

1 **World Health Organization**

2
3 **Draft traditional medicine strategy: 2025–2034**

4
5
6 *Universal access to safe, effective and people-centred*
7 *traditional, complementary and integrative medicine*
8 *for health and well-being*

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71 **ABBREVIATIONS AND ACRONYMS**

72

73	AI	artificial intelligence
74	CM	complementary medicine
75	ICD-11	International Classification of Diseases 11 th revision
76	ICTRP	International Clinical Trials Registry Platform
77	IM	integrative medicine
78	IRCH	International Regulatory Cooperation for Herbal Medicines
79	MeSH	medical subject headings
80	PHC	primary health care
81	SDG	Sustainable Development Goal
82	SMD	standard mean difference
83	TCIM	traditional, complementary and integrative medicine
84		(merging the terms 'traditional medicine', 'complementary
85		medicine' and 'integrative medicine')
86	TM	traditional medicine
87	TMK	traditional medical knowledge
88	T&CM	traditional and complementary medicine
89	UHC	universal health coverage
90	WHA	World Health Assembly
91	WHO	World Health Organization
92	WTO	World Trade Organization
93	WIPO	World Intellectual Property Organization
94		

95 **GLOSSARY**

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

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

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

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

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

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

118 **Herbal product** – broad term encompassing herbal medicines and related products
119 (6).

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

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

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

132 **Integrative medicine** – is an interdisciplinary and evidence-informed approach aimed
133 at achieving whole-person health and well-being by using a respectful combination or
134 fusion of biomedical and traditional and/or complementary medical knowledge, skills
135 and practices. It provides holistic care spanning the care continuum and may involve
136 various health care providers and institutions (9).

137 **One Health** – is an integrated, unifying approach that aims to sustainably balance and
138 optimize the health of humans, animals, plants and ecosystems. It recognizes that the
139 health of humans, domestic and wild animals, plants and the wider environment
140 (including ecosystems) are closely linked and interdependent. The approach mobilizes
141 multiple sectors, disciplines and communities at varying levels of society to work
142 together to foster well-being and tackle threats to health and ecosystems, while
143 addressing the collective need for clean water, energy and air, safe and nutritional food,
144 taking action on climate change, and contributing to sustainable development (10).

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

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

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

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

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

170 **Traditional, complementary and integrative medicine health practitioner** – any
171 health worker who has acquired qualifications with regards to traditional,
172 complementary and integrative medicine. It may comprise both health professionals
173 and health associate professionals including, but not limited to, traditional,
174 complementary and integrative medicine professionals and associate professionals
175 (14).

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

178 **Traditional knowledge** – there is no internationally accepted definition, but it can be
179 considered as knowledge, know-how, skills and practices that are developed,
180 sustained and passed on from generation to generation within a community, often
181 forming part of its cultural or spiritual identity (16).

182 **Traditional medical knowledge** – traditional knowledge in relation to traditional
183 medicine, which includes indigenous medical knowledge.

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

188 **Well-being** – a positive state experienced by individuals and societies. Similar to
189 health, it is a resource for daily life and is determined by social, economic and
190 environmental conditions. Well-being encompasses quality of life, as well as the ability
191 of people and societies to contribute to the world with a sense of meaning and purpose
192 (17).

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

- 196 • a positive vision of health that integrates physical, mental, spiritual and social
197 well-being;
- 198 • the principles of human rights, social and environmental justice, solidarity, gender
199 and intergenerational equity, and peace;
- 200 • a commitment to sustainable low-carbon development grounded in reciprocity
201 and respect among humans and making peace with Nature;
- 202 • new indicators of success beyond the gross domestic product that take account
203 of human and planetary well-being and lead to new priorities for public spending;
- 204 • the focus of health promotion on empowerment, inclusivity, equity and meaningful
205 participation (18).
- 206

207 **EXECUTIVE SUMMARY**

208 *(to be written later)*

209

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

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

213 (2) to develop a draft new global traditional medicine strategy for the period 2025–
214 2034, guided by the *WHO traditional medicine strategy: 2014–2023*, in
215 consultation with Member States and relevant stakeholders and to submit the draft
216 strategy for consideration by the Seventy-eighth WHA 2025 through the Executive
217 Board at its 156th session (19).

218 With its own unique positioning, challenges and opportunities for contribution to the
219 transformation of health care and to the achievement of health, well-being, universal
220 health coverage (UHC) and the Sustainable Development Goals (SDGs) worldwide,
221 this strategy is intended to cover traditional, complementary and integrative medicine
222 (TCIM) as a whole, including its future objectives and actions.
223

