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**Traditional, Complementary and
Alternative Medicines and Therapies**

*Evaluation Plan of Work 2000-2001 and
Plan of Work 2002-2003*

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BACKGROUND

In 1999, the PAHO-WHO Working Group on Traditional, Complementary and Alternative Medicines and Therapies was carried out. It was a joint activity between the PAHO's Division of Health Systems and Services Development and the WHO's Traditional Medicine Team, Department of Essential Drugs and Medicine Policies.

The participants to this Working Group recommended promoting activities that support the better knowledge of the traditional, complementary and alternative medicines and therapies to identify strategies to contribute to the organization and delivery of comprehensive and culturally appropriate health systems and services in the Americas.

The participants also recommended to strengthen the collaboration between WHO-HQ and PAHO and to enhance coordination between PAHO and the WHO Collaborating Centers in traditional medicine, especially those in the Region of the Americas. The Centers are the University of Illinois at Chicago (UIC), and The National Center for Complementary and Alternative Medicine of the National Institutes of Health (NCCAM-NIH).

The topic of indigenous medicine of the Americas, as a cultural expression of the peoples, deserved special consideration in recognition to its contributions to the health of the population.

Since 1993, PAHO's work on indigenous medicine has been carried out under the framework of the Health of the Indigenous Peoples Initiative. The Health of the Indigenous Peoples Initiative signifies a commitment by PAHO and Member States to work with indigenous peoples to improve their health and well being.

In 1997, Resolution CD37.R5 was approved and ratified through Resolution CD40.R6. This Resolution calls to the attention of Member States that renewal of the goal of health for all requires that sustainable solutions are found to address the economic, geographic, and cultural barriers to adequate care for vulnerable groups, including indigenous peoples.

During 2000-2001 the Plan developed by the working group in November 1999, which included activities integral to implementing the Health of Indigenous Peoples Initiative was carried out. The specific areas of work included:

- Herbal Medicine,
- Indigenous Medicine and
- Traditional, Complementary and Alternative Medicines and Therapies.

Major activities during the 2000-2001 period included a Regional workshop on Regulation of Medicinal Plants held in Jamaica in November 2000, a Regional workshop on National Policy on Traditional, Complementary and Alternative Medicine and the implementation of the project, Promoting Indigenous Medicine in Primary Health Care.

The Region also participated in the development of the Global Strategy for Traditional Medicine in WHO presented in Annex A and the global meeting held in Ottawa, Canada to develop a second Monograph on Medicinal Plants.

An evaluation of the activities carried out as part of the 2000-2001 Plan and proposal for a new Plan of Work for 2002-2003, maintaining the same specific areas but within the framework of the Global Strategy for Traditional Medicine, is provided. The document is intended to form the basis for resource mobilization as well as to be the foundation for arranging joint efforts with existing and proposed WHO Collaborating Centers in Traditional Medicine.

1. EVALUATION OF PLAN OF WORK 2000-2001

1.1 HERBAL MEDICINE

1.1.1 WORKSHOP ON REGULATION OF MEDICINAL PLANTS

The workshop on Regulation of Medicinal Plants was held in Jamaica in November 2000. Regulators from eleven different countries participated at the meeting. A background document was prepared for the meeting. Participants analyzed the status of regulation of medicinal plants in the Region. Recommendations from the group include:

- the promotion of regulation of herbal products;
- the establishment of a surveillance program on herbal products,
- and the establishment of a working group on herbal medicine as part of the Pan American Network on Drug Regulatory Harmonization Initiative.

The group also agreed on a set of minimum requirements for herbal product registration. The report is available in English and Spanish through the PAHO Web site.

1.1.2 OTHER ACTIVITIES IN HERBAL MEDICINE

Translation of WHO document about the regulatory situation of herbal medicine was completed. More than 500 copies were distributed in the Region and in Spanish speaking countries in other regions.

Information about the regulatory situation of herbal medicine within AMRO Member States was updated.

The background document for the workshop on Herbal Medicinal Plants was prepared.

The gathering and dissemination of general and evidence based information is an ongoing activity.

1.2 INDIGENOUS MEDICINE

The following activities were proposed in the area of indigenous medicines and therapies for 2000–2001:

- Disseminate English and Spanish version of the Inventory on Traditional Medicine.
- Gather and disseminate general and evidenced-based information.
- Formulate and implement project 2000: "Frameworks for the promotion of the indigenous medicine and therapies in primary health care".

