

## 2. National policy on traditional medicine and complementary/alternative medicine

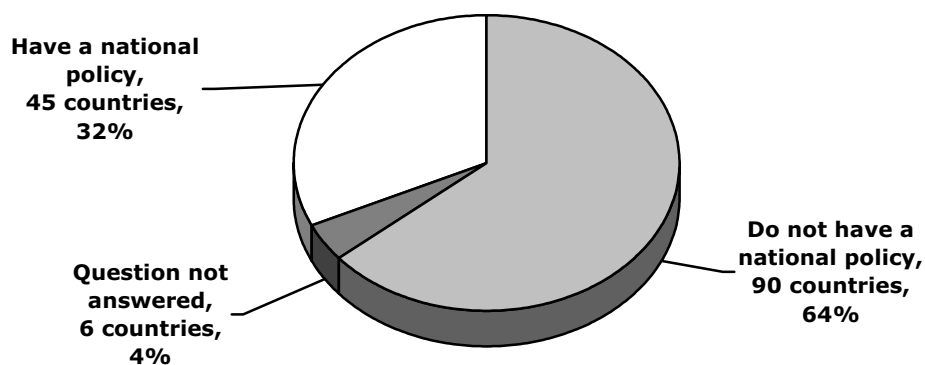
### 2.1 National policy on TM/CAM

As defined in the survey form and based on the WHO publication *WHO traditional medicine strategy 2002-2005* (2), the concept of a national policy on TM/CAM involves some of the following key elements: a definition of TM/CAM, provision for the creation of laws and regulations, and consideration of intellectual property issues. National policy also can reflect the main strategies proposed by the government for achieving the objectives of the policy. National policy may include laws and regulations on TM/CAM in the same document.

In the survey form, Member States were asked the following question: “Is there a national policy on TM/CAM?” and were given the choice yes/no. If responding yes, Member States were further asked for the year of issue of the national policy. If responding no, they were asked if such a policy is in the process of being established.

The survey results from the 141 Member States responding to the Global Survey demonstrate that 32% (45) of these have issued national policies on TM/CAM (see Figure 1).

**Figure 1. National policy on TM/CAM**

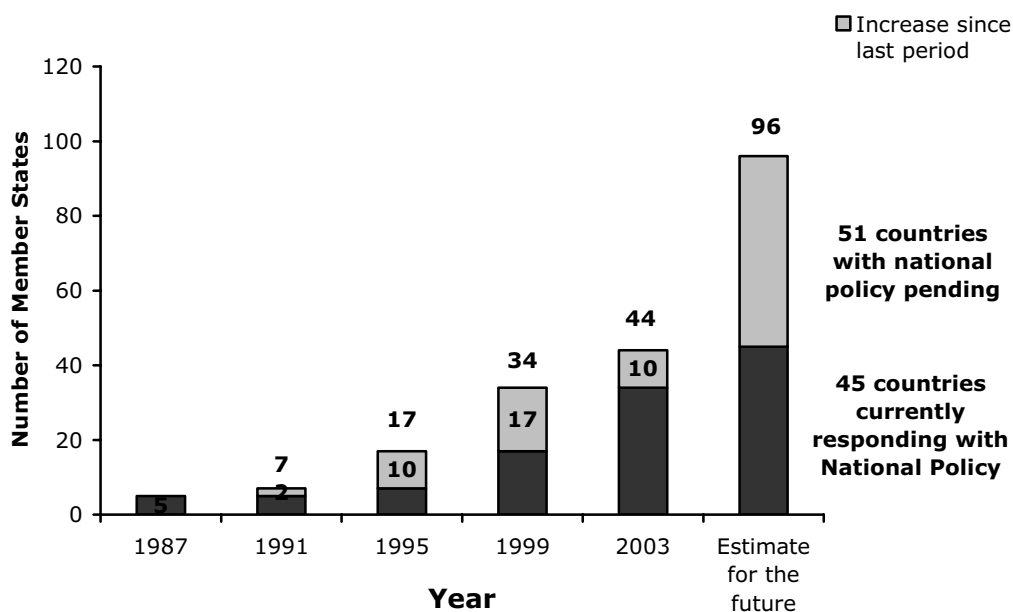


Furthermore, of those Member States that do not currently have a national policy on TM/CAM, a significant percentage (56%, 51 countries) have indicated that such policies are in the process of development.