DRAFT

224 1. INTRODUCTION

225 1.1 Traditional, complementary and integrative medicine

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

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

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

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

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

245 1.2 WHO mandate and support of TCIM

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

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

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

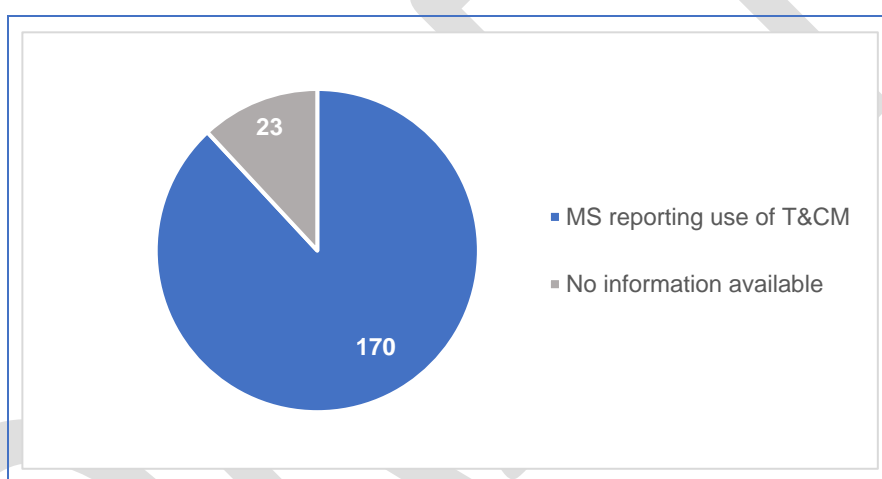
- 259 • the need for research data and financial support for research;
- 260 • the need for mechanisms to regulate, control and monitor the quality of T&CM
261 practitioners and the safety, quality and effectiveness of T&CM practices and
262 products; and
- 263 • the need for expertise, cooperation channels and information-sharing mechanisms
264 to help inform and bridge the gap due to the current lack of policy guidance on the
265 integration of T&CM into health systems and services.

266 **2. POSITION, CHALLENGES AND OPPORTUNITIES OF TCIM**

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

275 **2.1 TCIM use and national frameworks**

276 TCIM¹ enjoys a considerable global demand and usage (**Fig. 2.1**), translating into
277 increased growth in Member States in the establishment of national offices (**Fig. 2.2**).
278 In general, it has been shown that people seek TCIM services and treatments for
279 various reasons, including noncommunicable diseases, disease prevention, health
280 promotion, and palliative care and rehabilitation (**Fig. 2.3**).



281 **Fig. 2.1: Use of TCIM acknowledged by Member States, 2018 (21).**

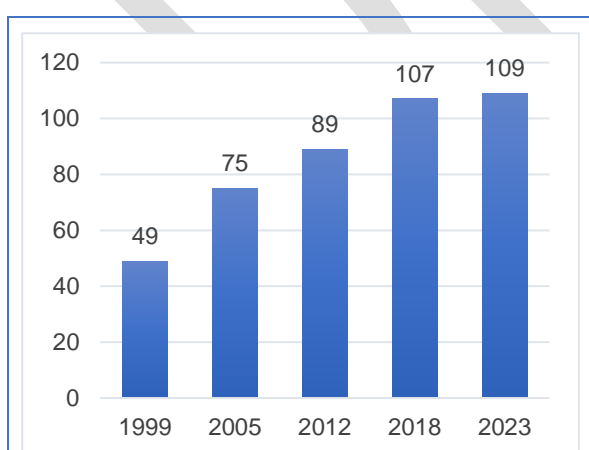


Fig. 2.2: Number of Member States with a national office for TCIM, 1999–2023 (22).

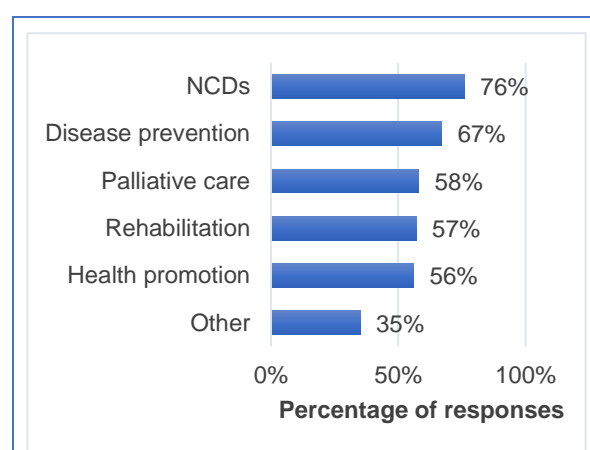


Fig. 2.3: Main reasons reported by Member States for seeking the use of TCIM, 2023 (22).

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.

282 National frameworks and guiding policies are crucial for the positioning of TCIM within
 283 the overall health care landscape to facilitate access to quality, safe and effective
 284 TCIM. These should include appropriate regulatory mechanisms for TCIM practices,
 285 practitioner qualifications and health products (Box 2.1).

Box 2.1: Challenges and opportunities related to TCIM use and national frameworks	
<i>Challenges</i>	<i>Opportunities</i>
<ul style="list-style-type: none"> ▪ Generating requisite evidence to support safety and effectiveness for TCIM to facilitate its inclusion in national frameworks. ▪ Quantifying the contribution of TCIM to overall health service delivery and universal health coverage (UHC). ▪ Developing, adopting and implementing national frameworks for TCIM and evaluating their outcomes, considering national health goals, health resources and access to health. 	<ul style="list-style-type: none"> ▪ In times of constrained financial means and significant needs for health care, the growing footprint and associated impact of TCIM may offer valuable and urgent contributions to reducing the disease and economic burdens of health care worldwide. ▪ 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.

286 **2.2 Contributions to health and well-being**

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

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

Box 2.2: Challenges and opportunities related to contributions of TCIM to health and well-being	
<i>Challenges</i>	<i>Opportunities</i>
<ul style="list-style-type: none"> ▪ Threatened ecosystems and their integrity and function pose increased health risks at the human-animal-plant-environment interface, disproportionately affecting the most vulnerable communities. ▪ Overexploitation and climate-related habitat changes threaten the availability of medicinal plants. ▪ 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 	<ul style="list-style-type: none"> ▪ 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). ▪ 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.

