

1 **World Health Organization**

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

4
5
6 *Towards universal access to safe, effective and people-centred*
7 *traditional, complementary and integrative medicine for health and well-*
8 *being, respecting Indigenous Peoples' rights*

9 6 August 2024

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75 **ABBREVIATIONS AND ACRONYMS**

76

77	AI	Artificial intelligence
78	CM	complementary medicine
79	ICD-11	International Classification of Diseases, 11 th revision
80	ICTRP	International Clinical Trials Registry Platform
81	IM	integrative medicine
82	ILO	International Labour Organization
83	IRCH	International Regulatory Cooperation for Herbal Medicines
84	PHC	primary health care
85	SDG	Sustainable Development Goal/s
86	TCIM	traditional, complementary and integrative medicine
87	TM	traditional medicine
88	TMK	traditional medical knowledge
89	T&CM	traditional and complementary medicine
90	UHC	universal health coverage
91	UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
92	WHA	World Health Assembly
93	WHO	World Health Organization
94	WIPO	World Intellectual Property Organization
95	WTO	World Trade Organization
96		

97 GLOSSARY

98 **Codified and non-codified** – traditional medicine systems can be categorized into (1)
99 codified systems that have been disclosed in writing in ancient scriptures and are fully
100 in the public domain; and (2) non-codified traditional medicinal knowledge that has not
101 been fixed in writing, often remains undisclosed by traditional knowledge holders, and
102 is passed on in oral traditions from generation¹ ².

103 **Complementary medicine** – used interchangeably for “traditional medicine” in some
104 countries. It refers to a broad set of health care practices that are not part of a country’s
105 mainstream medicine and plays a supportive role in health care.

106 **Integrative medicine** – an interdisciplinary and evidence-based approach aimed at
107 achieving whole-person health and well-being by using a combination or fusion of
108 biomedical and traditional and/or complementary medical knowledge, skills and
109 practices. It provides holistic care spanning the care continuum and may involve
110 various health care providers and institutions.

111 **One Health** – an integrated, unifying approach that aims to sustainably balance and
112 optimize the health of people, animals and ecosystems. It recognizes that the health
113 of humans, domestic and wild animals, plants, and the wider environment (including
114 ecosystems) are closely linked and interdependent. The approach mobilizes multiple
115 sectors, disciplines and communities at varying levels of society to work together to
116 foster well-being and tackle threats to health and ecosystems, while addressing the
117 collective need for clean water, energy and air, safe and nutritious food, taking action
118 on climate change, and contributing to sustainable development³.

119 **People-centred care** – an approach to care that consciously adopts the perspectives
120 of individuals, carers, families and communities, recognizing them as participants in,
121 and beneficiaries of trusted health systems that respond to their needs and
122 preferences in humane and holistic ways. People-centred care also requires that
123 people have the education and support they need to make decisions and participate in
124 their own care. It is organized around the health needs and expectations of people
125 rather than diseases⁴.

126 **Primary health care** – a whole-of-society approach to health that aims to maximize
127 the level and distribution of health and well-being through three components: (a)
128 primary care and essential public health functions as the core of integrated health

¹ Promoting access to medical technologies and innovation. Intersections between public health, intellectual property and trade. 2nd ed. Geneva: World Trade Organization, World Intellectual Property Organization, World Health Organization; 2020 (<https://iris.who.int/handle/10665/333552>, accessed 6 August 2024).

² Intergovernmental Committee on Intellectual Property and Genetic Resources, Traditional Knowledge and Folklore. Seventeenth Session. Geneva, 6-10 December 2010. List and brief technical explanation of various forms in which traditional knowledge may be found. Geneva: World Intellectual Property Organization; 2010 (https://www.wipo.int/edocs/mdocs/tk/en/wipo_grtkf_ic_17/wipo_grtkf_ic_17_inf_9.pdf, accessed 6 August 2024).

³ Tripartite and United Nations Environment Program (UNEP) support the One Health High Level Expert Panel (OHHLEP) definition of “One Health”. Joint Tripartite (Food and Agriculture Organization of the United Nations [FAO], World Organization of Animal Health [OIE], WHO) and UNEP Statement. Geneva: World Health Organization; 1 December 2021 [Joint news release] (<https://www.who.int/news/item/01-12-2021-tripartite-and-unep-support-ohhlep-s-definition-of-one-health>, accessed 6 August 2024)

⁴ WHO global strategy on people-centered and integrated health services: interim report. Geneva: World Health Organization; 2015 (<https://iris.who.int/handle/10665/155002>, accessed 30 May 2024).

129 services; (b) multisectoral policy and action; and (c) empowered people and
130 communities⁵.

131 **Traditional medical knowledge** – health-related knowledge, know-how, skills and
132 practices that are developed, sustained and passed on from generation to generation
133 within a community, often forming part of its cultural identity.

134 **Traditional medicine** –sum total of the knowledge, skill and practices based on the
135 theories, beliefs and experiences of different cultures, as well as scientific and
136 professional expertise, used for the diagnosis, prevention and treatment of illnesses
137 and to promote health and well-being. Traditional and complementary medicine –
138 merges the terms ‘traditional medicine’ and ‘complementary medicine’. Traditional,
139 complementary and integrative medicine – merges the terms ‘traditional medicine’,
140 ‘complementary medicine’ and ‘integrative medicine’.

141 **Well-being** – a positive state experienced by individuals and societies. Similar to
142 health, it is a resource for daily life and is determined by social, economic and
143 environmental conditions. Well-being encompasses quality of life, as well as the ability
144 of people and societies to contribute to the world with a sense of meaning and purpose.
145 Focusing on well-being supports the tracking of the equitable distribution of resources,
146 overall thriving and sustainability. A society’s well-being can be observed by the extent
147 to which they are resilient, build capacity for action, and prepared to transcend
148 challenges⁶.

149

⁵ A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. Geneva: World Health Organization; United Nations Children’s Fund (UNICEF); 2018 (<https://iris.who.int/handle/10665/328065>, accessed 31 May 2024).

⁶ Health promotion glossary of terms 2021. Geneva: World Health Organization; 2021 (<https://iris.who.int/handle/10665/350161>, accessed 31 May 2024).

150 EXECUTIVE SUMMARY

151 Sustainable Development Goals (SDGs) 3 and Target 3.8 on universal health
152 coverage (UHC) connotes that all people should have access to the full range of quality
153 health services they need, when and where they need them, without financial hardship.
154 This includes the full continuum of essential health services, ranging from health
155 promotion to prevention, treatment, rehabilitation and palliative care across the life
156 course.

157 The United Nations General Assembly Resolutions 74/2 (2019) and 78/4 (2023)
158 entitled “Political declaration of the high-level meeting on UHC” allowed Heads of State
159 and Government to reaffirm and renew their commitment to achieve UHC by 2030 by,
160 inter alia, exploring ways to integrate, as appropriate, safe and evidence-based
161 traditional and complementary medicine (T&CM) services within national and local
162 health systems, particularly at the level of primary health care (PHC), according to the
163 national context and priorities.

164 The World Health Organization (WHO) recognizes the diversity of T&CM practices in
165 Member States and the progress made in the implementation of the WHO traditional
166 medicine strategy, 2014–2023, as described in the 2019 WHO global report on
167 traditional and complementary medicine. WHO has been providing technical support
168 for the integration of evidence-based T&CM into health systems, as appropriate, and
169 supporting measures to regulate T&CM products, practices and practitioners.

170 In 2023, the Seventy-sixth World Health Assembly requested the WHO Director-
171 General:

- 172 (1) to extend the WHO traditional medicine strategy 2014–2023 to 2025; and
173 (2) to develop a draft new global traditional medicine strategy for the period 2025–2034,
174 guided by the WHO traditional medicine strategy, 2014–2023, and in consultation
175 with Member States and relevant stakeholders, and to submit the draft strategy for
176 consideration by the Seventy-eighth World Health Assembly in 2025, through the
177 Executive Board at its 156th session.

