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Traditional,  
Complementary and  
Alternative Medicine  
and Therapies in the  
Americas: Policies,  
Plans and Programs

January 2002  
Washington, D.C.



**Division of Health Systems and Services Development**  
**PAN AMERICAN HEALTH ORGANIZATION**  
**WORLD HEALTH ORGANIZATION**

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## 1. INTRODUCTION/BACKGROUND

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In 1999, the PAHO-WHO Working Group on Traditional, Complementary and Alternative Medicines and Therapies was carried out. It was a joint activity between the PAHO's Division of Health Systems and Services Development and the WHO's Traditional Medicine Team, Department of Essential Drugs and Medicine Policies.

The participants to this Working Group recommended promoting activities that support the better knowledge of the traditional, complementary and alternative medicines and therapies to identify strategies to contribute to the organization and delivery of comprehensive and culturally appropriate health systems and services in the Americas.

The participants also recommended to strengthen the collaboration between WHO-HQ and PAHO and to enhance coordination between PAHO and the WHO Collaborating Centers in traditional medicine, especially those in the Region of the Americas i.e. The University of Illinois at Chicago (UIC), The National Center of Complementary and Alternative Medicine of the National Institutes of Health (NCCAM-NIH)

The topic of indigenous medicine of the Americas, as a cultural expression of the peoples, deserved special consideration in recognition to its contributions to the health of the population.

Since 1993, PAHO's work on indigenous medicine has been carried out under the framework of the Health of the Indigenous Peoples Initiative.

The Health of the Indigenous Peoples Initiative, signifies a commitment by PAHO and Member States to work with indigenous peoples to improve their health and well being.

In 1993, in the I Hemispheric Workshop on Indigenous Peoples and Health, Winnipeg Canada, the principles that direct PAHO and PAHO's Member States work with indigenous peoples were established. These principles are: the need for a holistic approach to health; the right to self-determination of indigenous peoples; the right to systematic participation; respect for and revitalization of indigenous cultures; and reciprocity in relations.

In 1993, the principles of the Initiative were ratified through Resolution CD37.R5. Among other points, PAHO's Member States express their commitment to promote the transformation of health systems and support the development of alternative models of care, including traditional medicine and research into quality and safety.

In 1997, Resolution CD37.R5 was ratified through Resolution CD40.R6. This Resolution calls to the attention of Member States that renewal of the goal of health for all requires that sustainable solutions are found to address the economic, geographic, and cultural barriers to adequate care for vulnerable groups, including indigenous peoples.

For the purposes of discussion, resolution and/or implementation of the above issues, the present Workshop was conducted according to the below indicated format and agenda.

## **2. OBJECTIVES/EXPECTED RESULTS**

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The objectives and expected results of the Workshop are as follows:

### **OBJECTIVES**

- a) Discuss the WHO Global Strategic Action Plan for Traditional Medicine.
- b) Discuss the Report of the Working Group on Traditional, Complementary and Alternative Medicines and Therapies.
- c) Know about the policies, regulations, plans and programs related to alternative and complementary medicine and practices.

### **EXPECTED RESULTS**

- a) Action lines for the work on Traditional, Complementary and Alternative Medicines and Therapies in the Americas
- b) Identification of best practices for traditional, complementary and alternative medicines and therapies policy, regulations, plans and program formulation in the Americas.

### 3. METHODOLOGY INCLUDING GUIDELINES FOR PRESENTATIONS BY COUNTRIES

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The workshop was conducted with simultaneous translation of Spanish and English in a variety of forums including the following:

- a) Conferences
- b) One Panel
- c) Working groups
- d) Plenary sessions

Formal presentations were made by the PAHO/HQ Regional Advisor for Local Health Services and by the WHO/PAHO Acting Coordinator for Traditional Medicine, and country reports were made by representatives from Bolivia, Cuba, Chile, Guatemala, Jamaica, Mexico, Peru and the United States in a conference format. Reports from selected countries were instructed to address the following questions in their presentations:

- What is known about the utilization of traditional medicine and alternative therapies? Anecdotal and research based information.
- What is the current situation with regard to national policy and programs on traditional and alternative therapies?
- How is regulation of traditional medicine and alternative therapies managed in the country?
- What are the priorities for the country for 2001-2005?

