

Comments on draft technical document - TCI/IHS/WHO



Title of the document:

Draft WHO traditional medicine strategy 2025 - 2034

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<p>General comment(s) if any: The purpose of the association called CAM Forum Finland is to act as a common organization of CAM-therapists to promote the value and the status of CAM-therapies in Finland and to improve prerequisites for operation, collaboration and information flow of CAM-therapies. In addition the purpose to the association is to promote CAM in general, professional skills and also research activity and collaboration of the scientists interested in CAM-therapies. The association wants to enhance co-operation following the holistic and antropocentric principles of the integrative medicine.</p>
<p>Web pages (in Finnish): https://www.luontaishoitoala.fi/</p>
<p>Facebook: https://www.facebook.com/LuontaishoitoalanFoorumi</p>

Specific comment(s):					
Page number	Section number	Line number	Comment / Rationale	Proposed change / suggested text	Relative Importance L= low M= medium H= high
3	2.1	282-285	It is important that TCIM practitioner does not need to be a medical doctor. Many TCIM professions have their own educational programs and the associations of these professionals control the requirements of education for their own profession. These professionals have the best knowledge about the TCIM practices, practitioner qualifications and health products of their own profession.	These should include appropriate regulatory mechanisms for TCIM practices, practitioner qualifications and health products planned and specified by the association(s) of each TCIM profession.	H
4	2.3	300-	More independent funding from the states are needed. To	While TCIM-related research and the establishment of	M

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		306	ensure the quality of the TCIM-related research it is necessary that the funding for TCIM research activities is independent from the existing medical funding organizations.	national research centres for T&CM have seen consistent growth (Fig. 2.4), funding for TCIM research activities remains limited, thus hindering progress. Bigger independent funding from the states is necessary.	
6	2.4	335-343	Many TCIM professions have their own educational programs and the associations of these professionals control the requirements of education for their own profession. These professionals have the best knowledge about the TCIM practices, practitioner qualifications and health products of their own profession.	Preserving traditional knowledge and philosophies, while protecting them from inappropriate regulation is crucial, especially for local or indigenous practices rooted in tradition and distinct from modern education systems. TCIM practices and practitioner qualifications and appropriate health products should be planned and specified by the association(s) of each TCIM profession. (Box 2.4).	H
7	Box 2.4	345	Preserving traditional knowledge and philosophies, while protecting them from inappropriate regulation is crucial. In a country the tradition and/or the practice of a TCIM profession may be different from the tradition and/or the practice of another country. Harmonization of them means harm for both. Especially important is that TCIM practitioner does not need to be a medical doctor.	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. Harmonization have risks and should be planned and specified by the association(s) of each TCIM profession.	H
7	2.5	357-359	In Finland we already have TCIM practices and practitioner qualifications and appropriate health products planned and specified by the association(s) of each TCIM profession. Training programmes of many TCIM professions include		H

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			basic biomedicine studies, for example 30 credits i.e. 800 hours. It is important that TCIM practitioner does not need to be a medical doctor.		
8	Box 2.5	366	In Finland training programmes of many TCIM professions include basic biomedicine studies, for example 30 credits i.e. 800 hours. For mutual understanding basic studies of TCIM should be included in biomedicine training programmes.	Unequal levels/standards of education across providers render potential barriers to mutual understanding, communication and collaboration between T&CM and biomedicine health practitioners. To tackle this a basic training for both sides concerning the central knowledge of the other side is needed.	H
10	5.7	420	In Finland we already have TCIM practices and practitioner qualifications and appropriate health products planned and specified by the association(s) of each TCIM profession. This prevents unsafe practices, false claims and unethical practices.		M
10	6.1	439-441	Protection of their knowledge is important. Otherwise there is a big risk that their knowledge disappears.		M
11	6.1	479	Funding is missing in the list. Independent funding is an important action for member states.	Add: 8. Funding for TCIM-related research and the establishment of national research centres for T&CM.	M
13	6.1	565-573	All these three actions for member states must be planned and specified together with the association(s) of each TCIM profession.		M
17	6.3	717-722	In some countries, as in Finland, TCIM practices and practitioner qualifications and appropriate health products are planned and specified by the association(s) of each TCIM profession. This self assessment system prevents unsafe practices, false claims and unethical practices. There is no idea to build a double system for the same.	TCIM health practitioners cannot be considered as a single group with the same risk profile due to the diverse nature of TCIM modalities, therapeutic approaches, training, practice, and practitioners' division of labour. The identification and establishment of common norms and standards for qualifications, competencies and ethical conduct	H

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				together with the associations of TCIM contribute to ensuring that practitioners have the necessary knowledge and skills to deliver safe and effective care.	
19	6.3	805-808	In many states, as in Finland, the associations of TCIM take care of the specification of training requirements for TCIM professionals and of requirements for ongoing professional development. Self assessment ensures that these requirements are fulfilled.	4. Adopt the training requirements specified by the associations of TCIM or refer to WHO benchmarks in developing minimum training requirements for TCIM professionals. 5. Together with the associations of TCIM specify set-training requirements for TCIM health practitioners including ongoing professional development.	H
19	6.3	822-824	We doubt that it is the best way that WHO secretariat alone takes these actions. We suggest that these actions are taken together with the associations of TCIM	1. Together with the associations of TCIM develop a WHO international classification and qualification framework for TCIM health practitioners and provide technical guidance to countries. 2. Together with the associations of TCIM develop WHO benchmarks in TCIM.	H
			<i>Please add rows as necessary</i>		