- Assessment of the current situation of TM/CAM in the Philippines and Mongolia
- Consultative workshop on traditional medicine policy in Cambodia

WHO/WPRO/TRM Activities

Evidence based TM, safety, quality and scientific documentation:

- WHO International standard terminologies on Traditional Medicine in the Western Pacific Region
- 1st and 2nd revised publication of “WHO standard acupuncture point locations in the Western Pacific Region”
- Medicinal Plants in Papua New Guinea
- Anti-hepatitis drug derived from Plantago asiatica, a medicinal plant of Viet Nam

WHO Collaborating Centres in Traditional medicine

- Globally 19 WHO Collaborating Centres in Traditional Medicine
- In Western Pacific Region 13 WHO Collaborating Centres in Traditional Medicine:
  - Australia - 1
  - China - 7
  - Japan - 2
  - Republic of Korea - 2
  - Vietnam - 1

WHO Collaborating Centres in Traditional medicine

1. Dept of Chinese Med, RMIT Univ, Melbourne, Australia
2. Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences (CACAMS), Beijing, People’s Republic of China (PRC)
3. Institute of Clinical Science and Information, CACAMS, Beijing, PRC
4. Institute of Chinese Materia Medica, CACAMS, Beijing, PRC
5. Institute of Medicinal Plant Development, Beijing, PRC
6. Nanjing University of Chinese Medicine, Nanjing, PRC
7. Institute of Acupuncture Research, Fudan University, Shanghai, PRC
8. Shanghai University of Chinese Medicine, Shanghai, PRC
9. Oriental Medicine Research Centre, Kitasato Institute, Tokyo, Japan
10. Dept of Japanese Oriental Medicine, Toyama Med and Pharmaceutical Univ, Toyama, Japan
11. East-West Medical Research Institute, Kyung Hee Univ., Seoul, Rep. of Korea
12. Natural Products Research Institute, Seoul National University, Seoul, Rep. of Korea
13. National Hospital of Traditional Medicine, Hanoi, Viet Nam

WHO resolution on traditional medicine May 2009 (based on the “Beijing Declaration” in 2008)

- To preserve and communicate knowledge of traditional medicine
- To formulate national policies, regulations, and standards of traditional medicine
- To integrate traditional medicine into national health systems
- To develop research and innovation
- To establish qualifications and licensed practice
- To strengthen communication between conventional and traditional medicine providers
Annex 4

Renewed priority areas of the work of WHO/HQ in the field of Traditional medicine

- Promoting integration, and evaluation of Traditional Medicine as a subsystem of national health systems
- Strengthening research to promote the quality, safety and efficacy of traditional medicines and products
- Capitalizing on the potential contribution of traditional medicine to self-care and to people-centred primary care

Guiding Principles of WPRO Activities

- Recognition of traditional medicine diversity
- Base on the needs of member states
- Preserving tradition and introducing innovation

We are seeking your valuable inputs on the following:

- Identify the main challenges in Traditional Medicine in the Western Pacific Region
- Identify the strategic directions of Traditional medicine in the Western Pacific Region

THANK YOU
SITUATIONAL ANALYSIS OF TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE MEDICINE IN THE WESTERN PACIFIC REGION

Methodology for Regional Summary

Data Analysis
- Nvivo and proportional analysis

Study Challenges
- Incomplete data sets from countries (i.e., PICS)
- Certain criteria not included in this preliminary assessment

Methodology for Regional Summary

Criteria identified for a Review of TM/CAM in the Western Pacific Region

Policy
- National TM/CAM Policy

Safety, Efficacy and Quality
- Regulation of TM/CAM and Herbal Medicines
- Research & Establishment of Evidence Base for TM/CAM

Access
- Population Use of TM/CAM
- TM/CAM Expenditure
- Insurance Coverage
- TM/CAM Capacity: Hospitals/Departments/Clinics/Practitioners

Appropriate and Rational Use
- National Pharmacopoeias and Herbal Monographs
- TM/CAM Education
- TM/CAM National Office/Committees/Associations/Governing Bodies

National Policy on TM/CAM

Number of Countries with TM/CAM Policies

TM/CAM Regulations
Conclusions

- Overall, the WPR demonstrates increased adoption of several criteria shown for this assessment over the past ten years.
- Increased attention to quality, safety and efficacy, especially in terms of GMP.
- Pharmacoepidemiological and legally binding herbal monographs are identified in WPR.
- A direction toward integration and greater TCM/CAM access is demonstrated in several countries with the inclusion of TM/CAM in health insurance coverage.
- The criteria used in this assessment can be identified in 50-43% of the WPR.
- In general, countries display marked variation along these criteria.
- TCM/CAM is strongly used in this region, but access to TCM/CAM varies.
- Regional disparity in TCM/CAM may be addressed by regional collaboration, especially in terms of research and development of the evidence-base.
- Existing data sets and literature provide conflicting information, especially concerning specificity of terms.
- Collection of TCM/CAM data needs to be prioritized by Member States, for accurate evaluations, especially cost-benefit and cost-effective analysis.