To facilitate discussion, the participants were divided into four simultaneous working groups were formed according to participants' preference of language (English or Spanish). Each group was led by an elected chairperson and supported by a rapporteur. Major issues identified and recommendations made by the working groups were reported in plenary sessions for further debate and consensus building.

In support of the workshop outcome, a panel discussion was held relative to the available and/or required resources for future work on traditional, complementary and alternative medicines and therapies in the Americas from the WHO Collaborating Centers for Traditional Medicine, the World Health Organization, PAHO and other organizations active in the Americas.

## **4. PARTICIPANTS (COUNTRIES, ORGANIZATIONS)**

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More than 40 participants from the following countries and organizations attended the workshop. The names and contact information of the participants are annexed.

### **COUNTRIES REPRESENTED**

Bolivia, Chile, Cuba, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Panama, Peru, United States,

### **ORGANIZATIONS/INSTITUTIONS REPRESENTED**

- Ministries of Health
- Universities
- Indigenous Organizations
- Health and Development NGO's
- World Health Organization,
- Pan American Health Organization,
- WHO Collaborating Center for Traditional Medicine, National Center of Complementary and Alternative Medicine – NIH,
- WHO Collaborating Center for Traditional Medicine, University of Illinois at Chicago,
- PAHO/OPS Guatemala,
- Pro-Cultura, New York, USA,
- CYTED



## 5. INAUGURATION

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The Workshop was inaugurated with a prayer from indigenous healer participants, followed by welcoming remarks by Dr. Gustavo Mora, PAHO Guatemala Representative; Dr. Celestina de Palma, representing Dr. Mario Bolaños, Minister of Health of Guatemala.

Dr. Sandra Land, PAHO Regional Advisor for Local Health Services led the introductions and presented the workshop objectives. The Workshop then proceeded in accordance to the annexed Agenda.

## **6. WHO'S STRATEGIC PLAN FOR TRADITIONAL MEDICINE**

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In her presentation to the conference, Dr. Xiaouri Zhang, Acting Coordinator for Traditional Medicine, WHO presented a summary of the WHO Traditional Medicine Strategic Plan for 2001-2005. In essence, the plan calls for the proper use of, conduct research on, and establish action policy on traditional medicine. In her presentation, Dr. Zhang sought to harmonize the various definitions of terms associated with traditional medicine, its use around the world, challenges in policies and access, and the role of WHO. She further presented WHO's framework for action on policy; access; safety, efficacy and quality; and rational use of traditional medicine.

## **7. REPORT OF THE WORKGROUP (NOVEMBER 1999)**

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In recent years, there is a growing use of complementary and alternative medicines therapies in health delivery in many developing countries, including the Americas. At the same time, the practice of traditional/indigenous medicine in the Region of the Americas has been in place for centuries. Still, there is a need to search for complementary services and the development and strengthening of strategies to improve the health of both indigenous and non-indigenous populations. In recognition of these issues, the PAHO Division of Health Systems and Services Development held a working group in collaboration with WHO-HQ in November, 1999 to develop the following:

- Formulate recommendations to PAHO in the development of the technical cooperation in complementary and alternative therapies (CAMT).
- Identify sources of technical and financial support for Latin America and the Caribbean.
- Develop mechanisms of coordination in the areas of complementary and alternative medicine and traditional/indigenous medicines and therapies within PAHO Programs

The participants of the PAHO/WHO Working Group on Traditional, Complementary and Alternative Medicines and Therapies emphasized the need to respect the integrity of the social, cultural, and spiritual values and practices of indigenous peoples. Based on the challenges and issues, three priority areas of work were identified:

- Herbal medicine.
- Integration of complementary and alternative medicines and therapies into the national health systems and promotion of indigenous health systems.
- Exchange of information, general and evidence based CAMT.

To facilitate the implementation of activities in each of the priority areas the following were proposed:

- To identify focal points to facilitate coordination within PAHO Programs (HS) and HSE) in the areas of complementary and alternative medicine and traditional/indigenous medicines and therapies.
- To strengthen collaboration between WHO-HQ and PAHO.
- To enhance coordination between PAHO and the WHO Collaborating Centers in traditional medicine, especially those in the Region of the Americas i.e. The University of Illinois at Chicago (UIC), The National Center of Complementary and Alternative Medicine of the National Institutes of Health (NCCAM-NIH).

