

MAIN POINTS FROM WORKING GROUP DISCUSSIONS

1. Conduct of research in practice settings

The working group identified two significant needs to support the development of research on traditional medicine in practice settings.

1. There is a need to develop a framework for research on traditional medicine to facilitate research in practice settings. Such a framework would encompass research within and without traditional medicine clinical practice settings.
2. There is a need to develop a database of reliable standards for herbal medicines to assist in quality assurance at a global level. This database would include information on the botanical identity information, chemistry, HPLC profiles, pharmacognostic information and biological activities (where known).

To develop research in traditional medicine in a practice setting the WHO Kobe Centre should:

- establish a network of researchers with an interest in research on traditional medicine in a practice setting;
- collect and disseminate methodologies for conducting research in practice settings;
- provide methodological assistance to practitioners where required;
- act to develop collaborations between research organizations and countries without the necessary research infrastructure (knowledge, facilities, people);
- ensure that the results of research undertaken in a practice setting are conveyed to the traditional medicine practitioners who were the focus of the research;
- encourage WHO regional collaborating centres to foster research in practice settings; and
- coordinate an international scientific committee to assist in the development of the structure of these global information resources.

Issues that need to be developed concurrently with research on traditional medicine in order to ensure the validity and acceptability of this research are as follows:

- assurance of the quality and safety of products and procedures (but particularly, herbal products);
- development of guidelines, or referring people to those who have established guidelines for the sustainable harvesting and, if appropriate, cultivation of herbs;
- creation of consciousness around the issue of conservation of biodiversity; and
- addressing the issue of intellectual property rights [Within the area of intellectual property rights, a desire was expressed to provide information on the type of data necessary to support an application for intellectual property rights claims]

2. The potential for cross-national evaluations using common protocols and measurements

The evaluation of traditional medicine in cross-national trials is only now beginning to become a possibility. The worth of undertaking multi-centred cross-national trials before adequate local trials have been conducted is negligible. Evaluating traditional medicine

practices in a standardized fashion in different cultural settings may reveal valuable data on their generalisability, or factors that affect their efficacy.

If the concept of cross-national trials is accepted among nations, what facilities would be needed to carry out these trials? The first need would be for trained personnel for both an international trial directorate and local trial staff. The availability of trained traditional medicine practitioners would be particularly necessary for evaluation of procedures such as acupuncture or the individualized prescription of herbal medicines typical of traditional Chinese medicine, Kampo, Unani or Ayurveda. Establishing the availability of such practitioners and their interest in collaborating in a cross-national trial would be a critical first step in beginning a cross-national trial. The staff of the clinical trial itself could be recruited from universities, hospitals or possibly commercial clinical research firms. A trial director and an international design and oversight committee would need to be established. Approval of the trial procedure by an ethical review board of some institution would be necessary. Clinicians responsible for collection of medical and outcome assessments related to the trial would also be needed. Statisticians should be available at all sites and should be included in the international team. Data entry and data auditing staff would be needed at all sites. Clinical research assistants would be needed to visit the various sites to monitor and supervise the progress of the research.

Assuming a target disease and a traditional medicine practice have been selected, the development of a common traditional medicine study protocol is one of the first issues that must be addressed. The type of clinical trial design must be acceptable among all the participating countries.

Other protocol issues that arise concern the specific type of therapy that is to be tested. Once a common protocol is agreed upon, the international trial staff must define more rigorously the diagnostic criteria, and inclusion and exclusion criteria for the study.

An appropriate outcome measurement must also be selected for the trial, one that is valid in each of the participating countries. Quality control of herbal preparations will be critical in cross-national trials. Safety considerations will be the same as those of single-site studies, with an additional level of complication from the international nature of the study.

However, cross-national trials require a substantial financial investment, which will most likely come from collaborating national governments.

3. Bringing together and evaluating information from completed studies

Following the presentation by Dr Fakeye, the group discussed the issue of gathering information, including the purpose of collecting information on traditional medicine, the type of information required, and the collection, analysis and dissemination of information.

The group considered that, while the ultimate aim of health research was to enhance the health of people, the information gathered could also support the development of traditional medicine in the health care system, influence the development of appropriate health care policy, and mobilize resources required for development of traditional medicine.