References

Slide 6: TCM/CAM Regulation
Slide 9: Pharmacopeia and Herbal Monographs


References

Slide 6: TCM/CAM Research and Establishment of Evidence Base
Slide 10: TCM/CAM Education
Slide 11: National TCM/CAM Office, Committee, Association, Governing Bodies


References

Slide 7: Population Use of TCM/CAM


References

Slide 8: TCM/CAM Expenditure/Insurance/Coverage


References

Slide 9: National TCM/CAM Office, Committee, Association, Governing Bodies
A Brief Summary of the Current State of Traditional Medicine in China

Zhu Haidong
P.R.China

Informal Meeting on Strategic Directions for Traditional Medicine in the Western Pacific Region
04-05 May 2010; Manila, Philippines

Current situation of Traditional Chinese Medicine

Number of Hospitals, Clinics, Departments and Units of TCM(2008)

<table>
<thead>
<tr>
<th>Total No.</th>
<th>Staff</th>
<th>TCM doctors</th>
<th>TCM pharmacists</th>
<th>Outpatients</th>
<th>In patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>33,817</td>
<td>604,986</td>
<td>192,621</td>
<td>32,750</td>
<td>301</td>
<td>9.68</td>
</tr>
</tbody>
</table>

- 95% general hospitals, 89% of community-based health centers and 50% of community-based health sites providing TCM services.
- More than 90% patients have gone to TCM doctors and taken TCM products (Herbal Medicine, OTC and function food from Chinese Material Medica) in China.

TCM universities and colleges in China (2008)

<table>
<thead>
<tr>
<th>Universities/colleges in training</th>
<th>Students in training</th>
<th>Bachelors</th>
<th>Masters</th>
<th>Ph.D</th>
<th>others</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/34</td>
<td>497,038</td>
<td>286,299</td>
<td>21,243</td>
<td>3,494</td>
<td>9,6002</td>
</tr>
</tbody>
</table>

- There are other 227 TCM departments in other universities and colleges in China.

R&D facilities for TCM in China (2008)

<table>
<thead>
<tr>
<th>Total No./national level</th>
<th>Staff</th>
<th>Researchers/Prof.</th>
<th>Assistant Researchers</th>
<th>others</th>
</tr>
</thead>
<tbody>
<tr>
<td>90(10)</td>
<td>13,202</td>
<td>2,540</td>
<td>4,884</td>
<td>5778</td>
</tr>
</tbody>
</table>

- More than 0.5 billion US$ from Chinese Central Government and local government have been allocated for TCM R&D in 2008.

The sales value of Chinese Material Medica

<table>
<thead>
<tr>
<th>Year</th>
<th>Sales (Billion US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>9.05</td>
</tr>
<tr>
<td>2003</td>
<td>9.10</td>
</tr>
<tr>
<td>2004</td>
<td>10.22</td>
</tr>
<tr>
<td>2005</td>
<td>13.09</td>
</tr>
<tr>
<td>2006</td>
<td>18.22</td>
</tr>
<tr>
<td>2007</td>
<td>22.00</td>
</tr>
<tr>
<td>2008</td>
<td>25.00</td>
</tr>
</tbody>
</table>

- From 2002-2008, percentage of Chinese Material medica sales in the total pharmaceutical sales ranged between 20-35%.
- The annual growth rate of Chinese Material medica sales has been estimated to be about 23% over the past years.
- Chinese herbal companies account for about 25% of all pharmaceutical manufacturers.

The main challenges and issues of Traditional Medicine in your country

- Fading of characteristics of TCM.
- Lost of expertise.
- Damage of nature resources.
- Lack of human resources.
- Need common language between TCM and Western medicine.
Future Strategic Directions for Traditional Medicine in your country

- Develop medical services and prevention services of TCM
- Inherit and make innovation
- Strengthen the establishment of human capacity
- Upgrade the development of TCM industry
- Develop Chinese Medicine Culture prosperously
- Perfect the measures to develop TCM

Expectations from WPRO

- Promote international cooperation and exchanges concerning to TM
- Share information and experience between regional government, specially between cooperation center in WPRO.
- Setup project to support young scientists in TM

THANK YOU!
Toward WHO’s Successful Activities on Traditional Medicine

**The Japan Liaison of Oriental Medicine (JLOM)**

**Kazuo Torizuka, PhD**

Secretary General of JLOM

Professor, School of Pharmacy

Showa University

*Informal Meeting on Strategic Directions of Traditional Medicine in the Western Pacific Region* May 3, 2010, Manila, Philippines

**JLOM as an academic representative in Japan in the field of standardization**

Since its establishment in 2005, JLOM has sent its members as delegates to international standardization meeting on Traditional Medicine.