The evaluation of these activities is summarized as follows:

1.2.1 *DISSEMINATE ENGLISH AND SPANISH VERSION OF THE INVENTORY ON TRADITIONAL MEDICINE*

The inventory was published as "Traditional Health Systems in Latin America and the Caribbean: Baseline Information" and included as document No 13 in the Health of the Indigenous Peoples Series. English and Spanish versions are available and have been disseminated to all the PAHO/WHO Documentation Centers and to people and institutions that have requested them.

1.2.2 *GATHER AND DISSEMINATE GENERAL AND EVIDENCED-BASED INFORMATION*

In addition to the Health of the Indigenous Peoples Initiative list of publications, 223 (two hundred twenty three) documents in English and Spanish on indigenous medicines and therapies have been included in the Electronic Database on Health of the Indigenous Peoples. The Database is available for users of the Internet in the following address: www.paho.org/spanish/hsp/hso/dbshow.asp.

1.2.3 *FORMULATE AND IMPLEMENT PROJECT 2000: "FRAMEWORKS FOR THE PROMOTION OF THE INDIGENOUS MEDICINE AND THERAPIES IN PRIMARY HEALTH CARE"*

The project aimed to systematize information in countries on specific indigenous health systems i.e., Mapuche medicine, Maya medicine, Aymara medicine, Nahuat medicine, Miskito medicine, Amazon medicine. Six case studies were conducted on specific health systems with the following indigenous peoples: Garífuna from Honduras; Mapuche from Chile; Mayan from Guatemala; Ngöbe-Buglé from Panama; Náhuat Pipil from El Salvador; and Quechua from Peru. The studies were published in the Health of the Indigenous Peoples Series and are available through the PAHO WEB. The El Salvador case was also published in the Series: Pueblos Indígenas, Salud y Condiciones de Vida en El Salvador.

Based on the results of the case studies and of the Regional Workshop, a working document called "Harmonization of Indigenous Health Systems with the Conventional Health System: Strategies for Incorporating Indigenous Perspectives, Medicines, and Therapies into Primary Health Care" was prepared. The document, currently under review, is available in English and Spanish.

The preparation of the case studies presented an important opportunity for the participating countries and PAHO to identify strengths and challenges in the articulation between the conventional and indigenous health systems. The process was modified because funding was not available for national workshops to socialize the results of the studies in all cases. A workshop was held in El Salvador with participation by indigenous leaders from Ecuador to analyze the experiences in those two countries and contribute to the ongoing transformation of the services in El Salvador with an intercultural approach. Further efforts will focus on supporting national processes in countries that have an interest in the recognition of medicines and indigenous therapies in primary health care.

A partnership was developed with Pro-Cultura, an NGO with extensive experience in promoting the recognition of the contribution of indigenous cultures and indigenous medicines to societies around the world. They provided funding and technical support for the Workshop on Promotion of Indigenous Medicines and Therapies in Primary Health Care. They also proposed the incorporation of several of the case studies and a workshop for the review of the document on strategies for the harmonization of the indigenous health systems and the conventional health system in the Conference "Indigenous Medical Traditions of the Americas". The conference, which was postponed from November 2001, is now planned for November 14-17, 2002. More information on the Conference can be obtained through the WEB at www.procultura.org.

The implementation of the different stages of the project contributed to enhance the comprehension of aspects to take into account challenges in the achievement of the harmonization of the indigenous and conventional health systems. The 6 case studies respond to the need for presenting evidence-based information and to identify best practices. It is worth reiterating the importance of continuing the support for the processes under way in the countries in the generation of culturally appropriate models of health care that consider indigenous medicines and therapies as important health resources.

1.3 TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE MEDICINES AND THERAPIES

The specific activities planned in this area were:

- Dissemination of information to countries.
- A workshop on national policy on traditional, complementary and alternative medicine in 2002.

1.3.1 DISSEMINATION OF INFORMATION TO COUNTRIES

Countries continue to request information through PAHO country offices. Materials provided by the Global Program are disseminated and some requests are forwarded to one or more WHO Collaborating Centers depending upon the nature of the request. See Web Sites

- WHO
- PAHO

- University of Illinois at Chicago, School of Pharmacy
- NIH-National Center for Complementary and Alternative Medicine

1.3.2 WORKSHOP ON NATIONAL POLICY ON TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE MEDICINE

The objective of the workshop held in Guatemala in March 2001 was to know about the policies, regulations, plans and programs related to alternative and complementary medicine and practices in selected countries of the PAHO Region. More than 40 participants attended from 11 countries representing Ministries of Health, universities, indigenous organizations, health and development NGO's, WHO, PAHO, and WHO/PAHO Collaborating Centers.

