

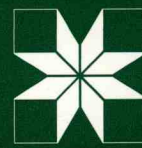
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Traditional Health Systems and Public Policy

**Proceedings of an
International Workshop,
Ottawa, Canada,
2-4 March 1994**

**Edited by
Anwar Islam and
Rosina Wiltshire**

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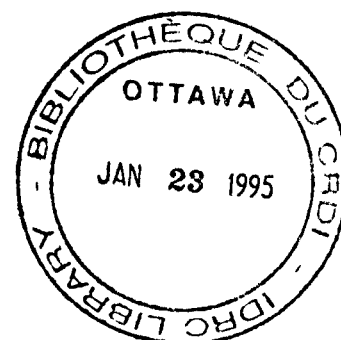
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The International Development Research Centre
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WHO's Policy and Activities On Traditional Medicine

Dr. Xiaorui Zhang
World Health Organization

Introduction

In the book entitled "Traditional Medicine and Health Care Coverage", WHO's former Director General Dr. Mahler stated that "the member States of WHO are engaged in preparing and implementing strategies for the attainment by all their people by the year 2000, if a level of health that will permit them to lead a socially and economically productive life, a goal popularly known as Health for All by the year 2000. To succeed in attaining this goal, all useful methods will have to be employed and all possible resources mobilized. Among these methods are various kinds of indigenous practices, and among those resources are various types of traditional practitioners and birth attendants".

He also stated that "this approach was endorsed by the International Conference on Primary Health Care, held in Alma Ata in 1978. The declaration of Alma Ata, describing primary health care, referred to the need for a variety of health workers, including traditional practitioners as needed, who are suitably trained socially and technically to work as a health team and to respond to the expressed needs of the community". Traditional medicine was incorporated into the WHO's program in 1976.

As defined in the general textbooks, the systems of real TM includes traditional Chinese medicine, Ayurvedic medicine, the Unani system and other indigenous medicines. Chinese, Ayurvedic and Unani medicines are the three oldest major systems of medicine with a complete theory developed over thousands of years. The term indigenous medicine refers to the "total body of knowledge", techniques for the preparation and use of substances, and measures and practices in use, which are based on the socio-cultural tradition, religious background and the knowledge of local communities. They are founded on personal experience and observations handed down from generation to generation. Such medicine is practised widely in Africa, Latin America and Asia.

Traditional practitioners include: herbalists, bone-setters, traditional birth attendants, traditional psychiatrists, spiritual healers and other specialists. These traditional practitioners are recognized, in some countries, by the community as providers of health care who use herbs, animal and mineral substances and certain other methods.

Vital Role of Traditional Medicine in Primary Health Care

Traditional indigenous medicine had been handed down from ancient times and it has played a visible role in health care

before modern medicine was developed. It is probable that 80% of the population still rely mainly on TM for satisfying the primary health care needs. The work force represented by traditional practitioners and traditional birth attendants is a potentially important resources for the delivery of primary health care. In many developing countries, medical doctors are few compared to traditional practitioners. In Ghana, for example, the medical doctors/total population ratio is 1:20,000 compared to the traditional practitioners/total population ratio is 1:200 and in Swaziland it is 1:10,000 compared to the traditional practitioners/total population ratio of 1:100. Over two-thirds of births in the world are delivered by local or traditional midwives or birth attendants. In some rural areas traditional birth attendants are the only source of assistance and care, and deliver over 90% of the births.

Medicinal plants and herbs are of great importance to the individuals and communities and they are widely used in various traditional remedies. According to the NAPRALERT report one can estimate that 35,000 - 70,000 species to herbs have at one time or another been used for medical purposes.

WHO's Activities Concerning Traditional Medicine

In the progress report on TM and modern health care presented by Director General Dr. Nakajima at the 44th World Health Assembly in 1991, it was stated that "the activities in TM that WHO undertakes, in response to requests from member states, are those that support member states in their efforts to formulate national policies on TM; to study the potential usefulness of TM, including evaluation of practices and investigating of the safety and efficacy of remedies; to upgrade the knowledge and skills of traditional and modern health practitioners; and to educate and inform the community about proven traditional health practices". I would like to emphasize two points: national policies and training programs.

