Draft traditional medicine strategy: 2025–2034

Universal access to safe, effective and people-centred traditional, complementary and integrative medicine for health and well-being

10 April 2024
CONTENTS

14 CONTENTS

15 CONTENTS .............................................................................................................................. ii

16 ABBREVIATIONS AND ACRONYMS ........................................................................ iv

17 GLOSSARY ........................................................................................................................... v

18 EXECUTIVE SUMMARY ................................................................................................. viii

19 1. INTRODUCTION .............................................................................................................. 1

20 1.1 Traditional, complementary and integrative medicine .............................................. 1

21 1.2 WHO mandate and support of TCIM ........................................................................ 1

22 2. POSITION, CHALLENGES AND OPPORTUNITIES OF TCIM ................................ 2

23 2.1 TCIM use and national frameworks ......................................................................... 2

24 2.2 Contributions to health and well-being ................................................................. 3

25 2.3 TCIM research and TMK .......................................................................................... 4

26 2.4 Regulation of TCIM products and practices ............................................................ 6

27 2.5 Integration of T&CM into health systems ................................................................. 7

28 3. VISION ............................................................................................................................. 9

29 4. GOAL ............................................................................................................................... 9

30 5. GUIDING PRINCIPLES ................................................................................................... 9

31 5.1 Evidence-informed decision-making ....................................................................... 9

32 5.2 Holism and health ....................................................................................................... 9

33 5.3 Sustainability and One Health ................................................................................ 9

34 5.4 The right to health and patient autonomy ............................................................. 9

35 5.5 Culture and health ..................................................................................................... 9

36 5.6 Person-centred care and community engagement .................................................. 10

37 5.7 Integrated health care services and user benefit and safety .................................. 10

38 6. STRATEGIC OBJECTIVES, DIRECTIONS AND ACTIONS ................................. 10

39 6.1 Strategic objective 1. Optimize the cross-sector value of TCIM and empower communities through inclusive approaches .......................................................... 10

40 Direction 1.1: Include TCIM in cross-sector policies and action plans for health, well-being societies, One Health and SDGs ................................................................. 10

41 Direction 1.2: Develop inclusive approaches and models for benefit-sharing of TMK and accessibility of TM services .............................................................. 12

42 Direction 1.3: Support informed choices of TCIM users with respect to safe and effective TCIM use and self-care ................................................................. 13

43 6.2 Strategic objective 2. Strengthen the evidence base for TCIM ............................ 14

44 Direction 2.1: Facilitate high-quality TCIM research through increased resource investment ................................................................. 14
Direction 2.2: Explore the most appropriate research approach and maximize the utilization of technology for TCIM. ................................................................. 15

6.3 Strategic objective 3. Support the provision of quality and safe TCIM through appropriate regulatory mechanisms. ........................................................................... 16

Direction 3.1: Provide appropriate regulatory mechanisms for TCIM health products that are sustainably produced and supplied. ........................................... 17

Direction 3.2: Provide appropriate regulatory mechanisms for TCIM practices and practitioners. 18

6.4 Strategic objective 4. Integrate T&CM into health systems to support the achievement of UHC. 19

Direction 4.1: Incorporate TCIM into national and subnational health-related frameworks and policies for the integration of safe and effective T&CM into the health system. 20

Direction 4.2: Facilitate the integration of safe and effective T&CM into health systems and services across the care continuum and life course. ................. 21

7. IMPLEMENTATION OF THE STRATEGY ............................................................................ 22

7.1 General comments on implementation ......................................................................... 22

7.2 Monitoring, measuring and reporting ......................................................................... 22

REFERENCES .................................................................................................................. 28
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI</td>
<td>artificial intelligence</td>
</tr>
<tr>
<td>CM</td>
<td>complementary medicine</td>
</tr>
<tr>
<td>ICD-11</td>
<td>International Classification of Diseases 11th revision</td>
</tr>
<tr>
<td>ICTRP</td>
<td>International Clinical Trials Registry Platform</td>
</tr>
<tr>
<td>IM</td>
<td>integrative medicine</td>
</tr>
<tr>
<td>IRCH</td>
<td>International Regulatory Cooperation for Herbal Medicines</td>
</tr>
<tr>
<td>MeSH</td>
<td>medical subject headings</td>
</tr>
<tr>
<td>PHC</td>
<td>primary health care</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>SMD</td>
<td>standard mean difference</td>
</tr>
<tr>
<td>TCIM</td>
<td>traditional, complementary and integrative medicine</td>
</tr>
<tr>
<td>TM</td>
<td>traditional medicine</td>
</tr>
<tr>
<td>TMK</td>
<td>traditional medical knowledge</td>
</tr>
<tr>
<td>T&amp;CM</td>
<td>traditional and complementary medicine</td>
</tr>
<tr>
<td>UHC</td>
<td>universal health coverage</td>
</tr>
<tr>
<td>WHA</td>
<td>World Health Assembly</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WTO</td>
<td>World Trade Organization</td>
</tr>
<tr>
<td>WIPO</td>
<td>World Intellectual Property Organization</td>
</tr>
</tbody>
</table>
GLOSSARY

**Biomedicine** – also referred to as “conventional medicine” according to the biomedical model, is a branch of medical science that applies biological and physiological principles to clinical practice (1). Biomedicine emphasizes standardized, evidence-based treatment validated through biological research, with treatment administered via formally trained doctors, nurses, and other licensed practitioners.

**Complementary medicine** – used interchangeably for “traditional medicine” in some countries, refers to a broad set of health care knowledge, skills and practices that are not typically part of a country’s established traditional or conventional medicine, and may play a supportive role in conjunction with biomedical care.

**Digital health** – the field of knowledge and practice associated with the development and use of digital technologies to improve health. Digital health expands the concept of eHealth to include digital consumers, with a wider range of smart and connected devices. It also encompasses other uses of digital technologies for health such as the Internet of Things, advanced computing, big data analytics, and artificial intelligence, including machine learning and robotics (2).

**Drug/medicine** – any substance or pharmaceutical product for human or veterinary use that is intended to modify or explore physiological systems or pathological states for the benefit of the recipient (2).

**Health practitioner** – any health worker who has acquired health-related qualifications. It comprises both health professionals and health associate professionals (4).

**Herbal medicines** – may include herbs, herbal materials, herbal preparations and finished herbal products in a form suitable for administration to humans (5).

**Herbal product** – broad term encompassing herbal medicines and related products (6).

**Indigenous knowledge** – the understandings, skills and philosophies developed by societies with long histories of interaction with their natural surroundings. For rural and indigenous peoples, local knowledge informs decision-making about fundamental aspects of day-to-day life (7).