<p>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.</p> <ul style="list-style-type: none"> ▪ The potential contribution of TCIM to the control of COVID-19 was not well investigated and capitalized upon in many countries. 	<ul style="list-style-type: none"> ▪ Increased and improved consumer education on TCIM can enable an informed choice and appropriate use. ▪ Pandemic preparedness may be increased by safe and effective TCIM at country level. ▪ Transitioning to the use of effective TCIM products can contribute to an improved environmental impact.
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299 **2.3 TCIM research and TMK**

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

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

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

319 Valuing and enhancing the potential of TCIM and TMK through research and respectful
 320 engagement may further contribute to the scientific foundation for T&CM and the
 321 development of future health care systems that are more culturally relevant,
 322 sustainable and accessible.

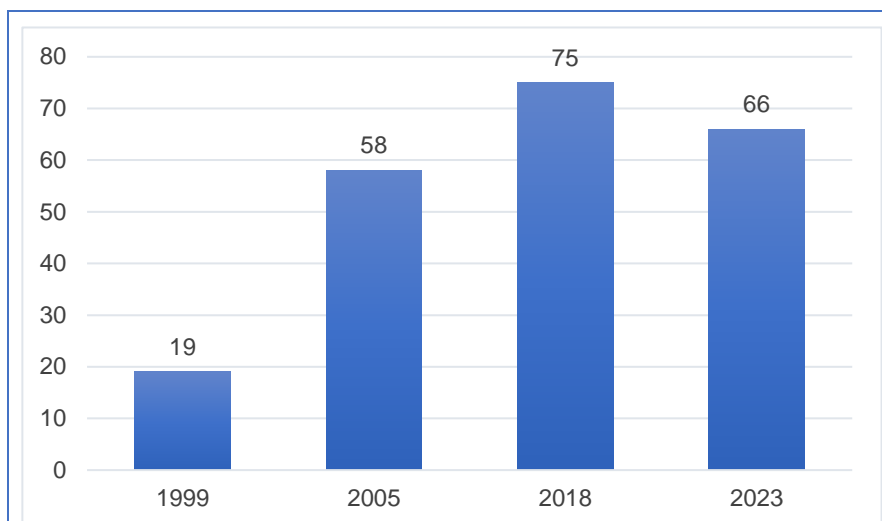


Fig. 2.4: Number of Member States with a national research institute for T&CM, 1999-2023 (22).

323

Box 2.3: Challenges and opportunities related to TCIM research and TMK

<i>Challenges</i>	<i>Opportunities</i>
<ul style="list-style-type: none"> ▪ Governments acknowledge the need for more research data to advance TCIM, but are not yet sufficiently investing in TCIM research or providing adequate resources for producing more evidence with scientific rigour, including the adoption of field-related technology and innovation. ▪ Valid research methodologies appropriate to TCIM require further development. ▪ Current TCIM research activity, while increasing, is not proportionate to its widespread use and complexity. ▪ Vital contributions of Indigenous Peoples and local communities to biodiversity conservation and sustainable use have not been sufficiently embraced. ▪ 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. 	<ul style="list-style-type: none"> ▪ 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. ▪ Exploring appropriate methodologies for conducting research in TCIM will assist in the future design of TCIM-related studies. ▪ Digital health and innovative technologies have the potential to enhance TCIM research, health services and self-care. ▪ TMK holds essential wisdom vital for Indigenous Peoples and of immense potential for the health of humans, animals, plants and the environment. ▪ 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. ▪ Incorporating and protecting contributions of TCIM, Indigenous Peoples and local communities to halt human-induced species extinction and promote the sustainable use of biodiversity.

324

325 **2.4 Regulation of TCIM products and practices**

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

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

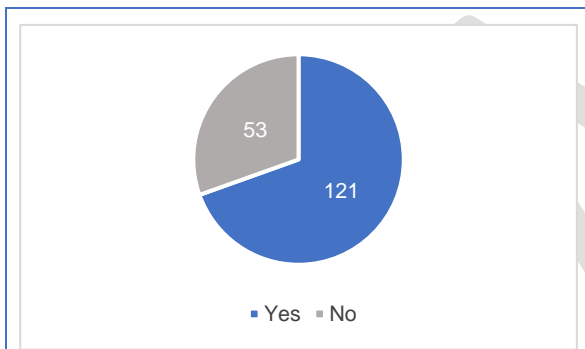


Fig. 2.5: Number of Member States reporting a national pharmacopoeia including herbal medicines or its development (22).

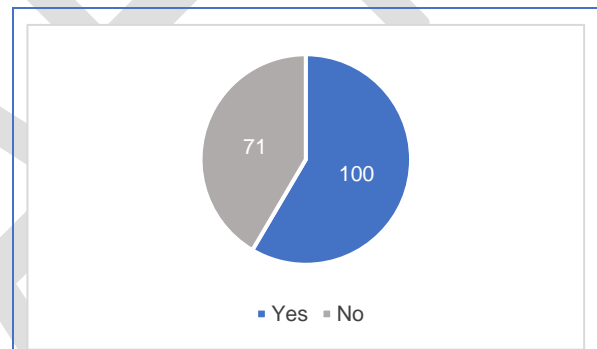


Fig. 2.6: Number of Member States reporting national monographs on herbal medicines or their development (22).

