

WHO global report on traditional, complementary and integrative medicine 2024



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**World Health
Organization**

WHO global report on traditional, complementary and integrative medicine 2024

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Family of four outdoors: A family enjoying time together outdoors, smiling in the sunlight.

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Foreword

This report is possible thanks to the contributions of Member States across all six regions of the World Health Organization (WHO), sharing data and experiences through the WHO traditional, complementary and integrative medicine (TCIM) global survey series.

Traditional medicine is used by billions of people. It is deeply rooted in contextualized knowledge, cultures, histories, and natural resources, and its holistic and people-centred approach is well aligned with the principles of primary health care (PHC). Global agreements have long recognized the importance of TCIM in PHC and Universal Health Coverage (UHC), from the Declarations of Alma-Ata (1978) and Astana (2018), to United Nations General Assembly resolutions on UHC 74/2 (2019) and 78/4 (2023), which call on governments to explore ways of integrating safe and evidence-based TCIM into health systems.

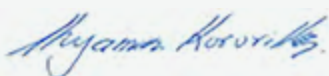
Over the past three decades, WHO has monitored different aspects of global progress on TCIM, from early reviews of the regulation of herbal medicines (1998), and the legal status of TCIM (2001), to surveys on national policies and regulation (2005), mapping of global distribution and use through the *TCIM global atlas* (2005), and the *global report on TCIM* (2019). Together, these have provided valuable insights into policies, regulatory frameworks, and practice across countries.

This new global survey continues that work at a pivotal moment. The 78th World Health Assembly in 2025 adopted the WHO global traditional medicine strategy 2025–2034, with strategic objectives of strengthening the TCIM evidence base with robust research and data, improving quality and safety through appropriate regulatory mechanisms, promoting integration into health systems advancing UHC, and expanding cross-sectoral partnerships and community engagement to promote inclusive benefits and sustainable development.

To achieve these strategic objectives, Member States recognize the need for standardized, reliable, and comparable data. This global survey and its dashboards represent one essential element of strengthening TCIM data alongside global data standards (including the International Classification of Diseases ICD 11), inclusion in routine health information systems, population-based surveys, facility-based reporting, and user feedback. Together, these data sources can generate a comprehensive picture of access, utilization, safety, quality, and outcomes of TCIM worldwide.

This report thus represents both continuity and progress: continuity in WHO's long-standing monitoring of TCIM, and progress towards strengthening integrated information systems that will guide countries in advancing safe, effective, and people-centred TCIM for the health and well-being of people and planet.

Dr Shyama Kuruvilla



Director a.i. WHO Global Traditional Medicine Centre

Acknowledgements

The World Health Organization (WHO) extends its gratitude to the WHO Member States for their contribution to the WHO global report on traditional, complementary and integrative medicine 2024 by participating in the third global survey and providing the information contained in this report. Indeed, this report is based on the third global survey on traditional, complementary and integrative medicine, conducted between April 2023 and March 2024. Coordination of the third global survey and the formulation of this report were led by Sungchol Kim and Sangyoung Ahn of the Traditional Medicine Norms, Standards, and Systems Integration Unit (TSI) at WHO headquarters, under the leadership of Rudi Eggers former Director Integrated Health Services (IHS) and Shyama Kuruvilla Director a.i. WHO Global Traditional Medicine Centre (TMC).

WHO also extends its thanks to its regional and country offices for their active and diligent efforts in overseeing the distribution and return of the third global survey. Regional office focal points provided support towards the execution of the third global survey and the verification of regional data, as follows:

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WHO acknowledges the financial support of the governments of China, India and the Republic of Korea in conducting the third global survey and in the formulation of this report.

Abbreviations and acronyms

EML	essential medicines list
ICD-11	International Classification of Diseases, 11 th Revision
PHC	primary health care
SDGs	Sustainable Development Goals
TCIM	traditional, complementary and integrative medicine
UHC	universal health coverage
WHO	World Health Organization

Glossary

Codified and non-codified. Traditional medicine systems can be categorized into (1) codified systems that have been disclosed in writing in ancient scriptures and are fully in the public domain, and (2) non-codified traditional medicinal knowledge that has not been fixed in writing, often remains undisclosed by traditional knowledge holders, and is passed on in oral traditions from generation to generation.

Complementary medicine. Complementary medicine refers to additional health-care practices that are not part of a country's mainstream medicine. Evidence-based complementary medicine has the potential to support mainstream medicine and more comprehensively support people's health and well-being needs.

Herbal medicines. Herbal medicines include herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients parts of plants, plant materials or combinations thereof. In some countries herbal medicines may contain, by tradition, natural organic or inorganic active ingredients that are not of plant origin (e.g. animal and mineral materials).

Integrative medicine. An interdisciplinary and evidence-based approach to health and well-being by using a combination of biomedical, traditional and/or complementary medical knowledge, skills and practices.

International Classification of Diseases (ICD). The International Classification of Diseases and Related Health Problems, or ICD, serves to record and report health and health-related conditions globally. The ICD ensures the interoperability and comparability of health data digitally. The

Classification contains diseases, disorders, health conditions and much more. The inclusion of a specific category in the ICD depends on utility in relation to the different uses of the Classification and sufficient evidence that a health condition exists. A "Traditional Medicine" chapter now forms a separate chapter within the International Classification of Diseases 11th Revision (ICD-11), for optional use. It provides a list of diagnostic categories for collecting and reporting on traditional medicine conditions in a standardized and internationally comparable manner.

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

Primary health care. A whole-of-society approach to health that aims to maximize the level and distribution of health and well-being through three components: (a) primary care and essential public health functions as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities.

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

Traditional medicine. Refers to codified or non-codified systems for health care and well being, comprising practices, skills, knowledge and philosophies originating in different historical and cultural contexts, which are distinct from and pre-date biomedicine, evolving with science for current use from an experience-based origin. Traditional medicine emphasizes nature based remedies and holistic, personalized approaches to restore balance of mind, body and environment. Traditional and complementary medicine merges the terms 'traditional medicine' and 'complementary medicine'. Traditional, complementary and integrative medicine – merges the terms 'traditional medicine', 'complementary medicine' and 'integrative medicine'.

Well-being. Well-being is a positive state experienced by individuals and societies. Similarly to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Well-being encompasses quality of life, as well as the ability of people and societies to contribute to the world with a sense of meaning and purpose. Focusing on well-being supports the tracking of the equitable distribution of resources, overall thriving and sustainability. A society's well-being can be observed by the extent to which the society is resilient, builds capacity for action, and is prepared to transcend challenges.



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Man with baby on shoulders at the beach: A joyful moment between father and child at the seaside.

Executive Summary

The first WHO survey on traditional medicine focused on national policies for traditional medicine and complementary and alternative medicine, as well as the regulation of herbal medicines. These policies and regulations were intended to ensure the safety, quality, and efficacy of these services and products, serving as an important step towards integrative health-care systems. The survey included a total of 21 questionnaire items.

The second WHO survey on traditional medicine expanded to include national policies and regulations for traditional and complementary medicine. A new Section III on practice, providers, education, and health insurance was added to reflect emerging trends in these areas. This survey consisted of a total of 39 questionnaire items.

The third WHO survey on traditional, complementary and integrative medicine included 64 main questionnaire items, with several sub-questions. The 2023 traditional, complementary and integrative medicine survey gathered information and data from WHO Member States on a range of topics, from the governance of traditional, complementary and integrative medicine health services to patient satisfaction with the traditional, complementary and integrative medicine available to them. It covered not only the availability of traditional, complementary and integrative medicine facilities, workforce, and products but also efforts to ensure their quality and suitable models for service delivery. This included quality assurance processes to ensure that traditional, complementary and integrative medicine services are available, accessible, of good quality, and safe.

This report includes data from the first, second, and third surveys, with some items coming from the second and third global surveys. New items introduced for the first time in the third global survey reflect responses from 106 Member States that completed the survey. An online platform is available for the continued submission of new and updated data from Member States.

“This report includes data from the first, second, and third surveys, with some items coming from the second and third global surveys.”

The third WHO survey received data only from Member States. This differs from the second global survey, which included additional sources supplemented by information from WHO global and regional reports, WHO regional and country offices, and WHO collaborating centers for traditional medicine. These methodological differences result in slight downward trends in some questionnaire items.

In the area of governance, the survey showed that 90 Member States reported having a national policy on traditional, complementary and integrative medicine, with the same number having laws or regulations for traditional, complementary and integrative medicine at national or state level. One hundred Member States responded that they had a national office for traditional, complementary and integrative medicine and 76 had a national expert committee for traditional, complementary and integrative medicine, while 43 reported that their health promotion programme included a component for traditional, complementary and integrative medicine.

With regard to finance, the survey included questions about costs, payments and insurance coverage. This was the first time that these questions had been asked in relation to traditional medicine, reflecting WHO's major emphasis on universal health coverage (UHC) whereby all people should have access to the full range of quality health services they need, when and where they need them without financial hardship – a key issue in the WHO global traditional medicine strategy 2025–2034. Very few Member States responded to these questions – indicating that most traditional, complementary and integrative medicine services are provided outside the formal health system and patients' payments to private providers are not recorded by the government. Forty-three Member States reported having insurance that covered certain traditional, complementary and integrative medicine costs (e.g. acupuncture, osteopathy) fully or partially.

The 2023 survey also asked about traditional, complementary and integrative medicine services for Indigenous Peoples. Fifty-six Member States said they had a scheme or programme for the health and well-being of Indigenous Peoples, and such a scheme or programme was being set up in a further four Member States. Twenty-three of the Member States reported that their programme included traditional, complementary and integrative medicine providers. Since Indigenous Peoples are a specific focus of the WHO global traditional medicine strategy 2025–2034, this area will need much more emphasis at country level in future.

Member States reported that traditional, complementary and integrative medicine practitioners typically practise in the private sector, while just 13% of the responding Member States said that some traditional, complementary and integrative medicine services were available through public health facilities. Some 69% of respondent Member States said that their health facilities were subject to quality assurance checks and 44% of that group also applied quality assurance controls to traditional, complementary and integrative medicine facilities.

Integration of safe and effective traditional, complementary and integrative medicine services across the care continuum and life course is another element of the WHO global traditional medicine strategy 2025–2034. The 2023 survey revealed that, while most traditional, complementary and integrative medicine practitioners work outside the formal health-care sector, some work within it. Integration of traditional medicine with the public health sector is happening in more places than before and health workers in conventional health systems were reported to be recommending traditional, complementary and integrative medicine treatments more often than in the past. At the same time, the survey shows that more Member States now report having regulations for those who practise traditional, complementary and integrative medicine – as well as educational courses, professional standards and continuing professional development programmes for traditional, complementary and integrative medicine providers. The WHO global traditional medicine strategy 2025–2034 puts emphasis on strengthening this work worldwide.

One of the best-known elements of traditional, complementary and integrative medicine is the use of herbal medicines. The 2023 survey revealed that 116 Member States have regulations for herbal medicines, 123 Member States use pharmacopoeias that include herbal medicines, 104 Member States use monographs that include herbal medicines, 104 Member States have mechanisms to ensure compliance with manufacturing requirements, and 124 Member States have a registration system for herbal medicines. While the 2023 survey asked Member States about traditional, complementary and integrative medicine in relation to minority populations, genetic resources, international conventions on biological diversity and trade in endangered species, and intellectual property rights, the WHO global traditional medicine strategy 2025–2034 specifically requests Member States to develop policy frameworks and guidelines in line with international agreements on these issues.

Asked if they had a routine health information system, 50 respondent Member States said they did have one but that it did not include data on traditional, complementary and integrative medicine. However, 31 Member States reported that their health information systems included traditional, complementary and integrative medicine. While 19 Member States reported having a national research institute that included traditional, complementary and integrative medicine in 1999, by 2023 the number reported had risen to 57.

One of the four objectives of the WHO global traditional medicine strategy 2025–2034 is the integration of safe and effective traditional, complementary and integrative medicine into national health systems. The 2023 global survey asked about the extent of this integration in terms of the percentage of health facilities that collaborate in providing biomedical and traditional, complementary and integrative medicine services, the extent that ethical rules or guidelines are upheld by all providers of health care (whether biomedicine or traditional, complementary and integrative medicine practitioners, and the degree to which traditional, complementary and integrative medicine is integrated

into universal health care. Asked whether they had a means to provide evidence-based public information on traditional, complementary and integrative medicine, most Member States reported that they did not. The strategy aims to see this situation improve considerably in the next 10 years.

Under the heading “Access and availability”, Member States were asked about the number of outpatient patient visits to health-care workers and to traditional, complementary and integrative medicine providers. Very few Member States answered this question as it was apparently difficult to distinguish which of the recorded outpatient visits related to traditional, complementary and integrative medicine. More Member States (over half of the responding Member States) reported use of the International Statistical Classification of Diseases for reporting of health conditions but not in relation to traditional, complementary and integrative medicine. The WHO global traditional medicine strategy 2025–2034 stresses the importance of including traditional, complementary and integrative medicine data in the WHO Family of International Classifications in order to promote standardized traditional, complementary and integrative medicine documentation and “expanded and accelerated” use of data collection and evidence generation on traditional, complementary and integrative medicine. This work has already begun in some places. Member State reports showed that noncommunicable diseases, disease prevention and palliative care were the leading reasons for seeking traditional, complementary and integrative medicine.

Because traditional, complementary and integrative medicine includes a diverse range of treatment and practices delivered in a range of situations, the questionnaire’s approach to the quality of care was to ask about the existence of practice guidelines and patient safety reporting systems for traditional, complementary and integrative medicine. As the report shows, 33% of responding Member States had national guidelines on traditional, complementary and integrative medicine practice and 40% of responding Member States had patient safety reporting system including incidents related to traditional, complementary and integrative medicine. Both these issues feature in the WHO global traditional medicine strategy 2025–2034.

“Because traditional, complementary and integrative medicine includes a diverse range of treatment and practices delivered in a range of situations, the questionnaire’s approach to the quality of care was to ask about the existence of practice guidelines and patient safety reporting systems for traditional, complementary and integrative medicine.”

Traditional, complementary and integrative medicine is used globally but it is difficult to establish reliable statistics. In response to a question on the extent of traditional, complementary and integrative medicine use, just 52 Member States responded. Twelve of these 52 Member States reported that between 80% and 99% of their populations use traditional, complementary and integrative medicine, and 14 Member States felt that 60–79% of their populations use it. Asked whether they had a mechanism for monitoring national progress in achieving the health-related Sustainable Development Goals, 81% of the respondent Member States said that they had such a mechanism, with 23 of those Member States indicating that their monitoring mechanisms included the assessment of the role of traditional, complementary and integrative medicine towards achievement of the goals.

The final section of the survey asked about the difficulties Member States face with regard to traditional, complementary and integrative medicine and the types of support they most need from WHO. Difficulties noted most frequently were the lack of research data, the lack of safety monitoring and the absence of monitoring and regulation of traditional, complementary and integrative medicine providers. Areas of greatest need most often identified by Member States were: technical guidance for research and evaluation of traditional, complementary and integrative medicine safety, quality and efficacy; a seminar or workshop on integrating traditional, complementary and integrative medicine into primary health care; and the provision of a research database. Overall, while traditional, complementary and integrative medicine may vary from place to place, Member States showed enthusiasm for information-sharing and common international approaches to traditional, complementary and integrative medicine.



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Latin grandfather with arms above his head
relaxing in his house in El Rama Nicaragua

1.

Introduction

Many populations around the world rely on traditional, complementary and integrative medicine for their health and well-being. Traditional, complementary and integrative medicine includes a wide variety of options that are used for enhancing health and treating illness and that vary widely between Member States. In many cases, traditional, complementary and integrative medicine exists outside conventional health systems but in other places elements of traditional, complementary and integrative medicine are incorporated into those health systems and can be provided alongside or in association with biomedical health services.

The World Health Organization (WHO) has made significant efforts to help its Member States to strengthen their traditional, complementary and integrative medicine programmes to ensure that this approach to health and healing is not only safe and of high quality, but is also accessible, equitable, responsive and sustainable. WHO's efforts have been guided by the Organization's global and regional strategies for traditional, complementary and integrative medicine.

The aim of the third WHO global survey on traditional, complementary and integrative medicine (2023) was not simply to gather data on the extent of traditional, complementary and integrative medicine services worldwide and their incorporation into conventional health systems. More specifically, this report helps to provide a baseline against which progress of the WHO global traditional medicine strategy 2025–2034 can be measured.

As in all aspects of health and sickness, decisions as to what steps to take or treatment to provide depend on data to ensure that the medical response matches the situation. However, in the area of traditional, complementary and integrative medicine, data have been particularly difficult to gather. Biomedicine involves consistent record-keeping in order to build up a body of knowledge that can guide future treatment but, because of their nature, many elements of traditional medicine have often been based on community knowledge and traditions rather than statistics.

WHO has been investigating traditional, complementary and integrative medicine in parts of the world for much of the Organization's history. In 1978, the International Conference on Primary Health Care in Alma-Ata, USSR, issued the Declaration of Alma-Ata drawing attention to the major role that traditional practitioners play in community health and urging the inclusion of proven traditional remedies in national drug policies and regulatory measures. In 1989, the Forty-second World Health Assembly adopted

“The World Health Organization has made significant efforts to help its Member States to strengthen their traditional, complementary and integrative medicine programmes to ensure that this approach to health and healing is not only safe and of high quality, but is also accessible, equitable, responsive and sustainable.”

a resolution urging Member States to evaluate traditional systems of medicine, regulate medicinal plant products, and identify their efficacy.

In 1994, WHO contacted Member States to gather information on the regulation of herbal medicines but only 52 out of 191 responded. A publication based on those responses – *Regulatory situation of herbal medicines: a worldwide review* – followed in 1998 (1). This review was as comprehensive as it could be with the data available, but it was already clear that more consistent efforts were needed to obtain a fuller picture of the use of traditional, complementary and integrative medicine worldwide.

