Health Heritage Innovations Open Call (H2I)

Concept Note

The Health & Heritage Innovations Open Call is an initiative of the WHO Global Traditional Medicine Centre to identify and overcome scientific and technical barriers that limit the scale-up of Traditional Medicine (TM) for improved health equity and sustainability. By supporting start-ups, research institutions, Indigenous & Traditional knowledge holders, community organizations, ethical manufacturers, and governments, this Open Call seeks to nurture new models, pilots, partnerships, and policies—enabling a diverse evidence base—to bring innovative TM solutions to the global stage. Through regional and global pathways, each WHO Region will review and shortlist proposals, selecting three finalists per region, with a further three innovations recognized for their global potential and impact—totaling 21 awardees, each selected to receive a Health Heritage Innovations Enterprise and Acceleration Package, a multi-dimensional ecosystem of support. The winners will be announced at the WHO Global Summit on Traditional Medicine, 17–19 December 2025.

Background & Rationale

Traditional Medicine (TM) and Indigenous health wisdom comprise dynamic systems of knowledge, innovation, and validation, refined through centuries of community experience, adaptation, and stewardship. These systems offer crucial resources for addressing unmet health needs and fostering universal health coverage, but their potential has been constrained by historic under-investment in research, innovation ecosystems, and cross-sectoral collaborations.

The Health & Heritage Innovations Open Call aims to catalyze, support, and showcase innovations rooted in TM and Indigenous knowledge, recognizing both scientific validation and traditional forms of evidence. This approach is guided by the principles of the WHO Traditional Medicine Strategy and the Gujarat Declaration, which emphasize mutual respect, inclusive dialogue, and the co-existence of diverse epistemologies. By creating opportunities for exchange between TM and rapidly advancing fields—such as genomics, bioinformatics, AI, cell biology, digital innovation, and evolving collaborative practices, the initiative seeks to promote both integration within scientific frameworks and the respectful acknowledgment of TM's own well-established methods of validation and impact.

The Call addresses persistent barriers such as limited platforms for collaboration, gaps in translational funding, and insufficient visibility of TM-led and community-driven innovations. It seeks not only to advance technological and scientific progress but to enable holistic models, evidence-based policy frameworks, and culturally attuned solutions that reflect shared values of health equity, sustainability, and pluralism in knowledge creation.

Objective

The Health and Heritage Innovations Open Call aims to identify and support innovations that strengthen TM systems as living, dynamic contributors to health equity and sustainability. It prioritizes approaches

that are culturally sensitive, community-engaged, and aligned with the principles of mutual respect between knowledge systems, as outlined in the WHO Traditional Medicine Strategy and the Gujarat Declaration. The priority is to foster approaches that are culturally grounded, respectful of traditional evidence systems, and that promote fair benefits for all stakeholders.

It seeks initiatives that may, where relevant, draw on science, policy, community-led approaches, and/or technology. The focus is on solutions that:

> a. Improve accessibility and intergenerational transmission of TM knowledge and practices, including through education, documentation, and community capacity building.

> b. Enhance the ability to demonstrate effectiveness in ways that are understandable to a broad range of stakeholders, including through potential or suitability for scientific assessment, without diminishing the value of traditional evidence and methods of knowledge validation within TM systems.

> c. Expand TM's positive impact on individual and community health, societal well-being, and biodiversity conservation, ensuring that innovations safeguard cultural integrity, respect intellectual heritage, and promote fair and ethical benefit-sharing.

The Call will prioritize innovations that:

- Advance universal health coverage by expanding access to safe, effective, and culturally appropriate TM-based interventions.
- Address unmet population health needs, especially where TM offers unique or complementary solutions.
- Demonstrate potential or suitability for scientific assessment while fully valuing traditional forms of knowledge, evidence, and practice.
- Uphold the sustainability of local resources and protect the integrity and intellectual heritage of TM knowledge systems.
- Promote equitable benefit-sharing models, both globally and locally, ensuring fair partnerships with communities and knowledge holders.
- Support evidence-informed decision-making by providing diverse forms of reliable information to policymakers, practitioners, and the public.

Types of Innovations

For the purposes of the Health & Heritage Innovations Open Call, innovation refers to any new, adapted, or reimagined approach that strengthens Traditional Medicine (TM) systems, expands their positive impact on health and sustainability, and is developed in ways that respect cultural integrity and equitable benefit-sharing.