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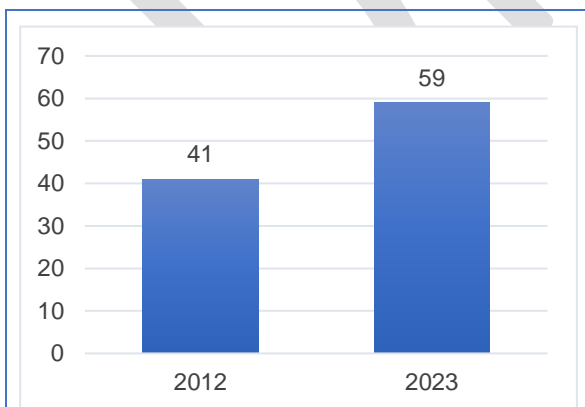


Fig. 2.7: Number of Member States reporting provision of T&CM education at university level (22).

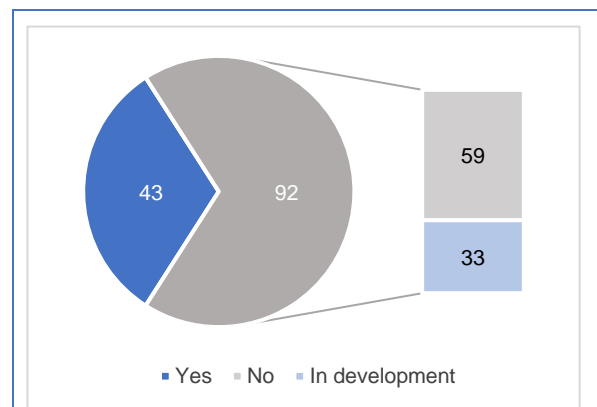


Fig. 2.8: Number of Member States reporting a continuing professional development programme for T&CM provided (22).

345

Box 2.4: Challenges and opportunities related to TCIM health products and practices

<i>Challenges</i>	<i>Opportunities</i>
<ul style="list-style-type: none">▪ Regulatory frameworks for TCIM health products and practitioners are at varied levels of implementation, rigour and effectiveness worldwide.▪ Standards of education for TCIM health professionals within the same profession vary globally and do not permit an easy transition or interoperability between countries, thus hampering international collaboration and the growth of professional expertise.▪ TCIM health product regulatory approaches require greater harmonization across regions and international platforms to ensure safety with an easier and broader product accessibility.▪ Regulatory guidance is required for TCIM health products other than herbal medicines to assist Member States in managing their quality production and safe and effective use.	<ul style="list-style-type: none">▪ Continued efforts to further develop and customize regulatory approaches for TCIM health products and practitioners appropriate to the regional and national context and assuring the correct outcomes, while not compromising on their quality, safety, effectiveness and access.▪ More Member States and partners recognize the need to strengthen collaborative structures and develop or adopt recommended guidance related to TCIM health practices, education standards and TCIM health products.▪ 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.▪ Increasing technological advancements could be used to exchange information pertaining to regulatory standards and information that may improve regulatory approaches.▪ Expanding WHO regulatory guidance for all TCIM health products to help ensure their safe and effective use, including medicinal substances that fall outside of the parameters of herbal medicines and TCIM medical devices.

346 **2.5 Integration of T&CM into health systems**

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

- 352 • policy and legislation: developing and implementing supportive policies and
353 legal frameworks for T&CM integration within national health systems;
- 354 • regulation and licensing: establishing appropriate regulatory mechanisms for
355 TCIM products and practitioners, while adapting existing systems to
356 accommodate the specificities of T&CM;
- 357 • education and training: establishing standardized curricula and training
358 programmes for TCIM and biomedicine practitioners to ensure
359 professionalization and quality of care;
- 360 • research and development: fostering robust research methodologies and
361 funding pathways for the evaluation of TCIM products and practices by further
362 developing a TCIM evidence base.

363 Addressing these challenges and fostering a continued collaboration between
 364 governments, TCIM practitioners, researchers and the public is vital to successfully
 365 navigate the integration of T&CM into future health systems.

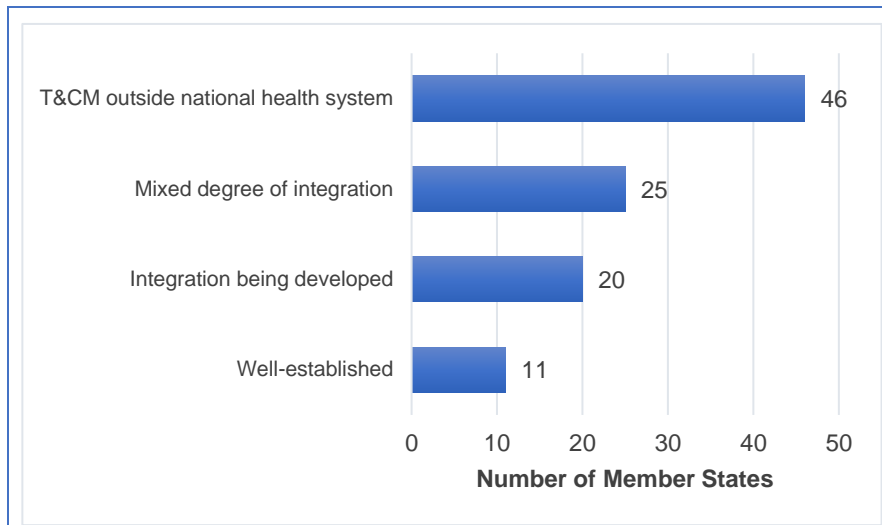


Fig. 2.9: Degree of integration of T&CM reported by Member States (22).

