

1 **World Health Organization**

2
3 **Draft Global Traditional Medicine Strategy: 2025–**
4 **2034**

5
6
7 *Towards universal access to safe, effective and people-centred*
8 *traditional, complementary and integrative medicine, respecting*
9 *Indigenous and ancestral medicine, for health and well-being*

10 6 June 2024

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77 **ABBREVIATIONS AND ACRONYMS**

78

79	AI	artificial intelligence
80	CM	complementary medicine
81	ICD-11	International Classification of Diseases, 11 th revision
82	ICTRP	International Clinical Trials Registry Platform
83	IM	integrative medicine
84	ILO	International Labour Organization
85	IRCH	International Regulatory Cooperation for Herbal Medicines
86	PHC	primary health care
87	SDG	Sustainable Development Goal/s
88	TCIM	traditional, complementary and integrative medicine
89	TM	traditional medicine
90	TMK	traditional medical knowledge
91	TK	traditional knowledge
92	T&CM	traditional and complementary medicine
93	UHC	universal health coverage
94	UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
95	WHA	World Health Assembly
96	WHO	World Health Organization
97	WTO	World Trade Organization
98	WIPO	World Intellectual Property Organization

99 **GLOSSARY**

100 **Biomedicine** – a system in which medical doctors and other health care professionals
101 (such as nurses, pharmacists, and therapists) treat symptoms and diseases using
102 drugs, radiation or surgery. Also called allopathic medicine, conventional medicine,
103 mainstream medicine, orthodox medicine and Western medicine¹.

104 **Complementary medicine** – used interchangeably for “traditional medicine” in some
105 countries. It refers to a broad set of health care practices that are not part of a country’s
106 traditional or conventional medicine and plays a supportive role in health care².

107 **Integrative medicine** – an interdisciplinary and evidence-informed approach aimed at
108 achieving whole-person health and well-being by using a respectful combination or
109 fusion of biomedical and traditional and/or complementary medical knowledge, skills
110 and practices. It provides holistic care spanning the care continuum and may involve
111 various health care providers and institutions³.

112 **One Health** – an integrated, unifying approach that aims to sustainably balance and
113 optimize the health of people, animals and ecosystems. It recognizes that the health
114 of humans, domestic and wild animals, plants, and the wider environment (including
115 ecosystems) are closely linked and interdependent. The approach mobilizes multiple
116 sectors, disciplines and communities at varying levels of society to work together to
117 foster well-being and tackle threats to health and ecosystems, while addressing the
118 collective need for clean water, energy and air, safe and nutritious food, taking action
119 on climate change, and contributing to sustainable development⁴.

120 **People-centred care** – an approach to care that consciously adopts the perspectives
121 of individuals, carers, families and communities, recognizing them as participants in,
122 and beneficiaries of trusted health systems that respond to their needs and
123 preferences in humane and holistic ways. People-centred care also requires that
124 people have the education and support they need to make decisions and participate in
125 their own care. It is organized around the health needs and expectations of people
126 rather than diseases⁵.

127 **Primary health care** – a whole-of-society approach to health that aims to maximize
128 the level and distribution of health and well-being through three components: (a)
129 primary care and essential public health functions as the core of integrated health

¹ National Cancer Institute dictionary of cancer terms. United States Department of Health and Human Services. National Cancer Institute; 2020. (<https://www.cancer.gov/publications/dictionaries/cancer-terms/def/biomedicine>, accessed 30 May 2024).

² WHO traditional medicine strategy: 2014-2023. Geneva: World Health Organization; 2013 (<https://iris.who.int/handle/10665/92455>, accessed 30 May 2024).

³ WHO Global expert consultation meeting on the draft of the traditional medicine strategy (2025-2034). Geneva: World Health Organization; 28-30 November 2023.

⁴ Tripartite and UNEP support OHHLEP’s definition of “One Health”. Joint Tripartite (FAO, OIE, WHO) and UNEP Statement. Geneva: World Health Organization; 1 December 2021 [Joint news release]. ([Tripartite and UNEP support OHHLEP’s definition of "One Health" \(who.int\)](https://iris.who.int/handle/10665/155002)).

⁵ WHO global strategy on people-centred and integrated health services: interim report. Geneva: World Health Organization; 2015 (<https://iris.who.int/handle/10665/155002>, accessed 30 May 2024).

130 services; (b) multisectoral policy and action; and (c) empowered people and
131 communities⁶.

132 **Traditional and complementary medicine** – merges the terms “traditional medicine”
133 and “complementary medicine”².

134 **Traditional, complementary and integrative medicine** – merges the terms
135 ‘traditional medicine’, ‘complementary medicine’ and ‘integrative medicine’.

136 **Traditional knowledge** – knowledge, know-how, skills and practices that are
137 developed, sustained and passed on from generation to generation within a community,
138 often forming part of its cultural or spiritual identity. Traditional knowledge can be found
139 in a wide variety of contexts, including agricultural, scientific, technical, ecological and
140 medicinal knowledge, as well as biodiversity-related knowledge⁷.

141 **Traditional medicine** –sum total of the knowledge, skill and practices based on the
142 theories, beliefs and experiences indigenous to different cultures, as well as scientific
143 and professional expertise, used for the diagnosis, prevention and treatment of
144 illnesses and to promote health and well-being³.

145 **Well-being** – a positive state experienced by individuals and societies. Similar to
146 health, it is a resource for daily life and is determined by social, economic and
147 environmental conditions. Well-being encompasses quality of life, as well as the ability
148 of people and societies to contribute to the world with a sense of meaning and purpose.
149 Focusing on well-being supports the tracking of the equitable distribution of resources,
150 overall thriving and sustainability. A society’s well-being can be observed by the extent
151 to which they are resilient, build capacity for action, and prepared to transcend
152 challenges⁸.

153

⁶ A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. Geneva: World Health Organization; United Nations Children’s Fund (UNICEF); 2018 (<https://iris.who.int/handle/10665/328065>, accessed 31 May 2024).

⁷ Traditional knowledge. Geneva: World Intellectual Property Organization (WIPO); 2023 (<https://www.wipo.int/tk/en/tk/>, accessed 31 May 2024).

⁸ Health promotion glossary of terms 2021. Geneva: World Health Organization; 2021 (<https://iris.who.int/handle/10665/350161>, accessed 31 May 2024).

154 **EXECUTIVE SUMMARY**

155 *(to be written later)*

156

157 In 2023, the Seventy-sixth World Health Assembly (WHA) adopted a decision on
158 traditional medicine, which requested the Director-General:

159 (1) to extend the WHO traditional medicine strategy: 2014–2023 to 2025; and

160 (2) to develop a draft new global traditional medicine strategy for the period 2025–
161 2034, guided by the WHO traditional medicine strategy: 2014–2023, in
162 consultation with Member States and relevant stakeholders and to submit the draft
163 strategy for consideration to the Seventy-eighth WHA in 2025 through the
164 Executive Board at its 156th session⁹.

165

166 The draft global traditional medicine strategy: 2025 – 2034 sets a vision to achieve
167 universal access to safe, effective, people-centred and sustainable traditional,
168 complementary and integrative medicine (TCIM) for health and well-being of all.

169 TCIM across all six regions of the World Health Organization (WHO) demonstrate
170 diversity, varied levels of development, and interlinked with natural resources and
171 traditional medical knowledge.

172 To integrate safe and evidence-based TCIM within national and/or subnational health
173 systems, it is necessary to strengthen evidence through research and data generation,
174 and establish appropriate regulatory mechanism for products, practices and
175 practitioners.

176 This strategy also takes the first step towards cross-sectoral collaboration to address
177 challenges across multiple dimensions such as health, culture, environment, and social
178 and economic factors.

179 The four strategic objectives and nine directions are developed in consideration of
180 TCIM's unique positioning, challenges and opportunities. Each direction contains
181 actions for Member States, partners and stakeholders, and WHO Secretariat. The nine
182 guiding principles presented will guide the implementation of actions to achieve its
183 vision and goal.

184

⁹ Decision WHA76(20). Extension of the WHO traditional medicine strategy: 2014-2023 to 2025. Seventy-sixth World Health Assembly. Agenda item 22.3. Geneva: World Health Organization; 2023 ([Extension of the WHO traditional medicine strategy: 2014–2023 to 2025, accessed 31 May 2024](#)).

Vision: Universal access to safe, effective, and people-centred TCIM for the health and well-being of all.

Goal: To maximize the contribution of TCIM to the highest attainable standard of health and well-being of individuals and societies for the achievement of UHC and the Sustainable Development Goals (SDGs).