Of those countries with national policies, 44 provided the year in which the policy was issued. The number of Member States with national policies on TM/CAM has increased significantly overall in the last decade. It is also apparent that a majority of Member States that responded (59%, 27 States) have issued such policies since 1996. It implies a growing trend in the recent past for Member States to establish national policies on

TM/CAM. This trend will continue since, as noted above, 51 countries are currently developing their national policy on TM/CAM (Figure 2).

**Figure 2. Number of Member States with national policies on TM/CAM, by year**



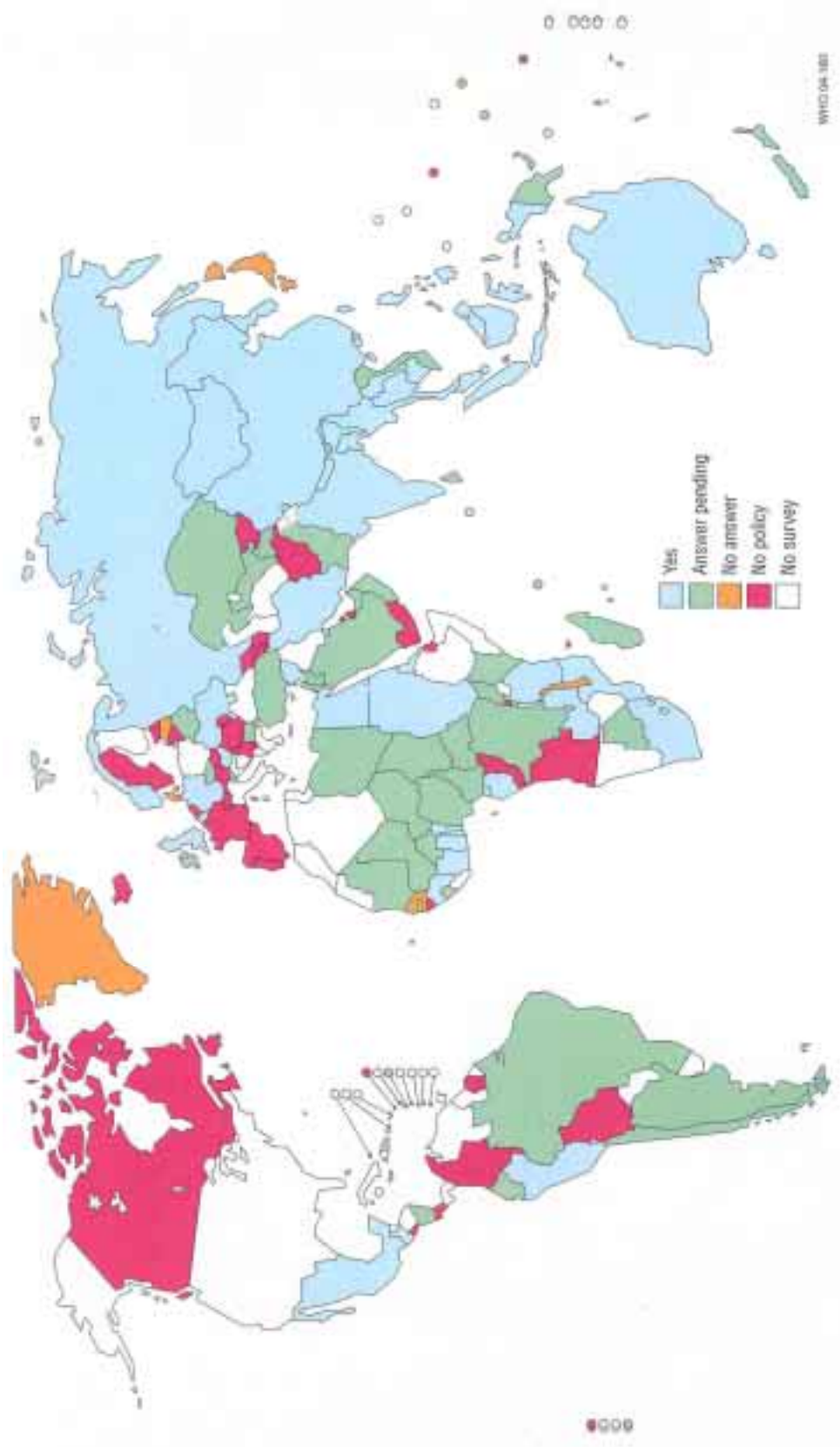
Finally, Map 2 indicates those countries with national policies on TM/CAM, and those countries indicating that such policies are in the process of development.