The group considered that existing research to be collected should be relevant and purposeful. The relevance and usefulness of the information would depend on the needs of stakeholders in traditional medicine, who should be included in the process of deciding what evidence should be collected. These stakeholders might include policy-makers, practitioners of traditional and orthodox medicines, researchers, the pharmaceutical industry, entrepreneurs and health care consumers. Government support was seen as important for these activities, but it was recognized that some information was needed initially in order to interest and engage government agencies.

The group considered that the research collected should be appropriate in terms of the research question, study design, and the level of evidence required. For traditional medicine to gain acceptance and recognition, the efficacy and safety, as well as the mechanisms of action, should be demonstrated or understood.

The importance of an exhaustive search for information was recognized. The sources of information would include government and other agency reports, journal articles, books and possibly less formal sources such as newspaper reports. Appropriate methods of analysis and evaluation of existing research should be employed, consistent with the WHO guideline on methodology for research and evaluation of traditional medicine. Nevertheless, when evaluating the information its relevance for potential users should be borne in mind.

Measures to facilitate the exchange and dissemination of information were discussed. For researchers and policymakers these measures would include building up networks at both national and international levels, publication of newsletters and journals, and organizing appropriate discussion forums. Practitioners and health care consumers would require the use of other media. Language barriers would need to be recognized and overcome.

4. Effectiveness and cost-effectiveness from a clinical perspective

Measuring outcomes

Measures must be selected which best reflect (1) what patients want and (2) the particular benefits that traditional medicine can offer. The popularity of traditional medicine implies it does provide what patients want.

Generic quality-of-life measures are likely to be the most relevant. These should be accompanied by appropriate disease-specific measures. It is necessary to develop new quality-of-life outcome measures that can capture those changes which can be described as the essence of traditional medicine – in simple form this can be called 'patient satisfaction', but it goes much deeper and includes concepts such as (spiritual) peace and wholeness.

It is important to be able to measure the benefits of preventive aspects of traditional medicine, such as lifestyle changes.

Conditions

Not all conditions are amenable to traditional medicine; therefore the agenda must be set from within traditional medicine itself, and not by governments. However, the reports from traditional medicine must use conventional terminology to classify conditions, as this is

what is used for resource allocation. There should be no attempt to insist on using traditional diagnoses in conversation with governments and health departments.

Costs

The tools for economic evaluation are the same for traditional medicine as for conventional medicine, though great care is needed to ensure the relevant outcomes, costs and savings are all measured. Many of the potential benefits of traditional medicine hinted at above may be difficult to capture (e.g. satisfaction, prevention of future ill-health). Very careful and clear definitions of costs and effectiveness will be required. The potential areas of importance for patients are wide, including aspects like information and nursing care.

The economic aspects of traditional medicine are certain to differ between nations; results from one country should not be applied unthinkingly to another country where the circumstances are likely to be different.

The economics of traditional medicine are also likely to change over time, and so may need to be repeatedly assessed: herbs may increase in cost because of the development costs of classification and establishing safety and efficacy. However, these are 'one-off' costs and, once development expenses have been recouped, the price may fall again. Economies of scale may be possible, which will also lead to significant savings over time. Establishing training and professional standards will almost certainly increase the cost of professionals' fees. One reason for the high cost of medicine now is because it is hospital-based. Traditional medicine emphasizes the community level of care and this on its own has huge potential for cost savings.

5. Effectiveness from a policy formulation perspective

A framework for policy formulation should consider five steps- agenda setting; policy decision, policy implementation; policy evaluation and policy termination or change (feedback). Using these framework criteria, policy evaluation will have to include not only the health effects but also the social and political effects of the policy. The power issues in this policy formulation process are reflected in collective actions including demonstrations, influence by stakeholders and the democratic election process.

There are important differences in the perspective of developing and developed countries, based upon the challenges faced and the context within which the policies are developed. Effectiveness can be a decisive factor for the inclusion or exclusion of traditional medicine. In developed countries, concerns are related to regulation (consumer interest and protection) and funding (the patient pays). In developing countries, the challenges are related to the demand for unattainable high-cost care on the one hand, and the neglect of traditional disease/illness care on the other. This policy formulation perspective takes into account the choice of provider (government or private), the quality standard to be used (outcomes or quality) and the funding responsibility (who pays or decides). Effectiveness should consider accessibility, the disease limiting effect and acceptability, as well as the interaction of disease and care.