	Strategic objective 1.	Strategic objective 2.	Strategic objective 3.	Strategic objective 4.
	Optimize the cross-sector value of TCIM and empower communities through inclusive approaches.	Strengthen the evidence base for TCIM.	Support the provision of quality and safe TCIM through appropriate regulatory mechanisms.	Integrate TCIM into health systems to support the achievement of UHC.
	Direction 1.1: Include TCIM in cross-sector policies and action plans for health, well-being societies, One Health and SDGs.	Direction 2.1: Facilitate high-quality TCIM research through increased resource investment.	Direction 3.1: Provide appropriate regulatory mechanisms for TCIM products that are sustainably produced and supplied.	Direction 4.1: Incorporate TCIM into national and subnational health-related frameworks and policies for the integration of safe and effective TCIM into health systems.
	Direction 1.2: Develop inclusive approaches and models for the protection and benefit-sharing of TMK.	Direction 2.2: Explore the most appropriate research approach and maximize the rational utilization of technology for TCIM.	Direction 3.2: Provide appropriate regulatory mechanisms for TCIM practices and practitioners.	Direction 4.2: Facilitate the integration of safe and effective TCIM into health systems and services across the care continuum and life course.
	Direction 1.3: Support informed choices of the public with respect to safe and effective TCIM use and self-care.			

185 1. INTRODUCTION

186 1.1 Traditional, complementary and integrative medicine

187 Traditional medicine (TM) is present across all six regions of the World Health
188 Organization (WHO) in both codified and non-codified systems and is profoundly
189 rooted in its traditional knowledge (TK), culture, history and territories. TM that has
190 been adopted and adapted to the local context is referred to as “complementary
191 medicine”. The terms “traditional medicine” and “complementary medicine” are
192 considered as interchangeable in some countries.

193 The *WHO traditional medicine strategy: 2014-2023* provided the context of traditional
194 and complementary medicine (T&CM) - a merger of the terms “traditional medicine”
195 and “complementary medicine” (1).

196 As people become more empowered to choose the appropriate health care for their
197 needs, health services will have to meet this challenge and offer a people-centred
198 approach. The practice of integrative medicine (IM), whether government-led or
199 patient-led, that combines T&CM and biomedicine will become more common.

200 In 2017, WHO effectively expanded its mandate for the much-needed support in the
201 developing field of IM and introduced the concept of “traditional, complementary and
202 integrative medicine” (TCIM).

203 This strategy therefore provides an expanded vision comprising TM, T&CM and TCIM.
204 This latter term brings together these three approaches, which are appropriately based
205 on individual health needs.

206 This strategy acknowledges the United Nations Declaration on the Rights of
207 Indigenous People (UNDRIP) (2) and commitment to achieving the ends set forth
208 therein. Respectful of their right to self-determination, the present strategy calls for
209 Member States to suitably engage with Indigenous Peoples concerned in
210 implementing this strategy. This strategy also aligns with WHA76.16 resolution on the
211 health Indigenous Peoples (3), Convention on Biological Diversity, the Nagoya
212 Protocol on Access and Benefit-sharing (4), the Kunming-Montreal Global Biodiversity
213 Framework (KM-GBF) (5), World Intellectual Property Organization (WIPO) treaty on
214 intellectual property, genetic resources and associated traditional knowledge (6),
215 International Labour Organization (ILO) Convention 169 (7) and relevant International
216 Human Rights instruments (8) along with the resolutions and mechanisms contained
217 therein.

218

219 1.2 WHO mandate and support of TCIM

220 In 2014, the Sixty-seventh World Health Assembly (WHA) adopted the resolution
221 WHA67.18 on TM, which requested the Director-General to facilitate Member States’
222 implementation of the *WHO traditional medicine strategy: 2014–2023*. WHO has
223 continuously supported TM, T&CM and TCIM in implementing TM strategies according
224 to the mandate of the WHA.

225 Following the Seventy-sixth WHA decision, WHA76(20), to develop a new global TM
226 strategy for the period 2025–2034, WHO conducted the third WHO global survey on
227 TCIM to provide opportunities for Member States to review and provide input on
228 governance, financing, physical infrastructure, health workforce, products, information

229 and research, models of care, quality, access and availability, service coverage and
230 responsiveness, including Member States' challenges and needs related to TCIM.

231 Member States have requested technical and policy guidance from WHO to help
232 address the following challenges (9,10):

- 233 • the need for research data and financial support for research;
- 234 • the need for mechanisms to regulate, control and monitor the quality of T&CM
235 practitioners and the safety, quality and effectiveness of T&CM practices and
236 products; and
- 237 • the need for expertise, cooperation channels and information-sharing mechanisms
238 to help inform and bridge the gap where there is a lack of policy guidance on the
239 integration of T&CM into health systems and services

240

241 **2. VISION**

242 Universal access to safe, effective, and people-centred TCIM for the health and well-
243 being of all.

244

245 **3. GOAL**

246 To maximize the contribution of TCIM to the highest attainable standard of health and
247 well-being of individuals and societies for the achievement of UHC and the Sustainable
248 Development Goals (SDGs).

249

250 **4. GUIDING PRINCIPLES**

251 The strategy was developed based on the following principles, which also guide the
252 implementation of actions by Member States, partners and stakeholders and WHO in
253 achieving its vision and goal.

254 **4.1 Evidence-informed decision-making**

255 Safety and effectiveness of any health intervention needs to be evidence based.
256 Decisions for the safe and effective use of TCIM should be informed by the best
257 available evidence from research and traditional practices, as well as by factors such
258 as context, public opinion, equity, feasibility of implementation, affordability,
259 sustainability and acceptability to stakeholders (11).

260 **4.2 Holism and health**

261 TCIM encompasses various medical systems rooted in holistic perspectives,
262 emphasizing the interconnectedness of the human being not only within itself, but also
263 with the environment and the properties that arise from their interactions. These
264 systems, developed across diverse cultures and backgrounds, conceptualize health
265 as restoring and maintaining the balance and wholeness of individuals (12), thus
266 contributing to a positive vision of health that integrates physical, mental, spiritual and
267 social well-being.

268 **4.3 Sustainability and One Health**

269 Health care should consciously support environmental sustainability. TCIM rooted in
270 natural resources, traditional medical knowledge (TMK), culture and history can
271 contribute significantly not only to safeguarding biodiversity by promoting sustainable
272 practices, but also to achieving the SDGs and One Health.

273 **4.4 The right to health and autonomy**

274 The WHO Constitution asserts health as a fundamental human right. The right to
275 health requires that health services and goods be available, accessible, acceptable,
276 and of good quality for all without discrimination. The right to autonomy in health
277 decisions necessitates support for informed choices.

278 **4.5 Indigenous Peoples' rights**

279 Indigenous Peoples hold a distinct constituency as right holders under international
280 human rights law as provided by international instruments, including the United
281 Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (2). This
282 distinctive status entitles them to collective rights, including the rights to self-
283 determination, free prior and informed consent, to their traditional medicines and to
284 maintain their health practices, including the conservation of their vital medicinal
285 plants, animals and minerals. Indigenous individuals also have the right to access,
286 without any discrimination to health services.

287 **4.6 Culture and health**

288 Recognizing the importance of aligning health care needs and the preferences,
289 lifestyles and cultural beliefs of diverse populations helps to foster an inclusive,
290 equitable and culturally appropriate health care environment that maintains respect for
291 TMK.

292 **4.7 People-centred care and community engagement**

293 People-centred care and community engagement are key priorities in the delivery of
294 quality health care (13). TCIM advocates for personalized care and respects cultural
295 preferences, considering an inclusive and collaborative approach closely aligned with
296 the concept of primary health care.

297 **4.8 Integrated health services**

298 To achieve optimal outcomes, health services should be coordinated seamlessly
299 across different medical disciplines and should prioritize individual well-being.
300 Integrating safe, effective and sustainable TCIM can contribute to an approach, which
301 supports health and well-being. Evidence-based practices, continuous quality
302 assurance and regulatory mechanisms are essential to support the effective integration
303 of TCIM into health services (14).

304 **4.9 Health equity**

305 Equity is at the heart of the United Nations 2030 Agenda for Sustainable Development,
306 which aims to “leave no one behind”. TCIM practice is provided equitably, regardless of
307 age, gender, socioeconomic status, ethnicity, area of residence, health literacy and
308 economic development of their place of residence (15).