Innovation can arise entirely within TM systems—by applying traditional knowledge and practices to new situations—or at the interfaces between TM and other fields such as modern science, emerging technologies, public health policy, or sustainable development. It may build on centuries-old wisdom,

adapt existing methods for new contexts, or combine diverse knowledge systems in respectful and equitable ways. Examples (non-exhaustive) of Innovations sought through this Call may be:

- Product-based — e.g., traditional formulations adapted into new dosage forms; development of safe, effective herbal products; integration of long-standing remedies into sustainable delivery formats.
- Technological — including devices, diagnostics, or non-invasive tools informed by TM principles; AI or digital solutions applied to TM health records, decision support, or predictive analytics; and organoid models facilitating in-depth research in TM.
- Process or practice-oriented — modernization and advancement of TM diagnostic or therapeutic procedures (e.g., Panchakarma, acupuncture, cupping) while preserving core principles; improved patient treatment documentation and follow-up systems; and culturally attuned care models.
- Social and educational — innovative training approaches for TM practitioners; intergenerational transmission of TM knowledge through schools, communities, or digital platforms; community-led models for healthcare delivery.
- Biodiversity and sustainability-focused — safeguarding endangered medicinal plant species; cultivation innovations to ensure sustainable and ethical sourcing; ecosystem-based approaches that align with TM practice.
- Knowledge documentation and governance — new approaches to recording, protecting, and managing TM knowledge, including legal and policy models that safeguard intellectual heritage and promote fair benefit-sharing.
- New models of collaboration and entrepreneurship — community-based and enterprise networks that unite TM practitioners, researchers, and startups to co-develop and scale TM products and services; these models support business incubation, market access, skills development, and equitable benefit-sharing, fostering the growth of national, regional, and global TM enterprises with transformative economic impact.

This Open Call deliberately keeps its definition of innovation broad and inclusive to encourage creativity, cross-sectoral learning, and solutions that are relevant to diverse cultural and health contexts.

Target Participants & Eligibility

Eligibility for the Health & Heritage Innovations Open Call is inclusive and cross-sectoral, encouraging a wide range of applications while safeguarding cultural integrity, equity, and ethical engagement. For example — but not exclusively — applicants may be:

- An individual innovator or practitioner.
- A for-profit or not-for-profit organization operating in the fields of TM, public health, biomedical sciences, pharmacology, regulatory science, epidemiology, policy science, environmental science, or related areas.

- An Indigenous knowledge holder, healer, or community-based organization originating, stewarding, or adapting innovations rooted in traditional health practice, biodiversity use, or community wellness.
- An academic consortium or research institution working in genomics, bioinformatics, sustainable pharmacology, preclinical or clinical studies (including mechanism-of-action research, cell and whole-animal models) or digital / technology innovation relevant to TM.
- A start-up or SME developing AI, digital health, or "deep tech" tools applied to TM (such as digital diagnostics, TM data science, mental health applications, nutraceuticals, phytopharmaceuticals, or biosensors).
- An enterprise or manufacturer scaling up sustainable, certified, and ethically produced TM products and services.
- Policy innovators and cross-sector partnerships developing ready-for-market pilots, policy models, or enabling frameworks for TM.

Special Eligibility Criteria for Corporations / Large Enterprises

To ensure ethical participation and alignment with WHO safeguards, corporate applicants must:

- Demonstrate decent standards of corporate social responsibility in relation to biodiversity, labour practices, local communities, and environmental sustainability, in line with the WHO Environmental and Social Safeguards Framework (ESSF).
- Show a documented link of at least two years with a specific TM system, community of origin, or lineage of knowledge.
- Provide evidence of equitable partnerships with TM knowledge holders.
- Make a formal written commitment not to patent or commercialize any traditional knowledge without full prior informed consent and fair benefit-sharing in accordance with relevant national laws, the Nagoya Protocol (where applicable), and WHO principles.
- Submit disclosure of IP intentions and confirm compliance with international IP standards and frameworks for TM knowledge protection, in collaboration with WIPO and WHO.
- Applicants from large corporations or pharmaceutical companies must provide exceptional justification for their alignment with the Open Call's values and objectives.

Prioritization

While the Call is open to all eligible applicants, priority consideration will be given to:
- Proposals that would have transformative impact in lower-resource settings;
- Individual TM practitioners or small collectives;
- TM and Indigenous organizations;
- Indigenous Peoples and Local Communities groups;
- Non-profits, cooperatives, and social enterprises;

Confidentiality & IP Protection

To protect applicants and knowledge holders:

- Applicants will be required to indicate how IP will be managed, including evidence of prior informed consent from communities where traditional knowledge is used.
- All reviewers and evaluators will adhere to confidentiality agreements and data protection protocols.
- Submissions will not be disclosed publicly without the applicant's consent, and any sensitive traditional knowledge will be handled in accordance with WHO ethical and legal standards.