## 8. HIGHLIGHTS OF PRESENTATIONS BY COUNTRIES

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The current status, advances/best practice and unresolved issues of traditional and complementary medicine in member states were brought forth during the country presentations, the high lights of which are presented below.

### 8.1 ADVANCES/BEST PRACTICE

- **All countries:** Since concepts and terms such as traditional, complementary, and alternative medicine, and related issues may be used differently in different countries and in different context, member states have defined terms consistent with their particular references and conceptual frameworks in order to avoid misinterpretation or misunderstanding.
- **Bolivia and Mexico:** Provided examples of how to self regulate providers of traditional medicine, which include registration, through a professional association of traditional therapists. A key component in these programs has been training of the providers. These countries also have available a variety of publications to share research findings, best practices, and successful approaches to indigenous, complementary and alternative medicine. However, dissemination is modest as the cost of publication and mailing is a significant deterrent.
- **Cuba and Guatemala:** Have approved the use of medicinal plants for treatment and symptomatic relief of common illnesses. These products are listed on their essential drugs lists.
- **Peru and Guatemala:** Initiated programs to bring traditional therapists and conventional health providers together to discuss community health problems to reach agreement on collaborative approaches on treatment.
- **Mexico, Peru, USA:** Representatives from these countries described the goals, objectives and functions of their national (governmental) Institutes or Centers for Traditional Medicine and/or indigenous development which includes indigenous medicine.
- **Cuba, Peru and USA:** Offer funded research programs on traditional, alternative, the issues of (1) national policies and programs, (2) regulation of providers and products, (3) research and (4) training. Working groups complementary therapies/medicine.
- **Bolivia:** Has provided training for traditional therapists; workshops
- **Chile:** An Inter-American Development Bank investment project has recently been approved for a new model of healthcare that addresses the need for consideration of cultural appropriateness in the provision of such care.

- **Cuba:** Has developed a National Program for Traditional and Alternative Medicine as a permanent structure within the Ministry of Health (MOH). A strategic plan and evidences of implementation throughout the healthcare system were presented. It also has looked at savings achieved by implementing this program in the national scheme.
- **Guatemala:** Has implemented programs to build capacity to accommodate indigenous medicine within its traditional healthcare system.
- **Jamaica:** The Ministry of Health is regulating herbal preparations within existing rules for drugs and medical practices. It is also preparing new regulations as needs arise due to a growing market for locally grown and imported herbal products.
- **Peru:** The Social Security System, a sub system of the health sector, has developed an Institute of Traditional Medicine with a comprehensive program of traditional, complementary, and alternative medicine. In part, through an initiative to develop a solid evidence base, this program is achieving acceptance within the health system.

The Institute of Traditional Medicine in Peru has analyzed the cost-effectiveness of Alternative, Complementary and Traditional Medicine as compared to conventional medicine.

- **WHO:** There is a World Health Assembly (WHA) mandate for technical cooperation in traditional medicine, and a program with funding allocation exists. The WHO Traditional Medicine Programme has proposed a 5-year strategic plan (2001-2005).
- **PAHO/WHO:** A PAHO Directing Council mandated the establishment of an Indigenous Health Initiative with budget allocations.

## 8.2 ISSUES UNRESOLVED

- How to protect intellectual property rights of individuals and peoples/communities.
- Research on combined/integrated therapies:
  - Medicinal plants and spiritual healing.
  - Medicinal plants and other traditional modalities of healing.
- Need for training/capacity building for traditional healers. How should this be done?
- Insufficient information available about popular/domestic medicine and self-care practices.
- Need for systematic participation by representatives of indigenous communities regarding health policies and practices on traditional medicine.