366

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

<i>Challenges</i>	<i>Opportunities</i>
<ul style="list-style-type: none"> ▪ The integration of T&CM has to be informed by reliable evidence of its safety and effectiveness. ▪ 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. ▪ Lack of a unified global understanding, evaluation criteria for and types of “integration” render it difficult for Member States to identify and pilot an appropriate national model. ▪ Unequal levels/standards of education across providers render potential barriers to mutual understanding, communication and collaboration between T&CM and biomedicine health practitioners. 	<ul style="list-style-type: none"> ▪ A guiding document on models of integration of T&CM into health services and health systems with appropriate criteria is being developed by WHO. ▪ Some countries have rich experiences and lessons in the integration of T&CM, which could serve as a reference for other Member States. ▪ 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&CM. ▪ The integration of T&CM may facilitate the transformation of the health system towards a well-being approach

367

368 **3. VISION**

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

371 **4. GOAL**

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

377 **5. GUIDING PRINCIPLES**

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

381 **5.1 Evidence-informed decision-making**

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

387 **5.2 Holism and health**

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

395 **5.3 Sustainability and One Health**

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

401 **5.4 The right to health and patient autonomy**

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

405 **5.5 Culture and health**

406 Interculturalism is essential for the acceptability of health care. Recognizing the
407 importance of aligning health care needs and the preferences, lifestyles and cultural

408 beliefs of diverse populations helps to foster an inclusive, equitable and culturally
409 competent health care environment that maintains respect for traditional and
410 indigenous knowledge.

411 **5.6 Person-centred care and community engagement**

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

417 **5.7 Integrated health care services and user benefit and safety**

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

426 **6. STRATEGIC OBJECTIVES, DIRECTIONS AND ACTIONS**

427 **6.1 Strategic objective 1. Optimize the cross-sector value of TCIM and empower** 428 **communities through inclusive approaches.**

429 *Rationale*

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

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

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

446

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

449 *Rationale*

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

459 *Actions for Member States*

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

480 *Actions for partners and stakeholders*

- 481 1. Promote the holistic concepts of TCIM in strategies/policies and participate
482 in cross-sector coordination for One Health and SDGs .
- 483 2. Contribute to the development and operationalization of the *One Health*
484 *joint plan of action (2022–2026) (10)* by promoting resilient health and well-
485 being models.
- 486 3. Spread awareness among stakeholders about Indigenous Peoples'
487 holistic concepts of health and well-being.
- 488 4. Practice two-way learning with Indigenous Peoples.

489 *Actions for the WHO Secretariat*

- 490 1. Support Member States in building cross-sector mechanisms/
491 collaborations to enhance the TCIM contribution to healthy societies and
492 SDG targets.
- 493 2. Facilitate an inter-sectoral dialogue to contribute towards One Health by
494 promoting synergy between TM and related stakeholders, including
495 Indigenous Peoples.

- 496 3. Organize training programmes for stakeholders to promote TCIM and its
497 connection with One Health.
- 498 4. Liaise across specialized agencies of the United Nations system and
499 promote cross-sectoral initiatives for TCIM-related information exchange
500 and promotion of collaborations to achieve SDG targets.
- 501 5. Provide a perspective of TCIM values, concepts and knowledge in the
502 implementation of the *One Health joint plan of action (2022–2026) (10)*.

503

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

506 *Rationale*

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

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

514 *Actions for Member States*

- 515 1. Develop legal frameworks in alignment with the Conference of the Parties
516 to the Convention on Biological Diversity, Kunming-Montreal Global
517 Biodiversity Framework, and the United Nations Declaration on the Rights
518 of Indigenous Peoples with respect to protecting indigenous TMK.
- 519 2. Provide and improve access to safe and effective TM services.
- 520 3. Establish guidelines for the documentation, registration, and protection of
521 TMK and practices.
- 522 4. Foster intergenerational learning to preserve and transmit TMK to future
523 generations and support its documentation by indigenous TM practitioners
524 and communities, including financially.
- 525 5. Establish TM databases to facilitate benefit-sharing, with accessibility to
526 researchers and other stakeholders.
- 527 6. Promote international collaboration to share best practices, policies, and
528 experiences in safeguarding and benefit-sharing of TMK.
529

530 *Actions for partners and stakeholders*

- 531 1. Encourage Indigenous Peoples to participate in the development of
532 legislation frameworks for benefit-sharing of indigenous TMK.
- 533 2. Contribute to capacity building for the protection of TMK, particularly
534 indigenous TMK, and prevention of its possible misappropriation.
- 535 3. Propose benefit-sharing models to incentivize and safeguard TMK and
536 practices.
- 537 4. Support access to evidence-informed, safe and effective TCIM services.

538 *Actions for the WHO Secretariat*

- 539 1. Strengthen coordination and collaboration with WIPO, WTO and other
540 organizations to address issues pertinent to TMK and practices.
541 2. Organize training programmes for the capacity building of Member States
542 in TMK and practices.
543 3. Create awareness among the scientific community about ethical aspects
544 and benefit-sharing related complexities in reference to genetic resources
545 pertaining to TMK.
546 4. Support Member States in improving access to evidence-informed, safe
547 and effective TCIM services for health and well-being.
548 5. Create platforms for information sharing regarding appropriate
549 approaches and models for the safeguarding and benefit-sharing of TMK
550 and practices (28) (29).