## 2.2 Laws or regulations on TM/CAM

A question about laws and regulations on TM/CAM was included on the survey form, following the definitions established in the WHO publication *Indicators for monitoring national drug policies* (5). The structure and comprehensiveness of laws and regulations on TM/CAM varies from country to country; furthermore, in some Member States, while no national policy exists, laws and regulations cover different areas in TM/CAM regulation.

A law on TM/CAM was defined as the first stage of legislative procedure. It is the rule of conduct imposed by the authority. A law establishes the legal conditions under which TM/CAM should be organized in line with a national TM/CAM policy or other relevant policies. The law may cover various areas in the TM/CAM field, including education of professionals, licensing of practitioners and manufacturers, manufacture of products used in TM/CAM, sales practices, etc. Both the public and the private sector may be covered.

A regulation on TM/CAM was defined as the second stage of legislative procedure, specifically designed to provide the legal machinery required to achieve the administrative and technical goals of the law. Many activities in the field of TM/CAM may be covered by regulations, such as a description of obligations and responsibilities of licensed practitioners, the penal sanctions if these are not respected, the obligations incumbent on manufacturers of TM/CAM products, etc.

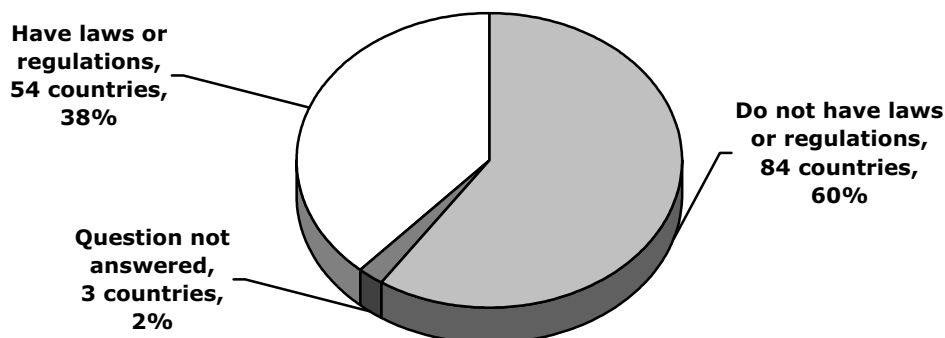


Map 2. Member States with national policies and those pending

Member States were asked whether they had a national law or regulation on TM/CAM; if the respondents replied “yes”, they were asked for the date it was issued, and if they replied “no”, they were asked whether such a law or regulation is in the process of being developed.

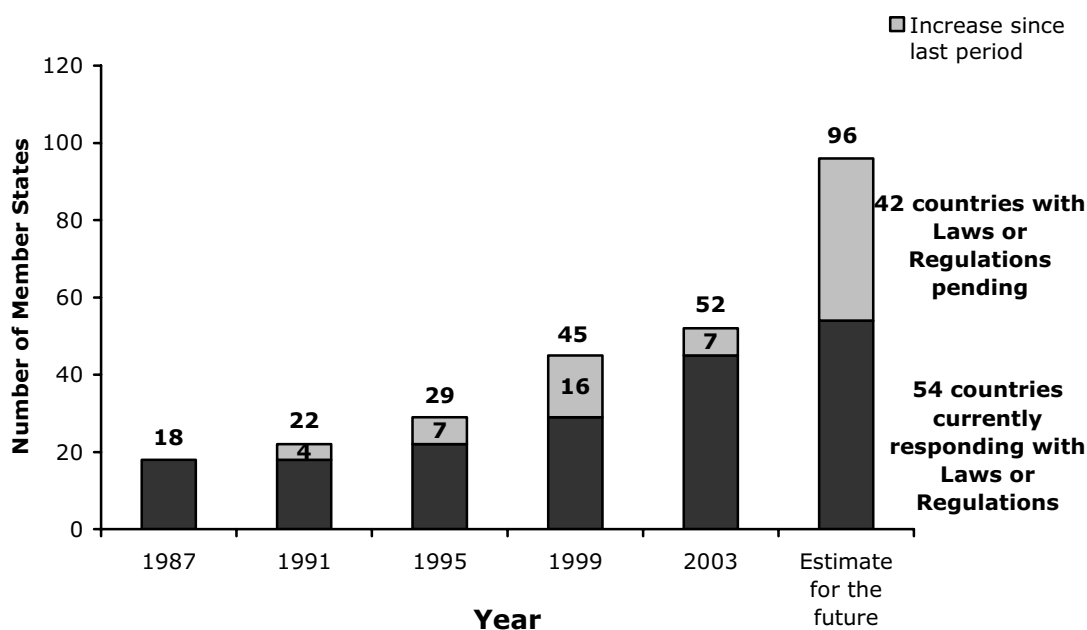
A minority of countries reported having laws or regulations on TM/CAM (38%, 54 countries, see Figure 3).