The policy decision considers what is the most effective treatment for this patient in this culture with these public and these private resources. At the global level we look for the

most effective treatment within the disease illness care system. The overall health and well-being of individuals is not the responsibility of the health care system.

Effectiveness can be looked at from the perspective of the population or of politicians. Indicators should reflect health status, but it is difficult to measure. Forces which drive policy formulation and which determine success are getting re-elected.

Social marketing is important in getting legislation passed. Information should be provided on how well the traditional medicine works and if it is cost-effective, usually as compared with alternative interventions.

Approaches which lead to expensive medicine for the rich and cheap medicine for the poor should be guarded against; evidence-based for the rich, no evidence for the poor. International organizations (Banks, IDRC) have policies which support grassroots efforts and sophisticated Western-style clinical trials and nothing in between.

We need to look at how the spiritual aspect and quality of life can be considered as part of effectiveness in policy development for health care. Traditional medicine incorporates this spiritual dimension within its holistic framework.

6. Future research priorities and directions for cost-effectiveness practice

The moderator introduced the discussion with a brief summary of the different cost types (direct, indirect, primary, secondary) and different investigation models (cost-comparison, cost-effectiveness, cost-utility and cost-benefit). The best investigation method seems to be the cost-effectiveness method, although it does not screen for the quality-of-life aspect of complementary and alternative medicine systems.

Dr Motasim Habibullah's paper on cost-effectiveness concludes that practice conditions should be respected. Quality, safety and efficacy of traditional preparations should be evaluated using conventional methods to assess multi-ingredient preparations acting through multiple mechanisms.

Priority in traditional medicine research should be given to the evaluation of safety and efficacy of existing preparations and techniques that have been used traditionally for hundreds of years.

The discussion shows that the study designs must clearly define their objectives and that the most suitable analysis method should be of the cost-utility type. However, the feasibility of this sort of study is very low.

7. Exchange of information on traditional medicine

Exchange of information is needed:

- to prevent unnecessary duplication of effort in research on plants, etc.;
- to share resources when limitations exist but there is the possibility of doing the research in another part of the world; and

- to address concerns of protecting biodiversity as use of plants becomes more prevalent.

Difficulties in exchange include:

- language barriers;
- view as intellectual property-must have permission to utilize indigenous knowledge in another context;
- financial barriers; developing countries may not have the infrastructure –equipment, personnel, etc.;
- training- technical resources may not exist to facilitate exchange; and
- we must consider that developing countries and resource poor institutions within developed countries may not have the same potential for using technology for information exchange. We will need to look at other options.

Methods in use include:

- mailing lists; web pages; e-mail;
- publications, brochures, fact sheets, other print materials; and
- intercountry meetings, conferences.

Recommendations for countries:

- Document experiences in the use of traditional medicine, research results, etc. so that sharing is possible
- Continue to use and expand on traditional methods, but invest in technology and human resource development to build capacity for information exchange.
- Designate focal points/responsibility for exchange of information
- Make maximum use of modern information technology

Recommendations for international organizations:

- Facilitate, promote and support intercountry exchange of information and experiences on policy development, training and research on traditional medicine, including medicinal plants, treatment modalities, etc.
- Promote technical cooperation between countries (developed/developed; developed/developing; developing/developing where knowledge, experiences and technology can be shared for mutual benefit. Recognize where there are good matches between needs and capacities.

8. Training in traditional medicine

A model developed in Senegal to involve traditional healers as IEC agents was presented. The programme developed a training model which utilizes the knowledge base of the traditional healers themselves and which emphasizes good and discourages incorrect prevailing knowledge and practices. Though used in a specific African setting for specific public health problems such as HIV/AIDS, the model can be used in any setting for any group of health care providers and any health issue they are already dealing with in their work. The group raised the following points:

- Can healers be centralized?
- Training or collaboration in information exchange?
- What is the definition of traditional healers?
- There are different categories of traditional healer: bonesetters, herbalists, bonesetters, traditional birth attendants, etc.
- Training for HIV prevention will vary according to the category of traditional healer:
 - Safe instruments, hygiene for traditional birth attendants;
 - Appropriate tension in bandages for bonesetters;
 - First aid – e.g. mouth to mouth.
- Terminology is culture-based:
 - Cosmopolitan practitioners of traditional medicine;
 - Formally trained/qualified practitioners of traditional medicine.
- Training will vary according to the category being addressed.