178 In response to this decision, the WHO Secretariat initiated the process of developing
179 the global traditional medicine strategy, 2025–2034, with a vision to achieve universal
180 access to safe, effective, people-centered, and sustainable traditional, complementary
181 and integrative medicine (TCIM) for the health and well-being of all.

182 This strategy was developed through broad and open consultations with global experts,
183 WHO internal three levels and different stakeholders including Indigenous People’s
184 representatives, public consultation, regional and global Member States’ consultations
185 which aims to address the challenges across multiple domains and to maximize the
186 contribution of TCIM to the highest attainable standard of health and well-being for the
187 achievement of UHC and the SDGs through four strategic objectives: (1) optimizing
188 the cross-sector collaboration of TCIM; (2) strengthening the evidence-base for TCIM;
189 (3) augmenting the quality and safety of TCIM through appropriate regulatory
190 mechanisms; and (4) integrating TCIM into national health systems.

191 The four strategic objectives and nine directions (Table 1) were developed in
192 consideration of TCIM’s diversity, unique positioning, challenges and opportunities.
193 Each direction contains proposed actions for Member States, partners and
194 stakeholders, and the WHO Secretariat.

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196
197
198

Table 1. WHO global traditional medicine strategy, 2025–2034. Summary of strategic objectives and directions.

Vision: Universal access to safe, effective, and people-centred TCIM for the health and well-being of all.			
Goal: To maximize the contribution of TCIM to the highest attainable standard of health and well-being of individuals and societies for the achievement of UHC and the SDGs.			
Strategic objective 1. Optimize the cross-sector value of TCIM and empower communities through inclusive approaches.	Strategic objective 2. Strengthen the evidence-base for TCIM.	Strategic objective 3. Support the provision of quality and safe TCIM through appropriate regulatory mechanisms.	Strategic objective 4. Integrate TCIM into health systems to support the achievement of UHC.
Direction 1.1. Include TCIM in cross-sector policies and action plans for health, well-being societies, One Health and SDGs.	Direction 2.1. Facilitate high-quality TCIM research through increased resource allocation.	Direction 3.1. Provide appropriate regulatory mechanisms for TCIM products that are sustainably produced and supplied.	Direction 4.1. Incorporate TCIM into national and subnational health-related frameworks and policies for the integration of safe and effective TCIM into health systems.
Direction 1.2. Develop inclusive approaches and models for the protection, and access and benefit-sharing of traditional medical knowledge.	Direction 2.2. Explore the most appropriate research approach and maximize the rational utilization of technology for TCIM.	Direction 3.2. Provide appropriate regulatory mechanisms for TCIM practices and practitioners.	Direction 4.2. Facilitate the integration of safe and effective TCIM into health systems and services across the care continuum and life course.
Direction 1.3. Support informed choices of the public with respect to safe and effective TCIM use and self-care.			

199 *Abbreviations:* TCIM, traditional, complementary and integrative medicine; UHC, universal health coverage; SDGs,
200 Sustainable Development Goals.

201
202 This draft strategy is developed to support Member States in designing and
203 implementing strategic plans in accordance with their national capacities, priorities,
204 relevant legislation, culture and circumstances. It aims to re-orient health systems by
205 suitable integration and mainstreaming of TCIM, especially at the level of PHC, to
206 catalyze the attainment of UHC and the SDGs.
207

208 **1. INTRODUCTION**

209 Traditional medicine (TM) is present across all six regions of the World Health
210 Organization (WHO) in both codified and non-codified systems and is profoundly
211 rooted in its traditional knowledge, culture, history and territories. TM that has been
212 adopted and adapted to the local context is referred to as “complementary medicine”
213 whereas the terms “traditional medicine” and “complementary medicine” are
214 considered as interchangeable in some countries (1)(2).

215 The WHO traditional medicine strategy, 2014–2023, provided the context of traditional
216 and complementary medicine (T&CM) – a merger of the terms “traditional medicine”
217 and “complementary medicine” (3).

218 As people become more empowered to choose the appropriate health care for their
219 needs, health services will have to meet this challenge and offer a people-centred
220 approach. Whether government-led or patient-led, the practice of integrative medicine
221 (IM) that combines T&CM and biomedicine will become more common.

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

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

228 This strategy acknowledges the United Nations Declaration on the Rights of
229 Indigenous People (UNDRIP) (4) and the commitment to achieving the ends set forth
230 therein. Respectful of their right to self-determination, the present strategy calls for
231 Member States to suitably engage with Indigenous Peoples concerned in
232 implementing this strategy⁷.

233 This strategy supports Member States in designing and implementing a strategic plan
234 in accordance with their national capacities, priorities, relevant legislation and
235 circumstances to re-orient their health systems by the suitable integration and
236 mainstreaming of TCIM to catalyze the attainment of universal health coverage (UHC),
237 especially at the primary health care (PHC) level.

238 **2. VISION**

239 Universal access to safe, effective and people-centered TCIM for the health and well-
240 being of all.

241 **3. GOAL**

242 To maximize the contribution of TCIM to the highest attainable standard of health and
243 well-being of individuals and societies for the achievement of UHC and the Sustainable
244 Development Goals (SDGs).

⁷ This strategy also aligns with the WHA76.16 resolution on the health of Indigenous Peoples (5), the Convention on Biological Diversity, the Nagoya Protocol on Access and Benefit-sharing (6), the Kunming-Montreal Global Biodiversity Framework (6), the World Intellectual Property Organization (WIPO) Treaty on Intellectual Property, Genetic Resources and Associated Traditional Knowledge (8), the International Labor Organization (ILO) Convention 169 (9) and relevant International Human Rights instruments (10), together with the resolutions and mechanisms contained therein.

245 **4. GUIDING PRINCIPLES**

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

249 **4.1 Evidence-informed decision-making**

250 Safety and effectiveness of any health intervention needs to be evidence-based.
251 Decisions for the safe and effective use of TCIM should be informed by the best
252 available evidence from research and traditional practices, as well as by factors such
253 as context, public opinion, equity, feasibility of implementation, affordability,
254 sustainability and acceptability to stakeholders (11).

255 **4.2 Holism and health**

256 TCIM encompasses various medical systems rooted in holistic perspectives,
257 emphasizing the interconnectedness of the human being not only within itself, but also
258 with the environment and the properties that arise from their interactions. These
259 systems, developed across diverse cultures and backgrounds, conceptualize health
260 as restoring and maintaining the balance and wholeness of individuals (12), thus
261 contributing to a positive vision of health that integrates physical, mental, spiritual and
262 social well-being.

263 **4.3 Sustainability and One Health**

264 Health care should consciously support environmental sustainability. TCIM rooted in
265 natural resources, traditional medical knowledge (TMK), culture and history can
266 contribute significantly not only to safeguarding biodiversity by promoting sustainable
267 practices, but also to achieving the SDGs and One Health (13).

268 **4.4 The right to health and autonomy**

269 The WHO Constitution asserts health as a fundamental human right. The right to
270 health requires that health services and products be available, accessible,
271 acceptable, and of good quality for all without discrimination. The right to autonomy in
272 health decisions necessitates support for informed choices (14).

273 **4.5 Indigenous Peoples' rights**

274 Indigenous Peoples hold a distinct constituency as right holders under international
275 human rights law as provided by international instruments, such as UNDRIP (4). This
276 distinctive status entitles them to collective rights, including the rights to self-
277 determination, free prior and informed consent, to their traditional medicines and to
278 maintain their health practices, as well as the conservation of their vital medicinal plants,
279 animals and minerals.

280 **4.6 Culture and health**

281 Recognizing the importance of aligning health care needs and the preferences,
282 lifestyles and cultural beliefs of diverse populations helps to foster an inclusive,
283 equitable and culturally appropriate health care services that maintains respect for
284 TMK (15).