Opinions and decisions of JLOM are supported Japanese Government.

JSC assigned JLOM as a mirror committee of ISO/TC 249 Traditional Chinese Medicine (provisional)

*Japanese Industrial Standards Committee*

MHLW also supports JLOM in the delegation to the standardization meetings, and others

*Ministry of Health, Labour and Welfare*

**The Japan Liaison of Oriental Medicine (JLOM)**

Established on May 8, 2005

**Societies**

- Japan Society for Traditional Medicine
- Japanese Society of Acupuncture and Moxibustion
- The Japan Society for Pharmacognosy
- Pharmaceutical Society for WAKAN-YAKU

Two WHO Collaborating Centers

- Oriental Medicine Research Center, Kitasato University
- Dept. of Japanese Oriental (Kampo) Medicine, Graduate School of Medicine and Pharmaceutical Science, University of Toyama

**JLOM on May 8, 2010, Manila, Philippines**

**Japan Liaison of Oriental Medicine (JLOM)**

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*Ministry of Health, Labour and Welfare*
Kampo Medicine

“Kampo” is a general term for the unique system of traditional medicine developed in Japan from ancient Chinese origins. Kampo Medicine includes acupuncture & moxibustion.

The word “Kampo” is a composite of two words, “Kan” and “po”
- Kan (Han) ← Ancient China
- Po (Ho) ← the medicine or a way of treatment

Kampo medicine is a part of traditional Japanese culture.

Needle and Guidetube

- It was developed in Edo Japan (17th Century)
- It makes needle insertion less pain.
- It makes easier to insert thin needle

Modernization History of Kampo Medicine

- 1875 Medicine qualification system
  - Medical Doctor can treat both in western and oriental medicine (TJM/Kampo) (unified qualification)
- 1887 Japanese Pharmacopoeia first published (日本薬局方)
- 1944 Development of Kampo-herbal extract drug and controlled clinical trial was introduced
  - Precursor of clinical pharmacology
- 1967 Kampo-herbal extract drugs was started to list in National Health Insurance Drug Tariff

Today 72% of Medical Doctors prescribe Kampo-herbal extract drugs

<table>
<thead>
<tr>
<th>Year</th>
<th>Formulas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1967</td>
<td>4</td>
</tr>
<tr>
<td>1976</td>
<td>43</td>
</tr>
<tr>
<td>1978</td>
<td>87</td>
</tr>
<tr>
<td>1981</td>
<td>145</td>
</tr>
<tr>
<td>2010</td>
<td>148</td>
</tr>
</tbody>
</table>

The remarkable progress of modern medicine
- It has become possible to recognize pathological evidence even at the molecular level

Now non-specific, constitutional, or psychosomatic diseases have become the most pressing medical problems,
as for example, arteriosclerotic diseases, autoimmune disorders, allergic diseases, malignant neoplasms, and degenerative diseases of the central nervous system.

Kampo medicine, Traditional Medicine, which gives the patients individualized treatment, has come to be regarded by many Japanese as the most appropriate for our modern times.

Postgraduate Education

- 2000 Kampo medicine (Wakan-Yakuri) was included in the Model-Core Curriculum of Medical education
- 2002 Kampo medicine was included in the Model-Core Curriculum of Pharmaceutical Science education
- 2003 Kampo medicine was included in the Model-Core Curriculum of Pharmaceutical Science practice

Pharmacists (2000—)
- The Japan Pharmacists Education Center launched a special training course on Kampo medicine and herbal materials in collaboration with the Japan Society of Pharmacognosy.
- The Japan Pharmacists Education Center issues a certificate for pharmacists specializing in Kampo medicine and herbal materials in accordance with its own qualification criteria.
  - Renewed every 2 years

Kampo Medicine

Herbal medicine
- 148 Kampo formulas and 241 crude herbs

Acupuncture

Moxibustion

Japanese traditional massage

Judotherapy (Traditional Japanese Bone Setter)

Regulations

National License
- Medical Doctor: Herbal medicine & Acupuncture
- Acupuncturist: Acupuncture only
- Moxibustionist
- Judotherapist

National Insurance
- Herbal medicine
- 148 Kampo formulas and 241 crude herbs
- Acupuncture
- Moxibustion
- Japanese traditional massage
- Judotherapy (Traditional Japanese Bone Setter)
Ensuring safety, efficacy and quality of traditional medicines is a key objective in the WHO Traditional Medicine Strategy 2002-2005.