Training and accreditation

CETIK training model:

- identify knowledge;
- encourage correct knowledge and practice;
- discourage inaccurate information and practices;
- modern medicine doesn't control - provides services within the context of traditional health care;
- training could be termed 'continuing education'.

Recommendations

1. The term 'training' should be changed to 'continuing education'.
2. Different categories of education/training should be recognized:
 - formal/institutional training;
 - apprenticeship.
3. Two-way discussion should be encouraged between modern medicine and traditional medicine in a mutually respectful manner.
4. WHO could develop international centres of training in traditional medicine.
5. WHO should give strong priority to traditional medicine at central and regional levels.
6. WHO should urge Member States to assign priority to traditional medicine and to strengthen capabilities and human resources.

9. Issues for better integration

Why Integration?

It is the popular choice of the people. The community has led the way by choosing to use systems of traditional and alternative/complementary medicine. Many chronic diseases in particular have no Western cure. Holistic traditional medicine supports the patient to live better physically and spiritually.

What level of integration?

We need to think globally, plan nationally and act locally. Each country needs to meet its own local needs. However, global support is essential to share information and stimulate governments to action and fairer allocation of resources to traditional medicine. The WHO Centre for Health Development in Kobe can provide a leadership role (the Awaji Declaration).

Some barriers to integration:

- Different paradigms of traditional and complementary/alternative medicine (mutual distrust);
- Fragmentation of knowledge base in traditional medicine;
- Different paradigms within traditional medicine;
- Secrecy of some traditional medicine practice;
- Ownership of rights and intellectual property;
- Economic barriers – lack of financing from government, lack of good health economic studies of traditional medicine;
- Legal issues;
- Political and administrative issues;
- Lack of organization of healers and traditional medicine in general (This conference has helped a great deal in this area.).

The way forward (not prioritised)

- Identifying areas within traditional medicine where integration is feasible;
- Training for practitioners in both systems to better understand each other;
- Education of doctors, nurses, pharmacists, etc. in their formal university degree to understand traditional medicine;
- Pharmacological and health economic studies to support the authenticity and effectiveness of traditional medicine;
- Building of networks of practitioners of traditional medicine and between traditional medicine and Chinese medicine;
- Developing policies and regulations to support practice of traditional medicine;
- Development of large scale herbal farms which are ecologically sustainable;
- Environmental scanning to determine core players: those who support and those who may obstruct development of traditional medicine;
- Development of a framework for integration that takes in the spiritual dimension of health;
- Research by practitioners of traditional medicine and Chinese medicine that tests quality and efficacy of traditional medicine.

ANNEXES

PROGRAMME

Day 1 – Monday, 11 September 2000

08H15 – 09H00	Registration
09H00 – 09H40	Opening Session <i>Dr Yuji Kawaguchi, Director of WHO Kobe Centre</i> <i>Dr Soichiro Iwao, Director of Health Sciences Division, Minister's Secretariat, Ministry of Health and Welfare, Japan</i> <i>Dr Takeshi Goto, Special Advisor to the Governor, Hyogo Prefecture, Japan</i> <i>Message from Dr Taro Nakayama, Member of House Representatives, Japan</i>
09H40 – 09H45	Group Photo
09H45 – 09H50	Nomination of Chairperson and Rapporteur <i>Dr Jeffrey Miller, Senior Adviser to the Director of WHO Kobe Centre</i>
09H50 – 10H00	Adoption of Agenda and Introduction to the Method of Work <i>Chairperson: Dr Abdul Rahman Al-Awadi, President, Islamic Organization for Medical Sciences, Kuwait</i>
10H00 – 10H30	Director's Address <i>Dr Yuji Kawaguchi, Director of WHO Kobe Centre</i>
10H30 – 11H00	Coffee Break
11H00 – 12H00	Keynote Speeches <i>Session Chairperson: Dr Abdul Rahman Al-Awadi, President, Islamic Organization for Medical Sciences, Kuwait</i> Global Situational Overview of Traditional Medicine – forms, policies and utilizations <i>Dr Xiaorui Zhang, Acting Coordinator, Traditional Medicine Programme, World Health Organization, Switzerland</i> Global Review of Traditional Medicine Research – past, present and future link to policy- making and practice implementation <i>Dr Fredi Kronenberg, Director, Rosenthal Center for Complementary and Alternative Medicine Research, Columbia University, United States of America</i>
12H00 – 13H30	Lunch
13H30 – 14H50	Plenary Session 1: Practice Models of Traditional Medicine <i>Session Chair: Mr Ian Matondo, Secretary, Research Council of Zimbabwe, Office of the President and Cabinet, Zimbabwe</i> Review of Traditional Chinese Medicine Practice in China <i>Dr Xiaopin Wang, Division Director, International Cooperation, State Administration of Traditional Chinese Medicine, People's Republic of China</i> Ayurveda Practice <i>Professor Ram Harsh Singh, Professor, Department of Kayachikitsa, Institute of Medical Sciences, Benaras Hindu University, India</i>