**Indigenous traditional medicine** – is defined as the sum of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental and social diseases. This knowledge or practice may rely exclusively on experience and observation handed down orally or in writing from generation to generation. These practices are native to the country in which they are practised. Most indigenous traditional medicine has been practised at the primary health care level (8).

**Indigenous health practitioner** – any health practitioner whose practice is rooted in his/her indigenous knowledge and practice.

**Integrative medicine** – is an interdisciplinary and evidence-informed approach aimed at achieving whole-person health and well-being by using a respectful combination or fusion of biomedical and traditional and/or complementary medical knowledge, skills and practices. It provides holistic care spanning the care continuum and may involve various health care providers and institutions (9).
One Health – is an integrated, unifying approach that aims to sustainably balance and optimize the health of humans, animals, plants and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) are closely linked and interdependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritional food, taking action on climate change, and contributing to sustainable development (10).

People-centred care – an approach to care that consciously adopts the perspectives of individuals, carers, families and communities and sees them as participants in and beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care also requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases (11).

Person-centred care – care approaches and practices that see the person as a whole with many levels of needs and goals, with these needs coming from their own personal social determinants of health (11).

Primary care – a key process in the health system that supports first-contact, accessible, continued, comprehensive and coordinated patient-focused care (12).

Primary health care – is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs as early as possible along the continuum, ranging from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment (12).

Traditional, complementary and integrative medicine health product – may include products of various classifications generally used as medicines or for health purposes including, but not limited to “botanical medicines”, “complementary medicines”, “dietary supplements”, “food supplements”, “health supplements”, “herbal medicinal products”, “herbal medicines”, “herbal products”, “natural health products”, or “traditional medicines” (13). It also includes any other health technologies and devices originating from or specific to traditional, complementary and integrative medicine.

Traditional, complementary and integrative medicine health practitioner – any health worker who has acquired qualifications with regards to traditional, complementary and integrative medicine. It may comprise both health professionals and health associate professionals including, but not limited to, traditional, complementary and integrative medicine professionals and associate professionals (14).

Traditional and complementary medicine – merges the terms “traditional medicine” and “complementary medicine” (15).

Traditional knowledge – there is no internationally accepted definition, but it can be considered as knowledge, know-how, skills and practices that are developed, sustained and passed on from generation to generation within a community, often forming part of its cultural or spiritual identity (16).
Traditional medical knowledge – traditional knowledge in relation to traditional medicine, which includes indigenous medical knowledge.

Traditional medicine – sum total of the knowledge, skill and practices based on the theories, beliefs and experiences indigenous to different cultures, as well as scientific and professional expertise, used for the diagnosis, prevention and treatment of illnesses and to promote health and well-being (15).

Well-being – a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Well-being encompasses quality of life, as well as the ability of people and societies to contribute to the world with a sense of meaning and purpose (17).

Well-being societies – provide the foundations for all members of current and future generations to thrive on a healthy planet, no matter where they live. Such societies apply bold policies and transformative approaches that are underpinned by:

- a positive vision of health that integrates physical, mental, spiritual and social well-being;
- the principles of human rights, social and environmental justice, solidarity, gender and intergenerational equity, and peace;
- a commitment to sustainable low-carbon development grounded in reciprocity and respect among humans and making peace with Nature;
- new indicators of success beyond the gross domestic product that take account of human and planetary well-being and lead to new priorities for public spending;
- the focus of health promotion on empowerment, inclusivity, equity and meaningful participation (18).
EXECUTIVE SUMMARY
(to be written later)

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

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

(2) to develop a draft new global traditional medicine strategy for the period 2025–2034, guided by the WHO traditional medicine strategy: 2014–2023, in consultation with Member States and relevant stakeholders and to submit the draft strategy for consideration by the Seventy-eighth WHA 2025 through the Executive Board at its 156th session (19).

With its own unique positioning, challenges and opportunities for contribution to the transformation of health care and to the achievement of health, well-being, universal health coverage (UHC) and the Sustainable Development Goals (SDGs) worldwide, this strategy is intended to cover traditional, complementary and integrative medicine (TCIM) as a whole, including its future objectives and actions.
1. INTRODUCTION

1.1 Traditional, complementary and integrative medicine

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

The WHO traditional medicine strategy: 2014-2023 (15) provided the context of traditional and complementary medicine (T&CM) - a merger of the terms “traditional medicine” and “complementary medicine”.

As people become more empowered to choose the right health care for their needs, health services today have to meet this challenge and offer a people-centred approach. The practice of integrative medicine (IM), whether government-led or patient-led, that combines proven TM and biomedicine will become more common.

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

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

1.2 WHO mandate and support of TCIM

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

Following the Seventy-sixth WHA decision, WHA76(20), to develop a new global TM strategy for the period 2025–2034, WHO conducted the third WHO global survey on TCIM to provide opportunities for Member States to review and provide input on governance, financing, physical infrastructure, health workforce, products, information and research, models of care, quality, access and availability, service coverage, and responsiveness, including Member States’ challenges and needs related to TCIM.

Member States have requested technical and policy guidance from WHO to help address the following challenges (20) (21):

- the need for research data and financial support for research;
- the need for mechanisms to regulate, control and monitor the quality of T&CM practitioners and the safety, quality and effectiveness of T&CM practices and products; and
- the need for expertise, cooperation channels and information-sharing mechanisms to help inform and bridge the gap due to the current lack of policy guidance on the integration of T&CM into health systems and services.
2. POSITION, CHALLENGES AND OPPORTUNITIES OF TCIM

Over the past decade, significant progress has been made in TCIM. This joint effort by Member States, partners, stakeholders, and WHO is reflected in the implementation of the WHO traditional medicine strategy: 2014-2023. The WHO global report on traditional and complementary medicine 2019 and the interim data of the WHO third global survey on TM have shown steady progress and an advancing trend in multiple areas. Building on a review of the progress, challenges and emerging needs of Member States, a summary of the current position of TCIM provides the background for this strategy’s objectives and actions.

2.1 TCIM use and national frameworks

TCIM\(^1\) enjoys a considerable global demand and usage (Fig. 2.1), translating into increased growth in Member States in the establishment of national offices (Fig. 2.2). In general, it has been shown that people seek TCIM services and treatments for various reasons, including noncommunicable diseases, disease prevention, health promotion, and palliative care and rehabilitation (Fig. 2.3).

---

\(^1\) The term TCI is used to be inclusive of the known position of T&CM, while IM may or may not be included in the responses of Member States in the data cited.
National frameworks and guiding policies are crucial for the positioning of TCIM within the overall health care landscape to facilitate access to quality, safe and effective TCIM. These should include appropriate regulatory mechanisms for TCIM practices, practitioner qualifications and health products (Box 2.1).

