Introduction

Healthcare is constantly evolving but only a few have access to modern medicine, leaving the rest of the population reliant on knowledge passed on through generations to diagnose, prevent and treat illnesses (traditional medicine). Traditional medicine (TM) is used on a global scale to prevent, diagnose and treat individuals through indigenous and natural methods. TM's global market is estimated to reach USD 1.29 Billion by 2023 according to the Market Research Future (an online platform which provides analysis on global markets). However, according to the World Health Organisation (WHO), only around half of all countries in the world are developing regulation systems to ensure that the use of traditional medicine is beneficial for the health of its users, instead of harmful.

In developing countries, the practice of traditional medicine is commonly preferred as it’s culturally accepted, more available and affordable. Its popularity has increased throughout the years in already developed countries due to a more health conscious “natural remedy” mindset being adopted along with the rigorous marketing of natural products. As the popularity levels increase, more and more products with false claims of beneficial effects are being seen on the market undocumented and are being used by the public regularly, without any intervention of the government. It should be noted that some traditional medicine practices such as acupuncture are used by biomedical practitioners as they have been studied under great scrutiny and that not all traditional medicine has indigenous cultural roots (e.g. osteopathy).

A third of the world’s population relies upon traditional medicine to diagnose, treat and maintain individuals’ mental and physical health. In many cases, the high prices of essential medicine (such as anti-infective medicine) result in a lack of access to it, which leads to a growing demand for traditional medicine. Although traditional medicine is promoted to be made mainly from plants and animals as opposed to Laboratory manufacture, there are many side effects that are not common knowledge of the public such as: nausea, headaches and vomiting. In some cases, herbal medicines can cause kidney failure and liver damage due to them containing herbs which are sources of very potent toxins. Toxic side effects of most non-contemporary products have not been highlighted on products, leaving customers at very high risk of harm, making the question of regulating traditional medicine in healthcare urgent.
In order to ensure that the wellbeing of the public is being protected, research on common complementary used to treat illnesses should be carried out to examine the contents, risks and benefits of the products. Furthermore, although 51 countries are in the process of developing a national policy on TM, all nations should contribute in the formation of a regulatory criteria that can be used to determine if a product is viable or not. The effects of not regulating traditional medicine are rising with every purchase of an unregistered product therefore, member states need to come together and create feasible solutions to begin the regulation of traditional medicine in healthcare and consequently, abolish the risk presented to the population.

**Definition of Key Terms**

**Traditional/ Alternative/ Complementary Medicine (TM/ CAM)**

The practice of maintaining, preventing, diagnosing and treating physical and mental health through the use of indigenous and natural methods. Common traditional medicines and procedures include herbal remedies and acupuncture, respectively.

**Market Research Future**

An online platform dedicated to provide analysis on common markets around the world, including the traditional medicine market. Market Research Future published an article estimating the value of traditional medicine in the global market by 2030 through the use of data recollected in previous years. This figure can be used as a method of viewing the rapid growth of this market, making action to regulate traditional medicine in healthcare crucial due to its scale.

**Developing Countries**

Also commonly referred to as Low Economically Developed Countries (LEDCs), are countries which are relatively poor. These countries do not have well-developed healthcare systems which many citizens don't have access to. Traditional medicine is prevalent, as it is more accessible and affordable, however, it is very rarely registered and monitored.

**Developed Countries**

Also commonly referred to as More Economically Developed Countries (MEDCs), are countries which, economically, are strong. Countries classified as MEDCs have a large amount of wealth and usually have a stable health care system. Traditional medicine has become more popular in these regions due to extensive marketing and a more health-conscious society evolving. Many
citizens lack the anecdotal knowledge regarding traditional medicine/ methods and are therefore vulnerable to the information provided to them by commercials.

**Natural Products**

Products promoted by the media to be composed of components derived from nature solely. Many individuals opt for options which claim to be natural as the idea of chemical components is viewed negatively in many societies. Traditional medicine's popularity has increased severely in present years as it is promoted as being natural, suggesting it is a better alternative to modern medicine.

**Anti-infective Medicine**

Medicine that is capable of inhibiting the spread of an infectious organism or kills the infectious organism. Anti-infective medicine is also one of the categories of essential medicine stated in the World Health Organisation's List of Essential Medicine.