285 **4.7 People-centered care and community engagement**

286 People-centered care and community engagement are key priorities in the delivery of
287 quality health care (16). TCIM advocates for personalized care and respects cultural
288 preferences, considering an inclusive and collaborative approach closely aligned with
289 the concept of PHC.

290 **4.8 Integrated health services**

291 To achieve optimal outcomes, health services should be coordinated seamlessly
292 across different medical disciplines and should prioritize individual well-being.
293 Integrating safe, effective and sustainable TCIM can contribute to an approach, which
294 supports health and well-being. Evidence-based practices, continuous quality
295 assurance and regulatory mechanisms are essential to support the effective integration
296 of TCIM into health services (17).

297 **4.9 Health equity**

298 Equity is at the heart of the United Nations 2030 Agenda for Sustainable Development,
299 which aims to “leave no one behind”. TCIM practice is provided equitably, regardless
300 of age, gender, socioeconomic status, ethnicity, area of residence, health literacy and
301 the economic development of their place of residence (18).

302 **5. STRATEGIC OBJECTIVES, DIRECTIONS AND ACTIONS**

303 **5.1 Strategic objective 1. Optimize the cross-sector value of TCIM and empower** 304 **communities through inclusive approaches.**

305 *Rationale*

306 The knowledge, attributes and value of TCIM offer a holistic vision to address
307 challenges across multiple dimensions such as health, culture, environment, and social
308 and economic factors. TCIM’s unique value includes a wide range of knowledge and
309 practices. Policies and approaches for the appropriate use of TCIM include capitalizing
310 on its potential in health services and self-care, both of which are critical in PHC.

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

315

316 *Direction 5.1.1. Include TCIM in cross-sector policies and action plans for health, well-*
317 *being societies, One Health and SDGs.*

318 *Rationale*

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

327 *Actions for Member States*

- 328 1. Promote cross-sector coordination by generating data and incorporating
329 evidence-informed TCIM concepts, knowledge and practices.
- 330 2. Protect biodiversity and environment in accordance with international
331 obligations, while facilitating a sustainable supply of raw materials for good
332 quality TCIM products.
- 333 3. Promote the preservation and revitalization of traditional practices by
334 engaging with TCIM practitioners and organizing an intercultural dialogue
335 (19) to facilitate knowledge exchange between diverse health systems.
- 336 4. Establish cross-sector collaboration in health care including government,
337 civil societies, community organizations and other stakeholders to create
338 a shared vision for well-being societies and sustainable development.
- 339 5. Collaborate with international organizations, regional bodies, neighboring
340 countries and relevant stakeholders to share best practices and
341 experiences.
- 342 6. Contribute to the promotion of a healthy lifestyle, good agricultural
343 practices and environmental conservation by advocating a holistic
344 approach and TMK.
- 345 7. Develop and lead public awareness campaigns to promote an
346 understanding and appreciation of TCIM concepts, knowledge and
347 practices among the general population.

348 *Actions for partners and stakeholders*

- 349 1. Promote the holistic concepts of TCIM in strategies/policies and participate
350 in cross-sector coordination for One Health and the SDGs.
- 351 2. Contribute to the implementation of the One Health joint plan of action
352 (2022–2026) (13).
- 353 3. Spread awareness among stakeholders about TCIM's holistic concepts of
354 health and well-being.
- 355 4. Promote interdisciplinary learning and research.

356 *Actions for the WHO Secretariat*

- 357 1. Support Member States in building cross-sector mechanisms/
358 collaborations to enhance the TCIM contribution to healthy societies and
359 SDG targets.
- 360 2. Facilitate an intersectoral dialogue to contribute towards One Health by
361 promoting synergy between TM and related stakeholders.
- 362 3. Organize global/regional training programs for stakeholders to promote
363 TCIM and its connection with One Health.
- 364 4. Liaise across the United Nations system and promote cross-sectoral
365 initiatives for TCIM-related information exchange and the promotion of
366 collaborations to achieve SDG targets.
- 367 5. Provide a perspective of TMK in the implementation of the One Health joint
368 plan of action (2022–2026) (13).
- 369 6. Establish a TM library by linking with existing information or creating new
370 ones for knowledge sharing.

371

372 Direction 5.1.2. *Develop inclusive approaches and models for the protection, and*
373 *access and benefit-sharing of TMK.*

374 *Rationale*

375 All custodians of TMK can benefit from the appropriate protection of their knowledge,
376 thus enabling them to share their wisdom for the benefit of all, without fear of
377 misappropriation, further subjugation or harm. Inclusive approaches and models for
378 access and benefit-sharing of TMK are needed.

379 *Actions for Member States*

- 380 1. Develop legal frameworks in alignment with UNDRIP, the Convention on
381 Biological Diversity, the Kunming-Montreal Global Biodiversity Framework,
382 the Nagoya Protocol on Access and Benefit-sharing and the WIPO Treaty
383 on Intellectual Property, Genetic Resources and Associated Traditional
384 Knowledge and relevant human rights' instruments.
- 385 2. Establish guidelines for the documentation, registration, and protection of
386 TMK and practices.
- 387 3. Foster intergenerational learning to preserve and transmit TMK to future
388 generations, support its documentation by TM practitioners, and establish
389 TMK databases.
- 390 4. Promote collaboration to share best practices, policies and experiences in
391 the protection, access and benefit-sharing of TMK.

392 *Actions for partners and stakeholders*

- 393 1. Participate in the development of legislation frameworks for the access
394 and benefit-sharing of TMK.
- 395 2. Contribute to capacity-building for the protection of TMK and prevention of
396 its possible misappropriation.
- 397 3. Propose access and benefit-sharing models to incentivize and protect
398 TMK in accordance with global instruments.

399 *Actions for the WHO Secretariat*

- 400 1. Strengthen coordination and collaboration with WIPO, the World Trade
401 Organization (WTO), United Nations human rights' mechanisms, and other
402 organizations to address issues pertinent to TMK.
- 403 2. Organize training programs for the capacity-building of Member States in
404 TMK.
- 405 3. Create awareness among the scientific community about ethical aspects,
406 intellectual property protection, and access and benefit-sharing related
407 complexities with reference to genetic resources pertaining to TMK.
- 408 4. Create platforms for information sharing regarding appropriate
409 approaches and models for the protection, access and benefit-sharing of
410 TMK.

411

412 Direction 5.1.3. *Support informed choices of the public with respect to safe and*
413 *effective TCIM use and self-care.*

414 *Rationale*

415 TCIM is sought by many people for natural, sustainable and holistic health solutions,
416 but navigating the information landscape can be challenging. Reliable and transparent
417 information is crucial for consumer safety, informed choices and shared decision-
418 making in health care.

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

424 *Actions for Member States*

- 425 1. Create and distribute evidence-informed educational materials and public
426 information explaining TCIM modalities, benefits and risks, and
427 appropriate self-care options.
- 428 2. Develop literacy programs to improve public understanding of TCIM and
429 empowering people to make informed decisions about their health care
430 choices.
- 431 3. Promote consumer education programs on safe and effective TCIM for
432 self-care and to prevent misleading information.

433 *Actions for partners and stakeholders*

- 434 1. Support the development of mechanisms/guidelines for consumer
435 education and protection, complaint channels, and the proper use of TCIM
436 products and services.
- 437 2. Encourage users to share their TCIM usage with health care providers and
438 encourage practitioners to respect patient preferences.
- 439 3. Support ethical advertising and promotion to avoid any misleading claims
440 regarding TCIM.
- 441 4. Encourage a dialogue about TCIM self-health care among stakeholders
442 and the establishment of patient organizations.