309

310 5. STRATEGIC OBJECTIVES, DIRECTIONS AND ACTIONS

311 5.1 Strategic objective 1. Optimize the cross-sector value of TCIM and empower 312 communities through inclusive approaches.

313 *Rationale*

314 The knowledge, attributes and value of TCIM offer a holistic vision to address
315 challenges across multiple dimensions such as health, culture, environment, and social
316 and economic factors. TCIM's unique value includes a wide range of knowledge and
317 practices. Policies and approaches for the appropriate use of TCIM include capitalizing
318 on its potential in health services and self-care, both of which are critical in primary
319 health care.

320 Researching the attributes of TCIM while engaging Indigenous Peoples, communities,
321 partners and stakeholders in its outcomes may harness its potential across sectors
322 and inform governance and societal approaches to maximizing its contribution to
323 health, social well-being, One Health and the achievement of the SDGs.

324

325 *Direction 1.1: Include TCIM in cross-sector policies and action plans for health, well-
326 being societies, One Health and SDGs.*

327 *Rationale*

328 Promotion of TCIM, concepts, knowledge and practices would assist in integrating
329 human, animal and environmental health. The rich cultural heritage and diversity of
330 TCIM's healing traditions and principles promote a positive health vision that focuses
331 on the whole person and reinforces the sources of health. Recognizing its contribution
332 to multiple SDGs would help to further engage TCIM in the achievement of SDG targets.
333 This requires coordination and collaboration from multiple sectors not only related to
334 health care, but also other areas such as culture, education, agriculture, the
335 environment, intellectual property, trade and social protection.

336 *Actions for Member States*

- 337 1. Promote cross-sector coordination by generating data and incorporating
338 evidence-informed TCIM concepts, knowledge and practices.
- 339 2. Protect biodiversity and environment in accordance with international
340 obligations, while facilitating a sustainable supply of raw materials for good
341 quality TCIM products.
- 342 3. Promote the preservation and revitalization of traditional practices by
343 engaging with TCIM practitioners and organizing an intercultural dialogue
344 (16) to facilitate knowledge exchange between diverse health systems.
- 345 4. Establish cross-sector collaboration in health care including government,
346 civil societies, community organizations and other stakeholders to create
347 a shared vision for well-being societies and sustainable development.
- 348 5. Collaborate with international organizations, regional bodies, neighbouring
349 countries and relevant stakeholders to share best practices and
350 experiences.

- 351 6. Contribute to the promotion of a healthy lifestyle, good agricultural
352 practices and environmental conservation by advocating TCIM principles
353 and knowledge.
354 7. Develop and lead public awareness campaigns to promote an
355 understanding and appreciation of TCIM concepts, knowledge and
356 practices among the general population.

357 *Actions for partners and stakeholders*

- 358 1. Promote the holistic concepts of TCIM in strategies/policies and participate
359 in cross-sector coordination for One Health and SDGs.
360 2. Contribute to the implementation of the *One Health joint plan of action*
361 *(2022–2026) (17)*.
362 3. Spread awareness among stakeholders about TM's holistic concepts of
363 health and well-being.
364 4. Promote interdisciplinary learning.

365 *Actions for the WHO Secretariat*

- 366 1. Support Member States in building cross-sector mechanisms/
367 collaborations to enhance the TCIM contribution to healthy societies and
368 SDG targets.
369 2. Facilitate an intersectoral dialogue to contribute towards One Health by
370 promoting synergy between TM and related stakeholders.
371 3. Organize training programmes for stakeholders to promote TCIM and its
372 connection with One Health.
373 4. Liaise across the United Nations system and promote cross-sectoral
374 initiatives for TCIM-related information exchange and the promotion of
375 collaborations to achieve SDG targets.
376 5. Provide a perspective of TCIM values, concepts and knowledge in the
377 implementation of the *One Health joint plan of action (2022–2026) (17)*.
378 6. Establish the traditional medicine library that contains information at global,
379 regional, and country level by linking with existing library or creating new
380 ones for knowledge sharing.

381

382 *Direction 1.2: Develop inclusive approaches and models for the protection and benefit-*
383 *sharing of TMK.*

384 *Rationale*

385 All custodians of TMK can benefit from the appropriate protection of their knowledge,
386 thus enabling them to share their wisdom for the benefit of all, without fear of
387 misappropriation, further subjugation or harm. Inclusive approaches and models for
388 benefit-sharing of TMK are needed.

389 *Actions for Member States*

- 390 1. Develop legal frameworks in alignment with UNDRIP, the Convention on
391 Biological Diversity, Kunming-Montreal Global Biodiversity Framework,
392 Nagoya Protocol on Access and Benefit-sharing and the WIPO Treaty on
393 Intellectual Property, Genetic Resources and Associated Traditional
394 Knowledge and relevant human rights instruments.

- 395 2. Establish guidelines for the documentation, registration, and protection of
396 TMK and practices.
- 397 3. Foster intergenerational learning to preserve and transmit TMK to future
398 generations, support its documentation by TM practitioners, and establish
399 TM databases.
- 400 4. Promote collaboration to share best practices, policies, and experiences
401 in safeguarding and benefit-sharing of TMK.

402 *Actions for partners and stakeholders*

- 403 1. Participate in the development of legislation frameworks for the benefit-
404 sharing of TMK.
- 405 2. Contribute to capacity building for the protection of TMK and prevention of
406 its possible misappropriation.
- 407 3. Propose benefit-sharing models to incentivize and safeguard TMK.

408 *Actions for the WHO Secretariat*

- 409 1. Strengthen coordination and collaboration with WIPO, the World Trade
410 Organization (WTO), UN Human mechanisms, especially those dedicated
411 to Indigenous Issues and other organizations to address issues pertinent
412 to TMK.
- 413 2. Organize training programmes for the capacity building of Member States
414 in TM.
- 415 3. Create awareness among the scientific community about ethical aspects,
416 intellectual property protection and benefit-sharing related complexities
417 with reference to genetic resources pertaining to TMK.
- 418 4. Create platforms for information sharing regarding appropriate
419 approaches and models for the safeguarding and benefit-sharing of TMK.

420

421 *Direction 1.3: Support informed choices of the public with respect to safe and effective*
422 *TCIM use and self-care.*

423 *Rationale*

424 TCIM is sought by many people for natural, sustainable health solutions and other
425 reasons, but navigating the information landscape could be challenging. Reliable and
426 transparent information is crucial for consumer safety, informed choices and shared
427 decision-making in health care.

428 Users of TCIM should be encouraged to inform their biomedical health practitioners
429 about their use of such health products and practices and their TCIM practitioners
430 about their biomedical treatments. Beyond this, individuals, families and communities
431 should be empowered to advocate for policies that promote and protect their health
432 and well-being and act as co-developers of health and social services.

433 *Actions for Member States*

- 434 1. Create and distribute evidence-informed educational materials and public
435 information explaining TCIM modalities, benefits and risks, and
436 appropriate self-care options.

- 437 2. Develop literacy programmes to improve public understanding of TCIM
438 and empowering people to make informed decisions about their health
439 care choices.
440 3. Promote consumer education programmes on safe and effective TCIM for
441 self-care and to prevent misleading information.

442 *Actions for partners and stakeholders*

- 443 1. Support the development of mechanisms/guidelines for consumer
444 education and protection, complaint channels, and the proper use of TCIM
445 products and services
446 2. Encourage users to share their TCIM usage with health care providers and
447 encourage practitioners to respect patient preferences.
448 3. Support ethical advertising and promotion to avoid any misleading claims
449 regarding TCIM.
450 4. Encourage a dialogue about TCIM self-health care among stakeholders
451 and the establishment of patient organizations.

452 *Actions for the WHO Secretariat*

- 453 1. Develop WHO documents on TCIM consumer information.
454 2. Support Member States in the development of online platforms concerning
455 the use/engagement with different TCIM interventions.
456 3. Provide technical support to Member States on TCIM self-care based on
457 needs.

458

459 **5.2 Strategic objective 2. Strengthen the evidence base for TCIM.**

460 *Rationale*

461 WHO surveys have demonstrated the widespread use of TCIM, but also a need for
462 more data to advance its use and integration. To fully unleash the potential of TCIM in
463 improving health and well-being, a significant investment in and prioritization of TCIM
464 research are imperative.

465 Digital technologies and health innovation can potentially enhance TCIM research,
466 health services and self-care, but they require active capacity-building and
467 development.

468 Given TCIM's complexity and multidisciplinary nature rooted in diverse philosophies,
469 appropriate research methodologies need to be employed, supported by collaboration
470 between methodological and practice experts, as well as between TCIM and other
471 researchers.