1. National Policies

In the same report by Dr. Nakajima, it was pointed out that "WHO collaborates with its member states in the review of national policies, legislations and decisions on the nature and extent of the use of TM in their health systems. Activities include cooperation with ministries of health in establishing policies into primary health care programs". In developing countries, although the primary health care of the people depends on traditional remedies, only a few countries have integrated traditional forms of medicine into their national health systems, and in many countries there are no requirements for administrative regulations or the registration of traditional practitioners and herbal medicines.

Integrating traditional medicines into their national health systems is the most appropriate way for governments to ensure that indigenous remedies and medicinal plants contributes to the availability of safe and effective treatments at the primary health care level. The decision to make the TM program as part of the global program concerned with drug management and policies, recognizes the importance of plants as sources of products of medicinal value. A series of standards and guidelines have been issued by WHO Headquarters and Regional Offices. "Quality Control Methods for Medicinal Plant Materials" and Guidelines for the Assessment of Herbal Medicines" were issued by WHO/HQ in 1991. "Guidelines for National Policy on Traditional Medicine" was developed by the Regional Office for the Eastern Mediterranean in 1993. "The Research Guidelines for Evaluating the Safety and Efficacy of Herbal Medicines" was issued by the Regional Office for the Western Pacific in 1993.

2. Training on Proper Use of Traditional Medicine for Traditional Practitioners in Primary Health Care

Most traditional practitioners and birth attendants have never been trained properly and they rely on their individual practical experience. A number of herbal medicines and medicinal plants have been used for thousands of years and are still considered as involving a fairly low overall risk although this is not always the case. Cases of misuse and accidental ingestion of herbs leading to poisoning have occurred frequently in developing countries, particularly in the rural areas. Consequently, it is very necessary to upgrade the knowledge and skills of traditional practitioners and other health workers.

In order to ensure the proper and safe use of traditional remedies, as well as facilitate the utilization of local resources, guidebooks or booklets on the proper use of medicinal plants both based on local experience and modern scientific research have been issued by nation health authorities in some developing countries. The identification, collection, cultivation, storage, dosage, indications and utilization of medicinal plants have been included in these books. These books are of great significance to local practitioners, other health workers and even the public for the proper use of medicinal plants in preventing and treating common diseases. For example, in the Philippines, guidebook on the proper use of medicinal plants was issued by the National Science and Technology Authority. This guidebook includes 11 most common symptoms and 39 species of common local medicinal plants which are widely used to treat these symptoms. It also mentions identification, collection time and storage of these plants etc. In Thailand, "Manual of Medicinal Plants for Primary Health Care" is quite similar to that guidebook of Philippines. It includes 3 species of common local medicinal plants and is issued by the division of Medicinal Plant Research and Development, Department of Medical Science, Ministry of Public Health. In the Lao People's

Republic, owing to the need for affordable medicines in rural areas, the use of herbal medicines is strongly supported by the Secretary of Health. A booklet called "The medicine in your garden" describes 30 commonly used medicinal plants and has been issued by the health authorities. Comprehensive training programs for traditional healers, medical doctors and other professional health workers have been carried out for several years in some developing countries. During the training courses, two topics were introduced: primary health care and medicinal plants, including the identification, collection, cultivation, storage and utilization of medicinal plants.

Conclusion

This is 1994 and there are only 6 years before the end of the century. Due to various reasons, it is very difficult to ensure the achievement of the goal of Health for All by the year 2000. "The problems now being faced may not be susceptible to approaches that have been applied in the Past", Dr. Nakajima, Director General of WHO stated in his address to the Executive Board in January 1994; "We cannot continue doing what we have always done. Tomorrow cannot be just more of yesterday. We need flexibility and pragmatism as much as innovation".

We face the facts that today TM still plays a vital role in satisfying the primary health care needs in most developing countries. We have to reconsider that kinds of assistance and approaches should be offered to the primary health care in developing countries. It is considered with of significance to train and upgrade the knowledge and skills of traditional and modern health practitioners in the proper and safe use of TM and local resources of medicinal plants. WHO's TM program would like to strengthen cooperation with Member States, international organizations and other parties as regards the proper integration of TM into the national health care system. WHO also promotes the organization of training programs on the proper and safe use of TM for traditional practitioners and other health workers in primary health care in developing countries.