443 *Actions for the WHO Secretariat*

- 444 1. Develop WHO documents on TCIM consumer information.
- 445 2. Support Member States in the development of online platforms concerning
446 the use/engagement with different TCIM interventions.
- 447 3. Provide technical support to Member States on TCIM self-care based on
448 needs.

449 **5.2 Strategic objective 2. Strengthen the evidence base for TCIM.**

450 *Rationale*

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

455 Digital technologies and health innovation can potentially enhance TCIM research,
456 health services and self-care, but they require active capacity-building and
457 development.

458 Given TCIM's complexity and multidisciplinary nature rooted in diverse philosophies,
459 appropriate research methodologies and intellectual property rights modalities need to
460 be employed, supported by a collaboration between methodological and practice
461 experts, as well as between TCIM and other researchers.

462

463 *Direction 5.2.1. Facilitate high-quality TCIM research through increased resource*
464 *allocation.*

465 *Rationale*

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

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

475 *Actions for Member States*

- 476 1. Establish a national research agenda on TCIM knowledge and practices
477 to stimulate innovation and allocate dedicated resources in alignment to
478 national, regional or/and global priorities.
- 479 2. Conduct appropriate scientific studies to support the evidence base
480 regarding the safe and effective TCIM.
- 481 3. Establish a mechanism/system for collecting data from various sources,
482 including real-world data related to TCIM.
- 483 4. Support capacity-building for research and foster partnerships with
484 research institutions and international organizations to facilitate innovation
485 in TCIM.
- 486 5. Promote participatory research approaches.
- 487 6. Develop a comprehensive database of TCIM to inform health care policies
488 and practices.

489 *Actions for partners and stakeholders*

- 490 1. Support the identification of priorities for a national TCIM research and
491 innovation agenda.
- 492 2. Support interdisciplinary research that includes TCIM.
- 493 3. Conduct scientific research that facilitates evidence-informed decision-
494 making for TCIM.
- 495 4. Invest in research capacity-building and the involvement of TCIM
496 practitioners in research design and conduct.
- 497 5. Include TCIM research in broader health research initiatives and evidence
498 summaries.

499 *Actions for the WHO Secretariat*

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

- 502 2. Encourage Member States and partners to enhance and track financial
503 support to TCIM research and develop a comprehensive research agenda.
504 3. Encourage TCIM research that is culturally appropriate, socially relevant,
505 and inclusive and participative.
506 4. Encourage Member States to register TCIM clinical trials in the WHO
507 International TM Primary Clinical Trial Registry.
508 5. Coordinate and promote bilateral and multilateral collaboration between
509 Member States and partners on TCIM research.

510

511 *Direction 5.2.2. Explore the most appropriate research approach and maximize the*
512 *rational utilization of technology for TCIM.*

513 *Rationale*

514 There is a need to explore innovative approaches to TCIM research that are
515 appropriate to the unique characteristics of TCIM knowledge and practices, including
516 consideration of the use of complexity science, system biology, big data and real-world
517 data approaches, as well as interdisciplinary collaboration. It is also important to
518 explore appropriate research approaches for non-codified TM.

519 Maximizing the rational use of advanced technologies is critical for developing
520 appropriate and innovative approaches to research on TCIM. Technological
521 advancements for diagnostic, therapeutic or other health-related use can enhance and
522 complement TCIM health services, access to care and self-care.

523 *Actions for Member States*

- 524 1. Explore innovative approaches for research appropriate to the unique
525 characteristics of TCIM.
526 2. Enable the development and application of digital technologies in TCIM
527 research.
528 3. Facilitate digitization and the use of electronic health records inclusive of
529 TCIM-related information to enable comprehensive health care in a
530 responsible and ethical manner.
531 4. Develop mobile health solutions, telehealth services and utilize advanced
532 technologies such as artificial intelligence (AI)-based solutions for TCIM.
533 5. Explore research approaches for non-codified TM.
534 6. Facilitate the development of technology to strengthen the conservation of
535 biodiversity for the sustainability of medicinal plants and germplasm banks.

536 *Actions for partners and stakeholders*

- 537 1. Contribute to developing research methods for the ethical and robust
538 scientific validation of individualized TCIM approaches and TMK in ways
539 that are culturally appropriate, socially relevant and inclusive.
540 2. Develop digital health applications together with TCIM end-user
541 communities and beneficiaries in support of people-centered principles.
542 3. Contribute to developing/implementing electronic patient record systems
543 accessible by TCIM practitioners and promote interoperability.

544 *Actions for the WHO Secretariat*

- 545 1. Develop research methodologies appropriate to complex, holistic and
546 individualized approaches of TCIM.
547 2. Strengthen capacity-building on TCIM research methodologies and
548 evidence collection strategies.
549 3. Develop TCIM-specific AI tools to mine the complex data available for
550 decision-makers, practitioners, and consumers.
551 4. Contribute to the bridging of digital and technological innovations across
552 the TCIM continuum of care, translate collected information into actionable
553 knowledge tailored to Member States, and propose interventions
554 maximizing TCIM contributions to health, well-being, UHC and SDGs.
555

556 **5.3 Strategic objective 3. Support the provision of quality and safe TCIM through**
557 **appropriate regulatory mechanisms.**

558 *Rationale*

559 Appropriate regulatory mechanisms are crucial for TCIM in order to safeguard the
560 public from unsafe or substandard TCIM products and services. A risk-based
561 regulatory approach is well-suited to TCIM, tailoring regulatory requirements to the
562 specific type of TCIM products or services based on safety. These involve establishing
563 appropriate participatory mechanisms, quality control measures, standards, and
564 labelling requirements, as well as ensuring that the intended use is justified and rational.

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

572

573 *Direction 5.3.1. Provide appropriate regulatory mechanisms for TCIM products that are*
574 *sustainably produced and supplied.*

575 *Rationale*

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

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

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

587 *Actions for Member States*

- 588 1. Establish or strengthen appropriate regulatory mechanisms inclusive of
589 qualified norms and standards for TCIM products to ensure standards for
590 the supply of quality, safe and effective products through appropriate
591 consultation and partnerships.
- 592 2. Explore approaches supporting efficient regulatory decision-making for
593 TCIM products.
- 594 3. Consider an evaluation of TCIM products utilizing a risk-based approach
595 to ensure that they are indicated appropriately for use.
- 596 4. Enforce relevant restrictions on the use of endangered species for
597 medicinal products, subject to stringent regulatory oversight in line with
598 applicable international conventions and national legislation.
- 599 5. Encourage sustainable practices in the production, supply, use and
600 disposal of TCIM products that contribute to the preservation and
601 repopulation of endangered species.
- 602 6. Participate in international regulatory cooperative arrangements such as
603 the WHO International Regulatory Cooperation on Herbal Medicines
604 (IRCH).

605 *Actions for partners and stakeholders*

- 606 1. Encourage different stakeholders to be involved in devising regulatory
607 mechanisms for TCIM products.
- 608 2. Participate in and provide training on criteria, norms and standards for
609 TCIM products.
- 610 3. Industry and practitioners should cooperate and participate in monitoring
611 and surveillance systems for the risk management of TCIM products.
- 612 4. Industry must comply with biodiversity and conservation requirements in
613 the production and supply of TCIM products.

614 *Actions for the WHO Secretariat*

- 615 1. Develop standards for herbal medicines in the form of the International
616 Herbal Pharmacopoeia and other such documents.
- 617 2. Develop and update guidelines, technical documents and tools to support
618 TCIM regulatory mechanisms, including a risk-based evaluation of such
619 products in Member States.
- 620 3. Develop standardized terminologies and an international classification of
621 TCIM products.
- 622 4. Enhance the WHO IRCH network.
- 623

624 *Direction 5.3.2. Provide appropriate regulatory mechanisms for TCIM practices and*
625 *practitioners.*

626 *Rationale*

627 Regulatory frameworks should be adapted to the different forms of TCIM practices and
628 practitioners. They should also be aligned with TCIM policies to support the
629 preservation and strengthening of TCIM knowledge and practices that are safe and
630 effective while preventing misappropriation.