By 2001, WHO had accumulated sufficient data to publish a report titled *Legal status of traditional medicine and complementary/alternative medicine: a worldwide review* (2). This report took almost 10 years to complete – not only due to lack of resources but also because of the difficulty of obtaining accurate and precise information on the traditional medicine and complementary and alternative medicine policies of all WHO's Member States. The eventual report contained data on 123 Member States. For some of the Member States omitted it was simply not possible to find sufficient information on approaches to traditional medicine

and complementary and alternative medicine although elements of these practices were known to exist.

Over the last 20 years, however, WHO has conducted a series of global surveys on traditional, complementary and integrative medicine, addressing them to the Organization's Member States, each time accumulating more and more information about traditional, complementary and integrative medicine's role and effectiveness. Resolution WHA56.31 was adopted by the World Health Assembly in 2003, asking WHO to support Member States by providing them with guidelines and technical standards that would help Member States to formulate policy and regulations on traditional medicine and complementary and alternative medicine and to control the safety and efficacy of traditional medicines. A survey had been drafted in 2001 and was subsequently distributed to all WHO Member States. The findings from 171 of WHO's 191 Member States at that time were reported in 2005 (3).

Also in 2005, the WHO Centre for Health Development in Kobe, Japan, published WHO's first global atlas of traditional, complementary and alternative medicine (4). In that publication, WHO noted that one-third of the world's population had no regular access to essential biomedicines

and that, in some parts of Africa, Asia and Latin America, as much as half of the population faced these persistent shortages. Yet, the atlas states, "in these same situations, the rich resources of traditional remedies and practitioners are available and accessible. Traditional medicines play a primary role in people's health, as they have for thousands of years. The range of therapies and practices is wide, varying greatly from country to country and from region to region."

The second global survey took place in 2012, with follow-up data collected between 2016 and 2018. The results of these investigations were published in the *WHO global report on traditional and complementary medicine 2019* (5). Two traditional and complementary medicine indicators were included in the *Global reference list of 100 core health indicators (plus health-related Sustainable Development Goals)* (6).

The third global survey, the results of which are described in this report, was conducted in 2023 as steps were under way to develop WHO global traditional medicine strategy 2025–2034. Consequently, the third global survey contained a number of questions that were not included in the earlier surveys but that were intended to yield new areas of data that could serve as background for the new strategy.

“Over the last 20 years, WHO has conducted a series of global surveys on traditional, complementary and integrative medicine, addressing them to the Organization's Member States, each time accumulating more and more information about traditional, complementary and integrative medicine's role and effectiveness.”

In all, 106 Member States of WHO responded to the 2023 survey which was circulated as the world was emerging from the COVID-19 pandemic. Member States that did not respond by the given date were contacted again and this increased the number of respondents slightly. Member States were also contacted to verify their data if, for instance, they had stated in earlier surveys that they had a policy on traditional, complementary and integrative medicine but stated in 2023 that they did not have one.

In particular, the survey asked about Member States' actions in relation to international agreements such as the Convention on Biological Diversity and the Convention on International Trade in Endangered Species of Wild Fauna and Flora, and their work on traditional, complementary and integrative medicine with Indigenous Peoples, thus widening the scope of the survey considerably to include broader health, social and environmental issues.

The specified objectives of the 2023 survey were:

- to collect updated and comprehensive information on traditional and complementary medicine policies, regulations and practices in order to analyse current progress and assess new and continued challenges;

- to monitor the impact of the WHO strategies for traditional medicine with regard to present national policy and regulation for traditional, complementary and integrative medicine, including both medicines and practices;
- to identify the most common difficulties and needs of Member States with regard to their capacity to develop traditional, complementary and integrative medicine infrastructure and to provide regulation (to enable WHO to provide appropriate support to its Member States); and
- to update the WHO global database on traditional, complementary and integrative medicine to facilitate national information exchange and sharing.

The data accumulated as a result of the third global survey will add to the growing body of knowledge on traditional, complementary and integrative medicine accumulated by WHO over the past decades. That body of knowledge provides an historical overview of WHO's interest and involvement in traditional, complementary and integrative medicine over the years. Yet the purpose of the third global survey was far from historical. It was to present data that can be used to guide the WHO global traditional medicine strategy 2025–2034 worldwide.

“The purpose of the third global survey was to present data that can be used to guide the WHO global traditional medicine strategy 2025–2034 worldwide.”

From traditional and complementary medicine to traditional, complementary and integrative medicine

It is important to note that WHO's second and third global surveys focused on traditional and complementary medicine. Growing numbers of patients around the world used elements of traditional medicine as complements to the treatments prescribed by practitioners of biomedicine. Traditional and complementary medicine was used in these surveys as that was the focus of WHO's traditional medicine strategy 2014–2023. However, evidence from these surveys showed that some complementary medicines or treatment procedures were increasingly being used

within conventional health services and alongside conventional health-care procedures. As the pace of this integration is growing worldwide, WHO now focuses not only on medicines and medical approaches that complement each other but also includes those that are increasingly integrated. Hence the decision to base the report of the third global survey on traditional, complementary and integrative medicine since the third global survey showed that this term is a more accurate reflection of the global situation.



See Annex 1 for lists of all WHO Member States that responded to the first, second and third global surveys.

See Annex 2 for the questionnaire used in the third global survey.



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Group of smiling African children in Ethiopia, East Africa

2.

**Third WHO
global survey
on traditional,
complementary
and integrative
medicine**

A. Governance

The issue of traditional, complementary and integrative medicine governance was addressed in each of the three global surveys on traditional, complementary and integrative medicine, as reported in 2005, 2019 and 2023. While not all WHO Member States responded to each of the surveys, and when Member States responded they did not all answer the questions that they had answered earlier, it became clear that Member States that had national policies, laws, regulations and offices on traditional, complementary and integrative medicine in the early 2000s had not abolished them. Data have shown that Member States that reported having these elements of governance in 2005 and 2019 have retained them in the intervening years and still had them in 2023.

National policy on traditional, complementary and integrative medicine

In the responses of WHO Member States to this question about national policies, 90 Member States reported having such a policy in 2023. **Fig. A.1** shows how the reported numbers grew over the years from 1999 when 25 Member States reported having a national policy on traditional medicine in response to a questionnaire that attracted a poor response, and then almost doubled by the time of the 2005 survey report.

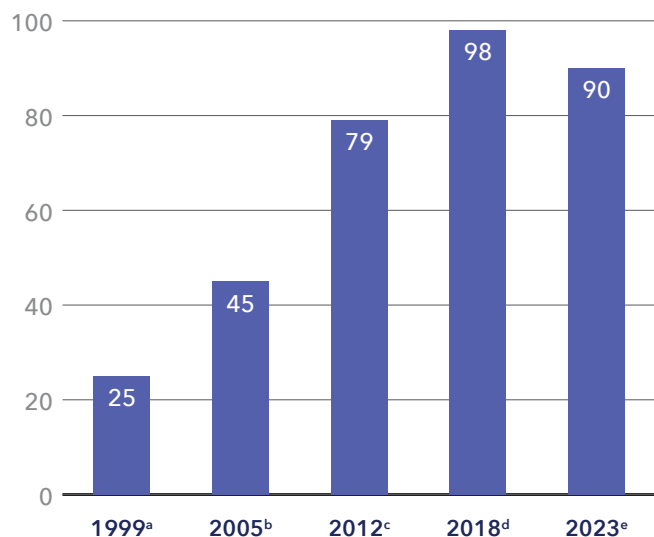
The number of Member States reporting national traditional, complementary and integrative medicine policies more than doubled from 2005 to 2018 (reported in 2019) and then dropped slightly in 2023 when the total number of Member States' responses fell compared with the number included in the 2019 survey report. However, with each survey, more Member States reported having a national policy on traditional, complementary and integrative medicine. As the total number of responding Member States dropped in response to the third global survey – which was circulated in the wake of the COVID-19 pandemic in 2023 – the number of Member States reporting for

the first time that they had a national traditional, complementary and integrative medicine policy continued to grow. By 2023 a total of 90 WHO Member States had reported having a national policy on traditional, complementary and integrative medicine (**Fig. A.1**).

In the third survey, which elicited 106 responses from WHO's Member States, governments that reported having a national policy for traditional, complementary and integrative medicine (whether for the first time or not) were asked whether the policy was an exclusive policy for traditional, complementary and integrative medicine or whether it was integrated into another national policy (**Fig. A.2**).

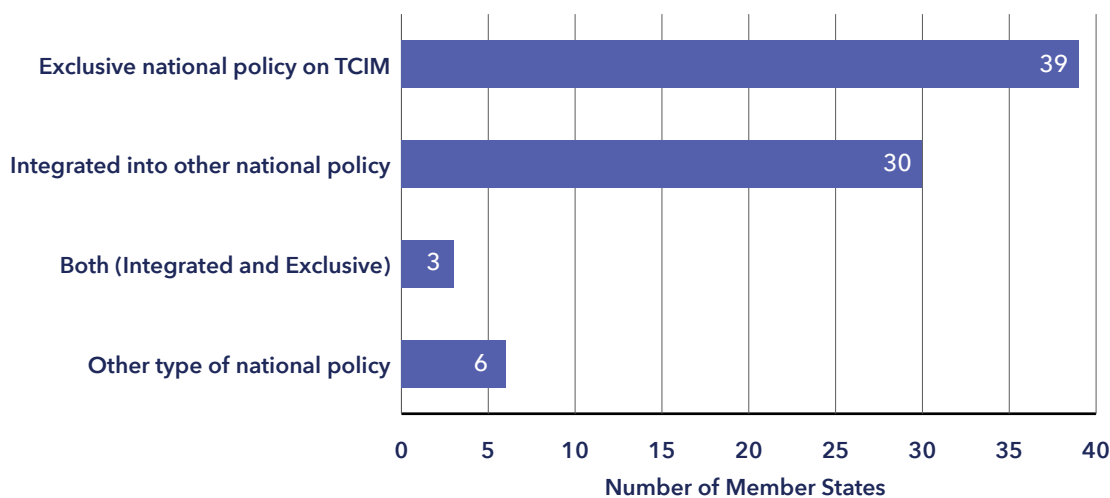
Of WHO's 194 Member States, 78 Member States (40%) have provided this information at least once over the course of the three global surveys. The most common response was "Exclusive national policy on traditional, complementary and integrative medicine". Under "Other type of national policy", some Member States mentioned

FIG. A.1
NUMBER OF MEMBER STATES WITH A NATIONAL POLICY ON TCIM, 1999–2023



- a. WHO Traditional Medicine Strategy 2002–2005.
- b. National policy on traditional medicine and regulation of herbal medicines – Report of a WHO global survey (N=141).
- c. Includes Member States who 1) responded “Yes” to the second survey on traditional, complementary and integrative medicine, and 2) responded “Yes” to the first survey but did not respond to the second survey (N=170; i.e. 141 + 29, the 29 being respondents exclusive to the second survey).
- d. Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016–2018).
- e. Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

FIG. A.2
TYPE OF NATIONAL POLICIES REPORTED BY MEMBER STATES



Note: Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine. TCIM refers to traditional, complementary, and integrative medicine.

the inclusion of the traditional, complementary and integrative medicine policy in laws or articles that protect traditional, complementary and integrative medicine, while others included traditional, complementary and integrative medicine in different types of programmes. In Canada, for instance, traditional, complementary and integrative medicine is integrated into the

country’s “Policy Pathway to Licensing”. In cases where Member States reported that the traditional, complementary and integrative medicine policy was integrated with another policy, the traditional, complementary and integrative medicine policy generally formed part of the national policy on drugs, medicines or health.

Not all WHO Member States have a centralized health-care system. For instance, the United States of America has pointed out in response to previous surveys that it does not have “one” national policy. However, the United States of America has “several significant initiatives” (e.g. the Veterans Administration) that are active within specific health systems throughout the country.

In 2023, 35 Member States in the WHO African Region (74%) and nine Member States in the

South-East Asia Region (82%) reported having a national policy for traditional, complementary and integrative medicine. In the WHO Western Pacific Region and the Eastern Mediterranean Region, 12 (44%) and 10 Member States (48%), respectively, reported that they had a national policy framework in place. In both the WHO Region of the Americas and the European Region, 12 Member States (34% and 23%, respectively) reported having national policies.

National laws and regulations on traditional, complementary and integrative medicine

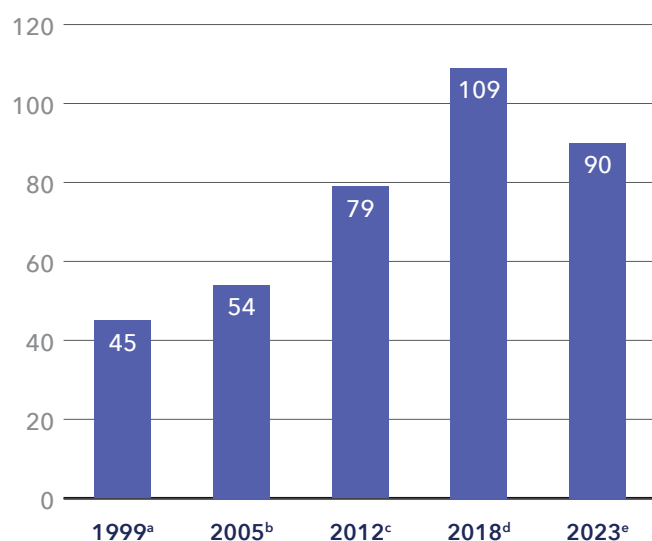
Member States were asked whether they had national laws or regulations on traditional, complementary and integrative medicine. The term “law” was defined as follows: “A set of rules concerning areas of traditional, complementary and integrative medicine. These rules are established by an authority, usually the government and advisory committees, and are enforced by the judicial and legal systems of that country. The laws can cover a wide range of topics such as education of professionals, licensing of providers or manufacturers, sale of herbal medicines, and so forth”. The term “regulation” was defined as: “a principle, rule or law designed to control or govern conduct.” In the context of traditional, complementary and integrative medicine, regulation means a set of rules specifically governing the conduct of the wide range of topics related to traditional, complementary and integrative medicine.

The number of Member States with a legal and regulatory framework for traditional, complementary and integrative medicine increased gradually from 45 Member States in 1999, reaching 109 Member States in 2018. Thailand, for instance, has the Thai Traditional Medical Council which promotes traditional, complementary

and integrative medicine education, oversees practitioners’ service standards and issues licences to practitioners. Only 90 Member States reported having a legal and regulatory framework for traditional, complementary and integrative medicine in 2023, though some of the other Member States that had reported this earlier (109 of them) did not respond to the question in 2023 (Fig. A.3). In terms of WHO regions, the WHO African Region reported the highest number of Member States with national or state-level laws and regulations for traditional, complementary and integrative medicine, at 25 (53%).

Ten (91%) of the Member States in the South-East Asia Region reported having a national law or regulation for traditional, complementary and integrative medicine. In the WHO Western Pacific Region, 11 (41%) of the Member States reported having a national law or regulation, respectively. Eleven (52%) Member States in the Eastern Mediterranean Region reported that there is a national law or regulation in place. In the WHO Region of the Americas, 12 (34%) Member States reported having a national law or regulation. The European Region reported having 21 Member States with a national law or regulation (40%).

FIG. A.3
NUMBER OF MEMBER STATES WITH NATIONAL OR STATE LEVEL LAWS OR REGULATIONS FOR TCIM, 1999–2023



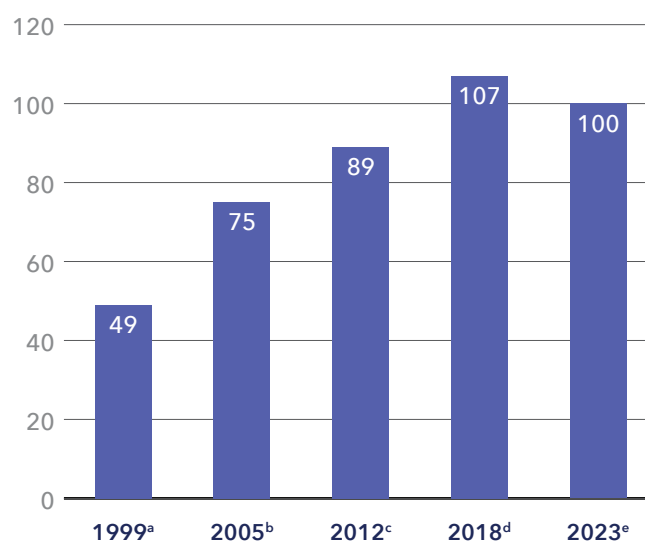
- WHO Traditional Medicine Strategy 2002–2005.
- National policy on traditional medicine and regulation of herbal medicines – Report of a WHO global survey (N=141).
- Includes Member States who 1) responded “Yes” to the second survey on traditional, complementary and integrative medicine, and 2) responded “Yes” to the first survey but did not respond to the second survey (N=170; i.e. 141 + 29, the 29 being respondents exclusive to the second survey).
- Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016–2018).
- Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

National offices for traditional, complementary and integrative medicine

In the 2005 global survey, 75 Member States reported having a national office for traditional, complementary and integrative medicine – or traditional medicine and complementary and alternative medicine as it was then called. The number reporting a national office for traditional, complementary and integrative medicine in 2023 was 100 (51% of all WHO Member States) (Fig. A.4), with a further ten stating that such an office is in the process of being established.