**Background Information**

Currently, less than half of the eighteen countries that have developed national codes of ethics to ensure the safety, efficacy and quality of traditional medicines, have implemented them. A reason why this is, is due to the issue spreading very quickly and in a short interval of time, due to its recent popularity, therefore many countries have been unable to refine a system that will solve the issue. Some countries which have implemented national codes however, are: Ethiopia, Ghana, Mali and South Africa. Although this could be seen as an issue, it can be said that this gives an opportunity for a standardised guideline to be created and used worldwide, as there wouldn't be as many clauses that may conflict with a country's already implemented regulations. The need for traditional medicine to be regulated comes from the risk of misapplication or misconception of the product that could lead to patients being harmed greatly. The main issues of traditional medicine being unregulated are: misapplication, the threats of the contents and misprescription of medicines, the inapt classification of medicines and traditional medicine’s effect on the environment.

**Misapplication of traditional medicine**

In many cases, individuals mistake certain products for others due to their common name being used to refer to many products. This makes consumers vulnerable to buying a product which has a completely different function and composition to that of their choice. For example *Artemisia absinthium* L., whose contents are capable of causing Central Neurological System (CNS) disorders has at least 11 different common names. Due to individuals mistaking certain potent drugs for ones which are used to
treat low risk diseases, the administration of what they believe is a beneficial product may harm the patient and degenerate their health.

**Threats/ problems caused by traditional medicine**

There is a global misconception of traditional medicine being completely safe and having no negative side effects, due to the products being derived from natural products and having been used for thousands of years. However, some traditional medicine is suspected to be able to cause acute hepatic and renal failure (the loss of liver and kidney function), aggravation of a pre-existing condition or disease and even death. As there is a lack of regulation, the contribution of traditional medicine to death or illness is unknown.

**Threats to do with the contents of medicines**

The content of herbal preparations is not tightly controlled. Some ingredients may not be listed on the labels or the concentrations of certain components may not have been accurately recorded. Patients may have an allergic reaction to a certain ingredient in the medicine, which they were not aware was part of the composition. Around 17% of 5568 hospital inpatients were recorded of having adverse reactions to drugs in a Swiss study, illustrating the gravity of the risk.

Furthermore, the water used as a basic ingredient in many medicines may be used from public domains or may be contaminated. Ingesting contaminated water can result in waterborne diseases (such as cholera) or even death, with 3.4 million deaths being caused by water related diseases already, as stated by LifeStraw.

**Threats to endangered species from the sourcing of medicines**

The content of some traditional medicines are the horns and hides of rare and endangered animals, which are regularly poached to maintain the supply of ingredients to traditional medicine suppliers.

**Child abuse and traditional medicines**

In some areas of the world, traditional medicines require human sacrifice, generally focussed on children, grinding up parts of children's bodies for use in medicines or medical rituals. Sometimes children are mutilated for their parts, and other times they are outright killed.

**Threats to do with the misprescription of medicines**

As there is no regulatory system in place for practitioners of traditional medicine which prescribe products to the public, in many instances, medicines and/or the doses are prescribed inappropriately. Patients may be prescribed a certain product which will not treat their condition,
this situation is seen in modern medicine as well, when antibiotics may be prescribed when there is a viral infection. Around 75% of adults in the US suffering from acute bronchitis, which is usually caused by a virus, are prescribed antibiotics, as stated by a study conducted by researchers investigating the factors associated with antibiotic prescriptions. As patients take medicine however, many will feel the symptoms of their disease alleviate due to the placebo effect. The placebo effect is when an individual’s health improves due to the individual believing the treatment is improving their health, even though the medicine does not contain ingredients or chemicals that make a significant effect on their condition. A study published in Science Translational Medicine found that a placebo was 50% as effective as the real drug used to cure reduce the pain of a migraine attack. Therefore, data on the effectiveness of a traditional medicine product may be invalid as the drug may work as a placebo. Due to the lack of research and testing associated with traditional medicines, the effects and dangers of two or more drugs interacting are also unknown. Finally, a medicine that will aid the symptoms of the patient could be prescribed, however the dose given is incorrect and could be dangerously high, leading to casualties.