- Traditional Medicine in Africa
Dr Emmanuel Mensah, Director General of Health Services, Ministry of Health, Republic of Ghana and Dr Ossy Kasilo, Regional Adviser on Traditional Medicine, WHO Regional Office for Africa
- Worldwide Traditional Arabic Medicine and Unani Practice
Professor Mansour Al-Said, Dean, College of Pharmacy, King Saud University, Saudi Arabia
- 14H50 – 15H00 **Discussion**
- 15H00 – 15H20 **Coffee Break**
- 15H20 – 16H40 **Plenary Session 2: Practice Models of Traditional Medicine (continued)**
Session Chair: Dr Mongkol Na Songkhla, Director General of Medical Service, Ministry of Public Health, Thailand
- Traditional Medicine in Bolivia
Professor Jose Luis Vila, Professor, Instituto de Investigaciones Quimica, Univesidad Mayor de San Andres, Bolivia
- Jamu and Traditional Medicine Practices in Indonesia
Dr Ketut Ritiasa, Director of Traditional Medicine, Ministry of Health, Indonesia
- Traditional Aboriginal Medicine Practice in the Northern Territory of Australia
Dr Dayalan Devanesen, Director, Primary Health and Coordinated Care, Territory Health Services, Australia
- Perspectives of traditional oriental medicine in Japan: Present and future
Professor Katsutoshi Terasawa and Dr Shinya Sakai, Department of Kampo Medicine, Toyama Medical and Pharmaceutical University, Japan
- 16H40 – 16H50 **Discussion**
- 16H50 – 18H10 **Plenary Session 3: Practice Models of Traditional Medicine (continued)**
Session Chair: Dr Emmanuel Mensah, Director General of Health Services, Ministry of Health, Republic of Ghana
- Traditional Medicine in South Pacific Islands
Mrs Foisagaasina Efeuati-Shon, Secretary, Ministry of Women's Affairs, Samoa
- Thai Traditional Medicine as Holistic Medicine
Dr Chaiporn Pormsingh, Director, Khemmarat Hospital, Ubonratchathanee Province, Thailand
- An Introduction to Chinese Minority Medicine
Professor Jingfeng Cai, Professor, Institute of the History of Medicine and Medical Literature, Chinese Academy of Traditional Medicine, People's Republic of China
- Integration of Traditional Medicine into Primary Health Care in Developing Countries
Dr Pyong-Ui Roh, Dean, College of Natural Science, Kyungsan University, Republic of Korea
- 18H10 – 18H20 **Discussion**