**Figure 3. National laws or regulations on TM/CAM**



Fifty-two Member States supplied the year of issue for laws or regulations on TM/CAM. While many Member States had developed such laws or regulations by 1987, the majority of these laws or regulations were created in the period 1988-2003 (Figure 4).

**Figure 4. Number of Member States with laws or regulations on TM/CAM, by year**



Map 3 indicates those Member States in which a law or regulation on TM/CAM is in place and those in which a law or regulation is in development.



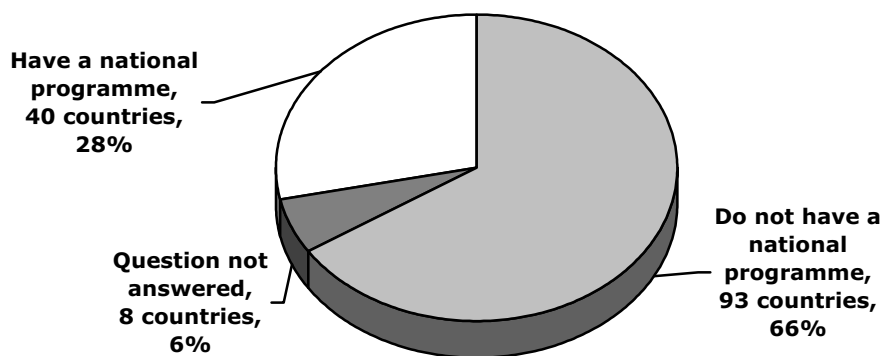
## 2.3 National programme on TM/CAM

A national programme on TM/CAM, as defined in the survey form, is any programme performed at local or national level by the Ministry of Health, other ministries or local bodies, whose mandate is to take specific action in order to achieve objectives in line with national policy or legislation.

Member States were asked whether a national programme exists and if so, when it was created. If they answered “no”, they were asked to indicate whether such a programme is in the process of being established.

Forty Member States (28%) reported that they had created a national programme on TM/CAM (Figure 5).

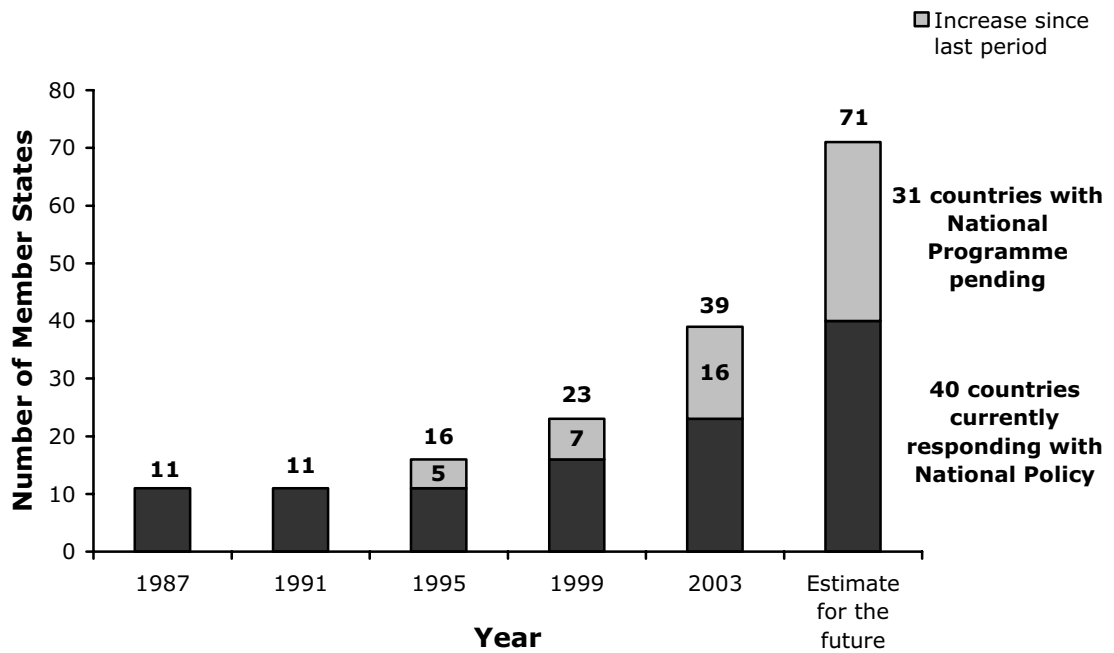
**Figure 5. National programmes on TM/CAM**