**Inept classification of products**

Some herbal products in the form of food supplements and drinks being classified as “food” instead of pharmaceuticals/medicine do not go under scrutiny as contemporary medicine does, allowing for possibly harmful products to reach the public without being detected. In the United States, any herb, botanical and natural concentrate, is classified as a dietary supplement by the Dietary Supplement Health and Education Act (DSHEA) therefore, the Food and Drug Administration (FDA) are unable to require these products to be approved for safety and efficacy before entering the market. On the other hand, a product being sold as a herbal or dietary supplement in the United States cannot suggest that it can be used to diagnose, treat or prevent a disease on its packaging. Canada already have a more elaborate control mechanism as all herbal remedies must adhere to the Natural Health Products Regulations. A product license must be acquired by providing detailed information on medicinal and nonmedicinal ingredients, source, potency, etc, before products can be sold in Canada. Systematic approaches to the regulation of traditional healthcare, such as Canada’s, would aid the rapidly growing issue at hand. Alternative medicine is most commonly used in indigenous areas where external contact is uncommon. This causes a complication for the regulation of this type of medicine as data will not be confirmed to be completely valid.

**Traditional medicine’s effect on the environment**

Traditional medicine is already being utilised by about 80% of people in developing countries as a primary source of healthcare, according to an article about “The growing use of herbal medicines” published on The National Center for Biotechnology Information’s website. Throughout generations, the
availability of plants and animal products have shaped the development of traditional medicine therefore, the environment plays a very strong role in the procedures which are becoming more and more popular. Many species are under threat due to the ongoing issue of climate change and human activity as well as, the growing use of traditional medicine. In Traditional Chinese Medicine (TCM) the use of large carnivores, such as tigers and bears, and megaherbivores, such as the rhinoceros, is very common. In the last ten years, 8,889 African rhinos have been lost to poaching due to the anecdotal claims that rhino horns are a treatment for cancer, even though there is scant scientific evidence suggesting this. Due to these organisms playing a huge role in maintaining the high levels of biodiversity, experts predict that as the use of TCM increases, the biodiversity of certain ecosystems can be expected to deteriorate. At the same time, TM will likely suffer from the consequences of climate change and human activity on the environment as the availability of the components of many medicines will become scarce. In a study from the Songklanakarin Journal of Science and Technology, investigating the effect of climate change on nine medicinal plant species in northern Thailand, it was found that seven were listed as high extinction risk due to over 80% of suitable areas for cultivating being predicted to be lost from climate change.

Major Countries and Organizations Involved

United Kingdom (UK)

The UK, currently, has pathways for registering and mediating herbal products. As part of the European Union (EU) harmonisation, the Traditional Herbal Registration (THR) was made to have a simplified registration procedure for all traditional herbal medicines that did not fulfill the marketing authorisation (MA) requirements. As of 2001, the UK also has a directive with a clause including requirements for traditional herbal medicines to demonstrate plausible efficacy when there is a lack of marketing authorisation (MA). Requirements include: having evidence of being safely used for, at least, 30 years (15 of which have to be within the EU). Furthermore, regulatory authorities also require the manufacturing company including a statement and/or mark showing clearly that the product is classified as traditionally used.

If a product claims to treat major health conditions, it is classified as a medicine (which requires MA) and can include any preparation type. However, if a product claims to be therapeutic, the product is again classified as a medicine, requires a THR and can only be presented as oral, external and inhalation preparations. Finally, if a product requires supervision of a medical practitioner/ prescription, it is classified as a medicine which needs MA and is required to have the most strict registration requirements. Due to these strict registration requirements, many products are classified as having dietary effects. Therefore, they are classified as food and go under less scrutiny.

United States of America (USA)
In the USA, there is a better regulatory system implemented in terms of detecting traditional medicines and making them undergo the correct examination. For example: dietary supplements are only allowed in oral preparations therefore, all other preparations are classified as botanical drugs. Botanical drugs require the strictest registration requirements, which consequently means that the medicines available on the US market are safe and citizens are at lower risk of harm. Although when products are under regulation they are classified correctly (in most cases), 15.5% of US hepatotoxic events (liver damage caused by chemicals) were associated with dietary supplements and herbal products, as shown by a study conducted by the National Institutes of Health. In another study conducted in 2013 by researchers in Toronto, less than half of 44 herbal supplements contained the mentioned ingredients on the labels and more than half contained additional ingredients, which were not mentioned on the labels. This shows that although there are good regulatory guidelines, regulations have to be conducted more often in order to prevent harmful or misclassified products from reaching consumers.