551
552 Direction 1.3: *Support informed choices of TCIM users with respect to safe and*
553 *effective TCIM use and self-care.*

554 *Rationale*

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

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

565 *Actions for Member States*

- 566 1. Create and distribute evidence-informed educational materials and public
567 information explaining TCIM modalities, potential benefits and harms, and
568 appropriate self-care options.
569 2. Develop literacy programmes to improve public understanding of TCIM
570 and empowering people to make informed decisions about their health
571 care choices.
572 3. Promote consumer education programmes on safe and effective TCIM for
573 self-care and to prevent any misleading information.

574 *Actions for partners and stakeholders*

- 575 1. Support the development of mechanisms/guidelines for consumer
576 education and protection, complaint channels, and the proper use of TCIM
577 health products and services
578 2. Encourage users to share their TCIM usage with health care providers and
579 encourage practitioners to respect patient preferences.
580 3. Support ethical advertising and promotion to avoid any misleading claims
581 regarding TCIM.
582 4. Encourage a dialogue about TCIM self-health care among stakeholders
583 and the establishment of patient organizations.

584 *Actions for the WHO Secretariat*

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

591

592 **6.2 Strategic objective 2. Strengthen the evidence base for TCIM.**

593 *Rationale*

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

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

600 Given TCIM's complexity and multidisciplinary nature rooted in diverse philosophies,
601 appropriate research methodologies need to be employed, supported by collaboration
602 between methodological and practice experts, as well as between TCIM and
603 biomedical researchers.

604

605 *Direction 2.1: Facilitate high-quality TCIM research through increased resource*
606 *investment.*

607 *Rationale*

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

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

617 *Actions for Member States*

- 618 1. Establish a national research agenda on TCIM knowledge and practices
619 to stimulate innovation and allocate dedicated resources.
- 620 2. Conduct rigorous scientific studies to support the evidence base regarding
621 the safety, quality, effectiveness and cost-effectiveness of TCIM.
- 622 3. Establish a mechanism/system for collecting data from various sources,
623 including real-world data related to TCIM, and contribute to national,
624 regional and global research repositories.

- 625 4. Support capacity building for research and foster partnerships with
626 research institutions and international organizations to facilitate innovation
627 in TCIM.
628 5. Promote participatory research approaches for the health of Indigenous
629 Peoples.
630 6. Develop a comprehensive knowledge base integrating T&CM knowledge
631 with modern scientific evidence to inform health care policies and practices.

632 *Actions for partners and stakeholders*

- 633 1. Support identifying priorities for a national TCIM research and innovation
634 agenda.
635 2. Support interdisciplinary research that includes TCIM.
636 3. Conduct scientific research that facilitates evidence-informed decision-
637 making for TCIM.
638 4. Invest in research capacity-building and involvement of TCIM health
639 practitioners in research design and conduct.
640 5. Develop guiding principles for working with communities and indigenous
641 health practitioners.
642 6. Include TCIM research in broader health research initiatives and evidence
643 summaries.

644 *Actions for the WHO Secretariat*

- 645 1. Develop and update WHO guidelines, technical documents and tools on
646 TCIM research.
647 2. Encourage Member States and partners to enhance and track financial
648 support to TCIM research and develop a comprehensive research agenda.
649 3. Encourage TCIM research that is culturally appropriate, socially relevant,
650 and inclusive.
651 4. Encourage Member States to register TCIM clinical trials in the WHO
652 International TM Primary Clinical Trial Registry.
653 5. Coordinate and promote bilateral and multilateral collaboration between
654 Member States and partners on TCIM research.

655

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

658 *Rationale*

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

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

669 *Actions for Member States*

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

685 *Actions for partners and stakeholders*

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

694 *Actions for the WHO Secretariat*

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

705

706 **6.3 Strategic objective 3. Support the provision of quality and safe TCIM through**
707 **appropriate regulatory mechanisms.**

708 *Rationale*

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

714 standards and labelling requirements, and ensuring that the intended use is justified
715 and rational.

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

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

727

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

730 *Rationale*

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

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

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

742 *Actions for Member States*

- 743 1. Establish or strengthen appropriate regulatory mechanisms inclusive of
744 qualified norms and standards for TCIM health products to ensure
745 standards for the supply of quality, safe and effective products through
746 appropriate consultation and partnerships.
- 747 2. Explore approaches supporting efficient regulatory decision-making for
748 TCIM health products inclusive of principles of reliance and/or recognition.
- 749 3. Consider an evaluation of TCIM health products utilizing a risk-based
750 approach to ensure that they are indicated appropriately for use, but yield
751 an appropriate level of benefit with minimization of risk.
- 752 4. Enforce relevant restrictions on the use/depletion of endangered species
753 for medicinal products, subject to stringent regulatory oversight in line with
754 applicable international conventions and national legislation.
- 755 5. Encourage sustainable practices in the production, supply, use and
756 disposal of TCIM health products that contribute to the preservation and
757 repopulation of endangered environmental sources.

758 6. Participate in international regulatory cooperative arrangements such as
759 the WHO International Regulatory Cooperation on Herbal Medicines.