## 9. RESULTS OF WORKGROUP

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In addition to a general discussion on traditional/indigenous and complementary and alternative medicine, the issues of national policies and programs, regulation of providers and products, research and training were taken up by four working groups. The resulting conclusions and recommendations of group discussions are as follows:

### 9.1 CONCLUSIONS

#### 9.1.1 *General issues*

To promote better practices in traditional/indigenous medicine in the Americas, a number of issues should be addressed:

- Distinguish the concepts of academic/scientific, traditional/indigenous, complementary and alternative medicines. Review and define the terms associated with these systems. However, it is expected that the definition of terms will vary from country to country.
- Strive for a better understanding of each medical system, its advantages and disadvantages, and to work to enhance collaboration between provider groups and other stakeholders.
- Disseminate complete and truthful information on Western and indigenous medicine to the community.
- Create mutual respect and build intercultural bridges; opportunities for participation and exchange; and reduction of mutual distrust and rejection.
- Acknowledge that the users have the right and ability to decide who, what (system) and how healthcare should be provided. They have the right to choose the healthcare modality, which respond to their needs.
- Validate the quality, safety and efficacy of the indigenous system of medicine as appropriate employing various methods and techniques. Making effective indigenous medicine available to the general population will result in improved health and well being.
- Preserve and protect indigenous medicine so as to avoid cultural uprooting and social disintegration.

#### 9.1.2 *National policies and programs*

- Health policies do not, or rarely take into account the perspectives and participation of indigenous and black people. There has been limited participation in the development of these policies.

- The traditional practices of indigenous people should not be isolated, and should be an integral part of the health system. The participation of all people should be facilitated.
- Within each country, a review should be undertaken on traditional/indigenous/popular medicine, and to define strategies in order to consolidate the policy making process.
- The governments of each country need to show political will to establish policies, plans and programs, which support the practice of traditional/indigenous/alternative medicine.
- The spirituality aspect of traditional/indigenous practices should be recognized and valued.
- Policies should be established to encourage conventional health professionals to get involved in traditional/indigenous/alternative medicine.
- Intellectual property laws should be applied equitably to all participants.

### **9.1.3    *Regulation of providers and products***

- “Regulation” is a term that is sometimes unclear with respect to whom is it intended, how is it to be implemented, and who will implement it? Depending on the context in which the regulation was proposed, there is no single definition for it. However, regulation does not mean “control”.

### **9.1.4    *Research***

- The issue of research on traditional/indigenous medicine is a complicated one. On the one hand, there is a need for scientific research to validate traditional/indigenous medicine as a primary health care modality in the context of conventional medicine. On the other hand, there is a question in the mind of the indigenous healers on the need for such research, when they “know” that their healing modality works. Questions of motives and intellectual property associated with scientific research are also of concern to the indigenous healers.
- With regards to the outcome or purposes for conducting research on traditional/indigenous medicine, the data generated can be used internally by the community, and for external communications. These data can be used to validate and promote governmental policies on healthcare and generation of needed financial resources.
- The indigenous practitioners should have input on the issues to be considered for research.
- Intellectual property rights must be considered and be an integral part of research projects.
- As funding agencies usually support research that impacts on the largest number of people, research priority may be affected accordingly.

### **9.1.5 Training**

- Training constitutes a fundamental component of the work in providing healthcare to the indigenous people. This training may be more properly designated as “human resource education”; the recipients should be provided comprehensive concepts on the cosmic vision of indigenous medicine, balance and imbalance, and other general ideas.
- It is necessary that every training program begins with the context of the subject or problem on hand, taking into account economic, social, and cultural variables, and potential applications that can determine the success or failure of the health programs.
- It is important that the indigenous people/communities can exercise autonomy in designing their strategies for the human resource development for health. In all projects or programs for institutional intervention, it is important to establish reciprocity mechanisms with the indigenous communities and people, making cultural diversity an essential component.
- In the resource development for healthcare, there exist external as well as internal forces. These factors must be analyzed and factored into any training programs. The education of health workers (physicians, nurses, other healthcare professionals, technicians, planners, etc), should take into account the culture of the indigenous people; their understanding of the world and of health/healthcare.
- The indigenous people need to have access to modern information and communication technologies so as to strengthen their capacities for development, particularly in health.
- The issue of intellectual property must be a component of training programs.

## **9.2 RECOMMENDATIONS FOR COUNTRIES**

### **9.2.1 National policies and programs**

- National governments should establish a high level agency/institute/department to analyze various aspects and propose options and policies concerning traditional/indigenous/complementary/alternative medicine.
- In some member states, it is essential that policies be developed to promote and protect traditional/indigenous/complementary alternative medicine. In all countries, practitioners should be regarded as important agents in the development of policies validating and conserving these healthcare modalities.
- Social stakeholders of each country should be participants in the policy making process regarding traditional/indigenous/complementary alternative medicine. Thus, governmental regulations must take into account the social aspects.