**China**

The Constitution of the People’s Republic of China sets out that, both modern and traditional medicine should be developed simultaneously. In their Drug Administration Law, it states that “the State protects the resources of wild herbal drugs and encourages domestic cultivation of herbal drugs.” Therefore, traditional Chinese medicine has been evolving throughout the years very rapidly. By the end of 1995, there were 2,522 Traditional Chinese Medicine (TCM) hospitals and the total value of herbal medicines had increased 213% in comparison to 1990.

In China, according to the Drug Administration Law of 1984, new drugs have to be examined and approved with special requirements including: quality dossier, safety and efficacy evaluation and special labelling. In the production site of the medicines, there should be an “adequate number of pharmacists or technical personnel with a title equivalent to or higher than associate engineer.” In terms of documentation, Article 21 of the Drug Administration Law asks for a clinical trial/ verification of new drugs that should be sanctioned by the Ministry of Public Health, where it will either be approved for clinical use and given a licence or rejected.

New TCM drugs are classified under one of five categories ranging from Chinese medicinal herbal injections to new TCM preparations or routes of administration. The research on the medicines are meant to provide data on toxicity, pharmacological properties, clinical research, detailed documentation on the quality of the medicinal material and a pharmaceutical form.

Although there are many systematic procedures implemented in China to regulate the use of traditional medicine, due to China having one of the oldest medical systems dating back at least 2,200 years, many practitioners and medicines are not documented as the recipes and knowledge is passed on from
generation to generation and does not reach the market. However, these medicines and practitioners should also be documented as, at some point, their use can reach the public and could possibly cause harm.

Congo

The Republic of Congo is one of the many African states without national policies for TM and are not currently establishing one even though every year since 2001, it is estimated that the market for traditional medicines grows 20-30%. Additionally, there is no registration system and no restrictions are made on herbal medicines. One of the reasons why there is no policies on the regulation of traditional medicine is because there is no expert committee on TM or CAM or national research/ national research institutes which specialise in traditional medicine. Due to there not being a national policy, no legal claims can be made to remove or ban a TM product or medicine from the market. This could lead to an extensive amount of people purchasing a detrimental product without being aware.

The Republic of Congo however, is trying to develop a post-marketing surveillance system. A national pharmacopoeia (a book containing all recorded medicines, their effects and application) is also being developed whilst the African pharmacopoeia (1985) is being used.

World Health Organization (WHO)

The World Health Organization is an organization that focuses on international health and well-being and is part of the United Nations system. The objectives of the WHO on Traditional Medicine include: building the knowledge base for active management through national policies; to strengthen the quality assurance, safety, proper use and effectiveness by regulating products, practices and practitioners and finally, to promote universal health coverage by integrating traditional and complementary medicine services into health care. Currently, the WHO has a global report on traditional and complementary medicine, which was composed in 2019. In the report, 179 of the 194 Member States officially contributed information. This shows how the initiative to research into traditional medicine is being developed.

## Timeline of Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of event</th>
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<tbody>
<tr>
<td>100,000 BCE</td>
<td>Neanderthals had remnants of medicinal plants found in their teeth therefore, TM has been used for centuries.</td>
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<tr>
<td>1,000 BCE</td>
<td>Evidence of Traditional Chinese Medicine evolving.</td>
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<tr>
<td>Year</td>
<td>Event</td>
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<td>1820</td>
<td>First US Pharmacopeia published. It contained 296 substances, 130 of which were based on the Native American tradition. This shows us how traditional medicine has always been a significant part of medicinal progress, making the regulation of it even more urgent as it is implemented into medicine more and more.</td>
</tr>
<tr>
<td>1990</td>
<td>Only 5 Member States had established a national policy for TM.</td>
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<tr>
<td>2003</td>
<td>53 Member States had laws and regulations relating to herbal medicines and 42 Member States declared having regulations in the process of being developed.</td>
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<tr>
<td>2010</td>
<td>Chinese Pharmacopoeia published. Nearly half of the products were derived from plants, illustrating the influence of traditional medicine on Chinese modern medicine.</td>
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<tr>
<td>2014</td>
<td>WHO Traditional Medicine Strategy 2014-2023 developed and launched due to the World Health Assembly resolution on traditional medicine. The strategy shows how the increase in use of TM has caused for the UN to develop policies and action plans to improve the impact of traditional medicine in populations.</td>
</tr>
<tr>
<td>2018</td>
<td>Number of countries with a legal and regulatory framework for TM increased from 79 in 2012 to 109.</td>
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<tr>
<td>2019</td>
<td>WHO Global Report on Traditional and Complementary Medicine. The report was developed to address the lack of data from Member States in the area of T&amp;CM and reviews the global progress over the past two decades.</td>
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### Relevant UN Treaties and Events