631 Regulatory frameworks should consider appropriate standards for educational
632 programmes, certifications and licensing requirements in order to ensure that TCIM

633 practitioners have the knowledge and skills to deliver safe and effective care. Balanced
634 frameworks contribute to interprofessional collaboration and the coordination of service
635 delivery across the spectrum of health and social care systems, enabling a holistic and
636 integrated approach to people's care.

637 *Actions for Member States*

- 638 1. Establish or strengthen appropriate regulatory mechanisms to promote
639 safe and effective TCIM practices, while recognizing their diversity.
- 640 2. Develop appropriate quality standards of medicinal preparations made by
641 TCIM practitioners.
- 642 3. Develop standards, guidelines and codes of conduct to promote
643 responsible and accountable TCIM practices.
- 644 4. Adopt or refer to WHO benchmarks in developing minimum training
645 requirements for TCIM professionals.
- 646 5. Set training requirements for TCIM practitioners, including ongoing
647 professional development.
- 648 6. Collect, analyze and use data on the TCIM health workforce for improved
649 planning and accountability.

650 *Actions for partners and stakeholders*

- 651 1. Promote a dialogue between TCIM professional associations with
652 regulatory authorities for standards pertaining to education, practices and
653 practitioners.
- 654 2. Encourage regulators, training institutions and professional organizations
655 to support national and subnational health workforce data collection,
656 analysis and use for improved planning and accountability.
- 657 3. Support research on the impact of regulatory systems in reference to
658 patient safety and population health outcomes.

659 *Actions for the WHO Secretariat*

- 660 1. Develop a WHO international classification and qualification framework for
661 TCIM practitioners and provide technical guidance to countries.
- 662 2. Develop and/or update WHO benchmarks in TCIM.
- 663 3. Facilitate information sharing between Member States and partners
664 regarding approaches and experiences on the regulation of TCIM
665 practices and practitioners in different settings.
- 666 4. Improve health workforce data on TCIM practitioners through regular
667 reporting in the WHO National Health Workforce Accounts Data Portal and
668 complementary surveys and reports.

669

670 **5.4 Strategic objective 4. Integrate TCIM into health systems to support the**
671 **achievement of UHC.**

672 *Rationale*

673 The integration of safe and effective TCIM into health systems will play a key role in
674 the reorienting of health services (21). TCIM can be integrated into all the building
675 blocks of a health system, covering all levels of health care across the care continuum
676 and life course. The 2019 United Nations Political declaration of the high-level meeting
677 on UHC states: "explore ways to integrate, as appropriate, safe and evidence-based

678 traditional and complementary medicine services within national and/or subnational
679 health systems, particularly at the level of primary health care, according to national
680 context and priorities” (22).

681 PHC is a foundation of UHC and a natural hub for the integration of TCIM (23). As
682 such, TCIM will continue to represent a key component of PHC in the modern era of
683 demographic change, especially with ageing populations and significant
684 epidemiological transitions to chronic diseases and multi-morbidity (24).

685

686 *Direction 5.4.1. Incorporate TCIM into national and subnational health-related*
687 *frameworks and policies for the integration of safe and effective TCIM into health*
688 *systems.*

689 *Rationale*

690 Political commitments and policy frameworks are essential for the safe and effective
691 integration of TCIM. Health services that are effective, efficient, coordinated and
692 sufficiently resourced by governments are fundamental to the successful integration of
693 people-centered health care.

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

698 *Actions for Member States*

- 699 1. Identify how the integration of safe and effective TCIM into national and
700 subnational health systems can support the reorientation of health
701 services and systems towards a more holistic approach.
- 702 2. Recognize the role of TCIM as an integral part of health care services and
703 home care and include it in the building blocks of national health
704 frameworks, policies and plans to permit integration at all levels of the
705 health system.
- 706 3. Establish mechanisms for quality assurance, safety monitoring and
707 evaluations of outcomes of TCIM services and products.
- 708 4. Facilitate the integration of education between T&CM and biomedicine.

709 *Actions for partners and stakeholders*

- 710 1. Support the development of a national framework or policy that prioritizes
711 health and well-being in which T&CM and biomedicine health practitioners
712 collaborate and coordinate in the delivery of health and home care
713 services.
- 714 2. Encourage T&CM and biomedicine educational institutions to integrate
715 their curricula to promote interprofessional collaboration.
- 716 3. Educational institutions should consider the establishment and
717 maintenance of TCIM divisions.

718 *Actions for the WHO Secretariat*

- 719 1. Develop a WHO guidance document on the integration of safe and
720 effective TCIM into national health systems.

- 721 2. Organize activities to support Member States in the integration of TCIM as
722 well its monitoring and evaluation.
723 3. Support Member States in initiating and improving institutional education
724 curricula on appropriate knowledge and skills of T&CM in biomedicine
725 schools and vice versa in T&CM schools.
726

727 *Direction 5.4.2. Facilitate the integration of safe and effective TCIM into health systems*
728 *and services across the care continuum and life course.*

729 *Rationale*

730 An increasing research base demonstrates TCIM's promise across the care continuum,
731 including health promotion, disease prevention, rehabilitation and palliative care. In this
732 respect, it is essential to conduct evidence reviews of the provision of access to safe
733 and effective TCIM services (25).

734 Based on experiences and lessons learned in the response to COVID-19, the potential
735 contribution of safe and effective TCIM as part of pandemic preparedness requires
736 ongoing attention and action (26).

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

741 *Actions for Member States*

- 742 1. Explore, identify, design and implement the most appropriate TCIM
743 integration models, especially at the PHC level, to ensure the accessibility
744 of safe and effective TCIM to help achieve health and well-being.
745 2. Utilize applicable guidance from WHO on effective integration models and
746 practices.
747 3. Monitor and evaluate the effectiveness of implemented integration models
748 to enable further refinement and development.
749 4. Establish health management information systems for TCIM.
750 5. Promote standardized TCIM documentation, including an expanded and
751 accelerated use of the WHO International Classification of Diseases (ICD-
752 11) to enable data collection and evidence generation on TCIM.
753 6. Establish financing mechanisms to support initiatives of TCIM integration.
754 7. Develop clinical guidelines and care pathways incorporating TCIM
755 approaches for specific health conditions and stages of life.
756 8. Include safe and effective TCIM across the care continuum and life course
757 in essential health services' packages, the national essential medicines list,
758 and in pandemic preparedness plans.
759 9. Enhance the education and training of health care professionals in TCIM
760 practices, safety considerations and potential interactions with biomedical
761 treatments.
762 10. Educate health care professionals, policy-makers and the public about
763 TCIM practices, emphasizing their cultural significance, people-centred
764 and multidisciplinary approaches, and the benefits of integrated health
765 care approaches.

766 *Actions for partners and stakeholders*

- 767 1. Support the establishment, evaluation and promotion of TCIM models of
768 integration and international exchange among multidisciplinary
769 practitioners.
- 770 2. Support the integration of safe and effective TCIM with reference to the
771 health system building blocks and conduct regular evaluations of
772 integration initiatives.
- 773 3. Promote the research and inclusion of safe and effective TCIM
774 interventions across the care continuum, including pandemic
775 preparedness plans and life course approaches.

776 *Actions for the WHO Secretariat*

- 777 1. Conduct surveys and disseminate information on the identified integration
778 models for achieving health and well-being.
- 779 2. Provide technical and policy support for integration based on the needs of
780 Member States.
- 781 3. Facilitate information exchange among Member States, partners and
782 stakeholders to support collaboration on integration.
- 783 4. Set up standardized indicators to enable monitoring of the access,
784 coverage and utilization of TCIM practices and assessment of their safety
785 and effectiveness.
- 786 5. Continue to develop and promote the series of WHO technical documents
787 to support integration.
- 788 6. Establish a global network of TCIM reference clinical centres for data
789 collection and monitoring based on WHO ICD-11 coding to seek the
790 potential feed the data into routine health information systems.