Box 2.1: Challenges and opportunities related to TCIM use and national frameworks

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Generating requisite evidence to support safety and effectiveness for TCIM to facilitate its inclusion in national frameworks.</td>
<td>- 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.</td>
</tr>
<tr>
<td>- Quantifying the contribution of TCIM to overall health service delivery and universal health coverage (UHC).</td>
<td>- Incorporating TCIM into national frameworks should enhance regulations for TCIM health services and products to ensure their safe and effective use, thus enabling TCIM to contribute significantly to the health care system.</td>
</tr>
<tr>
<td>- Developing, adopting and implementing national frameworks for TCIM and evaluating their outcomes, considering national health goals, health resources and access to health.</td>
<td></td>
</tr>
</tbody>
</table>

2.2 Contributions to health and well-being

With their emphasis on interconnectedness and harmony with nature, TCIM systems offer valuable insights for promoting the health of humans, animals, plants and the environment (Box 2.2). Their holistic approach encompassing physical, mental, spiritual and social dimensions may contribute to:

- health resilience: self-regulation and self-healing through lifestyle adjustments and preventive practices;
- environmental sustainability: integrating ecological perspectives into health care, advocating for resource conservation and the responsible use of natural medicines;
- cross-sectoral applications: applying T&CM principles to address broader public health issues, such as climate change, food security, the safety and quality of health products, mental health and social well-being.

Box 2.2: Challenges and opportunities related to contributions of TCIM to health and well-being

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Threatened ecosystems and their integrity and function pose increased health risks at the human-animal-plant-environment interface, disproportionately affecting the most vulnerable communities.</td>
<td>- Given their deep appreciation of human interconnectedness with the Earth and the environment, TCIM knowledge and practices can inform governance, cross-sector coordination and collaboration, as well as societal approaches for well-being societies, One Health, and the achievement of Sustainable Development Goals (SDGs).</td>
</tr>
<tr>
<td>- Overexploitation and climate-related habitat changes threaten the availability of medicinal plants.</td>
<td>- Numerous opportunities exist to include and scale-up safe, effective and evidence-informed TCIM approaches to improve health outcomes across the care continuum and life course.</td>
</tr>
<tr>
<td>- Although safe and evidence-informed TCIM approaches span the care continuum, their awareness remains limited, hindered by various barriers, including prejudices, that impede successful implementation. Furthermore, the existing evidence base for</td>
<td></td>
</tr>
</tbody>
</table>
numerous practices derived from traditional knowledge and clinical experience is not yet robust, necessitating further rigorous research. 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 to the control of COVID-19 was not well investigated and capitalized upon in many countries.

- 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.

### 2.3 TCIM research and TMK

While TCIM-related research and the establishment of national research centres for T&CM have seen consistent growth (Fig. 2.4), funding for TCIM research activities remains limited, thus hindering progress. Complexities within TCIM require unique research methods to avoid the distortion of research outcomes and provide an accurate representation of practices. Notably, evidence-informed TCIM interventions still face implementation and system integration challenges and require further enhancement (Box 2.3).

TMK has an immense value. It represents the accumulated wisdom and healing practices passed down through generations within communities and offers a vast repository of knowledge on medicinal plants, therapeutic techniques and traditional healing philosophies. However, safeguarding and revitalizing TMK requires:

- community empowerment and participatory research: engaging local communities in TMK research and development, respecting their ownership and ensuring fair benefit-sharing;
- documentation and archiving: recording and preserving TMK through various techniques like interviews, ethnobotanical surveys and digital archiving; and
- intergenerational knowledge transfer: encouraging the transmission of TMK from elders to younger generations through apprenticeship programmes and cultural events.

Valuing and enhancing the potential of TCIM and TMK through research and respectful engagement may further contribute to the scientific foundation for T&CM and the development of future health care systems that are more culturally relevant, sustainable and accessible.
Box 2.3: Challenges and opportunities related to TCIM research and TMK

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 field-related technology and innovation.</td>
<td>Increased investment in high-quality TCIM research can build on the substantial capacity in numerous TCIM research institutes around the world that are generating a rapidly increasing number of scientific publications.</td>
</tr>
<tr>
<td>Valid research methodologies appropriate to TCIM require further development.</td>
<td>Exploring appropriate methodologies for conducting research in TCIM will assist in the future design of TCIM-related studies.</td>
</tr>
<tr>
<td>Current TCIM research activity, while increasing, is not proportionate to its widespread use and complexity.</td>
<td>Digital health and innovative technologies have the potential to enhance TCIM research, health services and self-care.</td>
</tr>
<tr>
<td>Vital contributions of Indigenous Peoples and local communities to biodiversity conservation and sustainable use have not been sufficiently embraced.</td>
<td>TMK holds essential wisdom vital for Indigenous Peoples and of immense potential for the health of humans, animals, plants and the environment.</td>
</tr>
<tr>
<td>In many cases, Indigenous Peoples have not been included in appropriate mechanisms for research associated with indigenous knowledge. Different means of practices in medicine and global indigenous views appreciated and upheld, where the collective is considered more important than the individual have not been explored.</td>
<td>The WHO, World Intellectual Property Organization (WIPO) and World Trade Organization (WTO) Trilateral Cooperation provides a platform to identify solutions to the challenges related to TMK.</td>
</tr>
<tr>
<td>Incorporating and protecting contributions of TCIM, Indigenous Peoples and local communities to halt human-induced species extinction and promote the sustainable use of biodiversity.</td>
<td></td>
</tr>
</tbody>
</table>
2.4 Regulation of TCIM products and practices

Following the growing popularity of herbal medicines and other TCIM products, the need of Member States for robust regulatory standards and requirements continues. This includes the identification of critical norms and standards including reference to national pharmacopoeia (Fig. 2.5) or monographs (Fig. 2.6) for herbal medicines to ensure accurate information for consumers, high-quality products, and sustainable and ethical practices for sourcing medicines. While adapting existing pharmaceutical regulatory frameworks for TCIM products offer a starting point, it is crucial to develop context-specific regulations, acknowledging the unique characteristics and practices of diverse TCIM systems.

Where required, the appropriate regulation of TCIM practices is critical, balancing concerns about restrictions with ensuring effectiveness. Education is key, but standards may vary globally, although the inclusion of T&CM education at university level has been rising (Fig. 2.7), while there is a significant introduction of continuing professional development programmes (Fig. 2.8). Clear policy guidelines and practitioner consultation are essential. Preserving traditional knowledge and philosophies, while protecting them from inappropriate regulation is crucial, especially for local or indigenous practices rooted in tradition and distinct from modern education systems (Box 2.4).

---

**Fig. 2.5:** Number of Member States reporting a national pharmacopoeia including herbal medicines or its development (22).