- WHO Traditional Medicine Strategy 2002–2005.
- National policy on traditional medicine and regulation of herbal medicines – Report of a WHO global survey (N=141).
- Includes Member States who 1) responded “Yes” to the second survey on traditional, complementary and integrative medicine, and 2) responded “Yes” to the first survey but did not respond to the second survey (N=170; i.e. 141 + 29, the 29 being respondents exclusive to the second survey).
- Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016–2018).
- Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

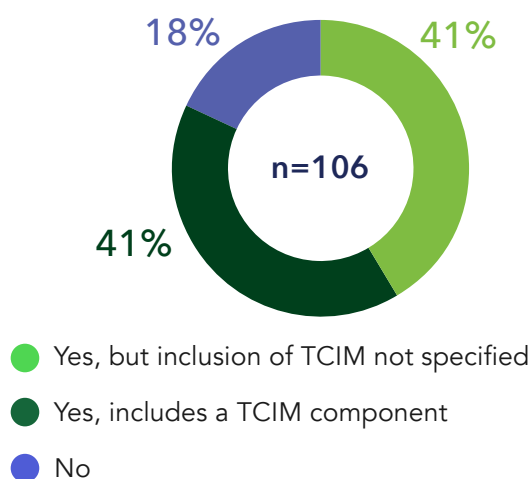
FIG. A.4
NUMBER OF MEMBER STATES REPORTING HAVING A NATIONAL OFFICE FOR TCIM, 1999–2023



National health promotion programme

The question as to whether Member States had a national health promotion programme was relatively new as it was first reported on in the 2019 survey. The question was not asked in earlier WHO global surveys on traditional and complementary medicine. As shown in Fig. A.5, 87 of the 106 (82%) Member States that responded to the third survey said they have a national health promotion programme. Additionally, the Member States were asked whether their health promotion programme included a component for traditional, complementary and integrative medicine. Of the 106 Member States that responded to the third survey, 43 (41%) reported that their programme included traditional, complementary and integrative medicine.

FIG. A.5
NATIONAL HEALTH PROMOTION PROGRAMMES AND TCIM



Note: Based on the third WHO global survey respondents (n=106).

National expert committee for traditional, complementary and integrative medicine

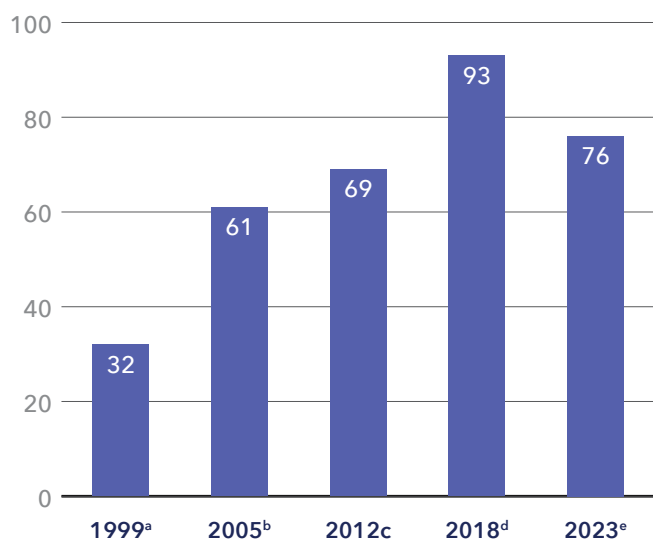
The working definition of an expert committee is a group of experts convened by the national government for the purpose of reviewing and making policy and technical recommendations on traditional, complementary and integrative medicine topics.

When asked if they had a national expert committee on traditional, complementary and integrative medicine, 76 Member States (39% of all WHO Member States) reported that such a group or committee existed in their country (Fig. A.6). This number was reported as 61 Member States in the first global survey and then as 93 in the second global survey, of which the findings were published in 2019. The WHO Member States that did not have a national expert committee on traditional,

complementary and integrative medicine in the past but have one now are: Bahrain, Equatorial Guinea, Eritrea, Malta, Qatar, Republic of Moldova, United Arab Emirates and Viet Nam.

“When asked if they had a national expert committee on traditional, complementary and integrative medicine, 76 Member States (39% of all WHO Member States) reported that such a group or committee existed in their country.”

FIG. A.6
NUMBER OF MEMBER STATES WITH AN EXPERT COMMITTEE FOR TCIM, 1999–2023



- a. WHO Traditional Medicine Strategy 2002–2005.
- b. National policy on traditional medicine and regulation of herbal medicines – Report of a WHO global survey (N=141).
- c. Includes Member States who 1) responded “Yes” to the second survey on traditional, complementary and integrative medicine, and 2) responded “Yes” to the first survey but did not respond to the second survey (N=170; i.e. 141 + 29, the 29 being respondents exclusive to the second survey).
- d. Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016–2018).
- e. Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

B. Financing

Funding and allocation

In the area of finance, WHO Member States were asked a series of questions about costs, payments and insurance. The questions enquired about the proportion of total current health expenditure that is for traditional, complementary and integrative medicine, the proportion of out-of-pocket (OOP) expenditure on traditional, complementary and integrative medicine, and the proportion of household expenditure on health that is spent on traditional, complementary and integrative medicine – a reflection of WHO’s global drive for universal health coverage.

The third global traditional, complementary and integrative medicine survey was the first in which these questions were asked. Consequently, there are no global historical data on these aspects of the use of traditional, complementary and integrative medicine. Just 14 Member States (13%) responded to the questions so there is very little useful current information. However, the lack of

data on expenditure does not in any way mean that no money is spent on obtaining traditional, complementary and integrative medicine. On the contrary, **Figs. C.1, G.1, and B.3** show that in many settings, particularly where traditional, complementary and integrative medicine treatment and medication are offered privately outside of the official health system, out-of-pocket payment is the usual way for patients to settle the bill.

Typically, there is limited payment information on record and yet there is a large amount of out-of-pocket expenditure. With the exception of Member States where elements of traditional, complementary and integrative medicine – such as acupuncture or herbal medicines, as shown in **Fig. B.3** – are acknowledged as treatments (and patients’ costs may be reimbursed by health insurance), the costs of many traditional, complementary and integrative medicine interventions and treatments remain unknown.

The cost of using traditional medicine will be investigated further in future surveys. In line with WHO’s drive to achieve universal health coverage and in support of the United Nations General Assembly’s Resolution A/RES/78/4 on the Political declaration of the high-level meeting on universal

health coverage, one the four strategic objectives of the WHO global traditional medicine strategy 2025–2034 is to “integrate safe and effective traditional, complementary and integrative medicine into health systems”.

Essential health services

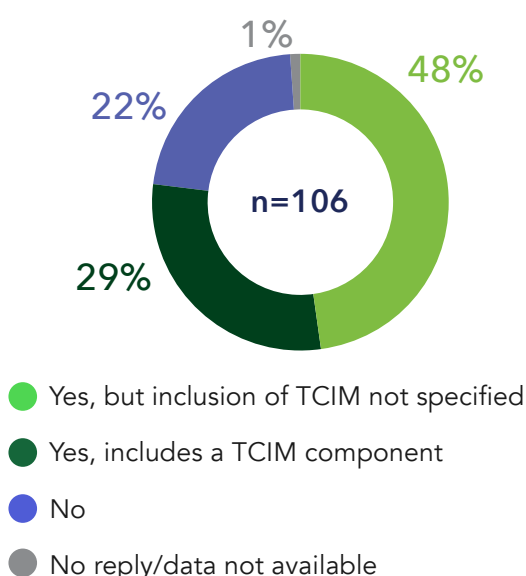
Member States were asked whether health facilities offered a standard set of health-related services – commonly referred to as an “essential health services package”. Geared to the health needs of each country, an essential health services package is tailored to meet that country’s major health needs with high-quality services and appropriate medicines. A typical package, aimed at individuals, includes preventive, promotive, curative, rehabilitative and palliative health services that are delivered at different levels of health care – community level, primary health care facilities, first-level hospitals, tertiary-level hospitals and at the population level. Providing essential health care services is the primary responsibility of the public health sector.

The essential health services package specifies what should be available in a particular country and makes clear what the elements are. These are basically what governments are paying for, whether from local funds, donor contributions, patients’ contributions or a variety of these sources. Many Member States have established such packages.

The question further asked whether the essential health services package included traditional, complementary and integrative medicine services. The subsequent question, addressed to Member States that did not have such a package of health services, asked whether one was being established. Some 82 Member States (77%) stated that they had an essential health services package, with 31 (29%) stating that their package included traditional, complementary and integrative medicine services.

A further three Member States were in the process of setting up such a package. Fig. B.1 shows the extent of availability of essential health services packages in respondent Member States, including those that incorporate traditional, complementary and integrative medicine and those that are in the process of being established. The WHO global traditional medicine strategy 2025–2034 includes action to include safe and effective traditional, complementary and integrative medicine across the care continuum and life course in essential health services’ packages and the national essential medicines list.

FIG. B.1
THE ESSENTIAL HEALTH SERVICES PACKAGE AND TCIM



Note: Based on the third WHO global survey respondents (n=106).

Health schemes for Indigenous Peoples

For the first time in the series of traditional, complementary and integrative medicine surveys, Member States were asked whether they had a health scheme or programme for the health and well-being of Indigenous Peoples. Those who answered that they had such a scheme were further asked if traditional medicine providers were involved in the scheme. Member States without such a scheme were asked if one was being established.

In answer to this three-part question, 56 responding Member States (53%) said they had a scheme or programme for the health and well-being of Indigenous Peoples, and such a scheme or programme was being set up in a further four Member States. Twenty-three of the Member States (22%) reported that their programme included providers of traditional, complementary and integrative medicine (Fig.B.2).

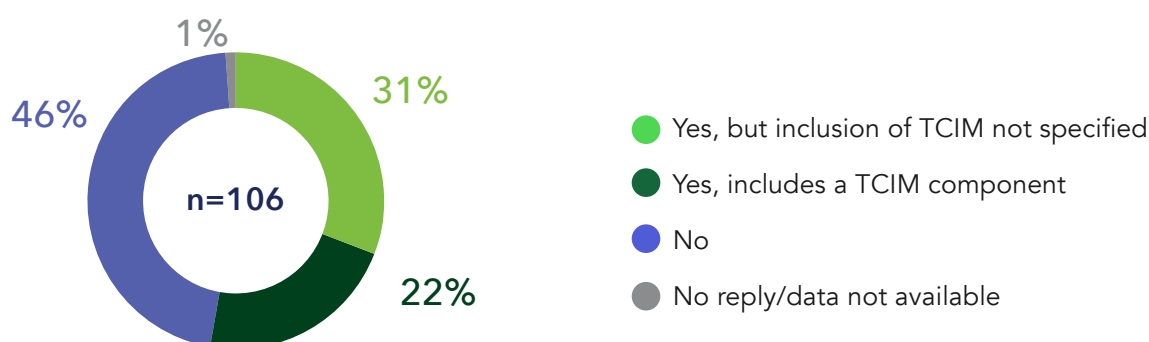
WHO is concerned to have a clearer picture of the situation of Indigenous Peoples around the world and the types and extent of health care that they receive. The Organization is already involved in programmes on the health of Indigenous Peoples but much more needs to be known. Part of the

problem is that many Indigenous persons and groups may exist outside or on the fringes of society beyond the reach of biomedicine services.

Efforts are being made to understand more clearly the situation and health needs of Indigenous Peoples. The United Nations has established a Permanent Forum on Indigenous Issues (7) and WHO is an integral part of the United Nations work relating to Indigenous Peoples which includes health concerns. The WHO global traditional medicine strategy 2025–2034 is informed by the United Nations Declaration on the Rights of Indigenous Peoples (8) and the commitment to achieving the ends set forth therein, considering Member States' national contexts and priorities and the limitations set out in Article 46.2.

In May 2023, the Seventy-seventh World Health Assembly approved a resolution on the health of Indigenous Peoples which states Indigenous Peoples' right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants. It also asked WHO to develop a Global Plan of Action for the Health of Indigenous Peoples "with a particular emphasis on the reproductive, maternal

FIG. B.2
HEALTH SCHEMES AND HEALTH PROGRAMMES FOR THE HEALTH AND WELL-BEING OF INDIGENOUS PEOPLES



Note: Based on the third WHO global survey respondents (n=106).

and adolescent health, and with a specific focus on those in vulnerable situations, and bearing in mind the local context” (9). WHO was further asked to provide technical support for the development of national plans for “the promotion, protection and enhancement of the physical and mental health of Indigenous Peoples, including in the context of public health emergencies” and to propose

“strategic lines of action” to improve the health of Indigenous Peoples in WHO’s next General Programme of Work. The Organization’s continuing work on traditional, complementary and integrative medicine in the WHO global traditional medicine strategy 2025–2034 will feed into these lines of action.

Health insurance coverage

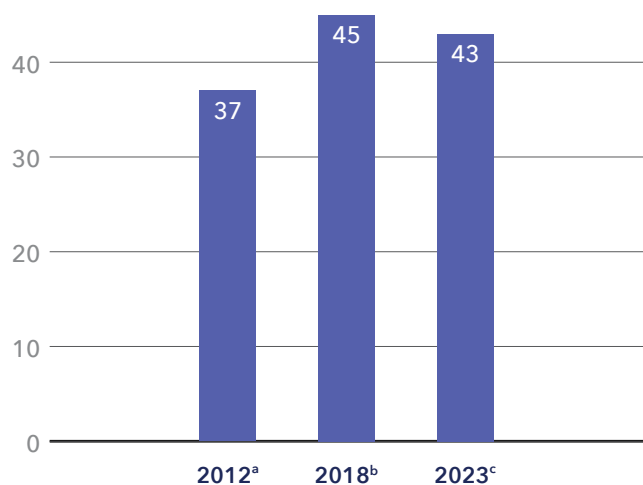
Member States were asked whether traditional, complementary and integrative medicine was covered by health insurance and then – if it was covered fully or partially. In this survey, health insurance was defined broadly to include both public and private insurers. Fig. B.3 shows 43 Member States (22% of all WHO Member States) reported having insurance that covered traditional, complementary and integrative medicine fully or partially.

Out of the Member States reporting having insurance that covered traditional, complementary and integrative medicine fully or partially, when

asked what types of traditional, complementary and integrative medicine were covered by insurance and provided with a list of 10 options, 26 Member States named acupuncture, 23 named herbal medicine, 18 said both osteopathy and chiropractic, and a further 19 mentioned other types. While the WHO global traditional medicine strategy 2025–2034 does not address insurance directly, it calls for equitable access to sustainable products and for collaboration between stakeholders and regulators to address barriers related to affordability, availability and cultural appropriateness.

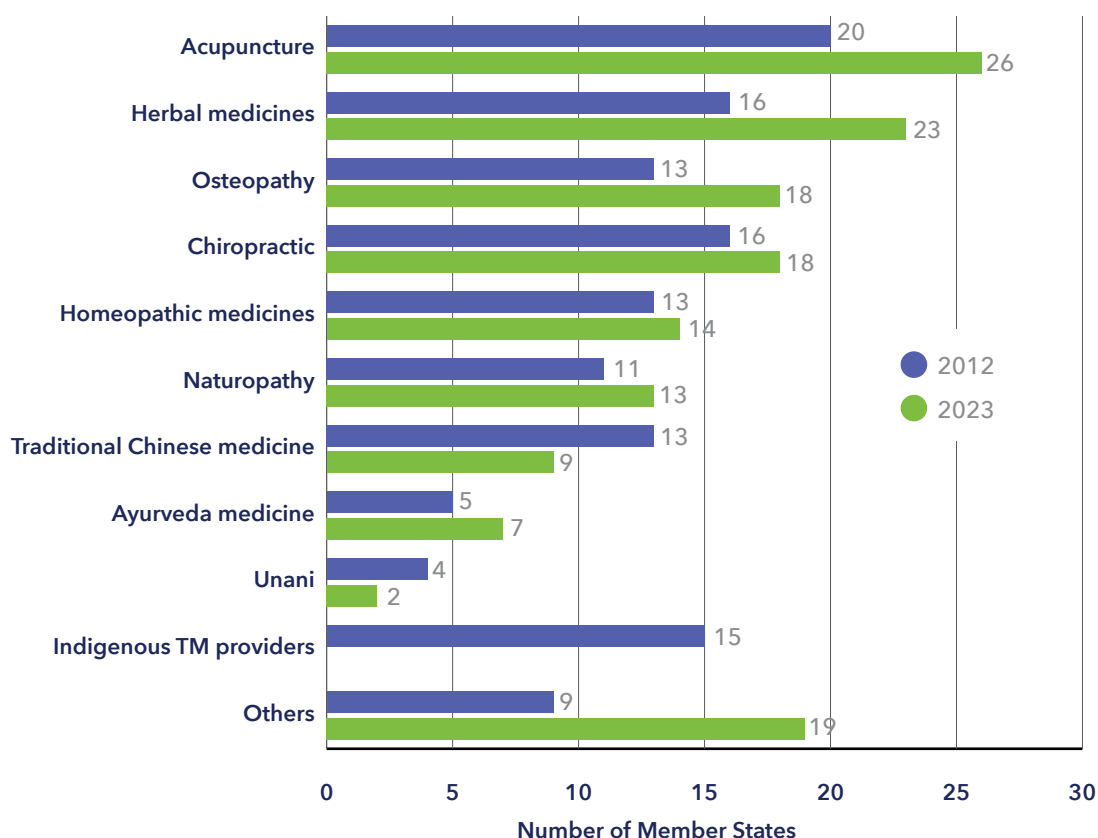
“22% of all WHO Member States reported having insurance that covered traditional, complementary and integrative medicine fully or partially.”

FIG. B.3
NUMBER OF MEMBER STATES WITH HEALTH INSURANCE COVERAGE FOR TCIM, 2012–2023



- a. Based on the second WHO global survey respondents only (N=133).
- b. Includes 1) 2012 data and 2) additional Member States who responded "Yes" to the update survey, but either replied "No" or did not reply to the first and second surveys or responded "Yes" through additional data sources (e.g. regional reports and data verification during 2016-2018).
- c. Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

Health insurance coverage of TCIM practices



2012: based on the second WHO global survey respondents only (n=133).
 2023: based on the third WHO global survey respondents (n=106). The third global survey did not ask for the coverage for Indigenous traditional medicine providers.