The current status, advances/best practice and unresolved issues of traditional and complementary medicine in member states were brought forth during the country presentations. The details of the country experiences together with the specific recommendations are reflected in the report. The report in English and Spanish is available through the PAHO Web site.

1.4 OTHER ACTIVITIES AND ACCOMPLISHMENTS DURING 2000-2001

- Dissemination of the experience of ESSalud in Peru on the cost effectiveness of traditional and alternative therapies within the health system.
- Supporting Bolivia's work to develop and strengthen Associations of Traditional Healers in an effort to implement the Basic Health Insurance Package for indigenous peoples which includes 10 procedures which can be provided by certified traditional healers and 36 herbal and natural products to be approved for use in primary health care.
- Traditional medicine added to the definition of health sector for the Health Sector Analysis methodology. It had been previously specifically excluded. Guidelines are to be developed to facilitate the analysis in countries where traditional medicine is an important resource.
- Established a partnership with the organizers of the annual Italian-Latin American Congress on ethno medicine and participation in the meeting held in Margarita, Venezuela in September 2001.
- Preparation of content on traditional medicine for a section in Health in the Americas for 2002. A paper on non-institutional health care including traditional medicine will be used as background for a position paper on the delivery of health services.
- Participation in the 3rd WHO Consultation on selected Medicinal Plants and the Informal Meeting on Methodologies for Quality Control of Finished Herbal Products held in Ottawa in 2001 meeting -participants from Brazil Argentina, USA and Canada.
- Re-designation of the WHO Collaborating Center in Traditional Medicine at the University of Illinois in Chicago.

- Discussions are ongoing for the re-designation of the Collaborating Center at the Center for Traditional, Complementary and Alternative Medicine at NIH.
- Discussions with ESSalud in Peru and University of Panama regarding possible areas of work to become WHO Collaborating Center.
- Information on PAHO's Web Page.

1.5 LIMITATIONS FOR ONGOING WORK

- Financial.
- Lack of expertise in specific areas of traditional, alternative and complementary therapies in Regional and Country offices to be able to respond to country needs.
- Inconsistent decisions on whether the Region should be proactively working in an area which is somewhat controversial with regard to the science base for supporting technical cooperation.
- Lack of WHO Collaborating Centers in Latin America.
- Persons selected to attend Regional meetings by countries do not always have the needed background or links to the international community.

2. PLAN OF WORK FOR 2002 – 2003

Considering the lessons learned in the implementation of the Plan of Work 2000-2001 and the recommendations of the Regional meetings that have been held, a modest Plan of work for 2002-2003 is proposed for implementation as funds become available.

It is organized around the same 3 areas:

- Herbal Medicine
- Indigenous Medicine
- Traditional, Complementary and Alternative Medicines and Therapies

2.1 HERBAL MEDICINE

- Follow up to the proposal presented to WHO by AMRO/ Bolivia and El Salvador for an inventory of medicinal plants to be used in primary care.
- Regional workshop on herbal product regulatory harmonization. August 2002.

- Joint meeting of Herbal Product and Good Clinical Practice Working Groups to review GCP in conducting research in medicinal plants. May 2003.
- Initiate a database on clinical research using herbal medicine in prevention and control of prevalent health problems.
- Updating the Regulatory Situation of Herbal Medicines: a Worldwide Review. Publication under the responsibility of WHO/TRM. AMRO will collaborate in collecting information from the Americas.
- Support the development of project proposals and mobilizing resources.
- Identify institutions in Latin America which are Centers of Excellence in work on medicinal plants and explore interest in working with PAHO/WHO in implementing this Plan of Work and eventually become WHO Collaborating Centers for Traditional Medicine. Existing Centers will contribute to the Plan of Work.

2.2 INDIGENOUS MEDICINE

2.2.1 GATHER, DOCUMENT, AND DISSEMINATE GENERAL AND EVIDENCE BASED INFORMATION ON INDIGENOUS MEDICINES AND THERAPIES.

Support the countries in strengthening their technical capability to implement operational research studies to assess the contributions of indigenous medicines and therapies to the population's health.

Formulate and implement the Project 2002: "Recognizing the contributions of indigenous medicines and therapies in primary health care". See Annex B.