**Fig. 2.6:** Number of Member States reporting national monographs on herbal medicines or their development (22).

**Fig. 2.7:** Number of Member States reporting provision of T&CM education at university level (22).

**Fig. 2.8:** Number of Member States reporting a continuing professional development programme for T&CM provided (22).
### Challenges and opportunities related to TCIM health products and practices

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regulatory frameworks for TCIM health products and practitioners are at varied levels of implementation, rigour and effectiveness worldwide.</td>
<td>• Continued efforts to further develop and customize regulatory approaches for TCIM health products and practitioners appropriate to the regional and national context and ensuring the correct outcomes, while not compromising on their quality, safety, effectiveness and access.</td>
</tr>
<tr>
<td>• 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.</td>
<td>• 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 health products.</td>
</tr>
<tr>
<td>• TCIM health product regulatory approaches require greater harmonization across regions and international platforms to ensure safety with an easier and broader product accessibility.</td>
<td>• The continued development of risk-based approaches applicable to the regulation of TCIM health products and practices aimed at ensuring the availability of quality, safe and effective products and practices.</td>
</tr>
<tr>
<td>• Regulatory guidance is required for TCIM health products other than herbal medicines to assist Member States in managing their quality production and safe and effective use.</td>
<td>• Increasing technological advancements could be used to exchange information pertaining to regulatory standards and information that may improve regulatory approaches.</td>
</tr>
</tbody>
</table>

### 2.5 Integration of T&CM into health systems

Assistance with the integration of T&CM into already existing health systems to further enhance health coverage, health service delivery and outcomes is desired by Member States with various instances reported worldwide, although at varying paces and facing different challenges (Fig. 2.9; Box 2.5). The needs of Member States in this area include:

- policy and legislation: developing and implementing supportive policies and legal frameworks for T&CM integration within national health systems;
- regulation and licensing: establishing appropriate regulatory mechanisms for TCIM products and practitioners, while adapting existing systems to accommodate the specificities of T&CM;
- education and training: establishing standardized curricula and training programmes for TCIM and biomedicine practitioners to ensure professionalization and quality of care;
- research and development: fostering robust research methodologies and funding pathways for the evaluation of TCIM products and practices by further developing a TCIM evidence base.
Addressing these challenges and fostering a continued collaboration between governments, TCIM practitioners, researchers and the public is vital to successfully navigate the integration of T&CM into future health systems.

**Fig. 2.9: Degree of integration of T&CM reported by Member States (22).**

<table>
<thead>
<tr>
<th></th>
<th>Number of Member States</th>
</tr>
</thead>
<tbody>
<tr>
<td>T&amp;CM outside national health system</td>
<td>46</td>
</tr>
<tr>
<td>Mixed degree of integration</td>
<td>25</td>
</tr>
<tr>
<td>Integration being developed</td>
<td>20</td>
</tr>
<tr>
<td>Well-established</td>
<td>11</td>
</tr>
</tbody>
</table>

**Box 2.5: Challenges and opportunities related to the integration of T&CM**

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ The integration of T&amp;CM has to be informed by reliable evidence of its safety and effectiveness.</td>
<td>▪ A guiding document on models of integration of T&amp;CM into health services and health systems with appropriate criteria is being developed by WHO.</td>
</tr>
<tr>
<td>▪ Experiences from Member States that have successfully implemented integrated systems and services, which could provide valuable insights for developing policy frameworks and operational guidelines for integration, are currently not readily accessible.</td>
<td>▪ Some countries have rich experiences and lessons in the integration of T&amp;CM, which could serve as a reference for other Member States.</td>
</tr>
<tr>
<td>▪ Lack of a unified global understanding, evaluation criteria for and types of &quot;integration&quot; render it difficult for Member States to identify and pilot an appropriate national model.</td>
<td>▪ The ongoing health service and health system transformation for UHC, health security, healthy lives and well-being and the SDGs provide a sound basis for the integration of T&amp;CM.</td>
</tr>
<tr>
<td>▪ Unequal levels/standards of education across providers render potential barriers to mutual understanding, communication and collaboration between T&amp;CM and biomedicine health practitioners.</td>
<td>▪ The integration of T&amp;CM may facilitate the transformation of the health system towards a well-being approach.</td>
</tr>
</tbody>
</table>
3. **VISION**

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

4. **GOAL**

To maximize the contribution of TCIM to the highest attainable standard of health and well-being of individuals and societies, UHC and SDGs through cross-sectoral approaches aimed at empowering communities by strengthening the evidence base, and providing appropriate regulatory mechanisms and the integration of T&CM into health services and systems.

5. **GUIDING PRINCIPLES**

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

5.1 **Evidence-informed decision-making**

Decisions should be informed by the best available evidence from research, as well as by factors such as context, public opinion, equity, feasibility of implementation, affordability, sustainability and acceptability to stakeholders \((23)\). Decisions for the safe and effective use of TCIM may be enhanced by appropriate robust research and use of technology, which in turn furthers education and continuous learning.

5.2 **Holism and health**

TCIM encompasses various complete medical systems rooted in holistic perspectives, emphasizing the interconnectedness of the human being not only within itself, but also with the environment and the properties that arise from their interactions. These systems, developed across diverse cultures and backgrounds, conceptualize health as restoring and maintaining the balance and wholeness of individuals \((24)\), thus contributing to a positive vision of health that integrates physical, mental, spiritual and social well-being.

5.3 **Sustainability and One Health**

Modern health care, including TCIM, should prioritize therapeutic interventions that consciously support environmental sustainability. In general, TCIM is rooted in natural resources, traditional knowledge, culture and history and can contribute significantly not only to safeguarding biodiversity by promoting sustainable practices, but also to achieving the SDGs related to health and well-being and to the One Health concept.

5.4 **The right to health and patient autonomy**

The WHO Constitution asserts health as a fundamental human right, emphasizing universal access to needed health services without financial hardship. The right to autonomy in health decisions necessitates support for informed choices.

5.5 **Culture and health**

Interculturalism is essential for the acceptability of health care. Recognizing the importance of aligning health care needs and the preferences, lifestyles and cultural
beliefs of diverse populations helps to foster an inclusive, equitable and culturally
cOMPETENT health care environment that maintains respect for traditional and
indigenous knowledge.

5.6 Person-centred care and community engagement

Person-centred care and community engagement are key priorities in the delivery of
high-quality health care with increased patient safety and reduced risk (12). TCIM
advocates for personalized care and respect that takes account of cultural preferences
and an inclusive, collaborative approach closely aligned with the concept for the
implementation of modern primary health care.

5.7 Integrated health care services and user benefit and safety

For optimal outcomes, health services should be coordinated seamlessly across
different medical disciplines and should prioritize individual well-being while
safeguarding against unsafe practices, false claims and unethical practices. Integrating
safe, effective, and sustainable T&CM can contribute to an approach which
emphasizes factors that support human health and well-being. The ongoing
development of evidence-informed practices, continuous quality assurance and
regulatory mechanisms is essential to support the effective integration of T&CM into
health services (25).