C. Physical infrastructure

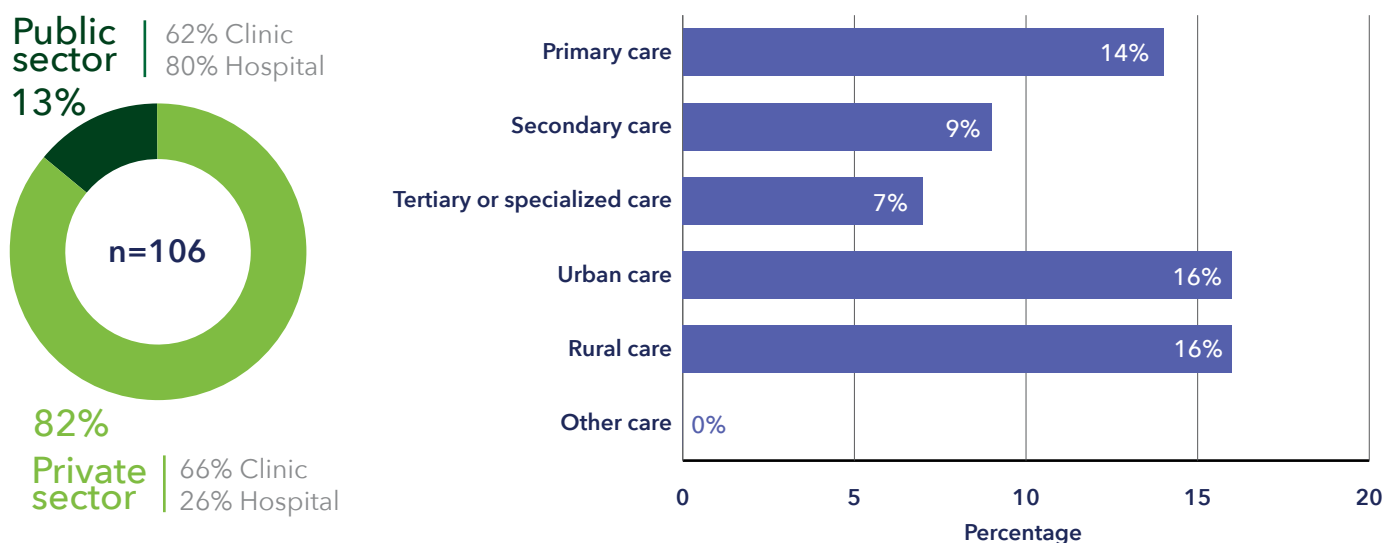
Availability of traditional, complementary and integrative medicine facilities

Member States were asked in which settings traditional, complementary and integrative medicine providers practise (private or public sector; primary, secondary, tertiary or specialized care; urban or rural).

Of the 106 Member States that responded to the 2023 survey, 100 gave answers to this particular question. The answers showed that the majority of traditional, complementary and integrative medicine practitioners in these Member States (82%) provided their services in the private sector while 13% did so in the public sector (Fig. C.1). Most (66%, i.e. 54) of those who worked in the private sector did so in private clinics while a smaller proportion (26%, i.e. 21) did so in private hospitals.

As for those who worked in the public sector, the majority provided traditional, complementary and integrative medicine services in public hospitals and a lesser proportion were in public clinics. However, as Fig. C.1 shows, the numbers of traditional, complementary and integrative medicine providers in the public sector were more evenly distributed between clinics and hospitals than those in the private sector. It is also possible, however, that some traditional, complementary and integrative medicine practitioners may provide their services in both the private and the public sector, according to demand. Integration is a leading element of the WHO global traditional medicine strategy 2025–2034.

FIG. C.1
SETTINGS IN WHICH TCIM PROVIDERS PRACTICE



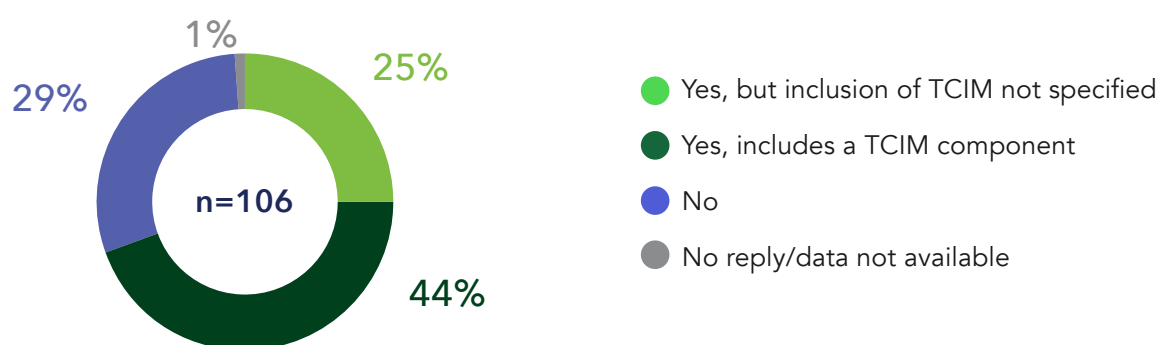
Note: Based on the third WHO global survey respondents (n=106). Percentages don't add up to 100% because respondents can select multiple options.

Regulation of health facilities

The survey asked Member States whether they had quality assurance (i.e. licensure, accreditation, or certification schemes) of health facilities. This question, which was asked for the first time in the 2023 survey, aimed to find out to what extent health facilities are regulated, licensed, accredited and certified in order to ensure their standard of health-care provision. More specifically, if such regulation existed, the question further asked whether such regulation also extended to traditional, complementary and integrative medicine health facilities. If there was no such regulation, Member States were asked whether the quality assurance of health facilities was being established.

As shown in Fig. C.2, 74 Member States (69%) reported that they had quality assurance of health facilities and 47 (44%) of those stated that the quality assurance also applied to traditional, complementary and integrative medicine facilities. The regulation of traditional, complementary and integrative medicine products, practices and practitioners is encouraged by the WHO global traditional medicine strategy 2025–2034. The highest standard of science and stringent regulatory provisions, as appropriate to national requirements, should apply for traditional, complementary and integrative medicine products and services used for medical purposes to ensure their safety, quality and effectiveness in clinical settings.

FIG. C.2
QUALITY ASSURANCE OF HEALTH FACILITIES, INCLUDING THOSE PROVIDING TCIM



Note: Based on the third WHO global survey respondents (n=106).

“The highest standard of science and stringent regulatory provisions, as appropriate to national requirements, should apply for traditional, complementary and integrative medicine products and services used for medical purposes to ensure their safety, quality and effectiveness in clinical settings.”

D. Health workforce

Availability of traditional, complementary and integrative medicine providers in the health-care workforce

Member States were requested to give information on the numbers of biomedicine practitioners and traditional, complementary and integrative medicine practitioners. Member States were able to provide data on regulated providers – i.e. those practicing officially within formal health structures. However, it is widely known that many traditional, complementary and integrative medicine providers operate outside official regulatory structures. Côte d'Ivoire, for instance, reported 130 health facilities offering traditional, complementary and integrative medicine but noted that no health facilities offered both biomedicine and traditional, complementary and integrative medicine.

As an aid to Member States in completing this part of the survey, some working definitions were supplied by WHO, particularly in terms of the integration of traditional, complementary and integrative medicine with formal health care systems. Traditional, complementary and integrative medicine was described as fully integrated into national or regional health systems when health-care services are delivered by traditional, complementary and biomedicine practitioners in collaboration and are coordinated across the different levels and sites of care. Between 2005 and 2018, according to the report of the second global survey, WHO Member States took steps not only to promote the safety, quality and effectiveness of traditional, complementary and integrative medicine, but also for the appropriate integration of traditional, complementary and integrative medicine into health systems (particularly health services) by developing national policies, regulatory frameworks and strategic plans for traditional, complementary and integrative medicine products, practices and

practitioners.

In the second global survey, Member States were asked whether they had an existing national plan for integrating traditional, complementary and integrative medicine into their national health service delivery. The findings of that survey, reported in 2019, showed that of the 61 Member States that responded to that question, 13 – Benin, Bolivia (Plurinational State of), Brazil, Cuba, Democratic People's Republic of Korea, Ghana, Guatemala, Haiti, India, Mali, Mexico, Nicaragua and Thailand – replied that they did have such a plan.

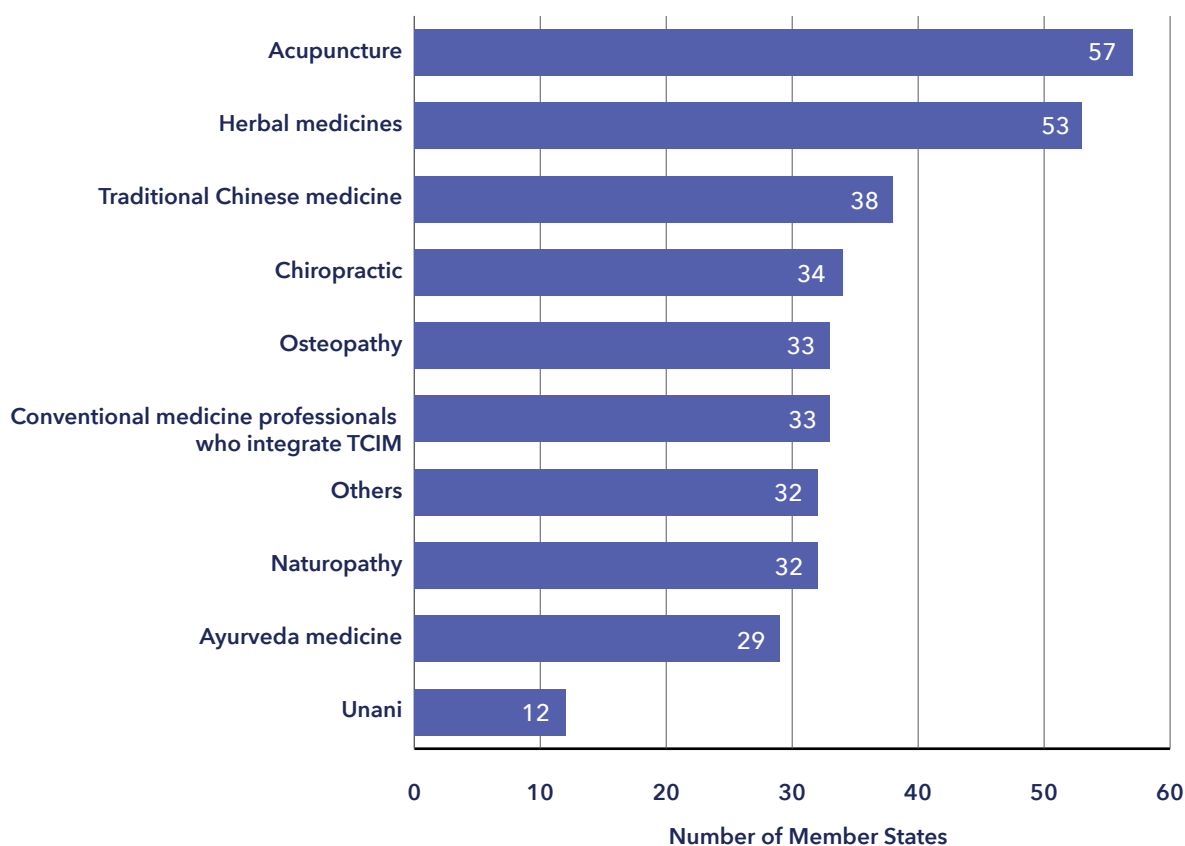
In responses to the third global survey in 2023, Member States were able to provide some information about traditional, complementary and integrative medicine providers who worked within parts of the formal regulated health system in which patients and care providers can consider different care options, whether conventional care or traditional, complementary and integrative medicine interventions and products. Health workers in conventional health systems were reported increasingly to recommend treatments such as acupuncture, osteopathy and also other traditional, complementary and integrative medicine services. **Fig. D.1** lists the types of traditional, complementary and integrative medicine services and products provided through formal health services in WHO Member States, showing the number of Member States that provide them.

The WHO global traditional medicine strategy 2025–2034 includes action to collect and analyse data on the traditional, complementary and

and integrative medicine health workforce. In addition, the strategy proposes that the WHO Secretariat should improve health workforce data on traditional, complementary and integrative medicine practitioners through reporting in the

WHO National Health Workforce Accounts.

FIG. D.1
TYPES OF TCIM SERVICES PROVIDED IN MEMBER STATES, 2023



Regulation of the traditional, complementary and integrative medicine health workforce

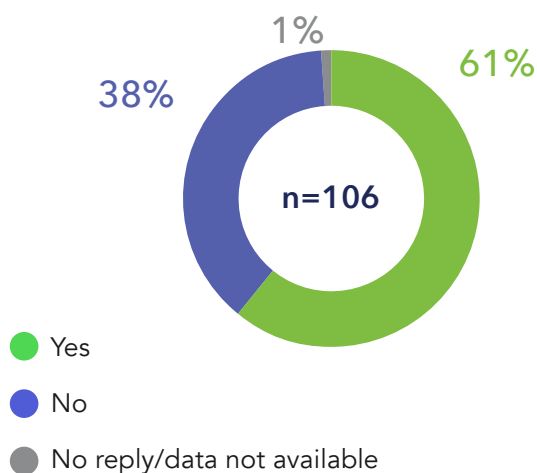
Member States were asked about regulation of traditional, complementary and integrative medicine practices. This included the regulation of providers themselves, the level at which regulation is enforced, the setting (private, public or both) in which providers practise, whether a licence or certificate is required for practising and, if so, which authority issues the licence or certificate.

In the 2023 global survey, 65 Member States (61%) responded that regulations were applied to traditional, complementary and integrative medicine providers while 40 Member States (38%) reported that they did not have such regulations. However, among the 40 Member States that reported having no regulations for traditional, complementary and integrative medicine providers, 17 further stated that such regulations were being established (Fig. D.2).

As an example, Côte d'Ivoire has a Code of ethics for traditional medicine practitioners which was announced by the Ministry of Health in January 2016, giving traditional, complementary and integrative medicine practitioners 12 months in which to conform to requirements. Similarly, Liberia has a Code of ethics for traditional and complementary medicine practitioners which is regulated by a national professional body – the Traditional complementary medicine practice board of Liberia.

The WHO global traditional medicine strategy 2025–2034 encourages information-sharing between Member States and partners regarding approaches and experiences on the regulation of traditional, complementary and integrative medicine practices and practitioners in a variety of settings.

**FIG. D.2
REGULATIONS FOR TCIM PROVIDERS**



Note: Based on the third WHO global survey respondents (n=106).

Traditional, complementary and integrative medicine education and professional development

Having asked about the regulation of traditional, complementary and integrative medicine providers, the third global survey further asked whether Member States had university-level courses for such persons. Member States that had such courses were asked what type of higher education degree – bachelor's, master's, PhD, clinical doctorate or other degrees – a student of traditional, complementary and integrative medicine would obtain. Member States that responded that they had no university courses in traditional, complementary and integrative medicine were asked whether there were any other traditional, complementary and integrative medicine training programmes that were officially recognized.

Fifty-eight Member States (30% of all WHO Member States) reported having courses at university level while a further 27 had other kinds of traditional, complementary and integrative medicine courses – such as apprenticeships, certified training programmes (e.g. specialist training in acupuncture or panchakarma for which the student receives a certificate or licence), and training programmes leading to a certificate for traditional, complementary and integrative medicine technicians, nurses and other traditional, complementary and integrative medicine personnel. Fig. D.3 shows how the availability of university-level training in traditional, complementary and integrative medicine has increased in WHO Member States from 41 Member States in 2012 to 58 Member States in 2023. Over the same period, the number of Member States reporting certificated training declined from 36 in 2012 to 27 in 2023.

Degrees in traditional, complementary and integrative medicine ranged from bachelor’s degrees in 39 Member States, master’s degrees in 33 Member States, PhDs in 19 Member States and clinical doctorates in seven Member States. A further 20 Member States offered various additional university degrees in traditional, complementary and integrative medicine (Fig. D.4). The WHO global traditional medicine strategy 2025–2034 takes this issue further by proposing that traditional and complementary medicine and biomedicine educational institutions should be encouraged to integrate their curricula to promote interprofessional collaboration, and that current educational institutions should consider the establishment and maintenance of traditional, complementary and integrative medicine divisions.

2012: based on the second WHO global survey respondents only (n=133).
 2023: Cumulative data from the second (n=133) and third WHO global survey (n=106) respondents.

FIG. D.3
AVAILABILITY OF TCIM EDUCATION, 2012–2023

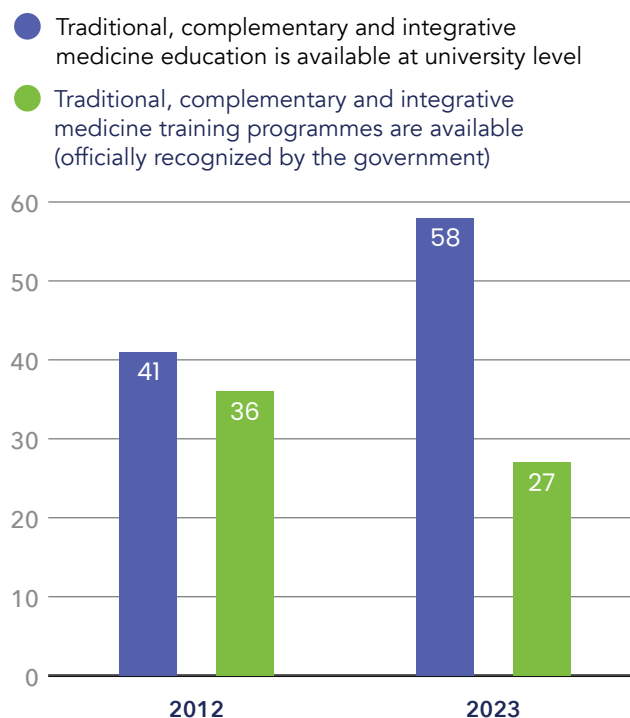
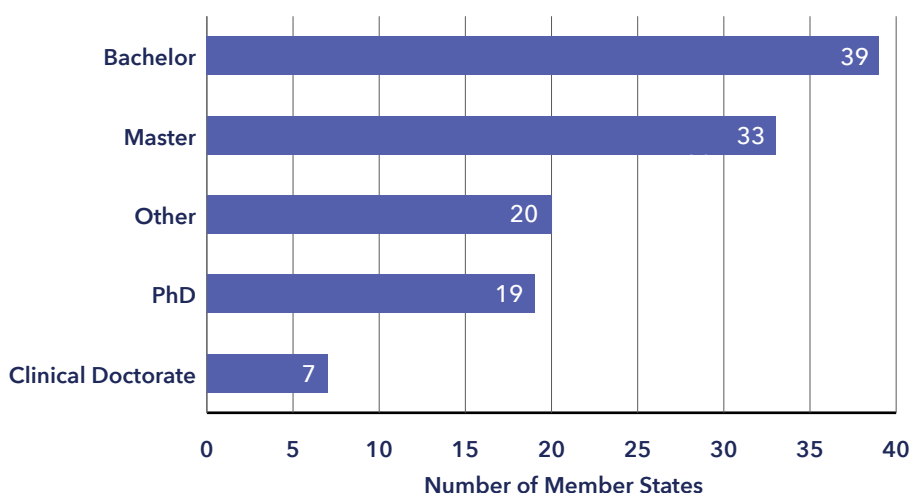


FIG. D.4
UNIVERSITY DEGREES IN TCIM OFFERED BY WHO MEMBER STATES



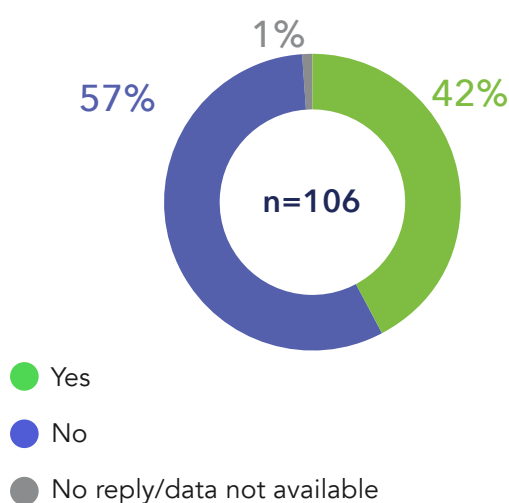
Note: Cumulative data from the second (n=133) and third WHO global survey (n=106) respondents.