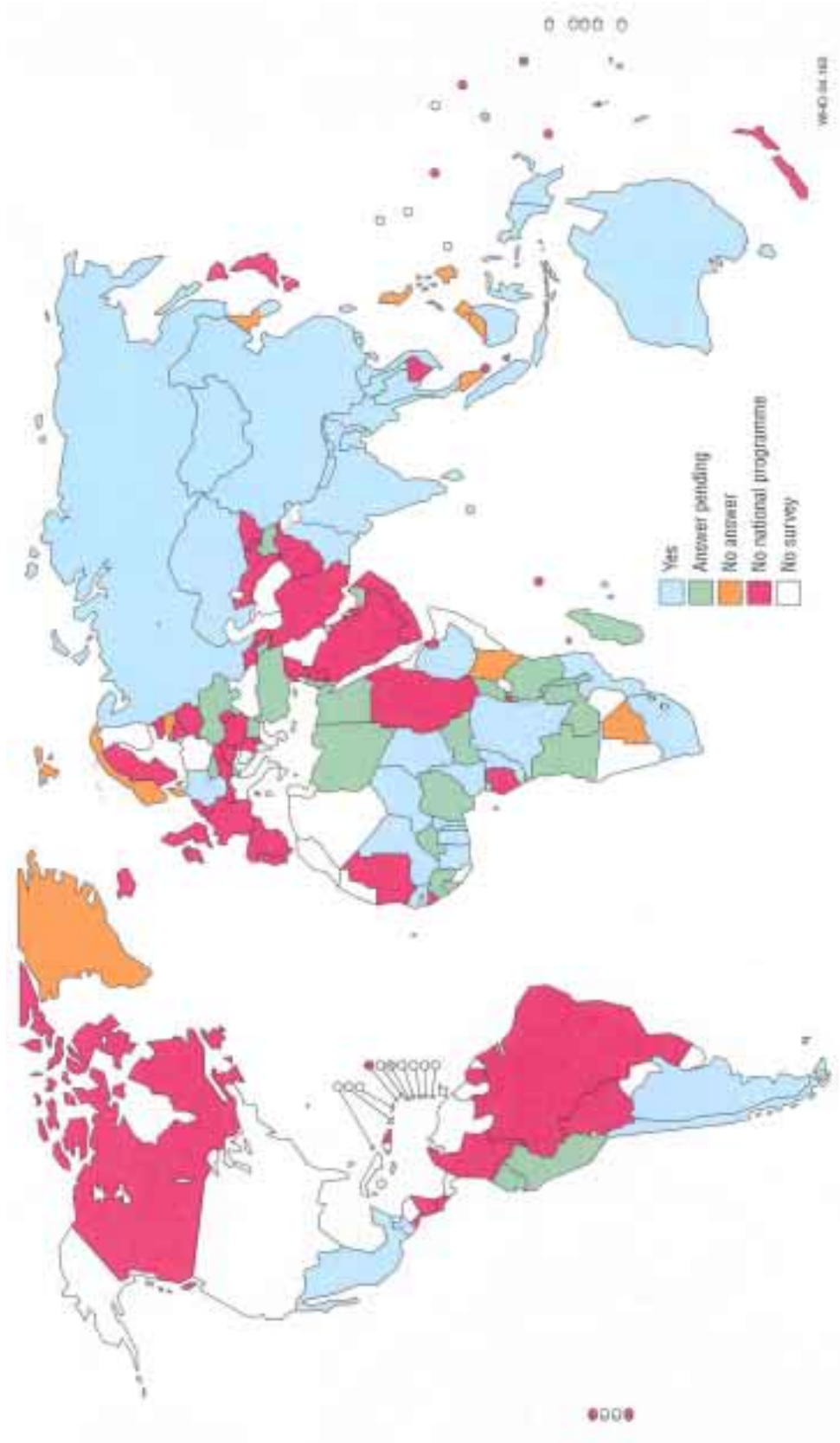
Further, of those Member States lacking such a programme, 33% (31 countries) indicated that such a programme was in the process of being established.