6. STRATEGIC OBJECTIVES, DIRECTIONS AND ACTIONS

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

Rationale

The knowledge, attributes and value of TCIM offer the potential to cope with challenges
across multiple dimensions such as health, culture, environment, and social and
economic factors – including poverty reduction. TCIM’s unique value includes a wide
range of knowledge and procedures, such as medicines, foods, procedure-based
interventions, manual therapies and spiritual healing practices. Policies and
approaches for the appropriate use of TCIM include capitalizing on its potential in
health services and self-care, both of which are critical in primary health care.

Indigenous TMK holds essential wisdom, which is vital for Indigenous Peoples, and
has an immense potential with respect to the health of humans, animals, plants and
the environment. To take advantage of these benefits, Indigenous Peoples should be
ensured appropriate protection of their knowledge so they feel safe to share it more
widely.

Researching the attributes of TCIM while engaging communities, partners and
stakeholders in its outcomes may unlock its value across sectors and inform
governance and societal approaches to maximizing its contribution to health, social
well-being, One Health and the achievement of the SDGs.

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

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

Actions for Member States

1. Promote cross-sector coordination by incorporating evidence-informed TCIM concepts, knowledge and practices.
2. Protect biodiversity and environment in accordance with international obligations while facilitating a sustainable supply of raw materials for good quality TCIM products.
3. Promote the preservation and revitalization of traditional healing practices by engaging with Indigenous People and TCIM practitioners and organizing a intercultural dialogue to facilitate knowledge exchange between diverse health systems.
4. Establish cross-sector collaboration in health care including government, civil societies, community organizations and other stakeholders to create a shared vision for well-being societies and sustainable development.
5. Collaborate with international organizations, regional bodies and neighbouring countries to share best practices and experiences.
6. Contribute to the promotion of a healthy lifestyle, good agricultural practices and environmental conservation by advocating TCIM principles and knowledge.
7. Develop public awareness campaigns to promote an understanding and appreciation of TCIM concepts, knowledge and practices among the general population.

Actions for partners and stakeholders

1. Promote the holistic concepts of TCIM in strategies/policies and participate in cross-sector coordination for One Health and SDGs.
2. Contribute to the development and operationalization of the One Health joint plan of action (2022–2026) (10) by promoting resilient health and well-being models.

Actions for the WHO Secretariat

1. Support Member States in building cross-sector mechanisms/collaborations to enhance the TCIM contribution to healthy societies and SDG targets.
2. Facilitate an inter-sectoral dialogue to contribute towards One Health by promoting synergy between TM and related stakeholders, including Indigenous Peoples.
3. Organize training programmes for stakeholders to promote TCIM and its connection with One Health.

4. Liaise across specialized agencies of the United Nations system and promote cross-sectoral initiatives for TCIM-related information exchange and promotion of collaborations to achieve SDG targets.

5. Provide a perspective of TCIM values, concepts and knowledge in the implementation of the One Health joint plan of action (2022–2026) (10).

Direction 1.2: Develop inclusive approaches and models for benefit-sharing of TMK and accessibility of TM services.

Rationale

All custodians of traditional knowledge, particularly Indigenous Peoples, can benefit from the appropriate protection of their knowledge, making it safer for them to share their wisdom for the benefit of all, without fear of misappropriation, further subjugation or harm.

Inclusive approaches and models for benefit-sharing of TMK, skills and practices are needed to recognize fully the value of TMK and to maximize the provision of respectful accessibility to safe and effective TM services.

Actions for Member States


2. Provide and improve access to safe and effective TM services.

3. Establish guidelines for the documentation, registration, and protection of TMK and practices.

4. Foster intergenerational learning to preserve and transmit TMK to future generations and support its documentation by indigenous TM practitioners and communities, including financially.

5. Establish TM databases to facilitate benefit-sharing, with accessibility to researchers and other stakeholders.

6. Promote international collaboration to share best practices, policies, and experiences in safeguarding and benefit-sharing of TMK.

Actions for partners and stakeholders

1. Encourage Indigenous Peoples to participate in the development of legislation frameworks for benefit-sharing of indigenous TMK.

2. Contribute to capacity building for the protection of TMK, particularly indigenous TMK, and prevention of its possible misappropriation.

3. Propose benefit-sharing models to incentivize and safeguard TMK and practices.

4. Support access to evidence-informed, safe and effective TCIM services.

Actions for the WHO Secretariat
1. Strengthen coordination and collaboration with WIPO, WTO and other organizations to address issues pertinent to TMK and practices.

2. Organize training programmes for the capacity building of Member States in TMK and practices.

3. Create awareness among the scientific community about ethical aspects and benefit-sharing related complexities in reference to genetic resources pertaining to TMK.

4. Support Member States in improving access to evidence-informed, safe and effective TCIM services for health and well-being.

5. Create platforms for information sharing regarding appropriate approaches and models for the safeguarding and benefit-sharing of TMK and practices (28) (29).

Direction 1.3: Support informed choices of TCIM users with respect to safe and effective TCIM use and self-care.

Rationale

TCIM is sought by many persons for natural, sustainable health solutions and other reasons, but navigating the information landscape is challenging due to the presence of disinformation, false claims, or outright discouragement of TCIM. Reliable and transparent information is crucial for consumer safety, informed choices and shared decision-making in health care.

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

Actions for Member States

1. Create and distribute evidence-informed educational materials and public information explaining TCIM modalities, potential benefits and harms, and appropriate self-care options.

2. Develop literacy programmes to improve public understanding of TCIM and empowering people to make informed decisions about their health care choices.

3. Promote consumer education programmes on safe and effective TCIM for self-care and to prevent any misleading information.

Actions for partners and stakeholders

1. Support the development of mechanisms/guidelines for consumer education and protection, complaint channels, and the proper use of TCIM health products and services.

2. Encourage users to share their TCIM usage with health care providers and encourage practitioners to respect patient preferences.

3. Support ethical advertising and promotion to avoid any misleading claims regarding TCIM.

4. Encourage a dialogue about TCIM self-health care among stakeholders and the establishment of patient organizations.
Actions for the WHO Secretariat

1. Update WHO guidelines on developing consumer information on the proper use of T&CM.
2. Support Member States in the development of online or mobile platforms concerning the use/engagement with different TCIM interventions.
3. Provide technical support to Member States on TCIM self-care based on need.

6.2 Strategic objective 2. Strengthen the evidence base for TCIM.

Rationale

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

Digital health and innovative technologies can potentially enhance TCIM health services and self-care, but they require active capacity-building and development.