Day 2 – Tuesday, 12 September 2000

- 09H00 – 10H20 **Plenary Session 4: Practice Models of Traditional Medicine (continued)**
Session Chair: *Professor Le Van Truyen, Vice-Minister of Health, Vietnam*
- Traditional New Zealand Maori Healing
Dr Anthony Ruakere, Chief Advisor on Maori Health, Ministry of Health, New Zealand
- Traditional Medicine System in Bhutan
Dr Dungscho Pema Dorji, Director, National Institute of Traditional Medicine, Bhutan
- Traditional Medicine in Vietnam
Dr Tran Van Hien, Institute of Traditional Medicine, Vietnam
- Islamic Organization for Medical Sciences and its impact on Islamic medicine
Dr Ahmed Regai El-Gendy, Secretary General Assistant, Islamic Organization for Medical Sciences, Kuwait
- 10H20 – 10H30 **Discussion**
- 10H30 – 10H50 **Coffee Break**
- 10H50 – 11H50 **Plenary Session 5: Building the Evidence Base for Traditional Medicine Practice**
Session Chair: *Dr Jaime Galvez Tan, President and CEO, Friendlycare Foundation, Inc., Philippines*
- The Potential for Cross-national Evaluations Using Common Protocols and Measurements
Dr Mawuli Kofi-Tsekpo, Chief Research Officer, Kenya Medical Research Institute, Kenya
- Guidance for the Next Five Years: the NCCAM Strategic Plan
Ms Nancy Hazleton, International Health Officer, National Center for Complementary and Alternative Medicine, United States of America
- Weighing the Evidence Using Systematic Reviews: the potential of systematic reviews to capture all evidence from completed traditional medicine studies
Dr George Swinger, Senior Specialist Scientist, The South African Cochrane Centre, South Africa
- 11H50 – 12H00 **Discussion**
- 12H00 – 13H30 **Lunch**
- 13H30 – 15H00 **Working Group Sessions**
- Working Group Session (1) Conduct of Research in Practice Settings**
Moderator: Dr Fredi Kronenberg, Director, Rosenthal Center for Complementary and Alternative Medicine Research, Columbia University, United States of America
Discussants: Dr Maminirina Andriantsoa, Director, National Centre of Application and Research of Pharmaceuticals, Madagascar

Working Group Session (2) The Potential for Cross-national Evaluations Using Common Protocols and Measurements

Moderator: Professor Mansour Al-Said, Dean, College of Pharmacy, King Saud University, Saudi Arabia

Discussants: Dr Charlotte Gyllenhaal, Assistant Professor, College of Pharmacy, University of Illinois at Chicago, United States of America

Working Group Session (3) Bringing Together and Evaluating Information from Completed Studies

Moderator: Dr George Swingler, Senior Specialist Scientist, The South African Cochrane Centre, South Africa

Discussants: Dr Tolu Fakeye, Coordinator, National Traditional Medicine Development Programme, Minister of Health, Nigeria

15H00 – 15H20

Coffee Break

15H20 – 16H20

Plenary Session 6: Cost-Effectiveness of Traditional Medicines

Session Chair: Dr Francis Wade Z. Gomez IV, Board Member, Philippines Institute of Alternative Health Care, Department of Health, Philippines

Cost-effectiveness of Traditional Medicine

Dr Adrian White, Senior Lecturer, Department of Complementary Medicine, University of Exeter, United Kingdom

Traditional Chinese Medicine in Switzerland

Dr Robert Du Bois, President, Swiss Acupuncture Association, Switzerland

A policy Framework for Traditional Medicine and Poverty Alleviation

Dr Jaime Galvez Tan, President and CEO, Friendlycare Foundation, Inc., Philippines

16H20 – 16H30

Discussion

16H30 – 18H00

Working Group Sessions

Working Group Session (4) Effectiveness and Cost-effectiveness from a Clinical Perspective

Moderator: Dr Adrian White, Senior Lecturer, Department of Complementary Medicine, University of Exeter, United Kingdom

Discussants: Dr Ka Kit Hui, Director, UCLA Center for East-West Medicine, United States of America and Dr Kyuya Kogure, Director, Chosei Kai Hospital, Japan

Working Group Session (5) Effectiveness from a Policy Formulation Perspective

Moderator: Dr Gerard Bodeker, Chairman, Global Initiative for Traditional Systems (GIFTS) of Health, Green College, Oxford University, United Kingdom

Discussants: Dr Han Hyun Woo, Deputy Director, Oriental Medicine Policy Division, Ministry of Health and Welfare, Republic of Korea and Professor Vinjar Fonnebo, Director, The National Research Center in Alternative Medicine, Norway

Working Group Session (6) Future Research Priorities and Directions for Cost-effectiveness Practice

Moderator: Dr Robert Du Bois, President, Swiss Acupuncture Association, Switzerland