Of the 40 countries having a national programme on TM/CAM, 39 stated the year of issue. It can be seen that the number of national programmes on TM/CAM has more than doubled in the last decade (Figure 6). Furthermore, the greatest numbers of national programmes on TM/CAM were issued in the period 2000-03 compared with other periods, signalling an increased trend in establishing national programmes.

**Figure 6. Number of Member States with national programmes on TM/CAM, by year**



Finally, Map 4 indicates those Member States with national programmes on TM/CAM, and those Member States indicating that a national programme is in development.



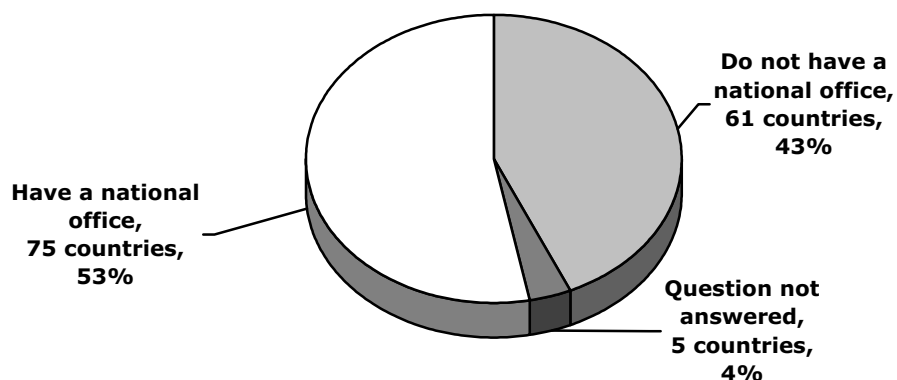
Map 4. Member States with a national programme

## 2.4 National office for TM/CAM

Member States were asked whether a national office for TM/CAM existed. If one did, they were asked to provide the date of establishment and the ministry responsible for it. Although the term “national office” was not defined, the working definition is an office or department which forms part of the national authority and is responsible for TM/CAM issues. If countries replied “no”, they were asked to indicate whether such an institution is being planned.

Compared with other categories of national policy, the survey results reveal that more Member States have national offices for TM/CAM than national policies, laws or regulations and national programmes. More than half (75 countries, 53%, Figure 7) of responding Member States reported having such an office.

**Figure 7. National offices for TM/CAM**

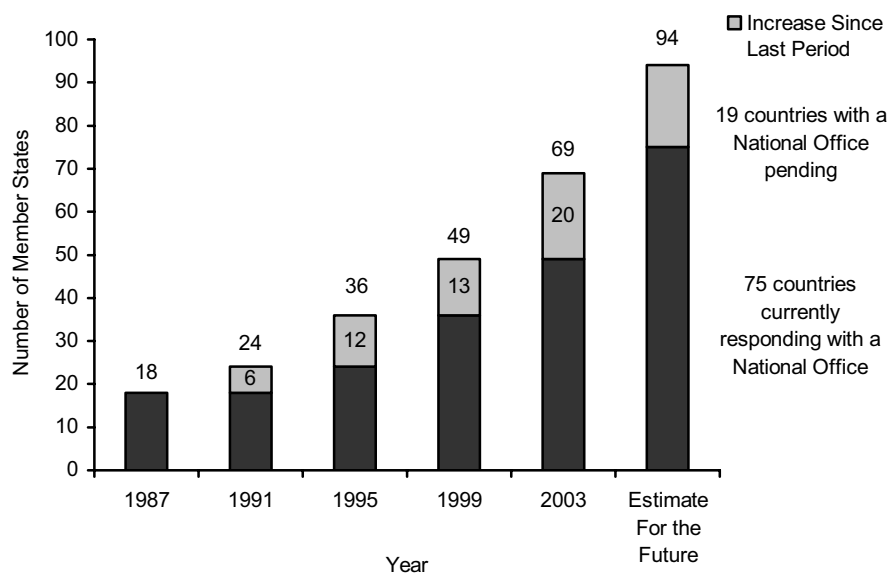


Nearly all (92%) of those countries with national offices report that they are run by the Ministry of Health.

Of the 57 countries reporting that a national office does not exist, only 19 (31%) indicated that such an institution is being planned.

A study of the years of establishment for national offices on TM/CAM supports the idea that such institutions are a more recent development. As outlined in Figure 8, from 1987 to 2003, the number of national offices throughout the world nearly quadrupled. During the period from 2000 to 2003, almost twice as many national offices were established as in any other period.