Continuing professional development programmes for traditional, complementary and integrative medicine providers

Asked if they had a programme of continuing professional development for the providers of traditional, complementary and integrative medicine, 45 Member States (42%) replied that they had such a programme while 60 (57%) replied they did not have one (and one of the 106 respondents to the survey did not reply to this question) (Fig. D.5). 8 Member States also stated that they have continuing professional development programmes in development for traditional, complementary and integrative medicine providers. Continuing professional development is an important element in quality development and is considered essential for traditional, complementary and integrative medicine providers as well as for health professionals in other disciplines in order to keep them up to date with the latest developments, approaches and techniques.

The WHO global traditional medicine strategy 2025–2034 encourages WHO Member States to establish training requirements, including ongoing professional development, for traditional, complementary and integrative medicine practitioners, as well as to promote dialogue between traditional, complementary and integrative medicine professional associations with regulatory authorities for standards regarding education, practices and practitioners.

FIG. D.5
EXISTENCE OF CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES FOR TCIM PROVIDERS



Note: Based on the third WHO global survey respondents (n=106).

E. Herbal medicines

National essential medicines list

WHO has promoted the idea of the essential medicines list since 1977 when it published its own list which has been updated annually since then. The Organization encourages Member States to compile their own lists of essential medicines since any functioning health system requires quality-assured, safe and effective medicines, vaccines and medical devices. Decisions about which ones are needed is best based on an assessment of national health rather than commercial pressures. Not only can globalized trade undermine pharmaceutical regulation, but also, especially in resource-limited settings, the incidence of substandard or falsified medicines is growing.

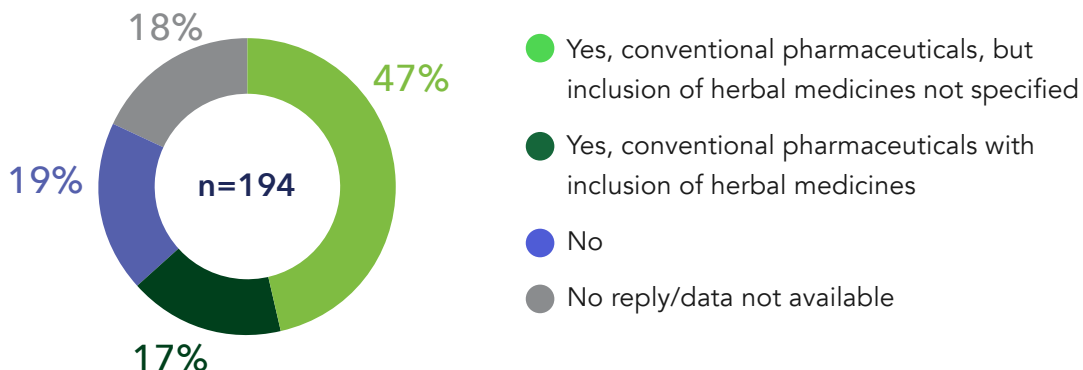
The principles applied to essential medicines also apply to herbal medicines. The third global survey asked Member States if they had a national essential medicines list. If so, Member States were further asked whether herbal medicines used in the country were also included in the national essential medicines list and, if so, which criteria were used for their selection. Just as the use of an

essential medicines list helps to increase access to essential pharmaceuticals while limiting the spread of falsified products, a national essential medicines list can also help to ensure that herbal products are safe and effective.

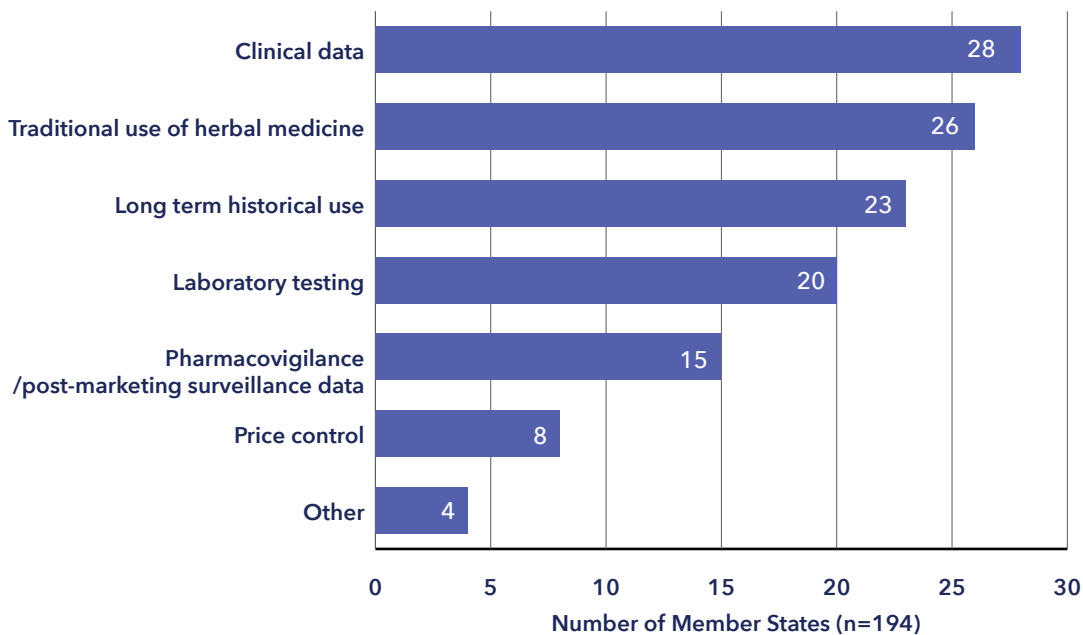
Fig. E.1 shows that, in 2023, 91 Member States (47%) reported having a national essential medicines list without herbal medicines, while a further 33 Member States (17%) across all six WHO regions have essential medicines lists that include herbal medicines. Fig. E.1 shows, for the latter group of Member States, the criteria used for the selection of herbal medicines for the national essential medicines list. As shown, the leading criterion (used by 28 Member States) was clinical data, while the next most common criterion was traditional use. In the WHO global traditional medicine strategy 2025–2034, Member States are encouraged to include safe and effective traditional, complementary and integrative medicine in their national essential medicines lists.

“Just as the use of an essential medicines list helps to increase access to essential pharmaceuticals while limiting the spread of falsified products, a national essential medicines list can also help to ensure that herbal products are safe and effective.”

FIG. E.1
NATIONAL ESSENTIAL MEDICINES LISTS FOR CONVENTIONAL AND HERBAL MEDICINES



Criteria for selection of herbal medicines for the national essential medicines list



Note: Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

Regulation of herbal medicines

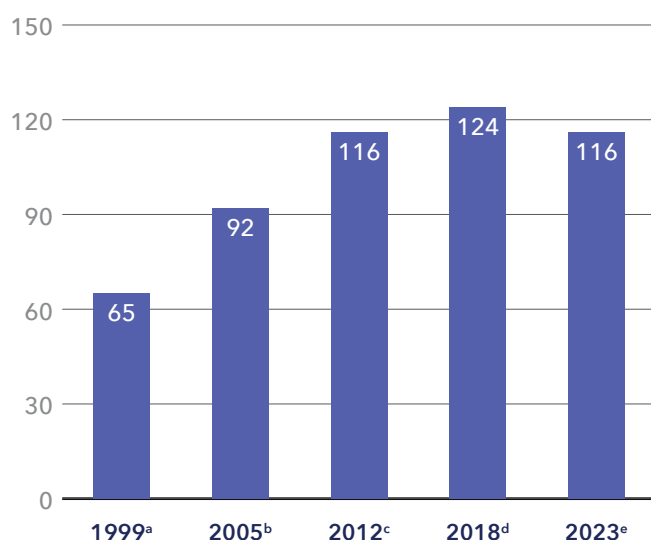
Herbal medicines are the most widely used traditional medicines. The most important challenge is to ensure their safety, efficacy and quality through regulation, as is done for biomedicines. Regulation of herbal medicines is defined as a principle, rule or law that is designed to control or govern manufacturers and producers of herbal medicines. For example, a regulation would state that herbal medicines must have been proven to be safe, effective and of good quality before reaching the public.

Herbal medicines include herbs, herbal materials, herbal preparations and finished herbal products that contain, as active ingredients, parts of plants, other plant materials or combinations of these. In some Member States herbal medicines may contain, by tradition, natural organic or inorganic active ingredients that are not of plant origin (e.g. animal and mineral materials). In contrast,

conventional pharmaceuticals are medicinal drugs used in conventional systems of medicine with the intention to treat or prevent disease, or to restore, correct or modify physiological function.

Member States were asked in the survey whether laws or regulations existed for herbal medicines. If the response was affirmative, a follow-up question asked about the type of law or regulation and its year of issue. The options for the type of law or regulation included: 1) the same law or regulation as for conventional pharmaceuticals; 2) a separate law or regulation for herbal medicines; or 3) a law or regulation partly the same as for conventional pharmaceuticals. **Fig. E.2** shows the number of Member States with national regulation of herbal medicines from 1999 to 2023. The number for 2023 shows 116 Member States (60% of all WHO Member States) having a regulation on herbal medicines.

FIG. E.2
NUMBER OF MEMBER STATES WITH REGULATION OF HERBAL MEDICINES, 1999–2023



a WHO Traditional Medicine Strategy 2002–2005.

b National policy on traditional medicine and regulation of herbal medicines – Report of a WHO global survey (N=141).

c Includes Member States who 1) responded “Yes” to the second survey on traditional, complementary and integrative medicine, and 2) responded “Yes” to the first survey but did not respond to the second survey (N=170; i.e. 141 + 29, the 29 being respondents exclusive to the second survey).

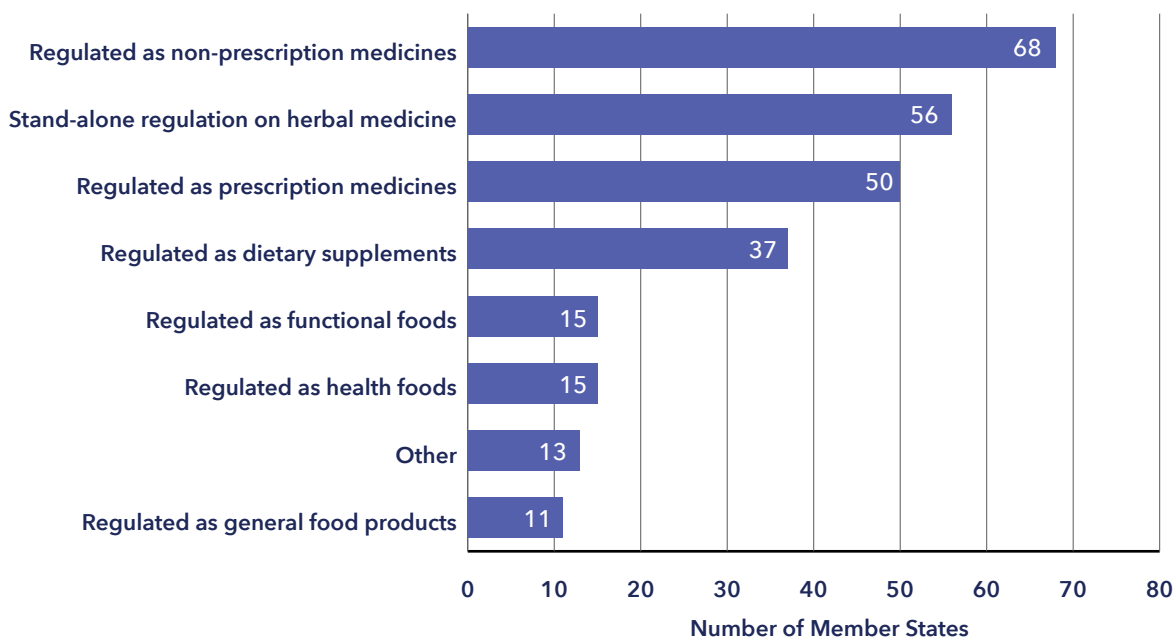
d Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016–2018).

e Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

Member States that regulated herbal medicines were also asked what regulatory status was given to herbal medicines. Fig. E.3 shows that herbal medicines were regulated as non-prescription medicines in 68 Member States and as prescription medicines in 50 Member States. Other options were regulation as herbal medicines, dietary supplements, functional foods or health foods. Different herbal medicines might therefore be regulated differently. Respondents were asked to indicate each category that applied in their country.

The WHO global traditional medicine strategy 2025–2034 requires WHO’s Secretariat to develop standards for herbal medicines in the form of the International Herbal Pharmacopoeia and other such documents, as well as to develop, update and disseminate guidelines, technical documents and tools to support traditional, complementary and integrative medicine regulation.

FIG. E.3
TYPE OF REGULATORY STATUS GIVEN TO HERBAL MEDICINES



Note: Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

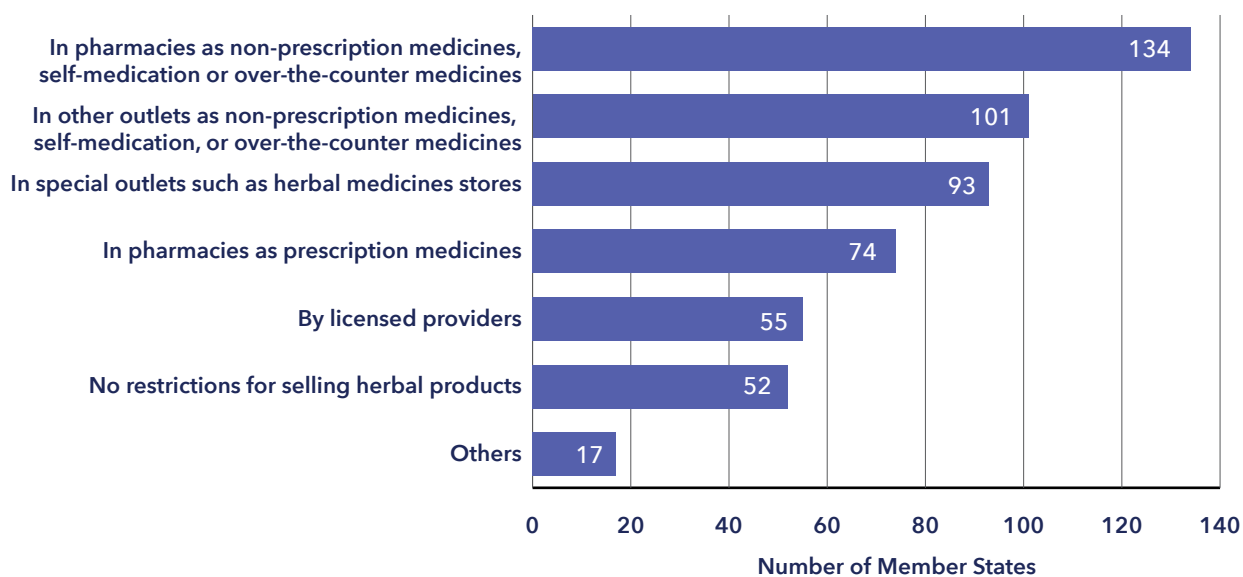
How herbal medicines are sold

In order to find out how herbal medicines reached their users, WHO asked Member States to indicate how herbal medicines were sold. Member States were given a range of six options plus “Other”. Fig. E.4 shows the results. Typically, different herbal medicines are sold differently as a reflection of their regulatory status and local laws.

The most commonly selected category in 2023, as in earlier surveys, was that of sale in pharmacies as non-prescription medicines, self-medication or over-the-counter medicines. The percentage of

Member States reporting this is 69% in 2023 (134 Member States). The next most common method of sale in 2023 was the category of other outlets as non-prescription medicines, self-medication, or over-the-counter medicines (52%, 101 Member States), followed by sales in special outlets such as herbal medicines stores (48%, 93 Member States). With the small exception of Member States that indicated that they had no restrictions on selling herbal products, all categories saw increases in 2023 compared to earlier surveys.