Discussants: Dr Motasim Habiballah, Technical Director, Zayed Complex for Herbal Research and Traditional Medicine, United Arab Emirates

Day 3 – Wednesday, 13 September 2000

09H00 – 10H00

Plenary Session 7: Information and Integration of Traditional Medicine for Better Health and Welfare Systems Development

Session Chair: Mrs Foisagaasina Efeuati-Shon, Secretary, Ministry of Women's Affairs, Samoa

Training and Human Resources Capacity Building in Traditional Medicine
Dr Stephen Myers, Dean, School of Natural and Complementary Medicine, Southern Cross University, Australia

Future Research Priorities and Directions for Cost-Effective Service Development in Traditional Medicine

Dr Gerard Bodeker, Chairman, Global Initiative for Traditional Systems (GIFTS) of Health, Green College, Oxford University, United Kingdom

Role and Function of Traditional Medicine in Better Health and Welfare Systems Development

Dr Ting-Hung Leung, Assistant Director of Health for Traditional Chinese Medicine, Department of Health, Hong Kong SAR, People's Republic of China

10H00 – 10H10

Discussion

10H10 – 10H30

Coffee Break

10H30 – 12H00

Working Group Sessions

Working Group Session (7) Exchange of Information in Traditional Medicine

Moderator: Ms Nancy Hazleton, International Health Officer, National Center for Complementary and Alternative Medicine, United States of America

Discussants: Dr Juan de Dios Zuniga Quiroz, Past-President, Universidad Nacional Agraria de la Selva, Peru

Working Group Session (8) Training in Traditional Medicine

Moderator: Dr Pyong-Ui Roh, Dean, College of Natural Science, Kyungson University, Republic of Korea

Discussants: Dr Erick Gbodossou, President, PROMETRA, Senegal

Working Group Session (9) Identifying Key Issues for Better Integration of Traditional Medicine within Health and Welfare System

Moderator: Dr Dayalan Devanesen, Director, Primary Health and Coordinated Care, Territory Health Services, Australia

Discussants: Dr Emmanuel Mensah, Director General of Health Services, Ministry of Health, Republic of Ghana and Dr Alfonso Lagaya, Director General, Philippine Institute of Traditional and Alternative Health Care, Philippines

12H00 – 13H30

Lunch

13H30 – 15H00

General Discussion: Conclusions and Recommendations

Chairperson: Dr Abdul Rahman Al-Awadi, President, Islamic Organization for Medical Sciences, Kuwait

Rapporteurs: Dr Gerard Bodeker, Chairman, Global Initiative for Traditional Systems (GIFTS) of Health, Green College, Oxford University, United Kingdom, Dr Ting-Hung Lueng, Assistant Director of Health for Traditional Chinese Medicine, Department of Health, Hong Kong SAR, People's Republic of China, and Mrs Foisagaasina Efeuati-Shon, Secretary, Ministry of Women's Affairs, Samoa

15H00 – 15H30

Closing Session

Chairperson: Dr Abdul Rahman Al-Awadi, President, Islamic Organization for Medical Sciences, Kuwait

Acknowledgement from the Participants: Ms Nancy Hazleton, International Health Officer, National Center for Complementary and Alternative Medicine, United States of America, Dr Mongkol Na Songkhla, Director General of Medical Service, Ministry of Public Health, Thailand, and Dr Ossy Kasilo, Regional Adviser on Traditional Medicine, WHO Regional Office for Africa