WHO monographs of selected medicinal plants
Volume 1 – 6, around 130 plants

- WHO guidelines, Good agricultural and collection practices [GACP] for medicinal plants
- WHO guidelines, Good manufacturing practices [GMP] for herbal medicines.
- WHO guidelines, Assessing quality of herbal medicines with reference

Four Projects (2002 ~ )
1. Location of Acupuncture Points
2. Terminology of TRM
3. Information Standard of TRM
4. Clinical Practice Guideline

WHO/WPRO Project (since 2002)

1989
1995
Guidelines for clinical research in acupuncture (revised in 2005)
1996
Guidelines on Basic Training and Safety in Acupuncture
2007
WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region (IST)
2008
WHO Standard Acupuncture Point Locations in the Western Pacific Region

2003-2008
6 informal consultation meetings
4 Special Committee meetings
Representatives from China, Japan, Korea (CJK)

May 2008
Publication of ‘WHO Standard Acupuncture Point Locations’
Problem
Some difference of location among CJK

1. Location of Acupuncture Points

Review of WHO/WPRO Publication on Traditional Medicine

1. Location of Acupuncture Points

A proposed standard international acupuncture nomenclature in 1989
WHO is intending to develop international terminology of classification for several popularly used TRM/CAM

Volume 1 – 6, around 130 plants
2. Terminology of TRM

The introduction of IST says...

- The compilation process of IST has revealed terminology standardization is a very challenging task due to the varieties of meanings and historical background for TRM concept.
- In order to overcome limitation, the Regional Office of Western Pacific and the key countries should be responsible for developing new tool, like ontology, describing complicated relations of traditional medical concepts in machine readable language.

*WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region*

3. Information Standardization of TRM

May 2005

- Information Standardization
  - MeSH
  - ICD (International Classification of Disease)
  - Ontology

- First Informal Consultation on Information Standardization
  - (Beijing, China)

Jan 2006

- Second Informal Consultation on Information Standardization
  - (Tsukuba, Japan)

Apr 2009:

- Hong Kong Conference

Oct 2009

- Annual Meeting of WHO-FIC Network (Seoul)
  - Decision making for inclusion of traditional medicine into ICD-11.

Mar 2010

- WHO, Geneva

May 2010

- Hong Kong, ICTM

2014: Planned publication of ICD-11

- Include classification, terminology, intervention and information technology of Traditional Medicine
4. Clinical Practice Guideline

Criticism from Japan on WHO/WPRO project on TRM CPG

- Who are users of WHO-TRM-CPG?
- Draft CPG was English translation of TCM textbook.
- Any evidence of safety and efficacy?
- Different health service system, different drug regulation

1. Location of Acupuncture Points
   - Difference of location among CJK
   - Manipulation Methods

2. Terminology of TRM
   Terminology standardization is a challenging task due to varieties of meanings and the historical background for TRM concepts.
   - The Regional Office of Western Pacific and the key countries should be responsible for developing new tool, like ontology, describing complicated relations of traditional medical concepts in machine readable language

3. Information Standard of TRM
   - ICD

4. To make a liaison between WHO/WPRO and ISO, and other organizations.
5. ISO should be respect IST terminology.

- Not yet published by Baptist University, in spite of repeated follow up.
- Feasibility of standardization is low when it involves different health service system and different drug regulation

What JCOM did?

According to WHO/WPRO TRM strategy (2001-2010)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Project Team (PT) on Integrative Medicine was established in MHLW</td>
</tr>
<tr>
<td>2</td>
<td>[Public awareness] A number of public conferences on Kampo and Acupuncture conducted</td>
</tr>
<tr>
<td>3</td>
<td>[Economic evaluation] A number of economic analysis papers on Kampo and Acupuncture published</td>
</tr>
<tr>
<td>4</td>
<td>[Standardization] Location of Acupuncture Points, Terminology of TRM, Information Standard of TRM, ICD-11, ISO</td>
</tr>
<tr>
<td>6</td>
<td>[Cultural Integrity] Analysis and dissemination of the fact of the difference among TCM, Kampo Medicine and others, as a variance to suite each culture</td>
</tr>
<tr>
<td>7</td>
<td>[Ecology Protection] NIRS conservation project</td>
</tr>
</tbody>
</table>

Thank you for your attention
Annex 6

A Brief Summary of the Current State of Traditional Medicine in Republic of Korea

{K M Y O N G H O}
{Republic of Korea}

Informal Meeting on Strategic Directions for Traditional Medicine in the Western Pacific Region
04-05 May 2010 : Manila, Philippines

The main challenges and issues of Traditional Medicine in KOREA

- Increasing demand for TM with higher incidence of chronic diseases
  - Overall demand for TM is low due to limited scientific evidence on the clinical effectiveness.
  - However, the demand is expected to soar among 60+ population as the society is aged and sees growth in chronic diseases.
- Damaged public confidence on the safety of herbal medicine
  - Finding of heavy metals in herbal medicine and inadequate standards for the drugs damaged public confidence, lowering consumption.
  - Changing medical environment with new medical technologies
  - Though therapies using both western and traditional medicine are developed and a new medical technology system is introduced, there exist regulatory barriers such as limit on the use of medical technologies.