472

473 *Direction 2.1: Facilitate high-quality TCIM research through increased resource*
474 *investment.*

475 *Rationale*

476 An international research agenda focusing on rigorous and high-impact research with
477 agreements on key outcome measures needs to be established. This should
478 encompass all aspects of TCIM, such as healthy lifestyles, disease prevention and

479 treatment, medicines and interventions, professions and practices, integrative services
480 and systems, and the use of technology within TCIM.

481 Moreover, research should explore what TMK can inform and contribute to, thus
482 necessitating the involvement of TCIM practitioners in the co-design of research
483 projects and supporting them with research capacity-building throughout the entire
484 process.

485 *Actions for Member States*

- 486 1. Establish a national research agenda on TCIM knowledge and practices
487 to stimulate innovation and allocate dedicated resources in alignment to
488 regional or/and global priorities.
- 489 2. Conduct appropriate scientific studies to support the evidence base
490 regarding the safety, effectiveness and cost-effectiveness of TCIM.
- 491 3. Establish a mechanism/system for collecting data from various sources,
492 including real-world data related to TCIM.
- 493 4. Support capacity building for research and foster partnerships with
494 research institutions and international organizations to facilitate innovation
495 in TCIM.
- 496 5. Promote participatory research approaches.
- 497 6. Develop a comprehensive database of TCIM to inform health care policies
498 and practices.

499 *Actions for partners and stakeholders*

- 500 1. Support the identification of priorities for a national TCIM research and
501 innovation agenda.
- 502 2. Support interdisciplinary research that includes TCIM.
- 503 3. Conduct scientific research that facilitates evidence-informed decision-
504 making for TCIM.
- 505 4. Invest in research capacity-building and the involvement of TCIM
506 practitioners in research design and conduct.
- 507 5. Include TCIM research in broader health research initiatives and evidence
508 summaries.

509 *Actions for the WHO Secretariat*

- 510 1. Develop and update WHO guidelines, technical documents and tools on
511 TCIM research.
- 512 2. Encourage Member States and partners to enhance and track financial
513 support to TCIM research and develop a comprehensive research agenda.
- 514 3. Encourage TCIM research that is culturally appropriate, socially relevant,
515 and inclusive.
- 516 4. Encourage Member States to register TCIM clinical trials in the WHO
517 International TM Primary Clinical Trial Registry.
- 518 5. Coordinate and promote bilateral and multilateral collaboration between
519 Member States and partners on TCIM research.

520

521 *Direction 2.2: Explore the most appropriate research approach and maximize the*
522 *rational utilization of technology for TCIM.*

523 *Rationale*

524 There is a need to explore innovative approaches to TCIM research that are
525 appropriate to the unique characteristics of TCIM knowledge and practices, including
526 consideration of the use of complexity science, system biology, big data and real-world
527 data approaches, as well as interdisciplinary collaboration. It is also important to
528 explore appropriate research approaches for non-codified TM.

529 Maximizing the rational use of advanced technologies is critical for developing
530 appropriate and innovative approaches to research on TCIM. Technological
531 advancements for diagnostic, therapeutic or other health-related use can enhance and
532 complement TCIM health services, access to care, and self-care.

533 *Actions for Member States*

- 534 1. Explore innovative approaches for research appropriate to the unique
535 characteristics of TCIM.
- 536 2. Enable the development and application of digital technologies in TCIM
537 research.
- 538 3. Facilitate the use of electronic health records inclusive of TCIM-related
539 information to enable comprehensive health care in a responsible and
540 ethical manner.
- 541 4. Develop mobile health solutions, telehealth services and utilize advanced
542 technologies such as Artificial Intelligence (AI)-based solutions for TCIM.
- 543 5. Explore research approaches for non-codified TM.
- 544 6. Facilitate the development of technology to strengthen the conservation of
545 biodiversity for the sustainability of medicinal plants and germplasm banks.

546 *Actions for partners and stakeholders*

- 547 1. Contribute to developing research methods for the ethical and robust
548 scientific validation of individualized TCIM approaches and traditional
549 medical knowledge in ways that are culturally appropriate, socially relevant
550 and inclusive.
- 551 2. Develop digital health applications together with TCIM end-user
552 communities and beneficiaries in support of people-centred principles.
- 553 3. Contribute to developing/implementing electronic patient record systems
554 accessible by TCIM practitioners and promote interoperability.

555 *Actions for the WHO Secretariat*

- 556 1. Develop research methodologies appropriate to complex, holistic and
557 individualized approaches of TCIM.
- 558 2. Strengthen capacity building on TCIM research methodologies and
559 evidence collection strategies.
- 560 3. Develop a TM-specific AI tools to mine the complex data available for
561 decision-makers, practitioners and consumers.
- 562 4. Contribute to the bridging of digital and technological innovations across
563 the TCIM continuum of care, translate collected information into actionable
564 knowledge tailored to Member States, and propose interventions
565 maximizing TCIM contributions to health, well-being, UHC and SDGs.

566

567 **5.3 Strategic objective 3. Support the provision of quality and safe TCIM through** 568 **appropriate regulatory mechanisms.**

569 *Rationale*

570 Appropriate regulatory mechanisms are crucial for TCIM in order to safeguard the
571 public from unsafe or substandard health products and services. A risk-based
572 regulatory approach is well-suited to TCIM, tailoring regulatory requirements to the
573 specific type of health product or intended service on the basis of known safety and
574 effectiveness profiles. These involve establishing appropriate participatory
575 mechanisms, quality control measures, standards and labelling requirements, as well
576 as ensuring that the intended use is justified and rational.

577 Regulatory mechanisms for TCIM practitioners must prioritize patient safety. TCIM
578 practitioners cannot be considered as a single group with the same risk profile due to
579 the diverse nature of TCIM modalities, therapeutic approaches, training, practice, and
580 practitioners' division of labour. The identification and establishment of common norms
581 and standards for qualifications, competencies and ethical conduct contribute to
582 ensuring that practitioners have the necessary knowledge and skills to deliver safe and
583 effective care.

584

585 *Direction 3.1: Provide appropriate regulatory mechanisms for TCIM products that are*
586 *sustainably produced and supplied.*

587 *Rationale*

588 Individuals choosing to use TCIM should have access to safe and effective health
589 products. Appropriate regulatory mechanisms for TCIM products involve identifying
590 and adopting norms and standards, developing rules, educating industry and ensuring
591 mutual understanding from the supplier to the end-user.

592 Equitable access to TCIM products is an essential outcome of balanced regulatory
593 mechanisms and oversight. Close collaboration between stakeholders and regulators
594 can address barriers related to affordability, availability and cultural appropriateness.

595 Expanding international regulatory collaboration and cooperation will advance the
596 regulation of TCIM products, contributing to consistent standards across a broader
597 range of products and geographical locations.

598 *Actions for Member States*

- 599 1. Establish or strengthen appropriate regulatory mechanisms inclusive of
600 qualified norms and standards for TCIM products to ensure standards for
601 the supply of quality, safe and effective products through appropriate
602 consultation and partnerships.
- 603 2. Explore approaches supporting efficient regulatory decision-making for
604 TCIM products inclusive of principles of reliance and/or recognition.
- 605 3. Consider an evaluation of TCIM products utilizing a risk-based approach
606 to ensure that they are indicated appropriately for use.
- 607 4. Enforce relevant restrictions on the use of endangered species for
608 medicinal products, subject to stringent regulatory oversight in line with
609 applicable international conventions and national legislation.
- 610 5. Encourage sustainable practices in the production, supply, use and
611 disposal of TCIM products that contribute to the preservation and
612 repopulation of endangered species.

613 6. Participate in international regulatory cooperative arrangements such as
614 the WHO International Regulatory Cooperation on Herbal Medicines
615 (IRCH).

616 *Actions for partners and stakeholders*

- 617 1. Encourage practitioners, industries, researchers and consumers to be
618 involved in devising regulatory mechanisms for TCIM products.
- 619 2. Participate in and provide training on criteria, norms and standards for
620 TCIM products.
- 621 3. Industry and practitioners should cooperate and participate in monitoring
622 and surveillance systems for the risk management of TCIM products.
- 623 4. Industry should engage to respect biodiversity and conservation
624 requirements in the production and supply of TCIM products.

625 *Actions for the WHO Secretariat*

- 626 1. Develop standards for herbal medicines in the form of the International
627 Herbal Pharmacopoeia and other such documents.
- 628 2. Develop and update guidelines, technical documents and tools to support
629 TCIM regulatory mechanisms, including a risk-based evaluation of such
630 products in Member States.
- 631 3. Develop standardized terminologies and an international classification of
632 TCIM products.
- 633 4. Enhance the WHO IRCH network.