**Figure 8. Number of Member States with a national office on TM/CAM, by year**



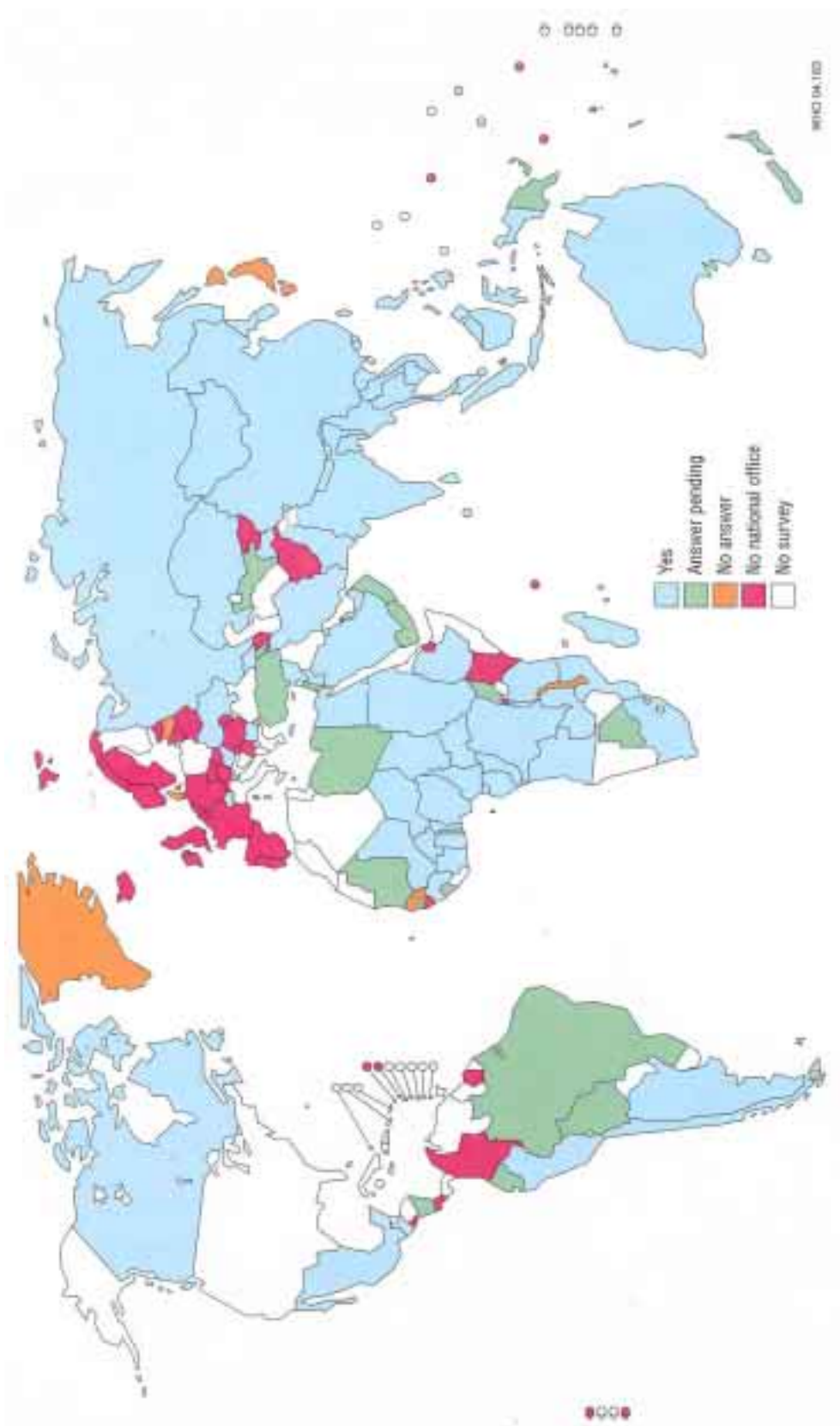
Finally, Map 5 below shows those Member States that have a national TM/CAM office, and those that indicated that such an office is in development.

## 2.5 Expert committee on TM/CAM

Although not specified in the survey form, the working definition of an expert committee on TM/CAM is a group convened by the national government for the purpose of reviewing and making policy and technical recommendations on TM/CAM topics.