760 *Actions for partners and stakeholders*

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

770 *Actions for the WHO Secretariat*

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

782

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

785 *Rationale*

786 Regulatory frameworks should be adapted to the different forms of TCIM practices and
787 practitioners, including community-based indigenous practices. They should also be
788 aligned with TCIM policies to support the preservation and strengthening of TCIM
789 knowledge and practices that are safe and effective while preventing misappropriation.

790 Appropriate regulatory frameworks may consider identifying acceptable norms,
791 minimum standards for educational programmes, certifications and licensing
792 requirements in order to ensure that TCIM practitioners have the knowledge and skills
793 to deliver safe and effective care. Balanced frameworks contribute to interprofessional
794 collaboration and the coordination of service delivery across the spectrum of health
795 and social care systems, enabling a holistic and integrated approach to people's care.

796 *Actions for Member States*

- 797 1. Establish or strengthen appropriate regulatory mechanisms to promote
798 ethical and safe TCIM practices, while recognizing their diversity and
799 including practitioners of indigenous TM.

- 800 2. Codify practices and explore the development of applicable quality
801 standards for TCIM medicinal preparations that are custom-made on a
802 case-by-case basis² by TCIM health practitioners.
803 3. Develop standards, guidelines and codes of conduct to promote
804 responsible and accountable TCIM practices.
805 4. Adopt or refer to WHO benchmarks in developing minimum training
806 requirements for TCIM professionals.
807 5. Set training requirements for TCIM health practitioners including ongoing
808 professional development.
809 6. Collect, analyze and use data on the TCIM health workforce for improved
810 planning and accountability.

811 *Actions for partners and stakeholders*

- 812 1. Promote a dialogue between TCIM professional associations and
813 representatives of indigenous health practitioners with regulatory
814 authorities for standards pertaining to education, practices and
815 practitioners.
816 2. Encourage regulators, training institutions and professional organizations
817 to support national and subnational health workforce data collection,
818 analysis and use for improved planning and accountability.
819 3. Support research on the efficiency and effectiveness of regulatory systems,
820 including patient safety and population health outcomes.

821 *Actions for the WHO Secretariat*

- 822 1. Develop a WHO international classification and qualification framework for
823 TCIM health practitioners and provide technical guidance to countries.
824 2. Develop WHO benchmarks in TCIM.
825 3. Facilitate information-sharing between Member States and partners
826 regarding approaches and experiences on the regulation of TCIM
827 practices and practitioners in different settings, including indigenous TM
828 practices/practitioners.
829 4. Improve health workforce data on TCIM health practitioners through
830 regular reporting in the WHO National Health Workforce Accounts Data
831 Portal and complementary surveys and reports.

832

833 **6.4 Strategic objective 4. Integrate T&CM into health systems to support the**
834 **achievement of UHC.**

835 *Rationale*

836 The integration of safe and effective T&CM into health systems will play a key role in
837 the reorienting of health services (25). The United Nations Political Declaration of the
838 High-level Meeting on UHC states: "explore ways to integrate, as appropriate, safe and
839 evidence-based traditional and complementary medicine services within national
840 and/or subnational health systems, particularly at the level of primary health care,
841 according to national context and priorities" (27).

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.

842 Primary health care is a foundation of UHC and a natural hub for the integration of
843 T&CM (30). As such, T&CM will continue to represent a key component of primary
844 health care in the modern era of demographic change, especially with ageing
845 populations and significant epidemiological transitions to chronic diseases and multi-
846 morbidity (31).

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

849

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

853 *Rationale*

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

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

862 *Actions for Member States*

- 863 1. Identify how the integration of safe and effective T&CM into national and
864 subnational health systems can support the reorientation of health
865 services and systems towards a more holistic approach.
- 866 2. Recognize the role of TCIM as an integral part of health care services and
867 home care and include in the building blocks of national health frameworks,
868 policies and plans to permit integration at all levels of the health system.
- 869 3. Establish mechanisms for quality assurance, safety monitoring and
870 evaluations of outcomes of TCIM services and products.
- 871 4. Integrate relevant knowledge and skills from TCIM into health workforce
872 education curricula and appropriate biomedicine training as part of TCIM
873 education curricula to enhance mutual understanding and provide a basis
874 for improving professional communication, collaborative practices and
875 future integration.

876

877 *Actions for partners and stakeholders*

- 878 1. Support the development of a national framework or policy that prioritizes
879 health and well-being in which T&CM and biomedicine health practitioners
880 collaborate and coordinate in the delivery of health and home care
881 services.
- 882 2. Encourage TCIM and biomedicine educational institutions to integrate their
883 curricula to promote interprofessional collaboration.
- 884 3. Universities and training centres should consider the establishment and
885 maintenance of TCIM divisions, including postgraduate training courses.

886 *Actions for the WHO Secretariat*

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

894

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

897 *Rationale*

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

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

908 *Actions for Member States*

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

930 9. Educate health care professionals, policy-makers and the public about
931 T&CM practices, emphasizing their cultural significance, people-centred
932 approach, and the benefits of integrated health care approaches.

933 *Actions for partners and stakeholders*

- 934 1. Support the establishment, evaluation and promotion of TCIM models of
935 integration and international exchange among multidisciplinary
936 practitioners.
937 2. Support the integration of safe and effective T&CM with reference to the
938 health system building blocks and conduct regular evaluations of
939 integration initiatives, while highlighting possible barriers.
940 3. Promote the research and inclusion of safe and effective TCIM
941 interventions across the care continuum, including pandemic
942 preparedness plans and life course approaches.