634

635 *Direction 3.2: Provide appropriate regulatory mechanisms for TCIM practices and*
636 *practitioners.*

637 *Rationale*

638 Regulatory frameworks should be adapted to the different forms of TCIM practices and
639 practitioners. They should also be aligned with TCIM policies to support the
640 preservation and strengthening of TCIM knowledge and practices that are safe and
641 effective while preventing misappropriation.

642 Regulatory frameworks should consider appropriate standards for educational
643 programmes, certifications and licensing requirements in order to ensure that TCIM
644 practitioners have the knowledge and skills to deliver safe and effective care. Balanced
645 frameworks contribute to interprofessional collaboration and the coordination of service
646 delivery across the spectrum of health and social care systems, enabling a holistic and
647 integrated approach to people's care.

648 *Actions for Member States*

- 649 1. Establish or strengthen appropriate regulatory mechanisms to promote
650 ethical and safe TCIM practices, while recognizing their diversity.
- 651 2. Develop appropriate quality standards of medicinal preparations made by
652 TCIM practitioners.
- 653 3. Develop standards, guidelines and codes of conduct to promote
654 responsible and accountable TCIM practices.
- 655 4. Adopt or refer to WHO benchmarks in developing minimum training
656 requirements for TCIM professionals.

- 657 5. Set training requirements for TCIM practitioners, including ongoing
658 professional development.
659 6. Collect, analyze and use data on the TCIM health workforce for improved
660 planning and accountability.

661 *Actions for partners and stakeholders*

- 662 1. Promote a dialogue between TCIM professional associations with
663 regulatory authorities for standards pertaining to education, practices and
664 practitioners.
665 2. Encourage regulators, training institutions and professional organizations
666 to support national and subnational health workforce data collection,
667 analysis and use for improved planning and accountability.
668 3. Support research on the impact of regulatory systems in reference to
669 patient safety and population health outcomes.

670 *Actions for the WHO Secretariat*

- 671 1. Develop a WHO international classification and qualification framework for
672 TCIM practitioners and provide technical guidance to countries.
673 2. Develop and/or update WHO benchmarks in TCIM.
674 3. Facilitate information-sharing between Member States and partners
675 regarding approaches and experiences on the regulation of TCIM
676 practices and practitioners in different settings.
677 4. Improve health workforce data on TCIM practitioners through regular
678 reporting in the WHO National Health Workforce Accounts Data Portal and
679 complementary surveys and reports.

680

681 **5.4 Strategic objective 4. Integrate TCIM into health systems to support the**
682 **achievement of UHC.**

683 *Rationale*

684 The integration of safe and effective TCIM into health systems will play a key role in
685 the reorienting of health services (18). TCIM can be integrated into all the building
686 blocks of a health system, covering all levels of health care across the care continuum
687 and life course. The 2019 United Nations Political Declaration of the High-level Meeting
688 on UHC states: “explore ways to integrate, as appropriate, safe and evidence-based
689 traditional and complementary medicine services within national and/or subnational
690 health systems, particularly at the level of primary health care, according to national
691 context and priorities” (19).

692 Primary health care is a foundation of UHC and a natural hub for the integration of
693 TCIM (20). As such, TCIM will continue to represent a key component of primary health
694 care in the modern era of demographic change, especially with ageing populations and
695 significant epidemiological transitions to chronic diseases and multi-morbidity (21).

696

697 *Direction 4.1: Incorporate TCIM into national and subnational health-related*
698 *frameworks and policies for the integration of safe and effective TCIM into health*
699 *systems.*

700 *Rationale*

701 Political commitments and policy frameworks are essential for the safe and effective
702 integration of TCIM. Health services that are effective, efficient, coordinated and
703 sufficiently resourced by governments are fundamental to the successful integration of
704 people-centred health care.

705 Policy frameworks for professional education and communication are also critical for
706 effective integration, especially at the level of educational institutions. Recognizing and
707 educating practitioners of both TCIM and biomedicine promotes mutual understanding,
708 communication, collaboration and integration.

709 *Actions for Member States*

- 710 1. Identify how the integration of safe and effective TCIM into national and
711 subnational health systems can support the reorientation of health
712 services and systems towards a more holistic approach.
- 713 2. Recognize the role of TCIM as an integral part of health care services and
714 home care and include in the building blocks of national health frameworks,
715 policies and plans to permit integration at all levels of the health systems.
- 716 3. Establish mechanisms for quality assurance, safety monitoring and
717 evaluations of outcomes of TCIM services and products.
- 718 4. Facilitate the integration of education between T&CM and biomedicine.

719 *Actions for partners and stakeholders*

- 720 1. Support the development of a national framework or policy that prioritizes
721 health and well-being in which T&CM and biomedicine health practitioners
722 collaborate and coordinate in the delivery of health and home care
723 services.
- 724 2. Encourage T&CM and biomedicine educational institutions to integrate
725 their curricula to promote interprofessional collaboration.
- 726 3. Educational institutions should consider the establishment and
727 maintenance of TCIM divisions.

728 *Actions for the WHO Secretariat*

- 729 1. Develop a WHO guidance document on the integration of safe and
730 effective TCIM into national health systems.
- 731 2. Organize activities to support Member States in the integration of TCIM as
732 well its monitoring and evaluation.
- 733 3. Support Member States in initiating and improving institutional education
734 curricula on appropriate knowledge and skills of T&CM in biomedicine
735 schools and vice versa in T&CM schools.

736

737 *Direction 4.2: Facilitate the integration of safe and effective TCIM into health systems*
738 *and services across the care continuum and life course.*

739 *Rationale*

740 An increasing research base demonstrates TCIM's promise across the care continuum,
741 including health promotion, disease prevention, rehabilitation and palliative care. In this
742 respect, it is essential to conduct evidence reviews of the provision of access to safe
743 and effective TCIM services. Based on experiences and lessons learned in the

744 response to COVID-19, the potential contribution of safe and effective TCIM as part of
745 pandemic preparedness requires ongoing attention and action (22).

746 Integrative health care delivery occurs when biomedicine and T&CM are aligned,
747 including in the clinical pathway, thus providing users with the seamless care they need,
748 including mutual respect and coordination between practitioners to achieve the shared
749 goal of people-centred care.

750 *Actions for Member States*

- 751 1. Explore, identify, design and implement the most appropriate TCIM
752 integration models, especially at the primary health care level, to ensure
753 the accessibility of safe and effective TCIM to help achieve health and well-
754 being.
- 755 2. Utilize applicable guidance from WHO on effective integration models and
756 practices.
- 757 3. Monitor and evaluate the effectiveness of implemented integration models
758 to enable further refinement and development.
- 759 4. Establish health management information systems for TCIM
- 760 5. Promote standardized TCIM documentation, including an expanded and
761 accelerated use of the WHO International Classification of Diseases (ICD-
762 11) to enable the integration of evidence and data collection on TCIM.
- 763 6. Establish financing mechanisms to support initiatives of TCIM integration.
- 764 7. Develop clinical guidelines and care pathways incorporating TCIM
765 approaches for specific health conditions and stages of life.
- 766 8. Include safe and effective TCIM across the care continuum and life course
767 in essential health services' packages, the national essential medicines list,
768 and in pandemic preparedness plans.
- 769 9. Enhance the education and training of health care professionals in TCIM
770 practices, safety considerations, and potential interactions with biomedical
771 treatments.
- 772 10. Educate health care professionals, policy-makers and the public about
773 TCIM practices, emphasizing their cultural significance, people-centred
774 approach, and the benefits of integrated health care approaches.

775 *Actions for partners and stakeholders*

- 776 1. Support the establishment, evaluation and promotion of TCIM models of
777 integration and international exchange among multidisciplinary
778 practitioners.
- 779 2. Support the integration of safe and effective TCIM with reference to the
780 health system building blocks and conduct regular evaluations of
781 integration initiatives, while highlighting possible barriers.
- 782 3. Promote the research and inclusion of safe and effective TCIM
783 interventions across the care continuum, including pandemic
784 preparedness plans and life course approaches.

785 *Actions for the WHO Secretariat*

- 786 1. Conduct surveys and disseminate information on the identified integration
787 models for achieving health and well-being.
- 788 2. Provide technical and policy support for integration based on the needs of
789 Member States.