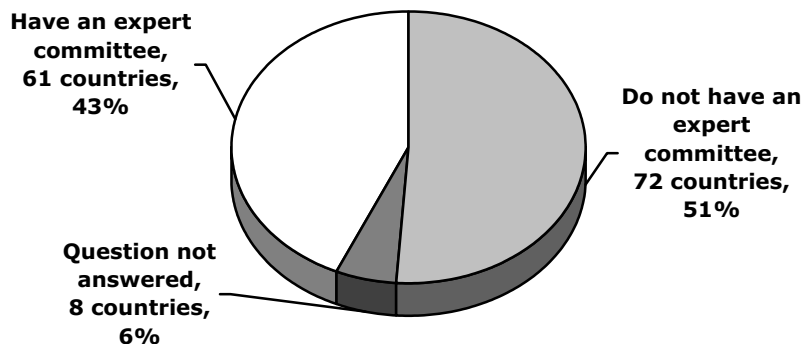
Member States were asked to indicate whether such a group exists and, if so, the date of its establishment.

The survey response indicates that 43% (61 countries) of the responding Member States have expert committees for TM/CAM (Figure 9).



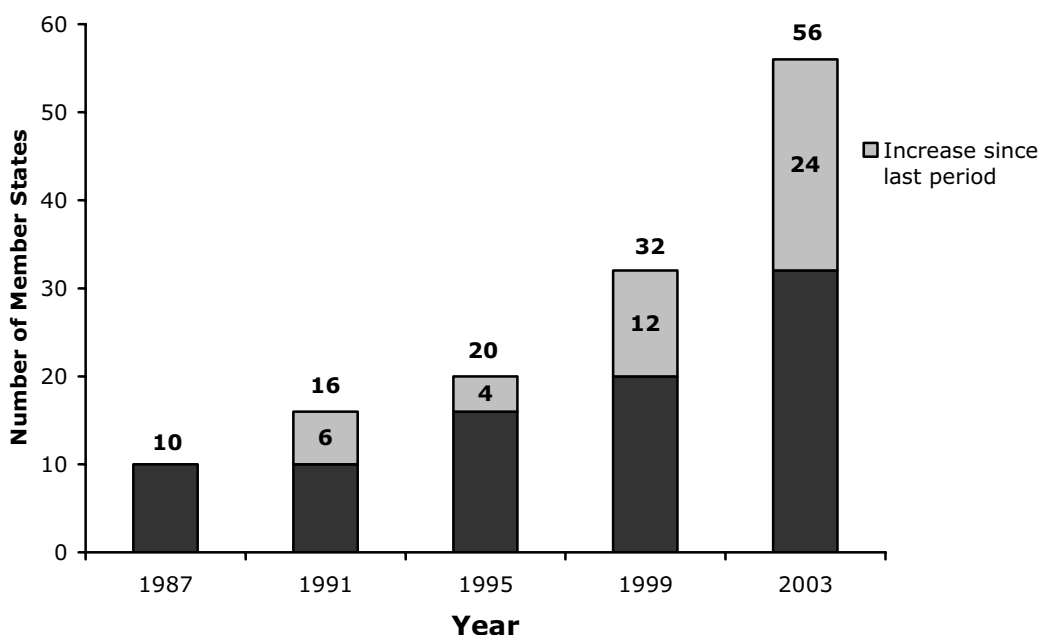
**Map 5. Member States with a national office on TM/CAM**

**Figure 9. Expert committee on TM/CAM**



Of those Member States having expert committees, 53 provided the date of establishment of their national group. Analysis of these data indicates a recent surge in the establishment of these committees. The number of expert committees more than quadrupled during the period 1988-2003 compared with all of the years prior to 1988 (see Figure 10).

**Figure 10. Number of Member States with expert committees, by year**



## 2.6 National research institutes

As defined in the survey instrument, a national research institute for TM, CAM or herbal medicines is a research institute that performs research on TM, CAM or herbal medicines, and is funded partially or fully by the government.

Member States were asked if they had research institutes on traditional medicine, complementary/alternative medicine and herbal medicines. They were also asked for the year of establishment of each research institute.

Results for this section were decidedly mixed. In all, 58 Member States indicated that they had at least one national institute on TM, CAM or herbal medicines. Only seven countries had all three types of research institute, and 28 countries had two kinds of institute.

The survey results further indicate that 27% (38) of responding Member States have a research institute on TM and 33% (46 countries) had one on herbal medicines, but only 6% (9 countries) had a research institute on CAM.

Data on the date of establishment of national research institutes on TM, CAM or herbal medicines were also requested. Forty-three countries supplied the dates of establishment, showing consistent growth in the establishment of these institutes (Figure 11).

**Figure 11. Number of Member States with a national research institute on TM, CAM or herbal medicines, by year**