Closing Remarks: Dr Yuji Kawaguchi, Director, WHO Kobe Centre

15H30

Adjourn

LIST OF PARTICIPANTS

Participants

- Professor Mansour Al-Said, Dean, College of Pharmacy, King Saud University, Saudi Arabia
- Dr Abdul Rahman Al-Awadi, President, Islamic Organization for Medical Sciences, Kuwait
(*Chairman*)
- Dr Maminirina Andriantsoa, Director, National Centre of Application and Research of
Pharmaceutics, Madagascar
- Professor Shigeaki Baba, Chairman, International Institute for Diabetes Education and Study
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- Dr Gerard Bodeker, Chairman, Global Initiative for Traditional Systems (GIFTS) of Health,
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- Professor Jingfeng Cai, Professor, China Academy of Traditional Medicine, People's Republic
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- Dr Dayalan Devanesen, Director, Primary Health and Coordinated Care, Territory Health
Services, Northern Territory Government, Australia
- Dr Pema Dorji, Director, Institute of Traditional Medicine Service, Bhutan
- Dr Robert Du Bois, President, Swiss Acupuncture Association, Switzerland
- Mrs Foisagaasina Efeuati-Shon, Secretary of Women Affairs, Ministry of Women Affairs,
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- Dr Tolu Fakeye, Coordinator, National Traditional Medicine Programme, Federal Ministry of
Health, Nigeria
- Professor Vinjar Fonnebo, Director, The National Research Center in Alternative Medicine,
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- Dr Erick Gbodossou, President, The Association for the Promotion of Traditional Medicine
(PROMETRA), Senegal
- Dr Francis Wade Gomez IV, Board Member, Philippines Institute for Traditional and
Alternative Health Care, Department of Health, Philippines
- Dr Charlotte Gyllenhaal, Research Assistant Professor, PAHO/WHO Collaborating Center for
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- Dr Motasim Habiballah, Technical Director, Zayed Complex for Herbal Research and
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- Dr Han Hyun Woo, Deputy Director, Oriental Medicine Policy Division, Ministry of Health
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- Ms Nancy Hazleton, International Health Officer, National Center for Complementary and
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- Dr Mawuli Kofi-Tsekpo, Chief Research Officer, Kenya Medical Research Institute, Kenya
- Dr Kyuya Kogure, Director, Chosei Kai Hospital, Saitama, Japan

- Dr Fredi Kronenberg, Director, Rosenthal Center for Complementary and Alternative Medicine, Columbia University College of Physicians and Surgeons, United States of America
- Dr Alfonso Lagaya, Director General, Philippine Institute of Traditional and Alternative Health Care, Philippines
- Professor Le Van Teuyen, Vice Minister of Health, Ministry of Health, Vietnam
- Dr Ting-Hung Leung, Assistant Director of Health for Traditional Chinese Medicine, Department of Health, Hong Kong SAR, People's Republic of China (*Rapporteur*)
- Mr Ian Matondo, Director, Research Council of Zimbabwe, Office of the President and Cabinet, Zimbabwe
- Dr Emmanuel Mensah, Director-General, Ghana Health Services, Ministry of Health, Republic of Ghana
- Dr Stephen Myers, Head of School, School of Natural and Complementary Medicine, Southern Cross University, Australia
- Dr Mongkol Na Songkhla, Director-General, Department of Medical Services, Ministry of Public Health, Thailand
- Mr Rinchen Namgyal, Personnel Officer, Ministry of Health and Education, Bhutan
- Dr Chaiporn Pormsingh, Director, Khemmarat Hospital, Ubonratchathanee Province, Thailand
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- Dr Pyong-Ui Roh, Professor, Kyungson University, Republic of Korea
- Dr Anthony Ruakere, Chief Adviser on Maori Health, Ministry of Health, New Zealand
- Dr Shinya Sakai, Department of Japanese Oriental Medicine, Toyama Medical and Pharmaceutical University, Japan
- Professor Ram Harsh Singh, Department of Kayachikitsa, Institute of Medical Sciences, Benaras Hindu University, India
- Dr George Swingler, Senior Specialist Scientist, The South African Cochrane Centre, South Africa
- Dr Jaime Galvez Tan, President and CEO, Friendlycare Foundation, Inc., Philippines
- Dr Tran Van Hien, Head, Research Laboratory, Institute of Traditional Medicine, Vietnam
- Professor Jose Luis Vila, Professor, Instituto de Investigaciones Quimica, Universidad Mayor de San Andres, Bolivia
- Dr Xiaopin Wang, Division Director, International Cooperation, State Administration of Traditional Chinese Medicine, People's Republic of China
- Dr Adrian White, Senior Lecturer, Department of Complementary Medicine, University of Exeter, United Kingdom
- Dr Juan de Dios Zuniga, Former President, Universidad Nacional Agraria de la Selva, Peru

International Observers

- Dr Ahmed Regai El-Gendy, Secretary General Assistant, Islamic Organization for Medical Sciences, Kuwait
- Dr Hwee-Ling Koh, Assistant Professor, Department of Pharmacy, National University of Singapore, Singapore

Guests

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