Future Strategic Directions for Traditional Medicine in KOREA

- Modernization of TM (based on science and standards)
  - Standardize medical equipment, treatment methods, terminology and classification of diseases
  - Consider using modern medical equipment such as MRI, X-ray and CT
  - Take the evidence-based approach to secure clinical evidence of TM
- Enhanced public access to TM
  - Extend the insurance coverage of TM
  - Facilitate the joint consultation between Traditional and Western Medicine for more effective treatment and prevention
  - Higher safety of herbal medicine
  - Introduce a traceability system for medicinal herbs
  - Improve standards for heavy metals in medicinal herbs
  - Rationalize packaging and standards of medicinal herbs

Current situation of Traditional Medicine

| Population using traditional medicine (%) | 80% (saw a TM doctor at least once) |
| Number of Hospitals, Clinics, Departments and Units of Traditional Medicine | 999 hospitals: 156 (Beds: 8,961)
| | Clinics: 11,762 (Beds: 1,669), Clinics: 53,033 (Beds: 97,860)
| Expenditure as percentage of total health expenditure (%) | 2003: 14.9%
| | 2005: 12.8%
| | 2008: 11.3%
| Does health insurance cover TM (Yes) | Yes
| | Less than coverage of western |
| % of health insurance expenditure spent on TM | 2003: 5.68%
| | 2005: 6.11%
| | 2008: 5.39%

Expectations from VPPO

- Support and cooperation in the research on the areas of common interest in TM in the Western Pacific Region
The main challenges and issues of Traditional Medicine in your country

- The perception of TM on the promotion of the use of TM in health care facilities (hospitals, clinics, dispensaries, health centers);
- The curriculum of the University of Health Sciences does not include the TM subject;
- The establishment of TM board in the hospitals faces hindrances/difficulties;
- Almost healers did not train through any school; their knowledge is acquired by handle down from their fore parents/case relatives;
- The integration or the coordination between MD and TM healers are not adequate;
- The capability on the Harmonization with ASEAN countries on TM is limited;
- Lack of budget for research and development, for scaling up staff (capacity building) and for quality control of TM;
- The over exploitation of plant materials lead to many valuable medicinal plants are threatening to be extinct, i.e. False columnea (Cicinnium sp., Stephania sp., Annona chinensis Ram sam Hay) etc...

Future Strategic Directions for Traditional Medicine in your country

- To search Lao TM knowledge in communities and survey of medicinal plants throughout the country for continuing to enter in the existing Lao National Product Information System Database (NIIS Data base) of the Institute of Traditional Medicine (ITM);
- To scientifically and systematically develop Lao TM and Traditional Pharmacy by strengthening the infrastructure and capacity building in the health care service facilities, especially in the ITM;
- To distribute TM to communities through TM kits; and
- To carry out clinical trials of Lao traditional remedies and to study the safety and efficacy of plants- based medicines.

Expectations from WPRO

- STC for technical assistance in the field of the establishment of guideline and the implementation of the guideline on safety and efficacy of Lao TM;
- Provide regular support for short term training in the field of GACP, GMP and safety and efficacy of TM in neighboring countries;
- Provide one vehicle for field trip activities and some necessary equipments for analysis;
- Publish Medicinal plants and Herbs of Laos, volumes 1 and 2 and others publications: brochures, posters, pamphlets etc...; and
- Support in organizing training course for healers, farmers and VHV on Lao TM.
Annex 6

A Brief Summary of the Current State of Traditional Medicine in Malaysia

Mohd Zulkifli Abd Latif
Traditional and Complementary Medicine Division
Ministry of Health Malaysia
http://tcm.moh.gov.my

Informal Meeting on Strategic Directions for Traditional Medicine in the Western Pacific Region
04-05 May 2010: Manila, Philippines

Usage of T&CM

• Used T&CM in their whole life:
  ~ 69.4% (67.6% - 71.2%)

• Used T&CM in the 12 month period:
  ~ 55.6% (53.8% - 57.4%)

National survey 2004

Current situation of Traditional Medicine

Population using traditional medicine (%)
69.4%

Number of Hospitals, Clinics, Departments and Units of Traditional Medicine

Traditional Medicine expenditure as percentage of total health expenditure (%)
- 2002 USD 80 million
- 2005 USD 100 million
- 2008 USD 120 million

Does health insurance cover T&M (Yes/No) - No

What percentage of health insurance expenditure spent on T&M? - Not available
- 2002 N/A
- 2005 N/A
- 2008 N/A

T&CM Development

1998 Formation of Standing Committee for T&CM
1999 Recognition of Umbrella Bodies
2001 National Policy on T&CM
2004 Establishment of T&CM Division in MOH

Practitioner Bodies (Umbrella Bodies)

• Activities by T&M practitioners is self regulated via the Code of Practice and Code of Conduct endorsed by MOH