- 790 3. Facilitate information exchange among Member States, partners and
791 stakeholders to support collaboration on integration.
792 4. Set up standardized indicators to enable monitoring of the access,
793 coverage and utilization of TCIM practices and assessment of their safety
794 and effectiveness.
795 5. Continue to develop and promote the series of WHO technical documents
796 to support integration.
797 6. Establish a global network of TCIM reference clinical centres for data
798 collection and monitoring based on WHO ICD-11 coding to seek the
799 potential feed the data into routine health information systems.
800

801 **6. IMPLEMENTATION OF THE STRATEGY**

802 **6.1 General comments on implementation**

803 The guiding principles of the strategy guide the implementation. To help achieve the
804 goal and objectives, it is necessary to regularly monitor and report on the
805 implementation of the strategy.

806 It is essential to keep the strategy relevant by conducting a mid-term review of the
807 objectives and directions in terms of Member States' progress so as to identify whether
808 there is a need to modify the strategy to better fit countries' needs. A database
809 regarding implementation is also needed, together with long-term monitoring. An
810 expansion of the review's scope and approaches should be envisaged, including
811 household and market surveys.

812

813 **6.2 Monitoring, measuring and reporting**

814 The main purposes of monitoring, measuring and reporting are to ensure adequate
815 implementation, measure success, and adapt the strategy if needed. The role of WHO
816 in this regard is:

- 817 • to support Member States in the implementation and adaptation of the strategy at
818 country level, including the design and development of national indicators (based
819 on the indicators in the strategy);
- 820 • to organize workshops and on-site studies in Member States across the regions to
821 identify and share experiences and lessons learned in the implementation;
- 822 • to report regularly to the WHA on the implementation of the strategy for follow-up
823 actions and decisions based on updated WHO surveys.

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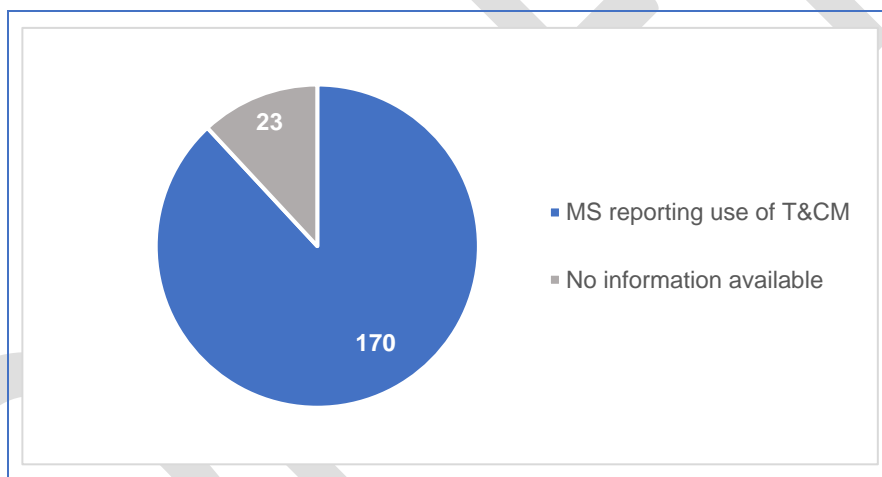
900 **ANNEXES**

901 **Annex 1. Current status of TCIM: challenges and opportunities**

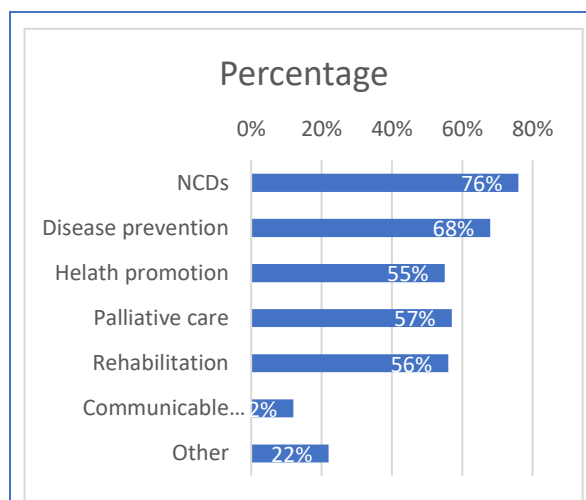
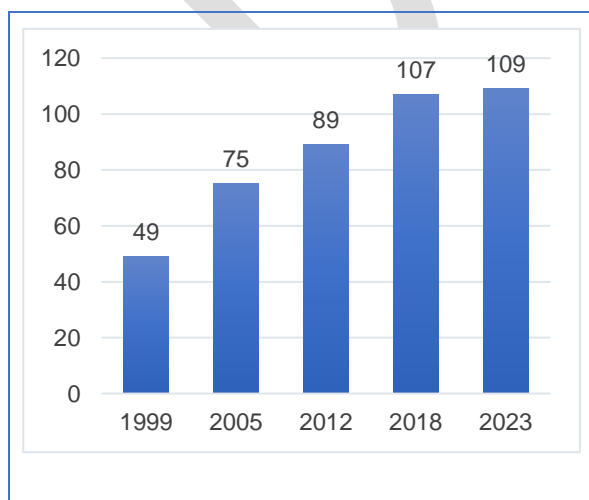
902 Between 2014 and 2025, significant progress has been made in TCIM. This joint effort
903 by Member States, partners, stakeholders and WHO is reflected in the implementation
904 of the *WHO traditional medicine strategy: 2014-2023*. The *WHO global report on*
905 *traditional and complementary medicine 2019 (1)* and the interim data of the WHO third
906 global survey on TCIM have shown steady progress and an advancing trend in multiple
907 areas. Building on a review of the progress, challenges and emerging needs of Member
908 States, a summary of the current status of TCIM provides the background for this
909 strategy's objectives and actions.

910 **A1.1 TCIM use and national frameworks**

911 TCIMⁱ enjoys a considerable global demand and usage (**Fig. A1.1**), translating into
912 increased growth in Member States in the establishment of national offices (**Fig. A1.2**).
913 In general, it has been shown that people seek TCIM services and treatments for
914 various reasons, including communicable and noncommunicable diseases, disease
915 prevention, health promotion, and palliative care and rehabilitation (**Fig. A1.2**).



916 **Fig. A1.1: Use of T&CM acknowledged by Member States, 2018 (1).**



ⁱ The term TCI is used to be inclusive of the known position of T&CM, while integrativ medicine may or may not be included in the responses of Member States in the data cited.

Fig. A1.2: Number of Member States with a national office for TCIM, 1999–2023 (2).

Fig. A1.2: Main reasons reported by Member States for seeking the use of TCIM, 2023 (2).

917 National frameworks and guiding policies are crucial for the positioning of TCIM within
 918 the overall health care landscape to facilitate access to quality, safe and effective
 919 TCIM. These should include appropriate regulatory mechanisms for TCIM practices,
 920 practitioner qualifications and health products (Box A1.1).

Box A1.1: Challenges and opportunities related to TCIM use and national frameworks

<i>Challenges</i>	<i>Opportunities</i>
<ul style="list-style-type: none"> ▪ Generating requisite evidence to support the safety and effectiveness for TCIM to facilitate its inclusion in national frameworks. ▪ Quantifying the contribution of TCIM to overall health service delivery and UHC. ▪ Developing, adopting and implementing national frameworks for TCIM and evaluating their outcomes, considering national health goals, priorities, health resources and access to health. 	<ul style="list-style-type: none"> ▪ In times of constrained financial means and significant needs for health care, the growing footprint and associated impact of TCIM may offer valuable and urgent contributions to reducing the disease and economic burdens of health care worldwide. ▪ Including TCIM into national frameworks should enhance regulations for TCIM services and products to ensure their safe and effective use, thus enabling TCIM to contribute significantly to health systems.

921 **A1.2 Contributions of TCIM to health and well-being**

922 With their emphasis on interconnectedness and harmony with nature, TCIM systems
 923 offer valuable insights and capabilities that can effectively respond to the complexities
 924 of fostering and maintaining the health of humans, animals, plants and the environment
 925 (Box A1.2). Their holistic approach encompassing physical, mental, spiritual and social
 926 dimensions may contribute to:

- 927 • health resilience: self-regulation and self-healing through lifestyle adjustments
 928 and preventive practices;
- 929 • environmental sustainability: integrating ecological perspectives into health
 930 care, advocating for resource conservation and the responsible use of natural
 931 resources;
- 932 • cross-sectoral applications: applying TCIM approaches to address broader
 933 public health issues, such as climate change, food security, the safety and
 934 quality of health products, mental health and social well-being.