- Appropriate legislation should be enacted in accordance with the needs of each country. It should be noted that in some countries, legislation is absent, while in other countries, punitive laws exist relative to traditional/indigenous/complementary/alternative medicine.

### **9.2.2    *Regulation of providers and products***

It is recommended that the definition for “regulation” of indigenous medicine be based on the needs and in consultation with the indigenous people/communities. It is recommended that the following be considered for regulation within the context of each country:

- Complementary/alternative medicine therapists.
- Materials and resources utilized in the treatment modality.
- Training, education, professional organizations.
- Research (basic and clinical).
- Referrals.

### **9.2.3    *Research***

- Utilize research data generated to validate and promote governmental policies on traditional medicine in healthcare.
- Allocate financial resources to fund relevant research programs on traditional/indigenous medicine.
- Indigenous practitioners must be consulted on the issues and priorities to be considered for research.
- Consideration of intellectual property rights must be an integral part of research projects on traditional/indigenous medicine.

### **9.2.4    *Training/Capacity building***

- Governmental and non-governmental agencies should provide funding necessary for the implementation of training programs at the institutional and community levels.

## **9.3    RECOMMENDATIONS FOR PAHO, WHO AND COLLABORATING CENTERS**

- Due to the cultural and indigenous medical practice differences within and across countries, it is recommended that PAHO/WHO, through its Country Representatives

provide technical assistance to the member state governments on matters of traditional/indigenous/complementary/alternative medicine.

- PAHO/WHO should facilitate inter-country work on policies and programs.
- PAHO/WHO should provide/disseminate up-to-date, reliable and comprehensive information on traditional, indigenous, complementary and alternative medicine that would facilitate work in the priority areas.

## 10. RESOURCES FOR FUTURE WORK

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### 10.1 OVERVIEW

To initiate, promote, nurture and implement policies, plans and programs on traditional and complementary medicine in the Americas, resources must be available to the workers involved in these activities. Such resources may be available or obtainable from international organizations, national and local governments, philanthropic organizations, universities and other non-governmental organizations (NGOs). Financial resources are the most critical, and available primarily from governmental agencies, with assists from international and philanthropic organizations. Technical resources are available from both governmental and non-governmental organizations, especially universities. An often overlooked, but very important resource concerns expertise on cultural heritage of the target recipient groups for which the programs or policies are being designed. In- country NGOs are the best equipped to provide this expertise, although international organizations and governmental agencies are also qualified providers. The World Health Organization has a number of Collaborating centers, which serve as technical resource units on traditional and complementary medicine. In the Americas, there are currently two such centers located in the U.S.A. These two collaborating centers are located in two distinct types of organization structure, and thus offer different types of resources for traditional and complementary medicine. One of these centers is located at a university, while the other is located in a governmental agency. The former is best suited to provide technical expertise, while the latter is a resource for finance and related matters. It is anticipated that other such centers to be located in other member states of the Americas will be added in the near future, thus expanding the resource pool for PAHO/AMRO in traditional and complementary medicine.

### 10.2 PAHO/WHO COLLABORATING CENTERS FOR TRADITIONAL MEDICINE

#### **10.2.1 *College of Pharmacy, University of Illinois at Chicago, Chicago, IL, USA***

The PAHO/WHO Collaborating Centers for Traditional Medicine located in the College of Pharmacy, University of Illinois at Chicago, has among its missions research and international collaboration programs that impact directly on traditional and complementary medicine. Among the research programs in this center are those concerned with (1) computerization of medicinal plant and natural products literature (*NAPRALERT* database), (2) bioactivity-driven natural products drug discovery targeting cancer, malarial, HIV-AIDS, drug-resistant tuberculosis, and other disease states, (3) drug plant exploration and biodiversity conservation, and (4) botanical dietary supplements (complementary and alternative medicine). The *NAPRALERT* database is the premier third form relational database of the world's literature on medicinal plants, their medical uses, biological activities and chemical constituents, and is thus a most valuable resource of information on medicinal plants and herbal medicine. Bioactivity-driven natural products drug discovery research leads to not only potential drug agents of single ingredient composition, but may also provide valuable data to validate the

ethnomedical uses of specific herbs. Drug plant exploration and biodiversity conservation research provide valuable information and methodologies for conserving the earth's medicinal plants, the mainstay of herbal medicine used in traditional and complementary and alternative medicine.