• MOH set up term of reference for the practitioner bodies
**Annex 6**

### T&CM Practitioners

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCPMDAM (Federation of Chinese Physicians and Medicine-Dealers Association of Malaysia)</td>
<td>4,161</td>
</tr>
<tr>
<td>FCPAAM (Federation of Chinese Physicians &amp; Acupuncturist of Malaysia)</td>
<td>2,157</td>
</tr>
<tr>
<td>MCMA (Malaysian Chinese Medical Association)</td>
<td>934</td>
</tr>
<tr>
<td>MSCT (Malaysia Society for Complementary Therapies)</td>
<td>1,322</td>
</tr>
<tr>
<td>PEPTIM (Malaysia Society of Traditional Indian Medicine)</td>
<td>92</td>
</tr>
<tr>
<td>MPHM (Malaysia Homeopathy Council of Malaysia)</td>
<td>896</td>
</tr>
<tr>
<td>PUTRAMAS (Malaysian Association of Malay Traditional Medicine)</td>
<td>300</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,862</strong></td>
</tr>
</tbody>
</table>

**DEC 2008**

### Malaysia T&CM Policy

Integration of Traditional and Complementary Medicine (T&CM) into the Malaysian Healthcare system

### Policy Objectives

- **Practices**: Establish a registry; promote rational use; ensure T&CM practices in registered facilities; facilitate development & integration; regulate practices.
- **Training**: T&CM practitioners under formalised training; process for accreditation; modern medicine provider has appropriate knowledge; ensure the general public has appropriate knowledge.
- **Raw Materials & Products**: Sustainability and standardisation; GACP & GMP; strengthen control on production, import & export; development & protection of IPR; strengthen pharmacovigilance.
- **R & D**: Prioritize & facilitate R&D; establish methods & technologies; information data-based.

### Research & Development

<table>
<thead>
<tr>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMR</td>
</tr>
<tr>
<td>CRC</td>
</tr>
<tr>
<td>IHSR</td>
</tr>
<tr>
<td>IHM</td>
</tr>
<tr>
<td>IPH</td>
</tr>
</tbody>
</table>

**NIHR**

- Manage all MOH research related committees
- Monitor (financial, progress and outcomes) of research project
- Process applications to conduct research
- Manage the NIHR Trust Account and the MOH research and development fund
- Maintain a database of MOH approved research projects
- Produce annual reports of the NIHR, the NH Bulletin and other publications of the NH

### Guidelines & Publications

- Guidelines for levels and kinds of evidence to support claims for therapeutic products
- Guidelines for the clinical evaluation of T&CM interventions
- Guide to intellectual property management
- Guidelines for standardization of herbal medicinal products

### Regulation:

- **Herbal Medicine Research Centre**
- **National Committee for Research & Development in Herbal Medicine**
- **National Institute for Natural Products, Vaccines and Biological**

Annex 6

T&CM Products

NATIONAL PHARMACEUTICAL CONTROL BUREAU

—

Safety Criteria

- Limits for heavy metals
- Limits for microbial contamination
- Absence of steroids and other adulterants
- Prohibition of herbs / ingredients with known adverse effects
- Labeling
- Indications and claims

To Ensure Safety of T&CM

- T&CM Division
- T&CM Bill
- Standard & Criteria for T&CM Education
- Foreign Practitioners
- Integrated Hospital
- Awareness & continue training

MOH Organisation

Regulations on Products

1952
Sales of Drugs Act; Poison Act
1956
Medicine Act (Advertisement and Sale)
1984
Control of Drug and Cosmetic Regulation

T&CM Products

NATI ONAL PHARMACEUTI CAL CONTROL BUREAU

2008 – until Aug 08

• Limits for heavy metals
• Limits for microbial contamination
• Absence of steroids and other adulterants
• Prohibition of herbs / ingredients with known adverse effects
• Labeling
• Indications and claims

To Ensure Safety of T&CM

- T&CM Division
- T&CM Bill
- Standard & Criteria for T&CM Education
- Foreign Practitioners
- Integrated Hospital
- Awareness & continue training

MOH Organisation
Human Capital

Traditional & Complementary Medicine Bill

Objectives
• Ensure professionalism of practitioners through education
• Enhance public safety and health in traditional and complementary healthcare practices
• Empower patients so that they can take responsibility and assist in regulating the practitioners
• Efficient utilization of government resources

Objectives to be achieved...
• Enhance professionalism of practitioners
• Empower consumers so that they can take responsibility and assist in regulating the profession
  – Ensure consumer choice and safety in the use of traditional and complementary healthcare goods or services;
  – Provide means for consumers of traditional and complementary products and services to be protected
• Enhance public safety and health in traditional and complementary healthcare practices
• Efficient utilization of government resources
  – Regulate where necessary
    – Ensure the orderly and coordinated incorporation of traditional and complementary healthcare practices into the Malaysian healthcare system

T&CM Training & Education
• Develop standard and criteria of T&CM modality of practices, collaboration with academician, practitioners and National Accreditation Board
• Benchmarking visit to recognised T&CM learning institutions