Collaborate with Pro-Cultura in the organization of the conference, Indigenous Medical Traditions in the Americas. Launch the WHO Traditional Medicine Strategy.

2.3 TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE MEDICINES AND THERAPIES

- Support organization of World Congress of Natural medicine to be held in La Paz, Bolivia March 2002 and publication of the Proceedings.
- Coordinate implementation of the Kobe Center Project to create the Global Atlas of Traditional Medicine. Identify Centers to support country and Regional data collection.
- WHO sponsored cost-effectiveness studies in 2 countries (Cuba, Peru, Jamaica, Guatemala or Chile). To target countries with both rural and urban populations. Look at what is used, what is valued, how and why integrated. To begin 2002 for 2-3 years. In collaboration with Yale.

- Meeting of Italian-Latin American Ethno medicine in Pavia, Italy in September 2002 and in Rio de Janeiro in 2003. Explore possibility of holding a work group to propose Plan for 2004-2005 in conjunction with this conference.
- Regional Workshop on Traditional, Alternative and Complementary Medicines for the care of patients with HIV-AIDS. In 2003. Inventory of work underway in the Region including clinical research, cost-effective analysis, health service delivery, regulatory issues etc. Literature review and/or annotated Bibliography.
- Data base of experts, institutions and projects underway. Web Page. Links with other Web Pages.

ANNEX A: WHO PRIORITY ACTIONS IN THE FIELD OF TRADITIONAL AND COMPLEMENTARY/ALTERNATIVE MEDICINE 2001-2005

Objectives	Components	Expected outcomes
POLICY: Integrate TM/CAM with national health care systems, as appropriate, by developing and implementing national TM/CAM policies* and programmes.	1. Recognition of TM/CAM Help countries to develop national policies and programmes on TM/CAM.	1.1 Increased government support and recognition of TM/CAM, through comprehensive national policies on TM/CAM. 1.2 Relevant TM/CAM integrated into national health care system services.
	2. Protection and preservation of indigenous TM knowledge relating to health Help countries to develop strategies to protect their indigenous TM knowledge.	2.1 Increased recording and preservation of indigenous knowledge of TM, including development of digital TM libraries.
SAFETY, EFFICACY AND QUALITY: Promote the safety, efficacy and quality of TM/CAM by expanding the knowledge base on TM/CAM, and by providing guidance on regulatory and quality assurance standards.	3. Evidence base for TM/CAM Increase access to and extent of knowledge of the safety, efficacy and quality of TM/CAM, with an emphasis on priority health problems such as malaria and HIV/AIDS.	3.1 Increased access to and extent of knowledge of TM/CAM through networking and exchange of accurate information. 3.2 Technical reviews of research on use of TM/CAM for prevention, treatment and management of common diseases and conditions. 3.3 Selective support for clinical research into use of TM/CAM for priority health problems such as malaria and HIV/AIDS, and common diseases.
	4. Regulation of herbal medicines Support countries to establish effective regulatory systems for registration and quality assurance of herbal medicines.	4.1 National regulation of herbal medicines, including registration, established and implemented. 4.2 Safety monitoring of herbal medicines and other TM/CAM therapies.
	5. Guidelines on safety, efficacy and quality Develop and support implementation of technical guidelines for ensuring the safety, efficacy and quality control of herbal medicines and other TM/CAM products and therapies.	5.1 Technical guidelines and methodology for evaluating safety, efficacy and quality of TM/CAM 5.2 Criteria for evidence-based data on safety, efficacy and quality of TM/CAM therapies.

Objectives	Components	Expected outcomes
ACCESS: Increase the availability and affordability of TM/CAM, as appropriate, with an emphasis on access for poor populations.	6. Recognition of role of TM/CAM providers in health care Advocate recognition of TM/CAM providers in health care by encouraging interaction and dialogue between TN/CAM providers and allopathic practitioners.	6.1 Criteria and indicators, where possible, to measure cost-effectiveness and equitable access to TM/CAM. 6.2 Increased provision of TM/CAM through national health services. Increased number of national organizations of TM/CAM providers.
	7. Protection of medicinal plants Promote sustainable use and cultivation of medicinal plants.	7.1 Guidelines for good agriculture practice in relation to medicinal plants. Sustainable use of medicinal plant resources.
RATIONAL USE: Promote therapeutically sound use of appropriate TM/CAM by providers and consumers.	8. Proper use of TM/CAM by health providers Increase capacity of TM/CAM providers to make proper use of TM/CAM products and therapies.	8.1 Basic training in commonly used TM/CAM therapies for allopathic practitioners 8.2 Basic training in primary health care for TM practitioners
	9. Proper use of TM/CAM by consumers Increase capacity of consumers to make informed decisions about use of TM/CAM products and therapies	9.1 Reliable information for consumers on proper use of TM/CAM therapies 9.2 Improved communication between allopathic practitioners and their patients concerning use of TM/CAM