Rationale

An international research agenda focusing on rigorous and high-impact research with agreements on key outcome measures needs to be established. This should encompass all aspects of TCIM, such as healthy lifestyles, disease prevention and treatment, medicines and interventions, professions and practices, integrative services and systems, and the use of technology within TCIM.

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

Actions for Member States

1. Establish a national research agenda on TCIM knowledge and practices to stimulate innovation and allocate dedicated resources.
2. Conduct rigorous scientific studies to support the evidence base regarding the safety, quality, effectiveness and cost-effectiveness of TCIM.
3. Establish a mechanism/system for collecting data from various sources, including real-world data related to TCIM, and contribute to national, regional and global research repositories.
4. Support capacity building for research and foster partnerships with research institutions and international organizations to facilitate innovation in TCIM.

5. Promote participatory research approaches for the health of Indigenous Peoples.

6. Develop a comprehensive knowledge base integrating T&CM knowledge with modern scientific evidence to inform health care policies and practices.

**Actions for partners and stakeholders**

1. Support identifying priorities for a national TCIM research and innovation agenda.

2. Support interdisciplinary research that includes TCIM.

3. Conduct scientific research that facilitates evidence-informed decision-making for TCIM.

4. Invest in research capacity-building and involvement of TCIM health practitioners in research design and conduct.

5. Develop guiding principles for working with communities and indigenous health practitioners.

6. Include TCIM research in broader health research initiatives and evidence summaries.

**Actions for the WHO Secretariat**

1. Develop and update WHO guidelines, technical documents and tools on TCIM research.

2. Encourage Member States and partners to enhance and track financial support to TCIM research and develop a comprehensive research agenda.

3. Encourage TCIM research that is culturally appropriate, socially relevant, and inclusive.

4. Encourage Member States to register TCIM clinical trials in the WHO International TM Primary Clinical Trial Registry.

5. Coordinate and promote bilateral and multilateral collaboration between Member States and partners on TCIM research.

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

**Rationale**

There is a need to explore innovative approaches to TCIM research that are appropriate to the unique characteristics of TCIM knowledge and practices, including consideration of the use of complexity science, system biology, big data and real-world data approaches, as well as interdisciplinary collaboration. It is also important to explore appropriate research approaches for non-documentated TMK, including Indigenous medical knowledge and practices.

Maximizing the use of advanced technologies is critical for developing appropriate and innovative approaches to research on TCIM. Technological advancements for diagnostic, therapeutic or other health-related use can enhance and complement TCIM health services and self-care.
**Actions for Member States**

1. Explore innovative approaches for research appropriate to the unique characteristics of TCIM knowledge and practices.
2. Support research for the modernization of TCIM health products and services.
3. Enable the development and application of digital health technologies in TCIM research.
4. Enable digitization and the use of electronic health records inclusive of TCIM-related information to enable comprehensive health care in a responsible and ethical manner.
5. Develop mobile health solutions, telehealth services and Artificial Intelligence (AI) based solutions for TCIM.
6. Explore research approaches for non-documented TM, including indigenous medical knowledge and practices.
7. Facilitate development of technology to strengthen the conservation of biodiversity for sustainability of medicinal plants and germplasm banks.

**Actions for partners and stakeholders**

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

**Actions for the WHO Secretariat**

1. Develop research methodologies appropriate to complex, holistic, and individualized approaches of TCIM.
2. Strengthen capacity building on TCIM research methodologies and evidence collection strategies.
3. Develop a TM-specific Large Language Model as an AI tool to mine the complex data available.
4. Contribute to the bridging of digital and technological innovations across the TCIM continuum of care, translate collected information into actionable knowledge tailored to Member States, and propose interventions maximizing TCIM contributions to health, well-being, UHC and SDGs.

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

**Rationale**

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

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

Regulatory frameworks should also actively promote the attraction, training, recruitment and retention of Indigenous Peoples as health workers, while also equipping health personnel to care for Indigenous Peoples with an intercultural approach (26).

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

Rationale

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

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

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

Actions for Member States

1. Establish or strengthen appropriate regulatory mechanisms inclusive of qualified norms and standards for TCIM health products to ensure standards for the supply of quality, safe and effective products through appropriate consultation and partnerships.
2. Explore approaches supporting efficient regulatory decision-making for TCIM health products inclusive of principles of reliance and/or recognition.
3. Consider an evaluation of TCIM health products utilizing a risk-based approach to ensure that they are indicated appropriately for use, but yield an appropriate level of benefit with minimization of risk.
4. Enforce relevant restrictions on the use/depletion of endangered species for medicinal products, subject to stringent regulatory oversight in line with applicable international conventions and national legislation.
5. Encourage sustainable practices in the production, supply, use and disposal of TCIM health products that contribute to the preservation and repopulation of endangered environmental sources.
6. Participate in international regulatory cooperative arrangements such as the WHO International Regulatory Cooperation on Herbal Medicines.

**Actions for partners and stakeholders**

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

**Actions for the WHO Secretariat**

1. Develop standards for herbal medicines in the form of the International Herbal Pharmacopoeia and other such documents.
2. Develop and update guidelines, technical documents and tools to support TCIM regulatory mechanisms and a risk-based evaluation of such products in Member States.
3. Develop standardized terminologies and an international classification of TCIM health products.
4. Expand the scope and enhance the WHO International Regulatory Cooperation for Herbal Medicines network to encompass all TCIM health products and strengthen collaborative mechanisms with partners and TCIM industries.

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

**Rationale**

Regulatory frameworks should be adapted to the different forms of TCIM practices and practitioners, including community-based indigenous practices. They should also be aligned with TCIM policies to support the preservation and strengthening of TCIM knowledge and practices that are safe and effective while preventing misappropriation. Appropriate regulatory frameworks may consider identifying acceptable norms, minimum standards for educational programmes, certifications and licensing requirements in order to ensure that TCIM practitioners have the knowledge and skills to deliver safe and effective care. Balanced frameworks contribute to interprofessional collaboration and the coordination of service delivery across the spectrum of health and social care systems, enabling a holistic and integrated approach to people's care.

**Actions for Member States**

1. Establish or strengthen appropriate regulatory mechanisms to promote ethical and safe TCIM practices, while recognizing their diversity and including practitioners of indigenous TM.
2. Codify practices and explore the development of applicable quality standards for TCIM medicinal preparations that are custom-made on a case-by-case basis\(^2\) by TCIM health practitioners.

3. Develop standards, guidelines and codes of conduct to promote responsible and accountable TCIM practices.

4. Adopt or refer to WHO benchmarks in developing minimum training requirements for TCIM professionals.

5. Set training requirements for TCIM health practitioners including ongoing professional development.

6. Collect, analyze and use data on the TCIM health workforce for improved planning and accountability.

**Actions for partners and stakeholders**

1. Promote a dialogue between TCIM professional associations and representatives of indigenous health practitioners with regulatory authorities for standards pertaining to education, practices and practitioners.