Standard & Criteria
• Bachelor in Traditional Chinese Medicine
• Bachelor in Traditional Chinese Medicine (Acupuncture)
• Bachelor in Malay Medicine
• Bachelor in Complementary Medicine (Natural Medicine)
• Bachelor in Complementary Medicine (Chiropractor)
• Bachelor in Homeopathy
• Bachelor in Ayurveda
• Diploma in Acupuncture
• Diploma in Malay Massage
• Diploma in Islamic Medicine
• Diploma in Aromatherapy
• Diploma in Reflexology
• Diploma in Natural Medicine

Foreign Practitioners

0 100 200 300 400

China 2
Ayurveda 0
Chiropractor 0
Aromatherapy 0
Reflexology 0
Islamic Medicine 0
Malay Massage 0
Acupuncture 0
Homeopathy 0
Ayurveda 0
Chinese Medicine 300

Annex 6
Annex 6

### T&CM Premises Inspection

<table>
<thead>
<tr>
<th>Modality</th>
<th>No. of Premises</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Malay Traditional Medicine</td>
<td>5</td>
</tr>
<tr>
<td>2. Chinese Traditional Medicine</td>
<td>44</td>
</tr>
<tr>
<td>3. Indian Traditional Medicine</td>
<td>6</td>
</tr>
<tr>
<td>4. Homeopathy</td>
<td>12</td>
</tr>
<tr>
<td>5. Complementary Medicine</td>
<td>42</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>109</strong></td>
</tr>
</tbody>
</table>

- Approved by Cabinet in January 2006
- Phases of implementation (2006 – 2010)
  - Integrated Hospital
    - 2007 – 1
    - 2008 – 2
    - 2009 – 3
    - 2010 - 6
  - Future Plans
    - National Cancer Institute
    - Rehabilitation hospital

### Integrated Hospitals

- T&CM Unit in Putrajaya Hospital

### SOP & Guidelines

- Acupuncture Room
- Male Massage room
- Female massage room

### Patients Statistic

<table>
<thead>
<tr>
<th>Integrative Hospitals</th>
<th>Acupuncture</th>
<th>Traditional Malay Massage</th>
<th>Herbal Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New Follow-up</td>
<td>New Follow-up</td>
<td>New Follow-up</td>
</tr>
<tr>
<td>HKB</td>
<td>1264</td>
<td>1419</td>
<td>314</td>
</tr>
<tr>
<td>HSI</td>
<td>666</td>
<td>481</td>
<td>-</td>
</tr>
<tr>
<td>HPJ</td>
<td>412</td>
<td>389</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2342</strong></td>
<td><strong>2289</strong></td>
<td><strong>314</strong></td>
</tr>
</tbody>
</table>

* as of 30 June 2008*
**Future Plan**

- Introduction of online registration
- 2 integrative hospitals every year
- T&CM branches in North, South and Eastern region of Malaysia
- Introduction of Ayurvedic panchakarma & post natal massage services in integrative hospitals
- R&D and Integrated Medicine
  - Patient satisfaction surveys
  - Quality of Life
  - Case studies on services offered

**The main challenges and issues of Traditional Medicine**

- Lack of regulatory and legal mechanisms
- Inadequate evidence-base for T&CM therapies and products
- Lack of formalised training for T&CM providers
- Lack of information for public on rational use of T&CM

**Future Strategic Directions for Traditional Medicine**

- Regulation on the Practice of T&CM
- Education and training programs in T&CM
- Research into T&CM
- Networking and International collaboration.

**Expectations from WPRO**

To coordinate
- Regional co-operation with other T&CM centres via seminar, workshops and other activities
- T&CM research development in Western Pacific Region
- The development of standardisation of T&CM raw materials
- Sharing of information among member countries

**Further Information**

- Integrated Medicine - [http://www.globinmed.com](http://www.globinmed.com)
Vietnamese Traditional Medicine

- Vietnamese traditional medicine has a long history of thousands of years. It is an accumulation of knowledge and experiences of 54 ethnic groups, becoming part of the Vietnamese culture.
- Having a long process of information exchange with China, India, Cambodia and Laos, ... have made a Vietnamese Traditional Medicine diversified, copious, and rich of national characters.
- Vietnam has a rich natural resource of flora and fauna, containing 3,850 plant species, 406 animal species and 70 mineral classes, which are known to be useful for medicines.

Vietnamese Traditional Medicine

- During the French colonization Vietnamese TM was neglected and rejected but still developed constantly in the community.
- After achieving national independence up to now Vietnamese government has displayed unceasing concern, created good conditions to develop TM and promoted the integration of TM with MM.
- At present, TM is recognized as the orthodox medical system in Vietnamese health care system and obtaining many achievements in primary health care.