*With the exception of China, the Democratic People's Republic of Korea, the Republic of Korea and Viet Nam, such integration has nowhere taken place. In some countries national assessment will therefore be needed to ascertain which TM/CAM modalities can be best integrated into the national health care.

ANNEX B: PROJECT 2002-2003

"RECOGNIZING THE CONTRIBUTIONS OF INDIGENOUS MEDICINES AND THERAPIES IN PRIMARY HEALTH CARE"

Project duration: 24 months

Objectives:

- Systematize processes followed by Ecuador and Panama in the official recognition of indigenous medicines and therapies.
- Document contributions of indigenous medicines, therapies in primary health care.
- Develop instruments and methodologies to understand safety and efficacy of indigenous medicines and therapies use within the framework of harmonization of the indigenous and conventional health systems.

Proposed Activities:

- Analyses of the processes that determined the official recognition of indigenous medicines and therapies in Ecuador and Panama.
- 2 case studies in each participating country to document indigenous medicines and therapies contributions in economic terms using the protocols formulated by WHO.
- case studies on patients and/or communities benefited by indigenous medicines and therapies in each participating country.
- Preparation of training modules on indigenous medicines and therapies.
- Preparation of protocols, methodology, and instruments to understand indigenous medicines and therapies safety and efficacy.
- Technical Workshop to present project results.

Expected Results:

- Frameworks and strategies for the formulation and implementation of legal frameworks for the official recognition of indigenous medicines and therapies.
- Evidence-evidence information on the indigenous medicines and therapies contributions in the care of health of the population.

- Instruments and methodologies to document the contributions of indigenous medicines and therapies as part of the process of indigenous and conventional health systems harmonization.

Timetable		Products ¹	Budget US\$	Financial resources
Months 1-4	Activities Identification of institutions, project sites, and project presentation in the two participating countries	Project Socialization	\$ 1,500 x country = \$ 3,000	HSO
4-16	Preparation of analysis, case studies, modules, methodology, instruments	4 Case studies (2 x country) Systematization and analysis of formulation and implementation process of the legal frameworks recognizing indigenous medicines and therapies Economic contributions of the indigenous medicines and therapies	\$ 3,000 x 4 = \$12,000	WHO
		10 Case studies (5 x country) Impact on individual and collective health care	\$ 2,000 X 10 = \$20,000	WHO
		2 sets of modules (1 set x country)	\$ 5,000 X 2 = \$10,000	WHO
		2 sets of Protocols, instruments, and methodology (1 set x country)	\$ 5,000 X 2= \$10,000	Divisions and Programs (HCP/HCT, HPP, HSE, HSP/HSO, HSP/HSR)
17-19	Review and analysis of the documents	Revised and analyzed documents	\$ 2,000	HSO
20	Regional workshop to present project results	Socialization of results Feedback from the participants	\$20,000	Divisions and Programs (HCP/HCT, HPP, HSE, HSP/HSO, HSP/HSR)
21-24	Publication of project results	Publications	\$ 5,000	Divisions and Programs
			Total US\$82,000	

¹ Annex: Institution profile and terms of reference for the institution to be contracted.

ANNEX C: PARTNERS/COLLABORATORS

METHODOLOGY

Contract with institutions with prestige and expertise in indigenous medicines and therapies. Experience on working with indigenous organizations will be an asset.

PARTNERS

- WHO - HQ - Traditional Medicine Program.
- The University of Illinois at Chicago (UIC).
- The National Center for Complementary and Alternative Medicine of the National Institute of Health (NCCAM-NIH).
- National Indigenous Health Bureau, Ministry of Health of Ecuador.
- Traditional Medicine Section, Ministry of Health of Panama.
- Health of the Indigenous Peoples Section, Ministry of Health of Panama.
- Academic institutions of Ecuador, Panama, and other countries interested in research studies on indigenous medicines and therapies.
- Pro-Cultura.