791

792 **6. IMPLEMENTATION OF THE STRATEGY**

793 **6.1 General comments on implementation**

794 The guiding principles of the strategy guide the implementation. To help achieve the
795 objectives, it is necessary to regularly monitor and report on the implementation of the
796 strategy.

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

803

804 **6.2 Monitoring, measuring and reporting**

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

- 808 to support Member States in the implementation and adaptation of the strategy at
809 country level, including the design and development of national indicators (based
810 on the indicators in the strategy);
- 811 to organize workshops and on-site studies in Member States across the regions to
812 identify and share experiences and lessons learned in the implementation;
- 813 to report regularly to the World Health Assembly on the implementation of the
814 strategy for follow-up actions and decisions based on updated WHO surveys.

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913 **ANNEXES**

914

915 **Annex 1. Current status of TCIM: challenges and opportunities**

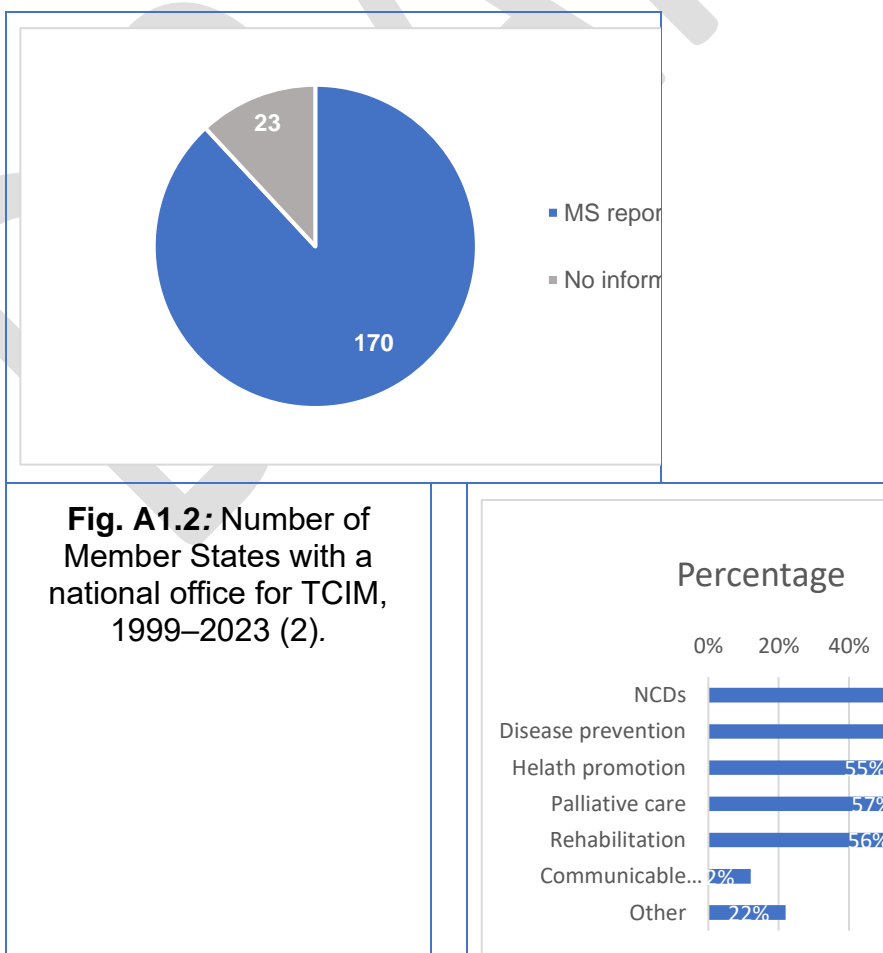
916 Between 2014 and 2025, significant progress has been made in TCIM. This joint effort
 917 by Member States, partners, stakeholders and WHO is reflected in the implementation
 918 of the WHO traditional medicine strategy, 2014–2023. The 2019 WHO global report on
 919 traditional and complementary medicine (1) and the interim data of the WHO third
 920 global survey on TCIM have shown steady progress and an advancing trend in multiple
 921 areas. Building on a review of the progress, challenges and emerging needs of Member
 922 States, a summary of the current status of TCIM provides the background for this
 923 strategy’s objectives and actions.

924 **A1.1 TCIM use and national frameworks**

925 TCIM⁸ enjoys a considerable global demand and usage (**Error! Reference source not
 926 found.**), translating into increased growth in Member States in the establishment of
 927 national offices (**Error! Reference source not found.A1.2**). In general, it has been
 928 shown that people seek TCIM services and treatments for various reasons, including
 929 communicable and noncommunicable diseases, disease prevention, health promotion,
 930 and palliative care and rehabilitation (**Fig. A1.2**).¹⁰

931

932 **Fig. A1.1:** Use of T&CM acknowledged by Member States, 2018 (1).



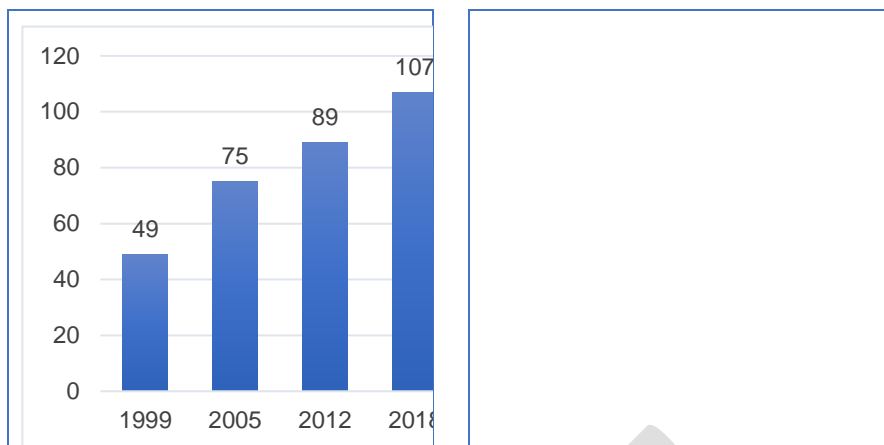


Fig. A1.2: Main reasons reported by Member States for seeking the use of TCIM, 2023 (2).

933

934 National frameworks and guiding policies are crucial for the positioning of TCIM within
 935 the overall health care landscape to facilitate access to quality, safe and effective
 936 TCIM. These should include appropriate regulatory mechanisms for TCIM products,
 937 practices and practitioners (Box A1.1).

938

939

Box A1.1: 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 the safety and effectiveness for TCIM to facilitate its inclusion in national frameworks. ▪ Quantifying the contribution of TCIM to overall health service delivery and UHC. ▪ Developing, adopting and implementing national frameworks for TCIM and evaluating their outcomes, considering national health goals, priorities, 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. ▪ Including TCIM into national frameworks should enhance regulations for TCIM services and products to ensure their safe and effective use, thus enabling TCIM to contribute significantly to health systems.

940 **A1.2 Contributions of TCIM to health and well-being**

941 With their emphasis on interconnectedness and harmony with nature, TCIM systems
 942 offer valuable insights and capabilities that can effectively respond to the complexities
 943 of fostering and maintaining the health of humans, animals, plants and the environment
 944 (Box A1.2). Their holistic approach encompassing physical, mental, spiritual and social
 945 dimensions may contribute to:

- 946 health resilience: self-regulation and self-healing through lifestyle adjustments
 947 and preventive practices;

- 948 □ environmental sustainability: integrating ecological perspectives into health
- 949 care, advocating for resource conservation and the responsible use of natural
- 950 resources;
- 951 □ cross-sectoral applications: applying TCIM approaches to address broader
- 952 public health issues, such as climate change, food security, mental health and
- 953 social well-being.