Box A1.2: Challenges and opportunities related to contributions of TCIM to health and well-being

<i>Challenges</i>	<i>Opportunities</i>
<ul style="list-style-type: none"> ▪ Threatened ecosystems and their integrity and function pose increased health risks at the human-animal-plant-environment interface, disproportionately affecting communities in the most vulnerable situations. ▪ Overexploitation and climate-related habitat changes threaten the availability of medicinal plants. ▪ Lack of recognition and respect for the value of TMK, which is often marginalized or 	<ul style="list-style-type: none"> ▪ Given their deep appreciation of human interconnectedness with the Earth and the environment, TMK can inform governance, cross-sector coordination and collaboration, as well as societal approaches for well-being societies, One Health, and the achievement of SDGs. ▪ Numerous opportunities exist to include and scale-up safe, effective and evidence-based TCIM approaches to improve health

<p>disregarded within conventional health systems.</p> <ul style="list-style-type: none"> ▪ Although safe and evidence-based TCIM approaches span the care continuum, their awareness remains limited, hindered by various barriers. Furthermore, the existing evidence base for numerous practices derived from TK and clinical experience will need greater recording and documentation providing patient-reported outcomes, and practice guidelines. Navigating the information landscape and obtaining reliable information is challenging for individuals seeking TCIM services or using TCIM for self-care. ▪ The potential contribution of TCIM in COVID-19 was not sufficiently investigated and capitalized upon in many countries. 	<p>outcomes across the care continuum and life course.</p> <ul style="list-style-type: none"> ▪ Increased and improved consumer education on TCIM can enable an informed choice and appropriate use. ▪ Pandemic preparedness may be increased by safe and effective TCIM at country level. ▪ Transitioning to the use of effective TCIM products can contribute to an improved environmental impact.
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935 **A1.3 TCIM and TMK research**

936 While TCIM-related research and the establishment of national research centres for
 937 TCIM have seen consistent growth (**Fig. A1.3**), funding for TCIM research activities
 938 remains limited, thus hindering progress. Complexities within TCIM require appropriate
 939 research methods to avoid the distortion of research outcomes and provide an
 940 accurate representation of practices. Notably, evidence-based TCIM interventions still
 941 face implementation and system integration challenges and require further
 942 enhancement (Box A1.3).

943 TMK represents the accumulated wisdom and practices passed down through
 944 generations within communities and offers a vast repository of knowledge on medicinal
 945 plants, therapeutic techniques and traditional philosophies. Safeguarding and
 946 acknowledging TMK requires:

- 947 • supporting Indigenous Peoples' leadership and participatory research in
 948 accordance with provisions contained in UNDRIP;
- 949 • documentation and archiving: support for preserving TMK through various
 950 community-led techniques, such as interviews, ethnobotanical surveys and
 951 digital archiving for sustainability; and
- 952 • intergenerational knowledge transfer: encouraging the transmission of TMK
 953 across generations.

954 Valuing and enhancing the potential of TCIM and TMK through appropriate research
 955 and respectful engagement may further contribute to the scientific foundation for TCIM
 956 and the development of the ever-evolving health systems that remain culturally
 957 relevant, sustainable and accessible.

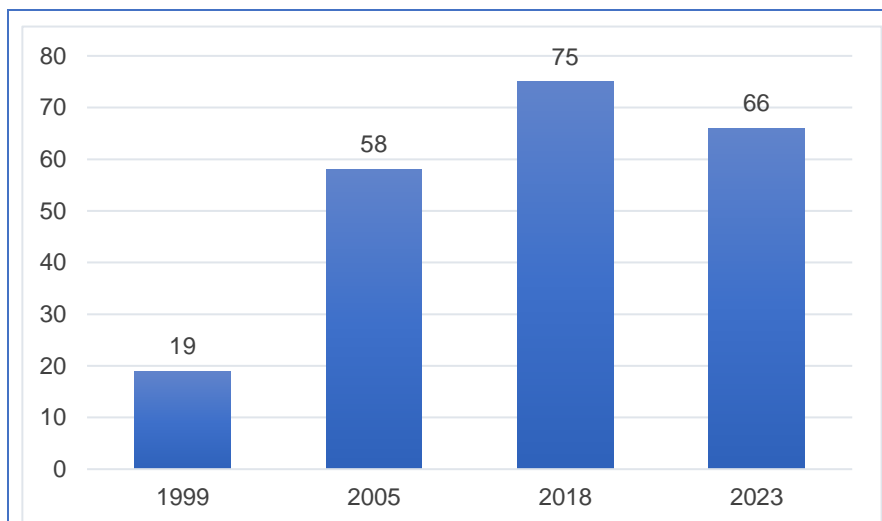


Fig. A1.3: Number of Member States with a national research institute for TCIM, 1999-2023 (2).

958

Box A1.3: Challenges and opportunities related to TCIM and TMK research

<i>Challenges</i>	<i>Opportunities</i>
<ul style="list-style-type: none"> ▪ Governments acknowledge the need for more research data to advance TCIM, but are not yet sufficiently investing in TCIM research or providing adequate resources for producing more evidence with scientific rigour, including the adoption of related technology and innovation. ▪ Research methodologies appropriate to TCIM are needed. ▪ Current TCIM research activity, while increasing, is not proportionate to its widespread use and complexity. ▪ Contributions of traditional medical knowledge to biodiversity conservation and sustainable use have not been sufficiently acknowledged. ▪ In many cases, TK custodians have not been included in appropriate mechanisms for research associated with TMK. 	<ul style="list-style-type: none"> ▪ Increased investment in TCIM research can build on the substantial capacity in TCIM research institutes across six WHO regions. ▪ Exploring appropriate methodologies for conducting research in TCIM will assist in the future design of TCIM-related studies. ▪ Digital health and innovative technologies have the potential to enhance TCIM research, health services and self-care. ▪ TMK is vital for the health of humans, animals, plants and the environment, hence warrants further attention. ▪ The WHO, WIPO and WTO Trilateral Cooperation provides a platform to support a better understanding of the linkage between TMK, intellectual property policies and trade. ▪ Incorporating and protecting contributions of TMK to halt human-induced species extinction and promote the sustainable use of biodiversity.

959

960 **A1.4 Regulation of TCIM products and practices**

961 Following the growing popularity of TCIM products, the need of Member States for
 962 appropriate regulatory standards and requirements continues. This includes the
 963 identification of critical norms and standards including reference to national
 964 pharmacopoeia (**Fig. A1.4**) or monographs (**Fig. A1.5**) for herbal medicines to ensure
 965 accurate information for consumers, high-quality products, and sustainable as well as
 966 ethical practices. While adapting existing pharmaceutical regulatory frameworks for
 967 TCIM products offer a starting point, it is crucial to develop context-specific regulations,
 968 acknowledging the unique characteristics and practices of diverse TCIM systems.

969 Where required, the appropriate regulation of TCIM practices is critical, balancing
 970 concerns about restrictions with ensuring effectiveness. Education is key, but
 971 standards may vary globally, although the inclusion of T&CM education at university
 972 level has been rising (**Fig. A1.6**) and there is a significant introduction of continuing
 973 professional development programmes (**Fig. A1.7**). Clear policy guidelines and
 974 stakeholders' consultation are essential. Preserving traditional medical knowledge and
 975 philosophies, while protecting them from inappropriate regulation is crucial (Box A1.4).

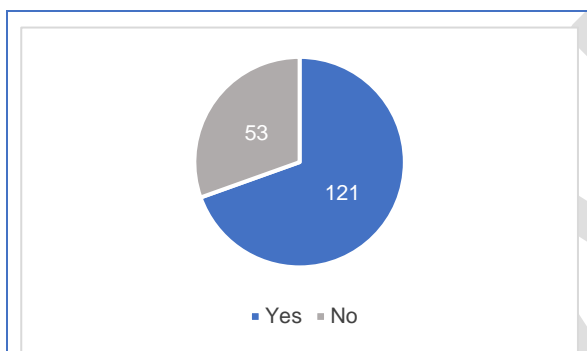


Fig. A1.4: Number of Member States reporting a national pharmacopoeia including herbal medicines or its development (2).