FIG. E.4
METHODS OF SALE OF HERBAL MEDICINES, 2023



Note: Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

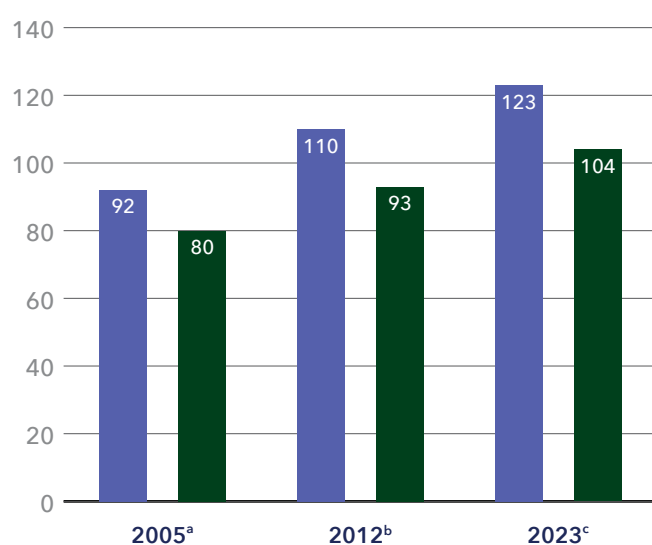
National pharmacopoeia(s) and monographs that include herbal medicines

Member States were asked a series of questions concerning the existence of pharmacopoeias and monographs. The survey form described a pharmacopoeia as a formulary, usually with legal force, containing a description of medicines in current medical practice and noting their formulae and other details. Monographs are descriptions of different herbal medicinal formulae which can either be included in a pharmacopoeia or may exist separately.

In particular, Member States were asked whether they had a national pharmacopoeia or monograph that included herbal medicines. If that was the case, Member States were asked to upload a copy of the pharmacopoeia (or a link to it). Those Member States without a national pharmacopoeia that included herbal medicines were asked whether one was in the process of being established.

A total of 123 Member States (63% of all WHO Member States) used a pharmacopoeia that included herbal medicines, with a further 104 (54%) reporting the use of monographs on herbal medicines (Fig. E.5). As an example, Colombia has a 240-page *Vademecum*, or handbook, of medicinal plants that describes the use, chief constituents, pharmacological effects, posology, toxicity and further details (including bibliographies) of each one. Some respondent Member States used both pharmacopoeias and monographs that were specific to their region. The WHO global traditional medicine strategy 2025–2034 foresees that WHO will develop standardized terminologies and an international classification of traditional, complementary and integrative medicine products.

FIG. E.5
NUMBER OF MEMBER STATES USING PHARMACOPOEIAS AND MONOGRAPHS, 2005–2023



- Use of a pharmacopoeia (national or other) that includes herbal medicines
- Use of monographs (national or other) that include herbal medicines

- a. National Policy on Traditional Medicine and Regulation of Herbal Medicines – Report of a WHO Global Survey (N=141).
- b. Includes Member States who 1) responded “Yes” to the second survey on traditional, complementary and integrative medicine, and 2) responded “Yes” to the first survey but did not respond to the second survey (N=170; i.e. 141 + 29, the 29 being respondents exclusive to the second survey).
- c. Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

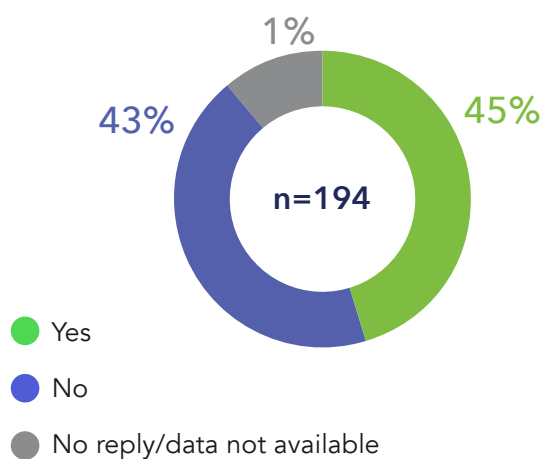
Good manufacturing practices for herbal medicines

The 2023 survey asked Member States about the availability of good manufacturing practices (GMPs) and the regulatory requirements for the manufacture of herbal medicines. Good manufacturing practices were defined as codes of practice designed to reduce to a minimum the chance of procedural, instrument or manufacturing plant problems that could adversely affect a manufactured product. Good manufacturing practices were said to specify “many requirements for quality control of starting materials, including correct identification of species of medicinal plants, special storage and special sanitation and cleaning methods for various materials”.

The Member States were also asked if their manufacturing requirements were aligned with WHO guidelines and, if so, what number and percentage of licensed traditional, complementary and integrative medicine manufacturers meet the domestic good manufacturing practice requirements.

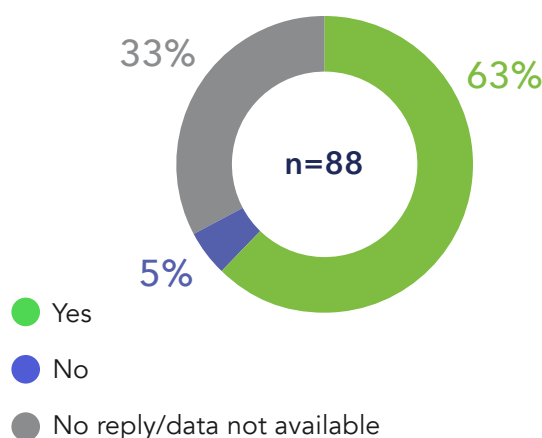
Eighty-eight Member States (45% of all WHO Member States) stated that they had good manufacturing practices in place to ensure compliance with manufacturing requirements (Fig. E.6), while a further sixteen indicated that good manufacturing practices for herbal medicines were being established. Fifty-five of those Member States with good manufacturing practices for herbal medicines also stated that their good manufacturing practices were aligned with WHO guidelines (Fig. E.7). In 2018, the Government of Viet Nam published its Regulation on determination of good practices in the production of drugs and medicinal ingredients. Similarly in 2018, the Directorate-General of Drug Administration of Bangladesh issued Good manufacturing practices guidelines for Unani, Ayurvedic and herbal medicines.

FIG. E.6
MEMBER STATES WITH MECHANISMS TO ENSURE COMPLIANCE WITH GOOD MANUFACTURING REQUIREMENTS, 2023



Note: Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

FIG. E.7
MEMBER STATES WITH MANUFACTURING REQUIREMENTS ALIGNED WITH WHO GUIDELINES



Note: Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

Quality assurance for herbal medicines

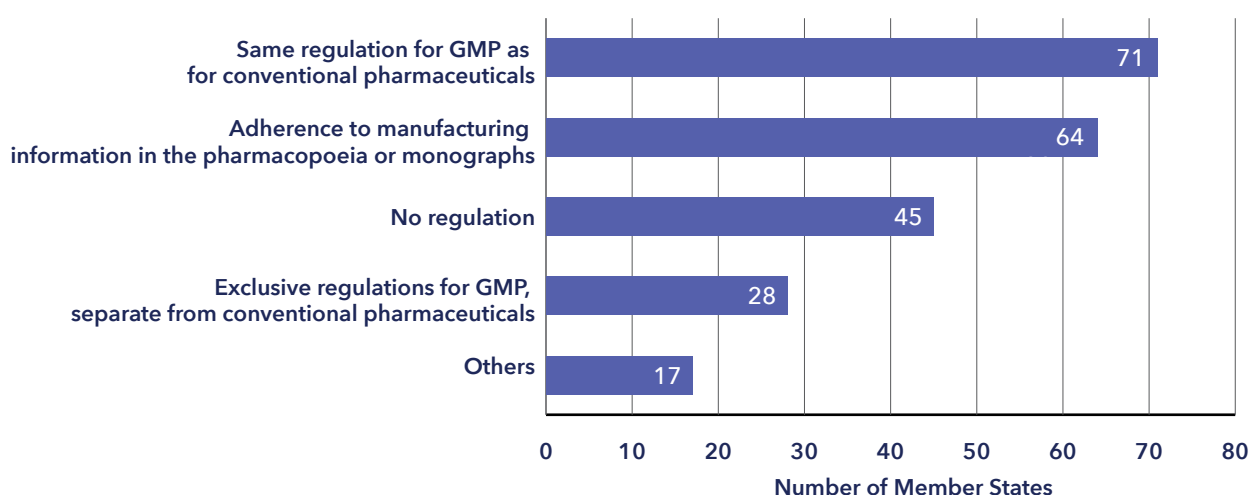
This question addressed the presence of regulations to ensure quality during the manufacture of herbal medicines. In particular, Member States were asked about adherence to manufacturing information in the pharmacopoeia or monographs, regulations for herbal medicines that are the same as those for conventional pharmaceuticals, regulations specific to good manufacturing practice but distinct from those for conventional pharmaceuticals, the absence of regulations, and any other possibilities. Member States were asked to select all options that applied to them.

Member States were requested to indicate all the options that applied to them, and Fig. E.8 shows the results. Sixty-four Member States (33% of all WHO Member States) stated that they ensured the manufacturing quality of herbal medicines

by adherence to the manufacturing information in the pharmacopoeia or monographs, and 71 Member States (37% of all WHO Member States) stated that their regulations for the manufacture of herbal medicines are the same as those for biomedicines. Notably, 45 Member States (23% of all WHO Member States) responded that they had no regulations on the manufacture of herbal medicines.

Noting that evidence-based practices, continuous quality assurance and regulatory mechanisms are essential for the effective integration of traditional, complementary and integrative medicine into health services, the WHO global traditional medicine strategy 2025–2034 includes action to establish mechanisms for quality assurance and safety monitoring of traditional, complementary and integrative medicine services and products.

FIG. E.8
REGULATIONS THAT APPLY TO THE MANUFACTURE OF HERBAL MEDICINES TO ENSURE THEIR QUALITY



Note: Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

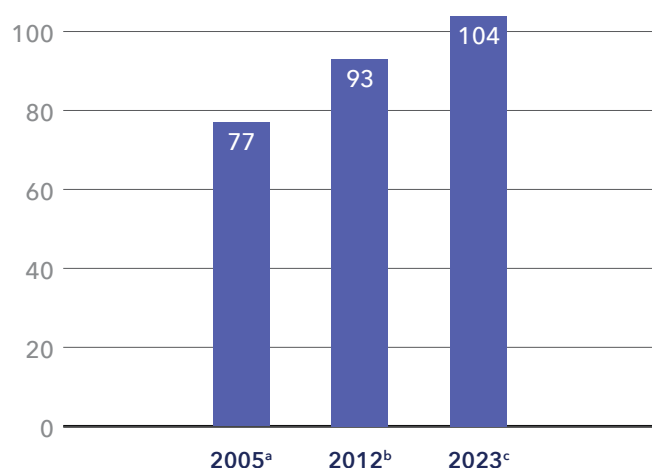
Mechanisms to ensure compliance with manufacturing requirements

Member States were further asked in 2023 whether there were mechanisms in place to ensure compliance with manufacturing requirements, which may indicate stricter monitoring of regulatory requirements for manufacturing of herbal medicines. Switzerland is an example of a country that uses the good manufacturing practice guides of the Pharmaceutical Inspection Convention and the Pharmaceutical Inspection Co-operation Scheme to ensure compliance. Regulations on manufacturing herbal medicines to ensure their quality require adherence to manufacturing information in pharmacopoeias and monographs, and the same regulations for good manufacturing practice, apply to both herbal medicines and conventional pharmaceuticals. In Ethiopia, in 2015 the Ethiopian Food and Drug Authority introduced its latest regulations in Traditional medicinal products: *Manufacturing Certificate of Competence and Market Authorization Directive*.

As of 2023, 104 Member States (54% of all WHO Member States) responded that they had mechanisms in place to ensure compliance with manufacturing requirements. There was an increase in affirmative responses from 2005 to 2023. Fig. E.9 shows the gradual increase in the number of Member States that have mechanisms in place to ensure compliance with manufacturing requirements.

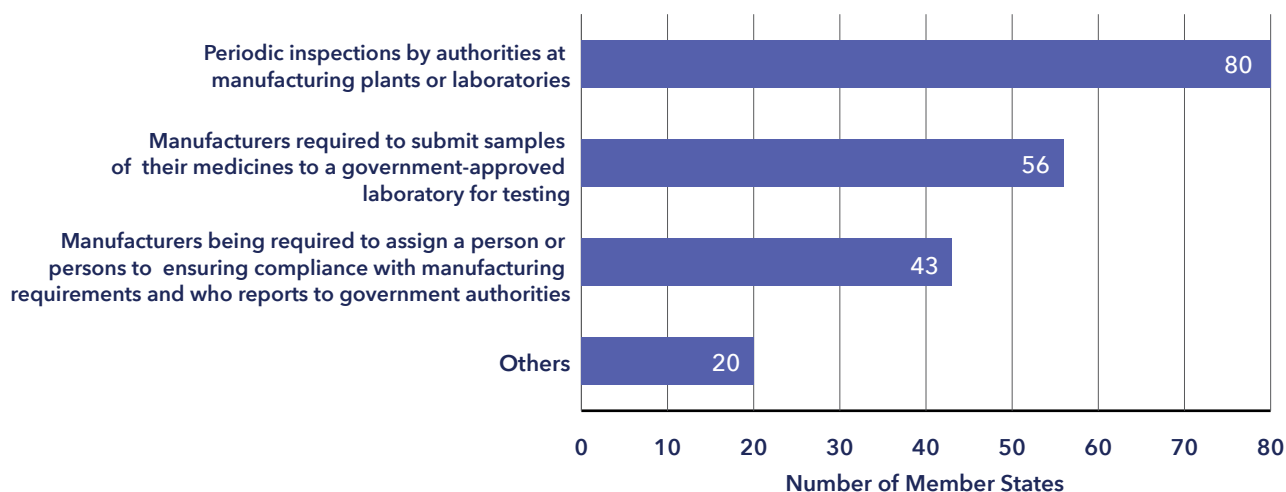
The survey questions specifically noted: 1) periodic inspections by authorities at manufacturing plants or laboratories; 2) manufacturers required to submit samples of their medicines to a government-approved laboratory for testing; 3) manufacturers being required to assign a person or persons to ensuring compliance with manufacturing requirements and who reports to government authorities; as well as 4) other possible measures. Member States selected all that applied in their case. Fig. E.10 indicates type of mechanisms to ensure compliance with manufacturing requirements.

FIG. E.9
NUMBER OF MEMBER STATES HAVING MECHANISMS TO ENSURE COMPLIANCE WITH MANUFACTURING REQUIREMENTS, 2005–2023



- a. National Policy on Traditional Medicine and Regulation of Herbal Medicines – Report of a WHO Global Survey (N=141).
- b. Includes Member States who 1) responded “Yes” to the second survey on traditional, complementary and integrative medicine, and 2) responded “Yes” to the first survey but did not respond to the second survey (N=170; i.e. 141 + 29, the 29 being respondents exclusive to the second survey).
- c. Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

FIG. E.10
TYPE OF MECHANISMS TO ENSURE COMPLIANCE WITH MANUFACTURING REQUIREMENTS

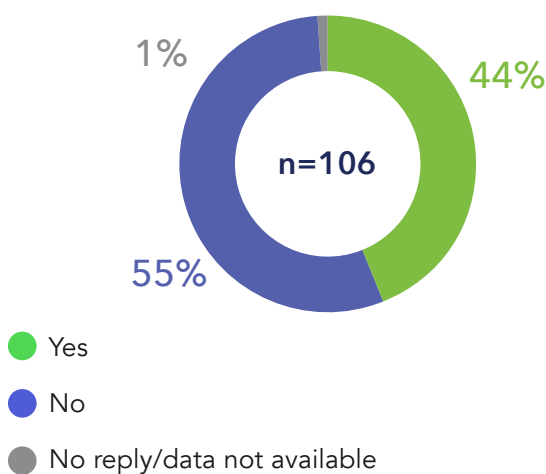


Note: Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

Reference laboratories for testing herbal products

Reference laboratories carry out tests that are referred to them by other laboratories, usually because the tests require specialized equipment. Member States were asked if they had a reference laboratory for testing herbal products. Of the 106 respondents, 47 (44%) reported that they had a reference laboratory that tested herbal products, while 58 Member States (55%) said they did not have one (Fig. E.11). Member States provided WHO with the name and address of their reference laboratory, along with its area of specialization and date of establishment.

FIG. E.11
NUMBER OF MEMBER STATES WITH A REFERENCE LABORATORY FOR TESTING HERBAL MEDICINES, 2023



Note: Based on the third WHO global survey respondents (n=106).

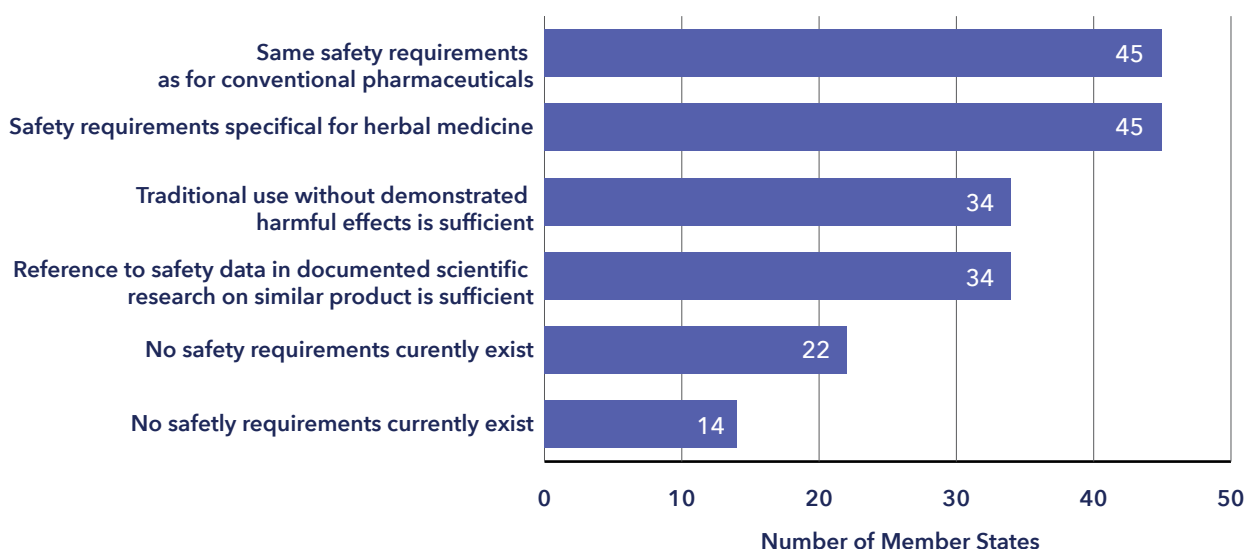
Safety monitoring of traditional, complementary and integrative medicine

Member States were asked a number of questions related to regulatory requirements for the safety assessment of herbal medicines. In particular, the questions asked whether the same requirements were in force for herbal medicines as for conventional pharmaceuticals, and whether any special safety requirements were applied to herbal medicines. Further questions asked whether traditional use without demonstrated harmful effects was considered to be sufficient, whether safety data in documented scientific research on similar products were accepted as sufficient, and whether there were other safety requirements or no safety requirements.