Health Heritage Innovations Enterprise and Acceleration Package

The selected innovators will receive a tailored package of support designed to accelerate enterprise building, innovation scaling, and global integration. This package includes:

Selection & Showcasing

- **Regional and Global Pathways:** Each WHO Region will shortlist three finalists, complemented by three global finalists, totaling 21 innovators.
- **Global Recognition:** Finalists will be announced and showcased at the WHO Global Summit on Traditional Medicine (17–19 December 2025).
- **Global Visibility:** Regional and global finalists will receive visibility through WHO communication channels, media briefings, and opportunities to present to policymakers, investors, and scientific peers.

Awards and Resources

- **Funding and Attendance Support:** Each finalist receives financial support designed to enable participation at the WHO Summit and access to acceleration activities tailored to their innovation journey.
- **Visibility Platforms:** Presentations at high-profile global events and inclusion in the WHO GTMC's Health & Heritage Innovation Portfolio to enhance credibility and outreach.

Acceleration & Mentorship

- **Structured Acceleration Program:** Up to 12 months of expert mentorship covering TM science, public health, entrepreneurship, product development, ethics, and regulatory navigation.
- **Incubation and Validation Support:** Refinement of prototypes, strengthening evidence for scientific assessment, and building sustainable delivery models.
- **Partnership Brokering:** Connection to potential funders, public–private networks, and global health agencies to foster growth opportunities.
- **Regulatory and Quality Guidance:** Assistance navigating digital compliance, safety, quality standards, and national approvals for health system integration.
- **Access to Innovation Ecosystems:** Inclusion in TM research registries, digital libraries, certification channels, innovation hubs, and knowledge-exchange networks facilitated by WHO.

Timeline

- **20 September 2025: Challenge Call Launch**
- **20 October 2025: Application Deadline**
- **20 November 2025: Pitch & Selection**
- **17-19 December 2025: Global Showcase at WHO Global Summit on Traditional Medicine**

Selection Criteria

Assessment Tools and Criteria

A standardized, adaptable rubric based on the attached criteria will guide reviewers to score each innovation fairly and systematically. Assessments will be evidence-based and domain-sensitive as follows:

1. Scientific Validation & R&D Merit

- *Novelty/Originality:* Scientific/technological uniqueness and advances in TM.
- *Evidence Base:* Quality and type of evidence, respecting multiple epistemologies:
    - Mechanistic/biological, preclinical, or clinical studies where applicable.
    - Culturally legitimate TM evidence such as community endorsement, intergenerational transmission, oral histories, and lineage-based practices, supported by cultural documentation.
- *Unmet Need:* Clear linkage to existing gaps in care, practice, or regulation.
- *Safety & User Acceptability:* Demonstrated/supported safety and engagement with end-users.

Domain-Specific Additions:

- *Product innovations:* Mechanistic plausibility, robust preclinical/clinical/traditional/Indigenous use data.
- *Interventions:* Pilot clinical data or clearly documented historical/traditional use.
- *Policy/Tech:* Addressing regulatory evidence gaps, technological feasibility.

2. Health/Economic Impact Potential

- *Potential Health Outcomes & Market Readiness:* Ability to meaningfully improve targeted health or wellness indicators and demonstrate market potential, including feasibility of reserving IP rights where appropriate and ethical.
- *Cost-Effectiveness:* Relative costs/benefits, resource utilization efficiency.
- *Scalability:* Viability for broader adoption, potential for population-level impact.

Domain-Specific Additions:

- *Products & Interventions:* Therapeutic efficacy, disease burden reduction, population health impact.
- *Policies/Tech:* System efficiencies, equity gains, improved access, and operational benefits.

3. Sustainability Assessment

- *Resource Requirements:* Responsible, ethical, and sustainable sourcing and production.
- *Ecological Impact:* Minimal environmental and biodiversity risk; emphasis on circularity.
- *Socio-Cultural Compatibility & Benefit-Sharing: Cultural fit, community acceptance, respectful engagement, and a transparent benefit-sharing plan with fair compensation to source communities where relevant.*
- *Ethical Alignment:* Compliance with ethical, legal, and digital equity standards.

Domain-Specific Additions:

- *Products:* Raw material sustainability, supply chain integrity.
- *Community interventions:* Cultural resonance, participatory benefit sharing.
- *Technology:* Digital equity and accessibility; minimal ecological footprint.