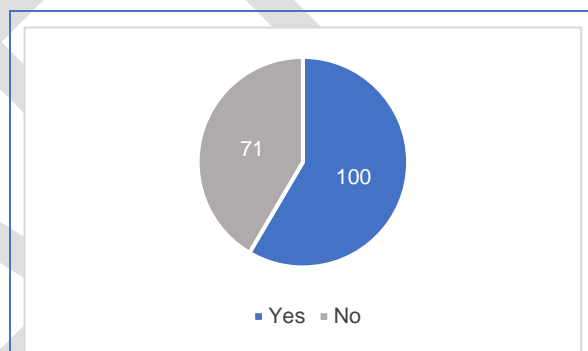


Fig. A1.5: Number of Member States reporting national monographs on herbal medicines or their development (2).

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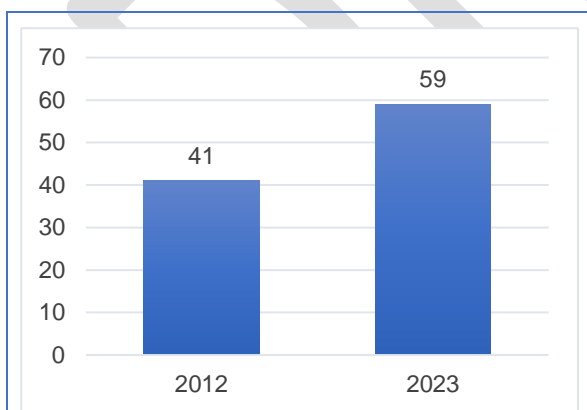


Fig. A1.6: Number of Member States reporting provision of T&CM education at university level (2).

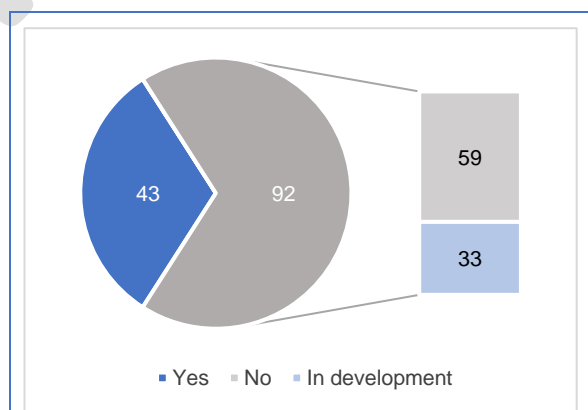


Fig. A1.7: Number of Member States reporting a continuing professional development programme for TCIM providers (2).

977

Box A1.4: Challenges and opportunities related to TCIM products and practices

Challenges

Opportunities

- Regulatory frameworks for TCIM products and practices are at varied levels of implementation, rigour and effectiveness worldwide.
- Standards of education for TCIM health professionals within the same profession vary globally and do not permit an easy transition or interoperability between countries, thus hampering international collaboration and the growth of professional expertise.
- TCIM product regulatory approaches require greater harmonization across regions and international platforms to ensure safety with an easier and broader product accessibility.
- Regulatory guidance is required for all TCIM products other than herbal medicines to assist Member States in managing their quality production and safe and effective use.
- Continued efforts to further develop and customize regulatory approaches for TCIM products and practices appropriate to the regional and national context and assuring the correct outcomes, while not compromising on their quality, safety, effectiveness and access.
- More Member States and partners recognize the need to strengthen collaborative structures and develop or adopt recommended guidance related to TCIM health practices, education standards and TCIM products.
- The continued development of risk-based approaches applicable to the regulation of TCIM products and practices aimed at ensuring the availability of quality, safe and effective products and practices.
- Increasing technological advancements could be used to exchange information pertaining to regulatory standards and information that may improve regulatory approaches.
- Expanding WHO regulatory guidance for all TCIM products to help ensure their safe and effective use.

978 **A1.5 Integration of TCIM into health systems**

979 Assistance with the integration of TCIM into already existing health systems to further
 980 enhance health coverage, health service delivery and outcomes is desired by Member
 981 States, while facing different challenges (**Box A1.5**). The needs of Member States in
 982 this area include:

- 983 • policy and legislation: developing and implementing supportive policies and
 984 legal frameworks for TCIM integration within national health systems, including
 985 adequate financing;
- 986 • regulation and licensing: establishing appropriate regulatory mechanisms for
 987 TCIM, while adapting existing systems to accommodate and protect the
 988 specificities of TCIM;
- 989 • education and training: establishing standardized curricula and training
 990 programmes for T&CM and biomedicine institutions to promote mutual respect
 991 and quality of care;
- 992 • research and development: fostering appropriate research methodologies and
 993 funding pathways for evaluation of TCIM products and practices to augment the
 994 TCIM evidence base.

995 Addressing these challenges and fostering a continued collaboration between
 996 governments, TCIM practitioners, researchers and the public is vital to successfully
 997 navigate the integration of TCIM into future health systems.

998

Box A1.5: Challenges and opportunities in the integration of TCIM into health systems	
<i>Challenges</i>	<i>Opportunities</i>

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ The integration of TCIM has to be informed by evidence of its safety and effectiveness. ▪ Experiences from Member States that have successfully implemented integrated systems and services are not readily accessible. ▪ Lack of a unified global understanding, evaluation criteria for and types of “integration” render it difficult for Member States to identify and pilot an appropriate national model. ▪ Unequal levels/standards of education across providers render potential barriers to mutual understanding, communication and collaboration between T&CM and biomedicine practitioners. | <ul style="list-style-type: none"> ▪ A guiding document on models of integration of TCIM into health systems with appropriate criteria is being developed by WHO. ▪ WHO can serve as a platform for experience sharing between Member States regarding the integration of TCIM into health systems. ▪ The ongoing health service and health system transformation for UHC, health security, healthy lives and well-being and the SDGs provide a potential basis for the integration of TCIM. ▪ The integration of TCIM may facilitate the transformation of the health system towards a well-being approach. |
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1001 **REFERENCES**

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 1003 World Health Organization; 2019 (<https://iris.who.int/handle/10665/312342>, accessed
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 1007

Annex 2. Key performance indicators

Strategic objective	Direction	Indicator
1 Optimize the cross-sector value of TCIM and empower communities through inclusive approaches.	1.1 Include TCIM in cross-sector policies and action plans for health, well-being societies, One Health and SDGs.	Number of Member States that include TCIM concepts, knowledge and practices within applicable cross-sector policies and coordination programmes regarding the interconnection between health, well-being societies, One Health and SDGs.
	1.2 Develop inclusive approaches and models for the protection and benefit-sharing of TMK.	1) Number of Member States with a legal framework for the protection of TMK. 2) Number of Member States with a legal framework for accessing safe and effective TM services.
	1.3 Support informed choices of the public with respect to safe and effective TCIM use and self-care.	Number of Member States with safe and effective TCIM use and self-care consumer education projects or programmes.
2 5.2 Strategic objective 2. Strengthen the evidence base for TCIM.	2.1 Facilitate high-quality TCIM research through increased resource investment.	1) Number of Member States with national research programmes or packages that include TCIM research and innovation. 2) Number of Member States with dedicated and regularly increasing public financial support and related resources, including advanced technologies applicable to TCIM research and innovation.
	2.2 Explore the most appropriate research approach and maximize the rational utilization of technology for TCIM.	1) Number of Member States that have supported the exploration of appropriate research methodologies for TCIM. 2) Number of Member States that have supported the exploration and utilization of advanced technologies for TCIM.
3 Support the provision of quality and safe TCIM through appropriate regulatory mechanisms.	3.1 Provide appropriate regulatory mechanisms for TCIM products that are sustainably produced and supplied.	Number of Member States with a regulatory mechanism for TCIM products.
	3.2 Provide appropriate regulatory mechanisms for TCIM practices and practitioners.	Number of Member States with national or subnational regulation of TCIM practices and/or practitioners.
4 Integrate TCIM into health systems to support the achievement of UHC.	4.1 Incorporate TCIM into national and subnational health-related frameworks and policies for the integration of safe and effective TCIM into health systems.	Number of Member States that have a national and subnational policy framework for the integration of TCIM into health systems.
	4.2 Facilitate the integration of safe and effective TCIM into health systems and services across the care continuum and life course.	1) Number of Member States that operationalize the integration of TCIM into health systems and services across the care continuum and life course. 2) Number of Member States that include TCIM interventions in their essential health services.

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Strategic objective	Direction	Indicator
		3) Number of Member States with a policy or programme for encouraging the continuing training of biomedicine health professionals in appropriate TCIM knowledge and for TCIM professionals to obtain appropriate biomedicine knowledge.

Abbreviations: TCIM, traditional, complementary and integrative medicine; SDG, Sustainable Development Goal/s; TK, traditional knowledge; TM, traditional medicine; T&CM, traditional and complementary medicine; UHC, universal health coverage.

DRAFT

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