2. Encourage regulators, training institutions and professional organizations to support national and subnational health workforce data collection, analysis and use for improved planning and accountability.

3. Support research on the efficiency and effectiveness of regulatory systems, including patient safety and population health outcomes.

**Actions for the WHO Secretariat**

1. Develop a WHO international classification and qualification framework for TCIM health practitioners and provide technical guidance to countries.

2. Develop WHO benchmarks in TCIM.

3. Facilitate information-sharing between Member States and partners regarding approaches and experiences on the regulation of TCIM practices and practitioners in different settings, including indigenous TM practices/practitioners.

4. Improve health workforce data on TCIM health practitioners through regular reporting in the WHO National Health Workforce Accounts Data Portal and complementary surveys and reports.

---

\(^2\) Also referred to as "extemporaneous preparations", these medicinal products are directly derived from professional activities and, as such, are included in the scope of professional practices or practitioners.
Primary health care is a foundation of UHC and a natural hub for the integration of T&CM (30). As such, T&CM will continue to represent a key component of primary health care in the modern era of demographic change, especially with ageing populations and significant epidemiological transitions to chronic diseases and multimorbidity (31).

"Full integration" means that T&CM has been integrated into all the building blocks of a health system, covering all levels of health care and the care continuum.

**Direction 4.1: Incorporate TCIM into national and subnational health-related frameworks and policies for the integration of safe and effective T&CM into the health system.**

**Rationale**

Political commitments and policy frameworks that foster collaboration among regulated providers are essential for the safe and effective integration of T&CM. Health services that are effective, efficient, coordinated and sufficiently resourced by governments are fundamental to the successful integration of people-centred health care.

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

**Actions for Member States**

1. Identify how the integration of safe and effective T&CM into national and subnational health systems can support the reorientation of health services and systems towards a more holistic approach.

2. Recognize the role of TCIM as an integral part of health care services and home care and include in the building blocks of national health frameworks, policies and plans to permit integration at all levels of the health system.

3. Establish mechanisms for quality assurance, safety monitoring and evaluations of outcomes of TCIM services and products.

4. Integrate relevant knowledge and skills from TCIM into health workforce education curricula and appropriate biomedicine training as part of TCIM education curricula to enhance mutual understanding and provide a basis for improving professional communication, collaborative practices and future integration.

**Actions for partners and stakeholders**

1. Support the development of a national framework or policy that prioritizes health and well-being in which T&CM and biomedicine health practitioners collaborate and coordinate in the delivery of health and home care services.

2. Encourage TCIM and biomedicine educational institutions to integrate their curricula to promote interprofessional collaboration.

3. Universities and training centres should consider the establishment and maintenance of TCIM divisions, including postgraduate training courses.
Actions for the WHO Secretariat

1. Develop a WHO guidance document on the integration of safe and effective T&CM into national health systems.
2. Organize activities to support Member States in the integration of TCIM as well as monitoring and evaluation.
3. Support Member States in initiating and improving institutional education curricula on appropriate knowledge and skills of TCIM in medical, pharmacy and nursing schools and vice versa in TCIM schools.

Direction 4.2: Facilitate the integration of safe and effective T&CM into health systems and services across the care continuum and life course.

Rationale

An increasing research base demonstrates TCIM’s promise across the care continuum, including health promotion, disease prevention, rehabilitation and palliative care. In this respect, it is essential to conduct evidence reviews of the provision of access to safe and effective TCIM services. Based on experiences and lessons learned in the response to COVID-19, the potential contribution of safe and effective TCIM as part of pandemic preparedness requires ongoing attention and action.

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

Actions for Member States

1. Explore, identify, design and implement the most appropriate T&CM integration models, especially at the primary health care level, to ensure the accessibility of safe and effective TCIM to help achieve health and well-being.
2. Utilize applicable guidance from WHO on effective integration models and practices.
3. Monitor and evaluate the effectiveness of implemented integration models to enable further refinement and development.
4. Promote standardized TCIM documentation, including an expanded and accelerated use of the WHO International Classification of Diseases (ICD-11) to enable integration of evidence and data collection on TCIM.
5. Establish financing mechanisms to support initiatives of T&CM integration.
6. Develop evidence-informed clinical guidelines and care pathways incorporating TCIM approaches for specific health conditions and stages of life.
7. Include safe and effective TCIM across the care continuum and life course in essential health services packages, the national essential medicines list, and in pandemic preparedness plans.
8. Enhance the education and training of health care professionals in TCIM practices, safety considerations, and potential interactions with biomedical treatments.

**Actions for partners and stakeholders**

1. Support the establishment, evaluation and promotion of TCIM models of integration and international exchange among multidisciplinary practitioners.

2. Support the integration of safe and effective T&CM with reference to the health system building blocks and conduct regular evaluations of integration initiatives, while highlighting possible barriers.

3. Promote the research and inclusion of safe and effective TCIM interventions across the care continuum, including pandemic preparedness plans and life course approaches.

**Actions for the WHO Secretariat**

1. Conduct surveys and disseminate information on the identified integration models for achieving health and well-being.

2. Provide technical and policy support for integration based on the needs of Member States.

3. Facilitate information exchange among Member States, partners and stakeholders to support collaboration on integration.

4. Set up standardized indicators to enable monitoring of the access, coverage and utilization of TCIM practices and assessment of their safety and effectiveness.

5. Continue to develop and promote the series of WHO standard terminologies, WHO benchmarks for TCIM, and the WHO ICD-11 TM modules to support integration.


**7. IMPLEMENTATION OF THE STRATEGY**

**7.1 General comments on implementation**

The core principles of the strategy guide the implementation. To ensure achievement of the goal and objectives, it is necessary to regularly monitor and report on the implementation of the strategy.