- WHO Traditional Medicine Strategy 2002-2005
- The Beijing Declaration on Traditional Medicine, November 2008
- The World Health Assembly resolution on Traditional Medicine, May 2009 (WHA62.13)
- WHO Traditional Medicine Strategy 2014-2023
- WHO Global Report on Traditional and Complementary Medicine 2019

### Previous Attempts to solve the Issue

**Incorporation of TM/CAM into national health care systems**

Having traditional medicine be a part of the healthcare system would obligate any products, practices and/or practitioners to go under stricter regulations. As countries’ healthcare systems are managed by the government, implementing TM/CAM should have forced governments, and their research centres, to expand on the country’s TM/CAM data when regulating all of the aspects.
surrounding TM/CAM. However, only China, the Democratic People's Republic of Korea, the Republic of Korea and VietNam were considered to have accomplished an integrative system by the WHO in the 2002-2005 Traditional Medicine Strategy.

On the other hand, TM/CAM has been seen to be implemented by many allopathic doctors (doctors that work/are qualified to practice modern medicine). In a survey of 610 Swiss doctors, it was shown that 46% had used some form of TM/CAM. Most forms were homeopathy (the usage of small amounts of natural substances to aid the natural recovery of the body) and acupuncture, where fine needles are inserted into the skin at specific points to treat physical and mental conditions. Due to the inclusion of acupuncture into modern medicine, in the US, all states have legal information about acupuncture, making the practice much more regulated and safe.

Although practices such as homeopathy and acupuncture are widely used in modern medicine and by doctors which are part of the national health care system, these methods are only a small portion of TM/CAM. Therefore, although countries have implemented some forms of traditional medicine into their national health care systems, many more would be needed to also be included in order for the regulation of TM/CAM to be applied and efficient.

**Appropriate training for TM practitioners**

Although traditional medicine is, in many countries, the primary source of health care for the vast majority of the population, TM practitioners are usually skilled with the knowledge passed on through generations instead of certified and systematically educated in the practice. Some countries in Africa however, recognized the large contribution that traditional birth attendants (TBAs) made to primary health care and initiated training programmes, in order to improve TBAs’ skills and knowledge. A smaller percentage also provide training in traditional medicine for pharmacists, doctors and nurses.

Introducing appropriate training for TM practitioners would decrease many risks for patients, as certified and qualified practitioners would be more easily identifiable by the public. Although the initiative of the African countries (Figure 1 in Appendix) improved the safety and professionalism of traditional birth practices, the action was not translated into any other aspects of traditional medicine. Therefore, the steps that were taken were too limited and specific, not leading into the widespread regulation of traditional medicine.

**Regulation of TM/CAM products**

Many countries, such as Equatorial Guinea, Nigeria and Mali, have a national TM/CAM policy, however there is little or no regulation of TM/CAM products. Although the WHO has conducted several global surveys on the regulations of TM, it seems that many countries continue to lack a national regulatory system in place. Some countries, such as the United States of America, however, do have a
more greatly refined system in order to detect and regulate as many TM products as possible. For example, any preparation apart from oral of a dietary supplement is instantly classified as a botanical drug, which later on undergoes further regulations and examinations.

The issue related to the regulation of TM/CAM products is the lack of research countries conduct. Due to the insufficient research surrounding TM/CAM products, countries are unable to construct and develop specific examinations to classify products into the correct category. Without the knowledge of what chemicals/ingredients classify a certain dietary product into a medicine that is of traditional manufacture, the regulation of TM/CAM products is stagnant in many countries.

**Education on TM/CAM**

Developed countries such as Canada and the United Kingdom do not offer significant university-level education in TM/CAM even though they have national policies and regulations in place to monitor the TM/CAM market. However, in Korea, Korean traditional medicine (KM) has thrived and has established an independent and competitive education system for KM doctors, which is equivalent to the Western system and has a pivotal role for public health in Korea.

Since 1965, 11 private universities have been using a 6-year curriculum. However, there are also twelve public KM universities distributed across the nation. Some universities, such as Pusan National University, have implemented master degree tracks. After this stage in education, individuals wanting to be certified in Korean traditional medicine need the National Licensing Examination.