Box A1.2: 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 communities in the most vulnerable situations. ▪ Overexploitation and climate-related habitat changes threaten the availability of medicinal plants. ▪ Lack of recognition and respect for the value of TMK, which is often marginalized or disregarded within conventional health systems. ▪ Although safe and evidence-based TCIM approaches span the care continuum, their awareness remains limited, hindered by various barriers. Furthermore, the existing evidence-base for numerous practices derived from traditional knowledge and clinical experience will need greater recording and documentation by providing patient-reported outcomes and practice guidelines. Navigating the information landscape and obtaining reliable information is challenging for individuals seeking TCIM services or using TCIM for self-care. ▪ The potential contribution of TCIM in COVID-19 was not sufficiently investigated and capitalized upon in many countries. 	<ul style="list-style-type: none"> ▪ Given their deep appreciation of human interconnectedness with the Earth and the environment, TCIM can inform governance, cross-sector coordination and collaboration, as well as societal approaches for well-being societies, One Health and the achievement of SDGs. ▪ Numerous opportunities exist to include and scale-up safe, effective and evidence-based TCIM approaches to improve health outcomes across the care continuum and life course. ▪ 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.

954 A1.3 TCIM and TMK research

955 While TCIM-related research and the establishment of national research centres for
 956 TCIM have seen consistent growth (

957), funding for TCIM research activities remains limited, thus hindering progress.
 958 Complexities within TCIM require appropriate research methods to avoid the distortion
 959 of research outcomes and provide an accurate representation of practices. Notably,
 960 evidence-based TCIM interventions still face implementation and system integration
 961 challenges and require further enhancement (Box A1.3).

962 TMK represents the accumulated wisdom and practices passed down through
 963 generations within communities and offers a vast repository of knowledge on medicinal
 964 plants, therapeutic techniques and traditional philosophies. Safeguarding and
 965 acknowledging TMK requires:

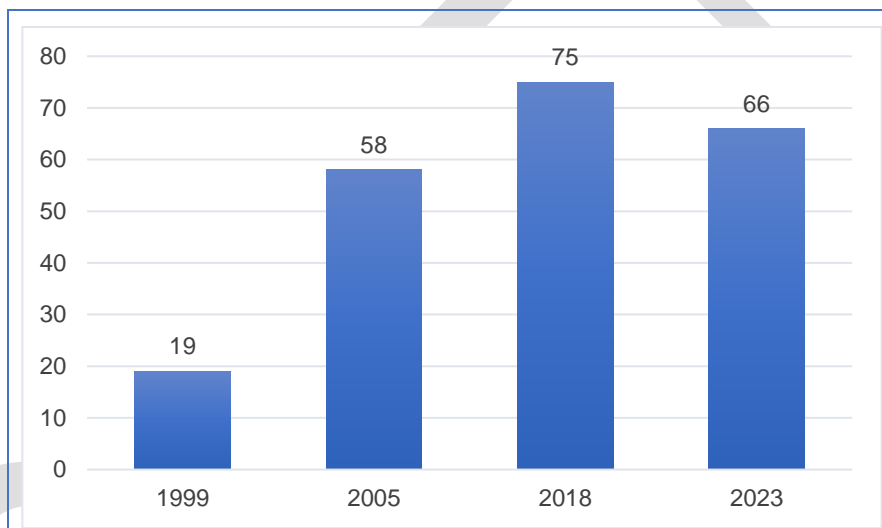
- 966 supporting community peoples' leadership and participatory research in
- 967 accordance with provisions;
- 968 documentation and archiving: support for preserving TMK through various
- 969 community-led techniques, such as interviews, ethnobotanical surveys and
- 970 digital archiving for sustainability; and
- 971 intergenerational knowledge transfer: encouraging the transmission of TMK
- 972 across generations.

973 Valuing and enhancing the potential of TCIM and TMK through appropriate research
 974 and respectful engagement may further contribute to the scientific foundation for TCIM
 975 and the development of the ever-evolving health systems that remain culturally
 976 relevant, sustainable and accessible.

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978 **Fig. A1.3:** Number of Member States with a national research institute for TCIM, 1999–
 979 2023 (2).

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Box A1.3: Challenges and opportunities related to TCIM and TMK research

<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 related technology and innovation. ▪ Research methodologies appropriate to TCIM are needed. ▪ Current TCIM research activity, while increasing, is not proportionate to its widespread use and complexity. 	<ul style="list-style-type: none"> ▪ Increased investment in TCIM research can build on the substantial capacity in TCIM research institutes across the six WHO regions. ▪ 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.

- Contributions of traditional medical knowledge to biodiversity conservation and sustainable use have not been sufficiently acknowledged.
- In many cases, traditional knowledge custodians have not been included in appropriate mechanisms for research associated with TMK.
- TMK is vital for the health of humans, animals, plants and the environment, hence warrants further attention.
- The WHO, WIPO and WTO Trilateral Cooperation may provide a platform to support a better understanding of TMK, intellectual property policies and trade.
- Incorporating and protecting contributions of TMK to halt human-induced species extinction and promote the sustainable use of biodiversity.

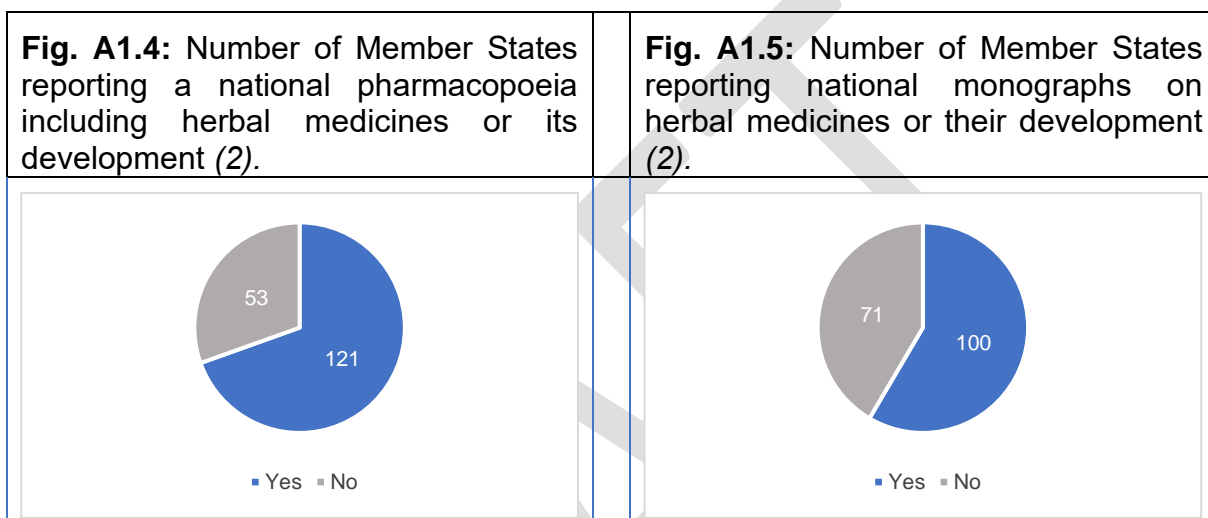
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983 **A1.4 Regulation of TCIM products and practices**

984 Following the growing popularity of TCIM products, the need of Member States for
 985 appropriate regulatory standards and requirements continues. This includes the
 986 identification of critical norms and standards including reference to national
 987 pharmacopoeia (Error! Reference source not found.) or monographs (Error! Reference
 988 source not found.) for herbal medicines to ensure accurate information for consumers,
 989 high-quality products, including sustainable as and ethical practices. While adapting
 990 existing pharmaceutical regulatory frameworks for TCIM products offer a starting point,
 991 it is crucial to develop context-specific regulations, acknowledging the unique
 992 characteristics and practices of diverse TCIM systems.