Vietnamese Traditional Medicine

- The Vietnamese Government approved the National policy on TRM in 2003, emphasizing on some main targets such as inheritance and preservation of TM, development of TM and integration of TM and MM, improvement of TM management of all levels.
- Establishing a system of management in traditional medicine from central to lower level:
  - Department of traditional medicine at Ministry level.
  - 5 research institutes.
  - Departments of traditional medicine in all general hospitals.
  - 25,000 members of Oriental medicine association.
  - 21,050 members of Acupuncture association.
  - 6,659 pharmacies and traditional medicine clinics.

The organizing network of Vietnamese Integrative Medicine
### Current situation of Traditional Medicine in Vietnam

**Population using traditional medicine**
- At the provincial level: 7.2%
- At the district level: 5.8%
- At the commune level: 20.6%

These figures are the number of patients who are examined and treated at TM Hospitals, Departments and Units, not including the patients using themselves TM methods for treatment.

**TM expenditure as percentage of total health expenditure (%)**
- In 2006: TM expenditure was 2% of total health expenditure
- 7000 in 168,539 hospital beds are reserved for TRM

**Does health insurance cover TM:** Yes

**What percentage of health insurance expenditure spent on TM**
- At the central level: 35%
- At the provincial level: 78%

### The main challenges and issues of Traditional Medicine in Vietnam

- Investment for TM is inadequate to its potential and the demands of utilization (TM expenditure of total health expenditure was only 2% in 2006)
- The quality of diagnosis work and treatment by using TM is inferior to Modern medicine, hence the number of patients choosing TM methods is still low
- TM specialist cadre risks to reduction due to the unreasonableness of educational scale and human resources uses. (TM specialist/total health worker ratio is 3.63%)
Future Strategic Directions for Traditional Medicine in Vietnam

**1. General objective**
To inherit, preserve and develop traditional medicine, combine it with modern medicine aimed to build a Vietnamese Medicine and Pharmacy to be modern, scientific, national and popular.

**2. Detailed objectives**
- Complete traditional medicine and pharmacy management system at all levels.
- Complete the system of health examination and treatment by methods of traditional medicine.

Future Strategic Directions for Traditional Medicine in Vietnam

- Priority policies, farming protection, appropriate exploitation, generic source regenerating and drug production from medicine materials.
- Applying an incentive policy for organization or individuals who make active contribution in the field of traditional medicine and pharmacy.
- Socialize and diversify the form of activities TM.

**3.2 Management**
Complete management organization system:
- More investment in material facilities and improve professional ability of medical staffs on TM.
- Complete the system of health examination and treatment for people by methods of traditional medicine.

Future Strategic Directions for Traditional Medicine in Vietnam

**3.3 Manpower solution**
- Strengthen the department and faculty of traditional medicine in medical universities and colleges.
- Compiling, synchronizing contents of training program in traditional medicine for target learners.
- Expanding training forms, training quantity.
- Standardizing professional skills of TM practitioners.

Future Strategic Directions for Traditional Medicine in Vietnam

**3.4 Socialize and diversify the form of healthcare service**
- Closely co-operate to Oriental medicine Associations, Acupuncture Association, Material Medica Association in the field of TM.
- Providing the guideline on the cultivation and the use of some popular medicinal plants to the pupils.
- To facilitate the TM doctors’ activities as well as the establishment of the private traditional medicine hospitals and clinics.
- Coordinate closely the medical stations and the TM private clinics.

Future Strategic Directions for Traditional Medicine in Vietnam

- Encourage organization, domestic and international individuals to invest to establish traditional medicine hospitals or clinics.
- To develop the medicinal plants in the house’s garden from the central to local level.

**3. National policy mechanism**
- The Government protects copyright, ownership, priority regulations when precious remedies, medical plants and experiences are inherited.
Future Strategic Directions for Traditional Medicine in Vietnam

3.5 Strengthening the international cooperation
- To strengthen the collaboration to the countries in the region and in the world, social organizations on TM
- To promote the introduction the abundant sources of medicinal plants of Vietnam, seeking the export market
- To establish the TM hospitals and manufacturing factories by foreign investment or under the form of joint venture hospitals and factories
- To receive specialists, students coming from different countries as well as sending doctors from the hospital go abroad to exchange information, to learn and study on traditional medicine

3.6 Financial guarantee
- Mobilizing all sources of capital from state budget, people, foreign investment capital, loan capital, available capital and from equalization.
- Ministry of Science and Investment, Ministry of Finance base on the plan of Ministry of Public Health to balance the investment capital in line with Law on state budget

Expectations from WPRO
- To develop and determine an orientation and strategy for Traditional Medicine in the Western Pacific Region for next period
- To provide technical support and advice to member states to apply and implement the regional strategy into the reality situation of each country, aiming to help governments to deal with their challenges and issues.
- To organize international and regional meetings on Traditional Medicine to share experiences, updating information and knowledge between the policy makers and TRM practitioners in countries

Thank you for your attention