The international collaboration programs of this center encompass collaborative research on drug discovery and traditional herbal medicine with universities and research institutions in Asia and in the Americas. Members of this center have served as consultants and/or temporary advisors to the WHO Programme on Traditional Medicine, as well as WHO Regional Offices (AFRO, AMRO, EMRO, SEARO, WPRO) and served as primary writers of the series of references entitled, WHO Monograph on Selected Medicinal Plants (Vol. 1-3).

Due to its technical expertise in the above described areas, this collaborating Center on Traditional medicine has served as a research training center since its inception in 1981. In the intervening years, the Center has provided research training to more one hundred fifty visiting scientists, including forty-five sponsored by various Regional Offices of the WHO.

#### **10.2.2 National Center for Complementary and Alternative Medicine, National Institute of Health, Bethesda, MD, USA**

In 1993, the United States Congress formally established the Office of Alternative Medicine at the National Institutes of Health. In 1998, Congress expanded the status, mandate, and authority of the Office by enacting legislation to create the National Center for Complementary and Alternative Medicine (NCCAM). NCCAM is charged to "conduct basic and applied (intramural and extramural) research, training and dissemination of health information with respect to identifying, investigating and validating CAM treatments, diagnostic and prevention modalities, disciplines and systems." NCCAM was designated a WHO Collaborating Center in Traditional Medicine in 1995.

As a leading national and international research agency in complementary and alternative medicine, NCCAM provides funding for research; both investigator initiated and NCCAM defined priorities. The latter is frequently opened to international competition, while the first is routinely so. Through its Office of International Health Research, NCCAM may facilitate research collaborations between American research institutions and international investigators/institutions.

NCCAM may provide training in clinical research methodology and grantsmanship through workshops and short term courses. This training is aimed at helping international investigators and institutions to become competitive for the prestigious NIH "investigator's initiated research" (R01) awards. Also, NCCAM may provide research and research training opportunities to international investigators in its intramural program, and in the intramural programs of other NIH institutes and centers. Similarly, the Office of International Health Research may act as facilitator for such opportunities in its extramural program, including placement of investigators in appropriate grantee institutions.

## ANNEX A: AGENDA

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### TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE MEDICINES AND THERAPIES IN THE AMERICAS

#### *Technical Workshops*

Policies, Plans and Programs

#### *Place:*

Guatemala City, Guatemala

#### *Dates:*

March 19th – 23rd, 2000

#### *Language:*

English and Spanish (simultaneous translation)

#### *Participants*

Bolivia, Chile, Cuba, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Panama, Peru and United States.

#### *Institutions*

- World Health Organization
- Pan American Health Organization
- WHO Collaborating Center in Traditional Medicine: University of Illinois in Chicago
- WHO Collaborating Center National Center of Complementary and Alternative Medicine – NIH
- Indian Health Service
- PROCULTURA
- Guatemalan institutions with experience in traditional and indigenous medicine.

## ***Background***

In 1999, the PAHO-WHO Working Group on Traditional, Complementary and Alternative Medicines and Therapies was carried out. It was a joint activity between the PAHO's Division of Health Systems and Services Development and the WHO's Traditional Medicine Team, Department of Essential Drugs and Medicine Policies.

The participants to this Working Group recommended promoting activities that support the better knowledge of the traditional, complementary and alternative medicines and therapies to identify strategies to contribute to the organization and delivery of comprehensive and culturally appropriate health systems and services in the Americas.

The participants also recommended to strengthen the collaboration between WHO-HQ and PAHO and to enhance coordination between PAHO and the WHO Collaborating Centers in traditional medicine, especially those in the Region of the Americas i.e.: The University of Illinois at Chicago (UIC), The National Center of Complementary and Alternative Medicine of the National Institutes of Health (NCCAM-NIH).

The topic of indigenous medicine of the Americas, as a cultural expression of the peoples, deserved special consideration in recognition to its contributions to the health of the population.

Since 1993, PAHO's work on indigenous medicine has been carried out under the framework of the Health of the Indigenous Peoples Initiative.