Inclusivity

- **Global Reach**: Open to participants across all regions, prioritizing underrepresented and indigenous voices.
- **Multimodal Evidence:** Equal respect for scientific, clinical, and validated traditional knowledge sources..
- **Regional, Gender, and Social Equity:** Focus on inclusive and just innovation.
- **Participatory Governance:** Evidence that Indigenous or local communities are co-authors, custodians, or direct partners in design, implementation, and benefit-sharing. .

Follow-Up & Impact Tracking

Awardees will commit to:
- Periodic progress reports over a 12-month post-award period.
- Participation in WHO-facilitated learning exchanges and global knowledge-sharing platforms.
- Documenting health, economic, and social impact metrics agreed at the outset

Reviewer Panel Composition
The Reviewer Panel will be regionally representative and operate under WHO's conflict-of-interest and confidentiality rules. Submissions will be evaluated by a multi-disciplinary international panel comprising:
- Traditional Medicine experts (including Indigenous knowledge holders)
- Public health & biomedical scientists
- Regulatory and IP specialists
- Sustainability and biodiversity experts
- Social scientists and ethics experts

Application Form

Section 1: Applicant Details

- Applicant name(s) and contact
- Organization/institution (if applicable)
- Country and WHO region
- Applicant profile (Individual, Startup, Industry, Academy, Institution, Government department, TM / Indigenous Organization, Indigenous People's Community Group, Not for profit, Cooperative, Social enterprise, Cross-sectoral partnership)

- **Declaration of Interest and Confidentiality Undertaking**
  All applicants must sign and submit a Declaration of Interest and a Confidentiality Undertaking prior to their submissions being considered for evaluation. This requirement ensures transparency, protects proprietary information, and upholds the integrity of the evaluation process in accordance with WHO policies.

Section 2: Innovation Overview

(Maximum 500 words)

- Project/initiative title
- Innovation category: Please select one category under which your innovation should be evaluated. This choice will guide the assessment process. The available categories are:
  - Products
  - Practice / Interventions
  - Technology
  - Policies
- In no more than 100 words, please explain why you believe your application matches this call and the chosen category.
- Innovation stage or readiness (concept, pilot, market-ready, scaling)
- Rationale for advancing this innovation: Briefly explain why it should proceed further now—what gap, challenge, or opportunity does it address, and why is it timely?

Section 3: Scientific Merit & R&D

(Maximum 500 words; plain-language acceptable)

- Summarize innovation's novelty/originality
- Detail the evidence base: This may include mechanistic, preclinical, clinical studies and/or culturally legitimate traditional evidence (knowledge based on TM systems, Indigenous practices, community endorsement, intergenerational transmission, oral histories, lineage-based practices).
- Articulate the unmet health, policy, or scientific need addressed
- State and provide evidence of safety, user acceptability, and feasibility

Section 4: Health/Economic Impact Potential

(Maximum 500 words)

- Specify target health outcomes and potential for improvement
- Outline cost-effectiveness, resource utilization, and broad population or system benefits
- Address scalability: potential for large-scale implementation or adaptation

- If applicable, outline market potential and capability/readiness to protect and manage intellectual property appropriately.

Section 5: Sustainability & Ethics

(Maximum 300 words)

- Describe resource needs and supply chain sustainability
- Outline ecological impact and measures to reduce harm
- Explain socio-cultural and community fit, participation, and transparent benefit-sharing with source communities where relevant.

Describe alignment with WHO's Gender, Equity and Human Rights principles

Section 6: Additional Information

(Maximum 300 words)

- Current and sought partnerships or collaborations.
- Types of regulatory, technical, or commercialization assistance, needed.
- Intellectual Property (IP) Plans: Explain current or intended approach to IP protection, including prior informed consent and benefit-sharing measures if traditional knowledge is involved.
- Gender, equity, and inclusion considerations — explain how your innovation addresses these dimensions in design, implementation, and potential impact, in line with WHO's gender, equity, and human rights approach.

Section 7: How to Apply

- Interested applicants must submit their completed application by email to tmcentre@who.int or through the online application form, which is available at https://extranet.who.int/dataformv6/index.php/719151?lang=en no later than Close of Business (CET) on 20 October 2025. The email subject line should include "H2I submission" followed by the country of the inventor and the selected innovation category (e.g., "H2I submission – Kenya – Technology"). Applications received after the deadline or with incomplete subject lines may not be considered. Individual applicants may submit only one application. Other entities (such as organizations, consortia, or enterprises) may also submit multiple applications, ensuring each represents a substantively distinct innovation.
- For any questions regarding the application process, please contact Dr Zewdneh SABE, Technical Officer, WHO GTMC, at zewdneh.sabe@who.int. Response to queries can be expected within 5 working days.