Korea is just one example of a country that has taken the education in traditional medicine to the same standards as that of modern medicine. Through a proper and specific education system, traditional medicine could not only evolve more effectively but also be utilised on a larger scale by implementing certified practitioners into the healthcare system.

**Possible Solutions**

A possible solution to the issue of regulating traditional medicine in healthcare would be the implementation of more training courses. These could be implemented by governments in the education system or private institutes who specialise in healthcare and are interested in expanding their range of medicinal courses. These training courses could be in the form of a university degree such as the ones in Korea or as a separate training course which is specific to an area of traditional medicine, such as the TBA training in some African countries. Introducing a systematic education system for traditional medicine would result in more qualified and reliable practitioners of TM. Furthermore, a system would also aid countries, who are lacking data and research on traditional medicine, to expand on their database at the same time. Certificates and degrees would help patients looking for a TM/CAM practitioner to choose someone reliable, increasing the safety of traditional medicine. An education
system would also create a generation who will evolve traditional medicine and therefore, TM/CAM will have a greater chance of being implemented into the healthcare system.

Although countries are trying to ensure the safety and quality of TM/CAM products at national level, very few are conducting research to expand their understanding of the ingredients of TM/CAM products. For example, one of the very few countries that are expanding on their knowledge of traditional medicine and their effects on health is Nigeria. Nigeria has been conducting research on the African Flower (a traditional herbal medicine) for the treatment of HIV symptoms. If countries follow on their initiative, regulations for the control of TM/CAM would be easier to construct. Through research centres, countries would be able to ensure their regulations on TM/CAM products are specific and effective, as harmful ingredients would be easily identified by comparing them to the database.

Another possible solution to the issue of regulating traditional medicine in healthcare would be to implement TM/CAM into national health care systems. Implementing TM/CAM into national health care would result in TM/CAM going under greater scrutiny by governments, regulating and making traditional medicine safer. Additionally, traditional medicine has been sought out by many due to the low costs associated with it. Enforcing traditional medicine into national health care may even result in a lower expense for governments and populations who are currently struggling with providing solutions for the huge demand for healthcare. Raising awareness of the lack of regulation of traditional medicine through including TM/CAM in national healthcare would in turn also make regulatory systems of traditional medicine products in the market more specific and effective.

Finally, a direct, possible solution for the regulation of traditional medicine in healthcare would be making the current regulations implemented less ambiguous. For example, many herbal products in the form of food supplements are being classified as “food” and therefore, go under the incorrect regulations. Although there are many factors which make this solution complex and difficult to act on, the initiative of creating more specific regulations for traditional medicine would consequently, force countries to take action and improve other aspects of traditional medicine, such as the education and research on TM/CAM.

Guiding Questions

1. Does your country have a national policy specifically for traditional medicine?
2. Does your country conduct research on traditional medicine constantly?
3. Has your country been involved in the surveys conducted by the WHO on global usage of traditional medicine?
4. Does your country have institutions where the practice of traditional medicine is taught and certified?
5. Has your country implemented any of the strategies proposed by the WHO in either the WHO traditional medicine strategy 2002-2005 and/or WHO traditional medicine strategy 2014-2023?

6. How does not having regulations on traditional medicine in indigenous areas affect the healthcare system?

7. How could you make sure regulations for traditional medicine reach indigenous areas?

8. How could you make sure your country implements the strategies presented by the WHO?

Bibliography


“The past, present, and future of traditional medicine education in Korea.” Integrative medicine research, June 2016, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5381420/


Appendix or Appendices


A great source for any member states wanting to analyse what solutions the WHO has suggested for the future of regulating traditional medicine in healthcare. The source is filled with background information, surveys conveyed and data collected from member states’ stance on traditional medicine and their development towards regulating traditional medicine.


A good source for member states to understand what possible solutions have been suggested in the past and gain an understanding of the focus of traditional medicine and its regulation throughout the years. Paired with the source above, member states can identify advancements made by countries.

II. https://apps.who.int/medicinedocs/pdf/s7916e/s7916e.pdf (National policy on traditional medicine and regulation of herbal medicines)

Above is a good source for reliable statistics that member states may like to use to construct their resolutions and/or have a better understanding of the regulations of traditional medicine at a global scale.
Figure 1 - African countries with health care training programmes for traditional birth attendants