The Health of the Indigenous Peoples Initiative signifies a commitment by PAHO and Member States to work with indigenous peoples to improve their health and well being.

In 1993, in the I Hemispheric Workshop on Indigenous Peoples and Health, Winnipeg Canada, the principles that direct PAHO and PAHO's Member States work with indigenous peoples were established. These principles are: the need for a holistic approach to health; the right to self-determination of indigenous peoples; the right to systematic participation; respect for and revitalization of indigenous cultures; and reciprocity in relations.

In 1993, the principles of the Initiative were ratified through Resolution CD37.R5. Among other points, PAHO's Member States express their commitment to promote the transformation of health systems and support the development of alternative models of care, including traditional medicine and research into quality and safety.

In 1997, Resolution CD37.R5 was ratified through Resolution CD40.R6. This Resolutions calls to the attention of Member States that renewal of the goal of health for all requires that sustainable solutions are found to address the economic, geographic, and cultural barriers to adequate care for vulnerable groups, including indigenous peoples.

## WORKSHOP ON POLICIES, PLANS, AND PROGRAMS ON TRADITIONAL AND COMPLEMENTARY MEDICINE IN THE AMERICAS

**19th – 20th March 2001**

### *Objectives*

1. Discuss the WHO Global Strategic Action Plan for Traditional Medicine.
2. Discuss the Report of the Working Group on Traditional, Complementary and Alternative Medicines and Therapies.
3. Know about the policies, regulations, plans and programs related to alternative and complementary medicine and practices.

### *Expected results*

1. Action lines for the work on Traditional, Complementary and Alternative Medicines and Therapies in the Americas.
2. Identification of best practices for traditional, complementary and alternative medicines and therapies policy, regulations, plans and programs formulation in the Americas.

### *Methodology*

- Conferences
- One Panel
- Working groups<sup>1</sup>
- Plenary sessions

### *Questions*

Participants from selected countries will address the following questions in their presentations:

1. What is known about the utilization of Traditional Medicine and Alternative therapies? Anecdotal and research based information.
2. What is the current situation with regard to national policy and programs on traditional and alternative therapies?

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<sup>1</sup> Working groups will be conformed according to participants' preference of language (English or Spanish).

3. How is regulation of traditional medicine and alternative therapies managed in the country?
4. What are the priorities for the country for 2001-2005?

***Expositors***

Bolivia, Cuba, Guatemala, Jamaica, Mexico, Peru and United States.

***Institutions***

- World Health Organization
- Pan American Health Organization
- National Center of Complementary and Alternative Medicine – NIH



## TENTATIVE AGENDA

**March 19th, 2001**

8:30 – 9:00 a.m.	Opening Dr. Celestina de Palma, Minister of Health of Guatemala Dr. Rudy Cabrera, Viceminister of Health of Guatemala Introductions Workshop objectives Dr. Sandra Land, PAHO
9:00 – 9:30 a.m.	WHO Global Strategic Action Plan for Traditional Medicine Dr. Xiaouri Zhang, WHO
9:30 – 10:00 a.m.	Report of the Working Group on Traditional, Complementary and Alternative Medicines and Therapies Dr. Sandra Land, PAHO
10:00 – 10:30 a.m.	Coffee break
10:30 – 12:30 p.m.	Country presentations (20 minutes per country presentation and 10 minutes to answer questions) Bolivia, Cuba, Guatemala, Jamaica, Mexico, Peru and United States.
12:30 – 2:00 p.m.	Lunch
2:00 – 2:30 p.m.	Country presentations (continue)
3:30 – 5:30 p.m.	Working groups Topic: Best practices in terms of traditional medicine policy, plans and programs formulation in the Americas

**March 20th, 2001**

8:30 – 9:30 a.m.	Plenary session Working group presentations
9:30 – 12:00 p.m.	Simultaneous working groups on traditional and alternative medicine. Topics: 1. National policies and programs 2. Regulation of providers and products 3. Research
12:00 – 1:30 p.m.	Lunch
1:30 – 2:30 p.m.	Plenary session Working group presentations

2:30 – 4:00 p.m.

Panel: Resources for future work

- Collaborating Centers
- World Health Organization
- Pan American Health Organization

## ANNEX B: PARTICIPANT LIST

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