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

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

- to support Member States in the implementation and adaptation of the strategy at country level, including the design and development of national indicators (based on the indicators in the strategy);
- to organize workshops and on-site studies in Member States across the regions to identify and share experiences and lessons learned in the implementation;
- to report regularly to the WHA on the implementation of the strategy for follow-up actions and decisions based on updated WHO surveys.
<table>
<thead>
<tr>
<th>Strategic objective</th>
<th>Overall target</th>
<th>Critical indicator</th>
<th>Direction</th>
<th>Target</th>
<th>Critical indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Optimize Optimize the cross-sector value of TCIM and empower communities through inclusive approaches.</td>
<td>50% of Member States recognize and promote TCIM knowledge and practices within cross-sector policies and programmes related to health, well-being societies, One Health or SDG initiatives. 80% of Member States provide a legal framework for protecting TMK and practices, particularly indigenous TMK, practices, and have a consumer education project for the safe and effective TCIM use and self-care.</td>
<td>Number of Member States recognizing TCIM knowledge and practices within cross-sector policies and programmes related to health, well-being societies, One Health or SDG initiatives. Number of Member States with a legal framework for the protection of TMK and practices, particularly indigenous TMK practices, and have a consumer education project for self-care.</td>
<td>1.1 Include TCIM in cross-sector policies and action plans for health, well-being societies, One Health and SDGs. 50% of Member States include and promote TCIM concepts, knowledge and practices within applicable cross-sector policies and programmes to improve health, well-being societies and One Health and the achievement of SDG.</td>
<td>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 SDG, with written output concerning TCIM.</td>
</tr>
<tr>
<td>1.2</td>
<td>Develop inclusive approaches and models for benefit-sharing of TMK and accessibility of TM services.</td>
<td>80% of Member States have a consumer education project or programme for safe and effective TM services.</td>
<td>1.2 Develop inclusive approaches and models for benefit-sharing of TMK and accessibility of TM services.</td>
<td>80% of Member States provide a legal framework for the protection of TMK, particularly indigenous TMK, and for accessing safe and effective TM services.</td>
<td>Number of Member States with a legal framework for the protection of TMK, particularly indigenous TMK, and for accessing safe and effective TM services.</td>
</tr>
<tr>
<td>1.3</td>
<td>Support informed choices of TCIM users with respect to safe and effective TCIM use and self-care.</td>
<td>80% of Member States have a consumer education project or programme for safe and effective TCIM use and self-care.</td>
<td>1.3 Support informed choices of TCIM users with respect to safe and effective TCIM use and self-care.</td>
<td>80% of Member States have a consumer education project or programme for safe and effective TCIM use and self-care.</td>
<td>Number of Member States with safe and effective TCIM use and self-care consumer education projects or programmes. Number of Member States with health consumer education projects or programmes including safe and effective TCIM use and self-care.</td>
</tr>
<tr>
<td>2</td>
<td>6.2 Strategic objective 2. Strengthen the evidence base for TCIM.</td>
<td>80% of Member States include TCIM in their national strategies/programmes for research, innovation and digital health.</td>
<td>Number of Member States that include TCIM in their national strategies/programmes for research, innovation and digital health.</td>
<td>2.1 Facilitate high-quality TCIM research through increased resource investment. 80% of Member States have national research programmes or packages, with dedicated and regularly increasing public financial support and related resources for TCIM research and innovation.</td>
<td>Number of Member States that have national research programmes or packages with dedicated and regularly increasing public financial support and related resources, including advanced technologies applicable to TCIM research and innovation.</td>
</tr>
<tr>
<td>Strategic objective</td>
<td>Overall target</td>
<td>Critical indicator</td>
<td>Direction</td>
<td>Target</td>
<td>Critical indicator</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------</td>
<td>-------------------</td>
<td>-----------</td>
<td>--------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>3</strong> Support the provision of quality and safe TCIM through appropriate regulatory mechanisms.</td>
<td>70% of Member States provide regulatory mechanisms for TCIM health products, practices and practitioners.</td>
<td>Number of Member States that provide regulatory mechanisms for TCIM health products.</td>
<td><strong>3.2</strong> Provide appropriate regulatory mechanisms for TCIM practices and practitioners.</td>
<td>80% of Member States have regulatory mechanisms for TCIM health products.</td>
<td>Number of Member States with a regulatory mechanism for TCIM health products.</td>
</tr>
<tr>
<td><strong>4</strong> Integrate T&amp;CM into health systems to support the achievement of UHC.</td>
<td>30% of Member States have fully integrated T&amp;CM into their national health system by 2029, and 60% by 2034. 80% of Member States include TCIM in strategies and action plans across the care continuum and life course.</td>
<td>Number of Member States that include TCIM in each strategy and action plan (in the form of benefit packages of care or intervention) across the care continuum and life course.</td>
<td><strong>4.1</strong> Incorporate TCIM into national and subnational health-related frameworks and policies for the integration of safe and effective T&amp;CM into the health system.</td>
<td>80% of Member States have a national and subnational policy framework for the integration of safe and effective T&amp;CM into health services and health system, in which 30% of Member States have fully integrated T&amp;CM in their national health system by 2029 and 60% by 2034.</td>
<td>Number of Member States that have a national and subnational policy framework for the integration of T&amp;CM into health services and health systems in which the number of Member States are classed as having fully integrated T&amp;CM. Number of Member States with a policy or programme for encouraging the training of</td>
</tr>
<tr>
<td>Strategic objective</td>
<td>Overall target</td>
<td>Critical indicator</td>
<td>Direction</td>
<td>Target</td>
<td>Critical indicator</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------</td>
<td>-------------------</td>
<td>-----------</td>
<td>--------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Number of Member States that include TCIM into at least three benefit packages of care or interventions in support of a strategy and action plan across the care continuum and life course.</td>
<td>Facilitate the integration of safe and effective T&amp;CM into health systems and services across the care continuum and life course.</td>
<td>A policy or programme in 80% of Member States encouraging the training of biomedicine health students in appropriate TCIM knowledge, and TCIM students in appropriate biomedicine knowledge.</td>
<td>30% of Member States have operationalized full integration of T&amp;CM into their national health system by 2029 and 60% by 2034. 80% of Member States operationalize the integration of T&amp;CM into health systems and services across the care continuum and life course for the achievement of health and well-being. 50% of Member States include TCIM interventions in their essential health services. A policy or programme in 80% of Member States encouraging the continuing training of biomedicine health professionals in appropriate TCIM knowledge, and TCIM professionals in appropriate biomedicine knowledge.</td>
<td>Number of Member States that include TCIM interventions in their essential health services. 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.</td>
<td>Number of Member States that operationalize the integration of T&amp;CM into health systems and services across the care continuum and life course for the achievement of health and well-being and the number of Member States with full integration of T&amp;CM into health systems. Number of Member States that include TCIM interventions in their essential health services. 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.</td>
</tr>
</tbody>
</table>
Abbreviations: TCIM, traditional, complementary and integrative medicine; SDG, Sustainable Development Goal/s; TMK, traditional medical knowledge; TM, traditional medicine; T&CM, traditional and complementary medicine; UHC, universal health coverage.
REFERENCES

8. Regional framework for harnessing traditional and complementary medicine for achieving health and well-being in the Western Pacific. Manila: World Health Organization Regional Office for the Western Pacific; 2022


Resolution WHA76.16. The health of Indigenous Peoples. Seventy-sixth World Health Assembly. Agenda item 16.3. Geneva: World Health Organization; 2023 (WHA76.16 The health of Indigenous Peoples (who.int)).