943 *Actions for the WHO Secretariat*

- 944 1. Conduct surveys and disseminate information on the identified integration
945 models for achieving health and well-being.
946 2. Provide technical and policy support for integration based on the needs of
947 Member States.
948 3. Facilitate information exchange among Member States, partners and
949 stakeholders to support collaboration on integration.
950 4. Set up standardized indicators to enable monitoring of the access,
951 coverage and utilization of TCIM practices and assessment of their safety
952 and effectiveness.
953 5. Continue to develop and promote the series of WHO standard
954 terminologies, WHO benchmarks for TCIM, and the WHO ICD-11 TM
955 modules to support integration.
956 6. Establish a global network of TCIM reference clinical centres for data
957 collection and monitoring based on WHO ICD-11 coding.
958

959 **7. IMPLEMENTATION OF THE STRATEGY**

960 **7.1 General comments on implementation**

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

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

970 .

971 **7.2 Monitoring, measuring and reporting**

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

- 975 • to support Member States in the implementation and adaptation of the strategy at
976 country level, including the design and development of national indicators (based
977 on the indicators in the strategy);
- 978 • to organize workshops and on-site studies in Member States across the regions to
979 identify and share experiences and lessons learned in the implementation;
- 980 • to report regularly to the WHA on the implementation of the strategy for follow-up
981 actions and decisions based on updated WHO surveys.

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982 **Table 7.1: Key performance targets and indicators**

Strategic objective	Overall target	Critical indicator	Direction	Target	Critical indicator	
1 Optimize the cross-sector value of TCIM and empower communities through inclusive approaches.	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.	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.	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.	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.
			1.2	Develop inclusive approaches and models for benefit-sharing of TMK and accessibility of TM services.	80% of Member States provide a legal framework for the protection of TMK, particularly indigenous TMK, and for accessing safe and effective TM services.	Number of Member States with a legal framework for the protection of TMK, particularly indigenous TMK, and for accessing safe and effective TM services.
			1.3	Support informed choices of TCIM users with respect to safe and effective TCIM use and self-care.	80% of Member States have a consumer education project or programme for safe and effective TCIM use and self-care.	Number of Member States with safe and effective TCIM use and self-care consumer education projects or programmes. Number of Member States with health consumer education projects or programmes including safe and effective TCIM use and self-care.
2 6.2 Strategic objective 2. Strengthen the evidence base for TCIM.	80% of Member States include TCIM in their national strategies/programmes for research, innovation and digital health.	Number of Member States that include TCIM in their national strategies/programmes for research, innovation and digital health.	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.	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.

Strategic objective	Overall target	Critical indicator	Direction	Target	Critical indicator		
			2.2	Explore the most appropriate research approach and maximize the utilization of technology for TCIM.	70% of Member States support the exploration of appropriate research methodologies and utilization of advanced technologies for TCIM.	Number of Member States that have supported exploration of appropriate research methodologies and utilization of advanced technologies for TCIM.	
3	Support the provision of quality and safe TCIM through appropriate regulatory mechanisms.	70% of Member States provide regulatory mechanisms for TCIM health products, practices and practitioners.	Number of Member States that provide regulatory mechanisms for TCIM health products. Number of Member States that provide regulatory mechanisms for TCIM practices and practitioners.	3.1	Provide appropriate regulatory mechanisms for TCIM health products that are sustainably produced and supplied.	80% of Member States have regulatory mechanisms for TCIM health products.	Number of Member States with a regulatory mechanism for TCIM health products.
				3.2	Provide appropriate regulatory mechanisms for TCIM practices and practitioners.	80% of Member States provide regulatory mechanisms for TCIM practices and practitioners.	Number of Member States with national or subnational regulation of TCIM practices and/or practitioners. Number of Member States with self-regulation of TCIM practices and/or practitioners recognized by a health authority. Number and distribution of TCIM health practitioners across various applicable categories.
4	Integrate T&CM into health systems to support the achievement of UHC.	30% of Member States have fully integrated T&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.	Number of Member States with full integration. 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.	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.	80% of Member States have a national and subnational policy framework for the integration of safe and effective T&CM into health services and health system, in which 30% of Member States have fully integrated T&CM in their national health system by 2029 and 60% by 2034.	Number of Member States that have a national and subnational policy framework for the integration of T&CM into health services and health systems in which the number of Member States are classed as having fully integrated T&CM. Number of Member States with a policy or programme for encouraging the training of

Strategic objective	Overall target	Critical indicator	Direction	Target	Critical indicator
		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.		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.	biomedicine health students in appropriate TCIM knowledge and for TCIM students to obtain appropriate biomedicine knowledge.
			4.2 Facilitate the integration of safe and effective T&CM into health systems and services across the care continuum and life course.	<p>30% of Member States have operationalized full integration of T&CM into their national health system by 2029 and 60% by 2034.</p> <p>80% of Member States operationalize the integration of T&CM into health systems and services across the care continuum and life course for the achievement of health and well-being.</p> <p>50% of Member States include TCIM interventions in their essential health services.</p> <p>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.</p>	<p>Number of Member States that operationalize the integration of T&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&CM into health systems.</p> <p>Number of Member States that include TCIM interventions in their essential health services.</p> <p>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.</p>

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

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