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996 Where required, the appropriate regulation of TCIM practices is critical, balancing
 997 concerns about restrictions with ensuring effectiveness. Education is key, but
 998 standards may vary globally, although the inclusion of T&CM education at university
 999 level has been rising (Error! Reference source not found.) and there is a significant
 1000 introduction of continuing professional development programmes (Error! Reference
 1001 source not found.). Clear policy guidelines and stakeholders' consultation are
 1002 essential. Preserving traditional medical knowledge and philosophies, while protecting
 1003 them from inappropriate regulation is crucial (Box A1.4).

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Fig. A1.6: Number of Member States reporting provision of T&CM education at university level (2).

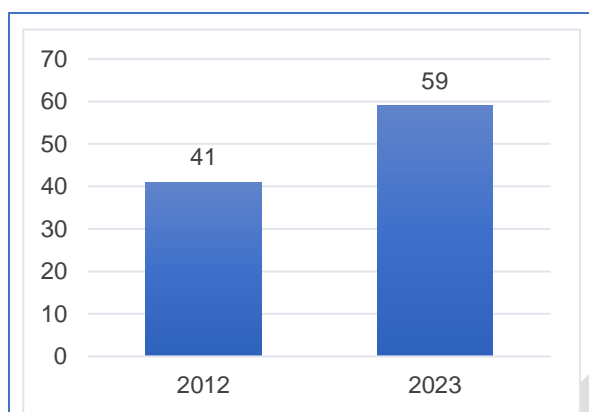
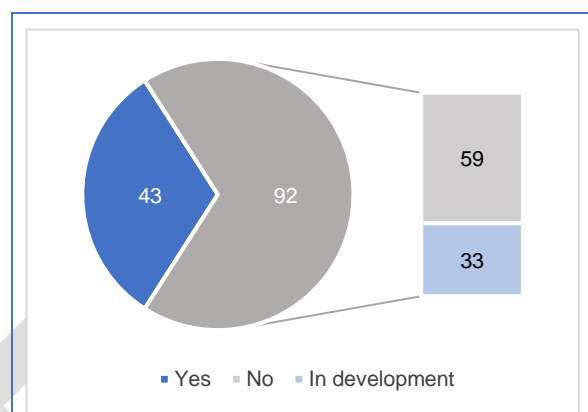


Fig. A1.7: Number of Member States reporting a continuing professional development programme for TCIM providers (2).



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Box A1.4: Challenges and opportunities related to TCIM products and practices

<i>Challenges</i>	<i>Opportunities</i>
<ul style="list-style-type: none">▪ Regulatory frameworks for TCIM products and practices 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 product regulatory approaches require greater harmonization across regions and international platforms to ensure quality, safety and effectiveness with an easier and broader product accessibility.▪ Regulatory guidance is required for all TCIM 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 products and practices 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 products.▪ The continued development of risk-based approaches applicable to the regulation of TCIM 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 products to help ensure their safe and effective use.

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1023 **A1.5 Integration of TCIM into health systems**

1024 Assistance with the integration of TCIM into already existing health systems to further
1025 enhance health coverage, health service delivery and outcomes is desired by Member
1026 States, while facing different challenges (**Box A1.5**). The needs of Member States in
1027 this area include:

- 1028 policy and legislation: developing and implementing supportive policies and
1029 legal frameworks for TCIM integration within national health systems, including
1030 adequate financing;
- 1031 regulation and licensing: establishing appropriate regulatory mechanisms for
1032 TCIM, while adapting existing systems to accommodate and protect the
1033 specificities of TCIM;
- 1034 education and training: establishing standardized curricula and training
1035 programmes for T&CM and biomedicine institutions to promote mutual respect
1036 and quality of care;
- 1037 research and development: fostering appropriate research methodologies and
1038 funding pathways for evaluation of TCIM products and practices to augment the
1039 TCIM evidence base.

1040 Addressing these challenges and fostering a continued collaboration between
1041 governments, TCIM practitioners, researchers and the public is vital to successfully
1042 navigate the integration of TCIM into future health systems.

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Box A1.5: Challenges and opportunities in the integration of TCIM into health systems

<i>Challenges</i>	<i>Opportunities</i>
<ul style="list-style-type: none"> ▪ The integration of TCIM has to be informed by evidence of its safety and effectiveness. ▪ Experiences from Member States that have successfully implemented integrated systems and services are 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 practitioners. 	<ul style="list-style-type: none"> ▪ A guiding document on models of integration of TCIM into health systems with appropriate criteria is being developed by WHO. ▪ WHO can serve as a platform for experience-sharing between Member States regarding the integration of TCIM into health systems. ▪ The ongoing health service and health system transformation for UHC, health security, healthy lives and well-being and the SDGs provide a potential basis for the integration of TCIM. ▪ The integration of TCIM may facilitate the transformation of the health system towards a well-being approach.

1044 **REFERENCES**

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1046 World Health Organization; 2019 (<https://iris.who.int/handle/10665/312342>, accessed
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1049 integrative medicine (internal report). Geneva: World Health Organization; 2023.

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Annex 2. Key performance indicators

Strategic objective	Direction	Indicator
1 Optimize the cross-sector value of TCIM and empower communities through inclusive approaches.	1.1 Include TCIM in cross-sector policies and action plans for health, well-being societies, One Health and SDGs.	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/or SDGs.
	1.2 Develop inclusive approaches and models for the protection, and access and benefit-sharing of TMK..	1) Number of Member States with a legal framework for the protection of TMK. 2) Number of Member States with a legal framework for accessing safe and effective TM services.
	1.3 Support informed choices of the public with respect to safe and effective TCIM use and self-care.	Number of Member States with safe and effective TCIM use and/or self-care consumer education projects or programmes.
2 5.2 Strategic objective 2. Strengthen the evidence base for TCIM.	2.1 Facilitate high-quality TCIM research through increased resource allocation.	1) Number of Member States with national research programmes or packages that include TCIM research and innovation. 2) Number of Member States with dedicated and regularly increasing public financial support and related resources, including advanced technologies applicable to TCIM research and innovation.
	2.2 Explore the most appropriate research approach and maximize the rational utilization of technology for TCIM.	1) Number of Member States that have supported the exploration of appropriate research methodologies for TCIM. 2) Number of Member States that have supported the exploration and utilization of advanced technologies for TCIM.
3 Support the provision of quality and safe TCIM through appropriate regulatory mechanisms.	3.1 Provide appropriate regulatory mechanisms for TCIM products that are sustainably produced and supplied.	Number of Member States with a regulatory mechanism for TCIM products.
	3.2 Provide appropriate regulatory mechanisms for TCIM practices and practitioners.	Number of Member States with national or subnational regulation of TCIM practices and/or practitioners.
4 Integrate TCIM into health systems to support the achievement of UHC.	4.1 Incorporate TCIM into national and subnational health-related frameworks and policies for the integration of safe and effective TCIM into health systems.	Number of Member States that have a national and subnational policy framework for the integration of TCIM into health systems.
	4.2 Facilitate the integration of safe and effective TCIM into health systems and services across the care continuum and life course.	1) Number of Member States that operationalize the integration of TCIM into health systems and services across the care continuum and life course. 2) Number of Member States that include TCIM interventions in their essential health services.

Strategic objective	Direction	Indicator
		3) Number of Member States with a policy or programme for encouraging the continuing training of biomedicine health professionals in appropriate TCIM knowledge and/or for TCIM professionals to obtain appropriate biomedicine knowledge.

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Abbreviations: TCIM, traditional, complementary and integrative medicine; SDGs, Sustainable Development Goals; TK, traditional knowledge; TM, traditional medicine; T&CM, traditional and complementary medicine; UHC, universal health coverage.

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