Fig. E.12 shows the results of the 2023 survey. Member States selected all options that applied to them so the number of responses exceeded the number of respondents. The first

two categories were most commonly selected such that 45 Member States (42%) reported that herbal medicines were subject to the same safety requirements as biomedicines and 45 (42%) reported that they had specific safety requirements for herbal medicines. These choices were also predominant in the earlier global surveys. Additionally in 2023, 34 Member States (32%) reported that they considered traditional use without demonstrated harmful effects as sufficient, while 34 (32%) referred to safety data for similar products. The WHO global traditional medicine strategy 2025–2034 includes action to establish mechanisms for quality assurance, safety monitoring and evaluations of outcomes of traditional, complementary and integrative medicine services and products.

FIG. E.12
REGULATORY REQUIREMENTS FOR THE SAFETY ASSESSMENT OF HERBAL MEDICINES



Note: Based on the third WHO global survey respondents (n=106).

Post-marketing surveillance or pharmacovigilance system

Member States were asked whether they had a post-marketing surveillance (or pharmacovigilance) system for herbal medicines. This was defined as a system for monitoring the continuing safety of products in the market and requiring manufacturers, importers and distributors to keep distribution records, to have written procedures for handling and investigating complaints about the product, and to recall defective products from the market. Post-marketing surveillance serves as a follow-up to the safety checks and testing that are carried out before a pharmaceutical product is licensed for marketing.

As shown in Fig. E.13, 82 Member States (77%) reported having a post-market surveillance or pharmacovigilance system, and 63 (59%) of these stated that the system also applied to herbal medicines. Among the 23 Member States that did not have such a system, five indicated that they were in the process of establishing one. The WHO global traditional medicine strategy 2025–2034 includes action to develop, update and disseminate guidelines, technical documents and tools to support traditional, complementary and integrative medicine regulatory mechanisms, including pharmacovigilance.

FIG. E.13
NUMBER OF MEMBER STATES WITH A MARKET SURVEILLANCE SYSTEM FOR SAFETY OF HERBAL MEDICINES



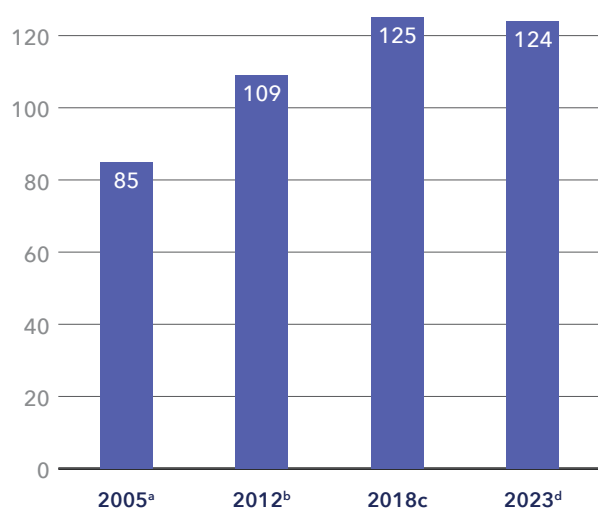
Registration or licensing system for herbal medicines

Member States were asked whether they had a registration system for herbal medicines. When the report of the first global survey was published in 2005, it was seen that 85 Member States had a functioning registration system for herbal medicines. This number was recorded as having risen to 109 in 2012 and to 125 in the 2019 report of the second global survey. The third global survey showed that a number of Member States that earlier had a registration system for herbal medicines in 2018 no longer had one in 2023, and that several Member States without a registration system in 2018 reported in 2023 that they had one. Thus, by 2023, 124 WHO Member States (64% of all WHO Member States) had reported that they had registration systems for the licensing of herbal medicines (Fig. E.14).

The WHO region with the largest number of Member States having registration systems for herbal medicines in 2023 was the European

Region (44 Member States, or 83% of European Member States, with registration systems for herbal medicines). This was followed by the African Region (23 Member States, or 49% of African Member States, with registration systems for herbal medicines), the Region of the Americas (19 Member States, or 54% of Member States in the Americas), the Eastern Mediterranean Region (16 Member States, or 76% of Eastern Mediterranean Member States), the South-East Asia Region (11 Member States, or 100% of Member States in the South-East Asia Region) and the Western Pacific Region (also 11 Member States, representing 41% of Member States in the Western Pacific Region). The WHO global traditional medicine strategy 2025–2034 set strategic objective to develop inclusive approaches and models for the protection of and access to traditional medical knowledge, and for the fair and equitable sharing of the benefits arising from the utilization of such knowledge and/or associated genetic resources.

FIG. E.14
NUMBER OF MEMBER STATES WITH A REGISTRATION SYSTEM FOR HERBAL MEDICINES, 2005–2023



- National policy on traditional medicine and regulation of herbal medicines – Report of a WHO global survey (N=141).
- Includes Member States who 1) responded “Yes” to the second survey on traditional, complementary and integrative medicine, and 2) responded “Yes” to the first survey but did not respond to the second survey (N=170; i.e. 141 + 29, the 29 being respondents exclusive to the second survey).
- Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016–2018).
- Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

Regulation of claims for herbal medicines

Member States were asked whether they regulated the claims made about herbal medicines. If yes, they were further asked what type of claims were used to sell herbal medicines in that country? Various options were proposed and Member States were asked to check all that applied to them. Definitions of medical claims, health claims and nutrient content claims were provided on the survey form.

Medical claims were described as claims that a product could treat, cure or prevent a disease or restore, correct or modify physiological functions. In many Member States, products with medical claims must be registered by the medical products agency before being allowed onto the market.

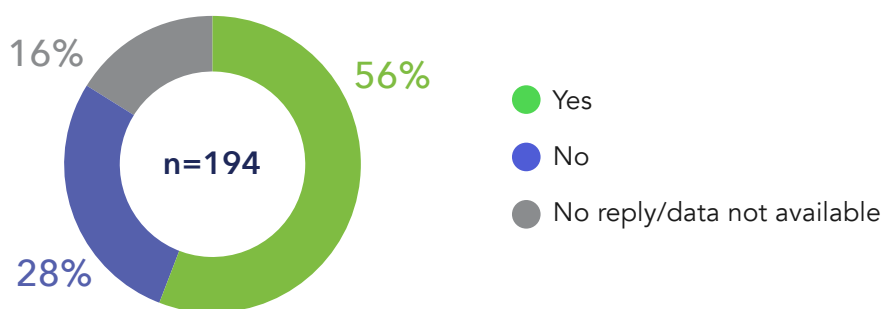
Health claims were said to include “any statement, suggestion or implication in labelling or advertising that a product carries a specific health benefit”. Health claims would also include those which refer to nutrient function and recommended dietary practice. On the other hand, nutrient content claims would be likely to indicate that a product is particularly rich or low in a nutritional component such as fibre or fat. There are also claims that a substance will have a particular effect on a structure

or function of the human body. Other options offered in the question included claims that were made but not regulated by law, and “any other claims”.

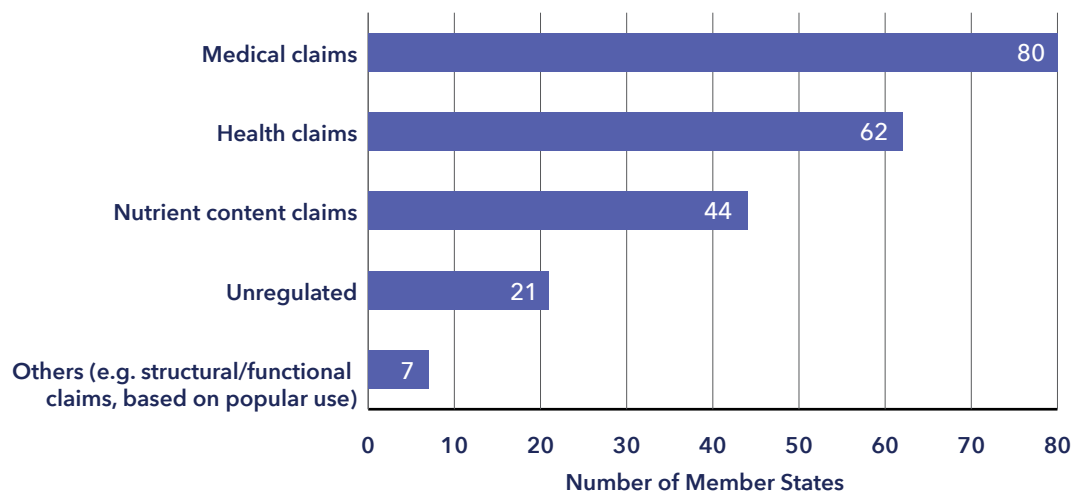
Fig. E.15 shows that in 2023 claims for herbal medicines were regulated in 109 Member States (56% of all WHO Member States). Unsurprisingly, the commonest types of claims made for herbal medicines were medical claims (80 responding Member States, 41% of all WHO Member States), health claims (62 responding Member States, 32% of all WHO Member States) and nutrient content claims (44 responding Member States, 23% of all WHO Member States).

It should be noted that some Member States that do not regulate herbal products as medicines do, however, regulate these products in other ways – for instance as dietary supplements or, as in at least one case, as “natural health products”. WHO global traditional medicine strategy 2025–2034 requires stakeholders to support ethical advertising and promotion to avoid any misleading or unsubstantiated claims regarding traditional, complementary and integrative medicine.

FIG. E.15
REGULATION OF CLAIMS ABOUT HERBAL MEDICINES



With what type of claims are herbal medicines sold in your country?



Note: Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

Protection of traditional, complementary and integrative medicine resources and promotion of sustainable use

At the time of the first global survey in 2005, WHO set up database of Member State information on national policies and regulations on traditional, complementary and integrative medicine and on progress relating to the safe and effective use of herbal medicines. The aim was to identify the most difficult areas in Member States and the kinds of assistance which Member States might need from WHO.

For the third global survey in 2023, the questions put emphasis on what Member States were doing to preserve knowledge of their traditional medicine. The question “Is traditional medicine knowledge in your country collected, curated and digitized?” was one of several that were asked for the first time in the survey of 2023. The intention was to build up a global picture of the extent to which knowledge about traditional, complementary and integrative medicine is being gathered, compiled and recorded by Member States in an age when oral tradition can no longer be relied upon. For instance, Member States were asked

whether they had a digital library of traditional medicine knowledge, if they had curated and digitized ancient texts on traditional medicine were taking steps to do this. Further, they were asked whether they were documenting traditional medicine knowledge and practices in their communities.

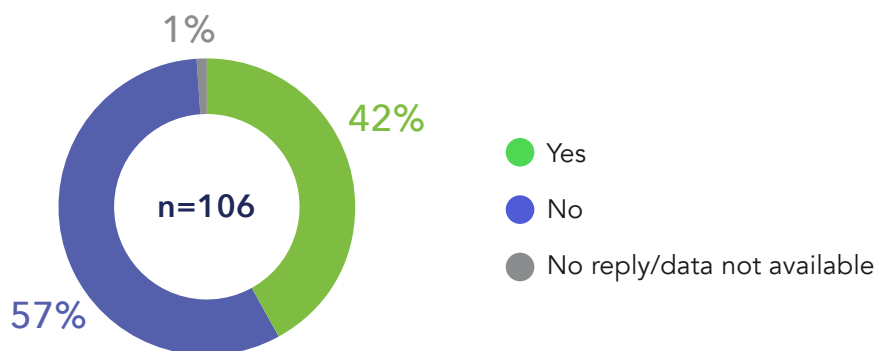
Of the 106 respondents to the survey, 45 Member States (42%) answered that they were recording, or were making plans to record, details of traditional medicine (Fig. E.16), while 60 Member States (57%) were not doing this and apparently had no immediate intention to do it. The remaining respondent provided no information on this question. Fig. E.16 shows the kinds of information that were being preserved. Member States had been asked to indicate all of the possibilities that applied to them so a number of them were taking steps to preserve this knowledge. Thirty-four Member States (28%) reported that they were keeping documentation on traditional medical knowledge while ancient texts on traditional

medicine were being curated in 18 Member States (17%). Digital libraries of traditional medicine knowledge were being developed in 15 Member States (14%) and 16 (15%) were preserving this knowledge in other ways.

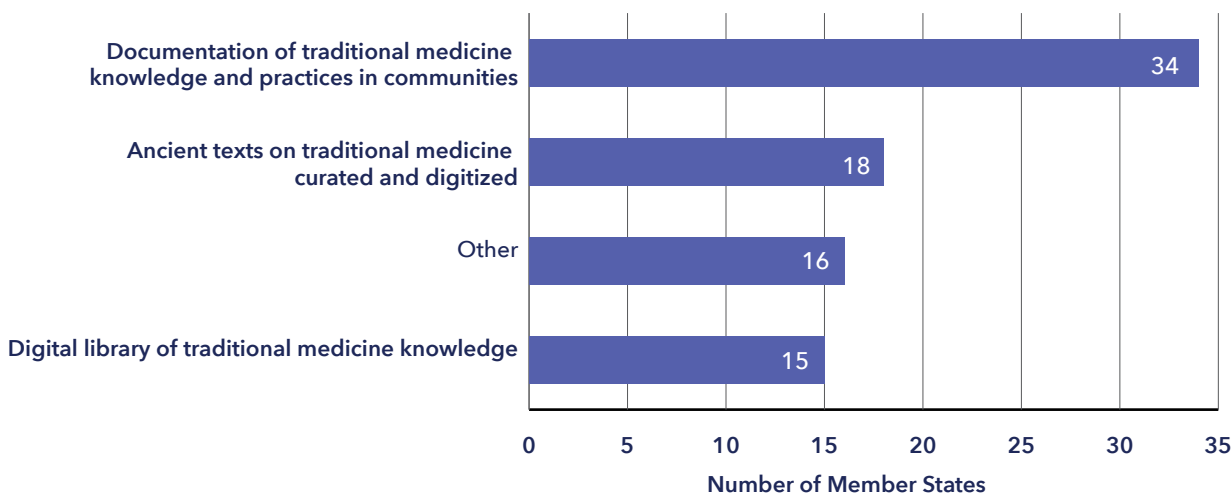
genetic resources in traditional medical knowledge. It also asks WHO to facilitate information-sharing on appropriate approaches and models for traditional medicine knowledge.

The WHO global traditional medicine strategy 2025–2034 requires WHO to raise awareness among the scientific community about ethical aspects and the need to address rights regarding

FIG. E.16
PRESERVING KNOWLEDGE OF TRADITIONAL MEDICINE



How is it collected, curated and digitized?



Note: Based on the third WHO global survey respondents (n=106).

International agreements that affect traditional, complementary and integrative medicine

A series of questions was asked in relation to traditional, complementary and integrative medicine and minority populations, genetic resources, international conventions on biological diversity and trade in endangered species, and intellectual property rights.

All of these are new areas of enquiry in WHO surveys on traditional, complementary and integrative medicine. However, the responses from Member States were few. Nevertheless, the questions asked about concerns that are growing in importance in global health and development, raising issues of human rights, equity and social justice. These areas will receive increased focus from WHO and other agencies over the next decade.

With regard to underserved and minority populations, the Constitution of the World Health Organization (10) makes it abundantly clear that everyone has the right to health and to health care. The Constitution, which was signed by representatives of the Member States of the United Nations in July 1946 and which came into force on 7 April 1948, states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”. Article 1 of that Constitution further states that “the objective of the World Health Organization shall be the attainment by all peoples of the highest possible level of health”.

The global effort to ensure universal health coverage aims to ensure that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. Like the WHO Constitution, universal health coverage focuses on “all people” – whether from a majority group

or a minority. This issue also relates to concern for the well-being of Indigenous Peoples. As noted above, WHO is part of the United Nations activities on behalf of Indigenous Peoples, including their health concerns. The May 2023 the World Health Assembly resolution on the health of Indigenous Peoples requested a Global Plan of Action for the Health of Indigenous Peoples, particularly calling for a “specific focus on those in vulnerable situations” (9).

In December 1992, the United Nations General Assembly adopted a Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities (10). Article 2 of the Declaration begins: “States shall protect the existence and the national or ethnic, cultural, religious and linguistic identity of minorities within their respective territories and shall encourage conditions for the promotion of that identity.”

The preservation of animal and plant genetic resources is also a concern of growing importance for the United Nations and other international bodies. The Global Plan of Action for Animal Genetic Resources (11), which is being pursued under the auspices of the Food and Agriculture Organization (FAO) of the United Nations, includes a number of references to the value of traditional knowledge, rights and systems, while stressing the importance of “respecting traditional knowledge and indigenous practices”. The Interlaken Declaration on Animal Genetic Resources which launched the plan of action drew attention to “the need to promote the development of knowledge, in particular through research, leading to improved sustainable use, development and conservation of animal genetic resources”.

More information about plant genetic resources can be found in the Food and Agriculture Organization’s most recent edition (2010) of its

State of the World's Plant Genetic Resources for Food and Agriculture (12).

The European Union has also encouraged the preservation and research of both plant and animal genetic resources (13).

The Convention on Biological Diversity (CBD), which entered into force on 29 December 1993, has three main objectives: conservation of biological diversity, sustainable use of the components of biological diversity, and fair and equitable sharing of the benefits arising out of the utilization of genetic resources. This also links to WHO's constitutional statement that all people, regardless of who they are, have the right to health and to health care – and all should be able to share in the benefits that genetic resources can bring.

The Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES), which came into force in mid-1975, aims to ensure that international trade in specimens of wild animals and plants does not threaten the survival of the species. In terms of traditional, complementary and integrative medicine this is key to ensuring that plants and animals, some of which may be used in traditional, complementary and integrative medicine at present and all of which may bring

benefit in the future, are not rendered extinct. The Convention on International Trade in Endangered Species of Wild Fauna and Flora also collaborates with the World Organisation for Animal Health (WOAH) in efforts to preserve endangered species. Both of these conventions also aim to ensure that the use of plants and animals is not restricted by intellectual property claims. By ratifying the Convention on Biological Diversity and Convention on International Trade in Endangered Species of Wild Fauna and Flora, Member States agree, within their jurisdictions, not to permit the use of intellectual property rights or patents to restrict access to (endangered) animals and plants for traditional, complementary and integrative medicine purposes.

In this regard, Member States are encouraged to institute legal instruments to protect intellectual property rights so that the use of traditional, complementary and integrative medicine may continue to develop without being restricted by commercial or other special interests. The WHO global traditional medicine strategy 2025–2034 also asks Member States to develop policy frameworks for traditional medical knowledge that ensure appropriate access to this knowledge and associated genetic resources, and for the fair and equitable sharing of benefits arising from their use.

“The questions asked about concerns that are growing in importance in global health and development, raising issues of human rights, equity and social justice. These areas will receive increased focus from WHO and other agencies over the next decade.”

F. Information and research

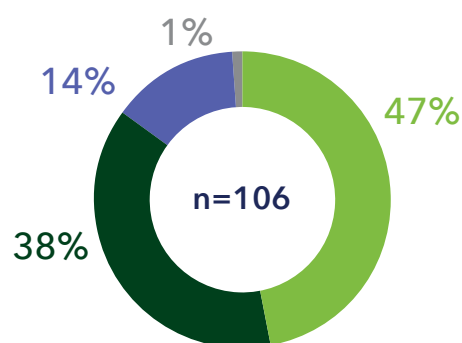
Monitoring traditional, complementary and integrative medicine indicators

A routine health information system routinely collects information and stores it for analysis. A health information system comprises data collected at regular intervals at public, private and community-level health facilities, other institutions and health programmes. The data gathered give a picture of health status, health services and health resources and therefore indicate whether standards and targets are being met at all levels of a country's health system. The data are used to generate information that enables decision-makers at all levels to identify problems and needs, to make evidence-based decisions and to allocate resources appropriately.

Member States were asked if they had a routine health information system and whether this system included components related to traditional, complementary and integrative medicine, or whether such a system was being set up. As Fig. F.1 shows, 50 of the total 106 respondents (47%) had a routine health information system without data on traditional, complementary and integrative medicine, 40 respondent Member States (38%) had such a system that included traditional, complementary and integrative medicine, and a further 15 Member States (14%) indicated that they had no such system.

If traditional, complementary and integrative medicine is to be provided in a country, its data needs to be collected and integrated into the routine health information system in the same way as other medical treatments and procedures so that data can be generated about its benefits – and potential drawbacks – to guide future decisions. Monitoring, measuring and reporting of standardized indicators are also urged by the WHO global traditional medicine strategy 2025–2034.

FIG. F.1
PRESENCE OF A ROUTINE HEALTH INFORMATION SYSTEM INCLUDING TCIM



- Yes, but inclusion of TCIM not specified
- Yes, includes TCIM components
- No
- No reply/data not available

Note: Based on the third WHO global survey respondents (n=106).

Research institute for traditional, complementary and integrative medicine

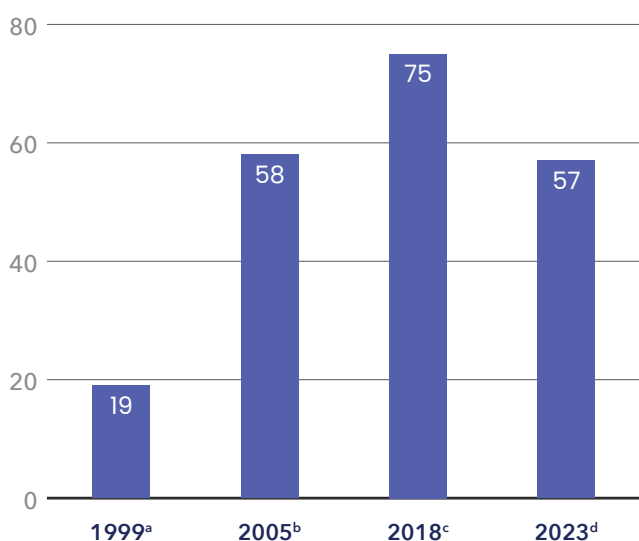
Member States were asked whether they had a research institute for traditional medicine, complementary and integrative medicine and if there was a regular and continuous allocation of the government research budget to the health sector.

Information provided to WHO in the 1990s indicated that 19 Member States of the Organization at that time had research institutes on traditional medicine. At that time, however, the term traditional, complementary and integrative medicine was not being used and the institutes variously carried out research into the differing, through clearly closely related, areas of traditional medicine and complementary and alternative medicine, and herbal medicines. By the time that the first global survey was published in 2005, the number of national traditional, complementary and integrative medicine research institutes had risen to 58 and by 2018 the figure reported was 75 (along

with 107 Member States with national offices for traditional medicine), indicating a gradual increase. As can be seen in Fig. F.2, 57 Member States (29% of all WHO Member States) indicated that they had national research institutes for traditional, complementary and integrative medicine.

With regard to the allocation of a government research budget to the health sector, the responses in 2023 do not align exactly with the number of traditional, complementary and integrative medicine research institutes. As shown in Fig. F.3, the 2023 survey revealed 36 Member States (34%) receiving regular allocations from the government research budget to their health sector, with a further 31 Member States (29%) having traditional, complementary and integrative medicine research included. Thirty-eight respondents (36%) indicated that they received no funding at all for research in the health sector from a government research budget.

FIG. F.2
NUMBER OF MEMBER STATES WITH A NATIONAL RESEARCH INSTITUTE FOR TCIM, 1999–2023

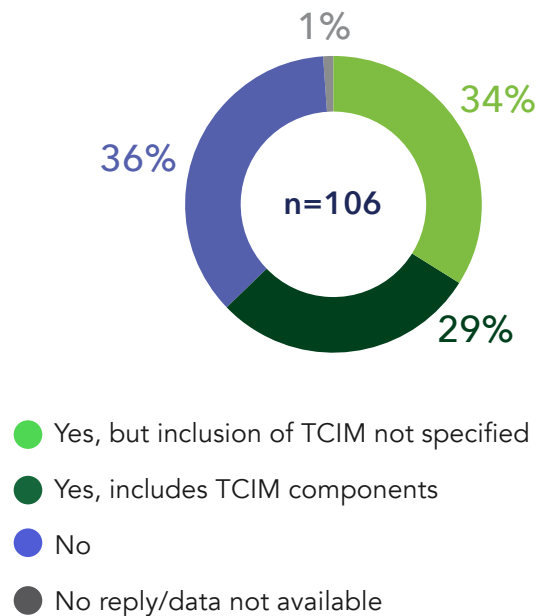


- a. WHO Traditional Medicine Strategy 2002–2005.
- b. National policy on traditional medicine and regulation of herbal medicines – report of a WHO global survey (N=141).
- c. Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016–2018).
- d. Cumulative count of all Member States throughout the global traditional, complementary and integrative medicine surveys, including the third WHO global survey on traditional, complementary and integrative medicine.

Looking back, Chile has reported that during the period 2006–2013 the country’s Ministry of Health provided funding for the development of epidemiological profiles by Indigenous Peoples and areas of health service coverage. The production of data, disaggregated by ethnic and racial condition, is said to be key to identifying the advances and the setbacks that Indigenous Peoples have had with regard to exercising their rights, as well as showing the gaps that place them in unfavourable conditions compared with the rest of the population.

A key traditional, complementary and integrative medicine priority is to build the knowledge base by gathering, analysing and synthesizing data on the use of traditional, complementary and integrative medicine. This is particularly important as WHO global traditional medicine strategy 2025–2034 emphasizes the importance of research on traditional, complementary and integrative medicine in the years ahead.

FIG. F.3
MEMBER STATES WITH REGULAR ALLOCATION OF GOVERNMENT RESEARCH BUDGET TO THE HEALTH SECTOR



Note: Based on the third WHO global survey respondents (n=106).

“A key traditional, complementary and integrative medicine priority is to build the knowledge base by gathering, analysing and synthesizing data on the use of traditional, complementary and integrative medicine.”

G. Models of care

Moving towards integrated care

Three related questions were asked regarding the extent of integration of traditional, complementary and integrative medicine within a country's overall health-care system. This was the first time that these questions were asked of Member States in a traditional, complementary and integrative medicine survey. Specifically, the questions addressed: the percentage of health facilities that collaborate in providing both biomedical and traditional, complementary and integrative medicine services; whether the same ethical rules or guidelines upheld by all providers of health care, including traditional, complementary and integrative medicine providers; and the degree of integration of traditional, complementary and integrative medicine into universal health care in your country (for which four options were offered to choose from).

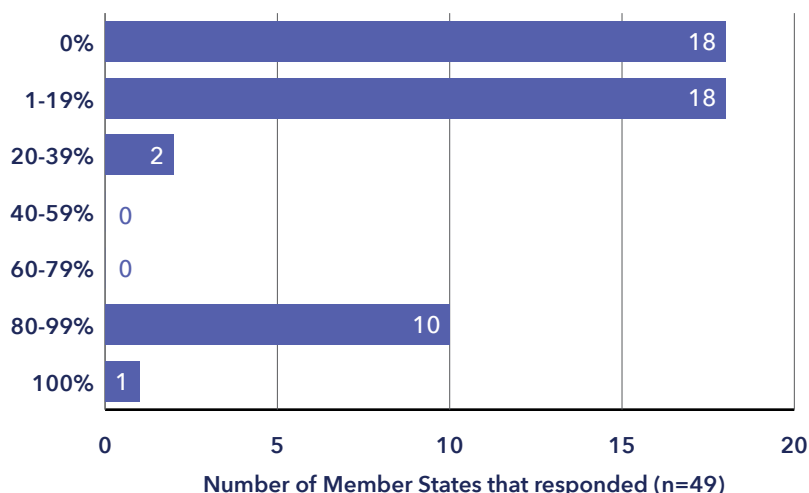
Member States were asked about the percentage of their health facilities that provide both biomedical care and traditional, complementary and integrative medicine services. Just 48 WHO Member States responded to this question in accordance with a percentage scale provided in the survey. Tellingly, 18 of the Member States said this description applied to 0% of their health facilities and a further 18 Member States said it applied to 1–19%. Two Member States marked the 20–39% band on the scale provided while 10 Member States marked 80–99%. Just one Member State stated that the integrated model of biomedical and traditional, complementary and integrative medicine services applied to all its facilities (Fig. G.1).

Asked whether all health-care providers, including traditional, complementary and integrative medicine providers, comply with the same ethical rules or guidelines, 104 Member States responded. Fifty-eight of the respondent Member States (55%) stated that a single set of rules applies to all health-care providers, including traditional, complementary and integrative medicine providers. A further 26 Member States (25%) stated that separate sets of rules apply to the different types of health-care providers. Another 21 Member States (20%) indicated not only that separate sets of rules apply to different types of health-care providers but also that the rules are not similar (Fig. G.1).

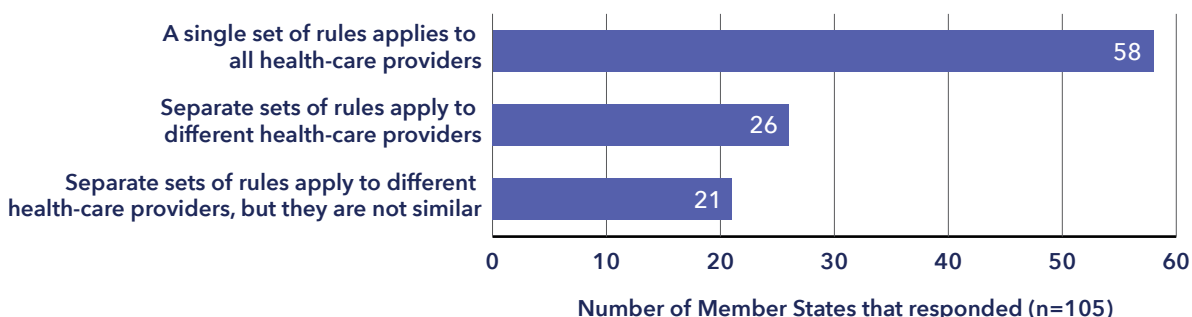
Member States were further asked about the degree to which traditional, complementary and integrative medicine is integrated into universal health care. The largest group of Member States (47, 44%) indicated that traditional medicine was practised outside the national health-care system. The second-largest group (26 Member States, 24%) stated there was a mixed degree of integration, while 21 Member States (20%) indicated that integration policies were being developed and implemented. The remainder of respondents (11 Member States, 10%) said they had well-established integration strategies (Fig. G.1). One of the four strategic objectives of the WHO global traditional medicine strategy 2025–2034 is to integrate safe and effective traditional, complementary and integrative medicine into health systems to support the achievement of universal health care.

FIG. G.1
NUMBER OF MEMBER STATES AND THE PERCENTAGE OF THEIR HEALTH FACILITIES THAT COLLABORATE IN PROVIDING BIOMEDICAL AND TCIM SERVICES – ETHICAL RULES OR GUIDELINES UPHELD BY ALL PROVIDERS OF HEALTH CARE, INCLUDING TCIM PROVIDERS – THE DEGREE TO WHICH TCIM IS INTEGRATED INTO UNIVERSAL HEALTH COVERAGE IN MEMBER STATES

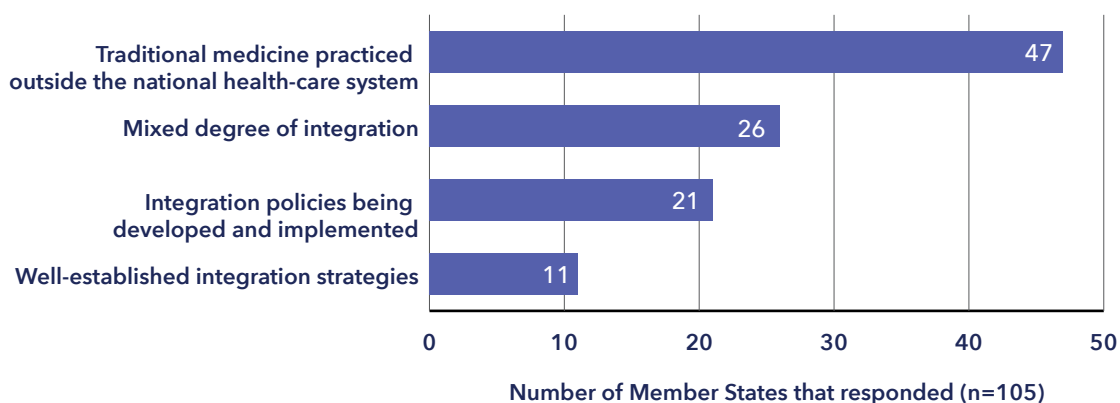
What is the percentage of health facilities that collaborate to provide conventional medical and traditional, complementary and integrative medicine services?



Are the same ethical rules or guidelines upheld by all providers of health care, including traditional, complementary and integrative medicine providers?



Please choose the degree of integration that best describes that of traditional, complementary and integrative medicine into universal health coverage in your country:



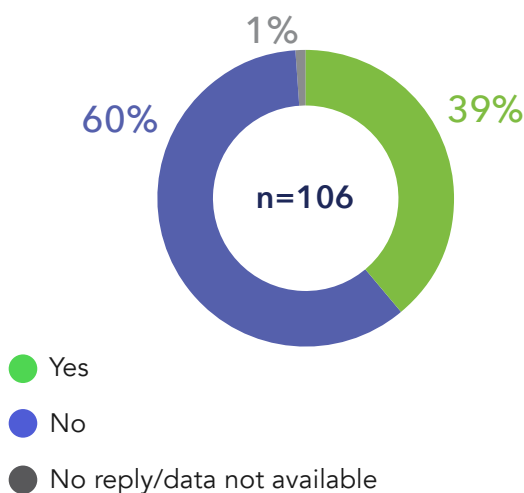
Note: Based on the third WHO global survey respondents (n=106).

Public information on traditional, complementary and integrative medicine

The third global survey asked Member States whether they had a mechanism available to provide evidence-based public information on traditional, complementary and integrative medicine. This was another question that was new to the series of traditional, complementary and integrative medicine surveys.

A majority of the 106 respondents (64 Member States, 60%) indicated that they had no such mechanism in place, while 41 Member States (39%) did have a mechanism to supply the public with information on traditional, complementary and integrative medicine (Fig. G.2). If traditional, complementary and integrative medicine is to receive a higher profile in within the health services, the general public needs to have access to information about it and there should be a means to communicate with the public when new information (whether good or bad) becomes available. The WHO global traditional medicine strategy 2025–2034 includes action to develop educational materials and public information that explains the modalities of traditional, complementary and integrative medicine, its benefits and risks, including for appropriate self-care options.

FIG. G.2
AVAILABILITY OF A MECHANISM TO PROVIDE EVIDENCE-BASED PUBLIC INFORMATION ON TCIM



Note: Based on the third WHO global survey respondents (n=106).

“If traditional, complementary and integrative medicine is to receive a higher profile in within the health services, the general public needs to have access to information about it and there should be a means to communicate with the public when new information (whether good or bad) becomes available.”

H. Access and availability

Use of traditional, complementary and integrative medicine services

Very few WHO Member States responded to this question. However, a few did so – such as Brazil which reported a total of 1.34 billion outpatient visits in 2022, of which 4 024 925 (0.3%) were TCIM outpatient visits. Cuba reported 113 million outpatient visits in 2022, noting that 55.3 million (48.9%) were for the purpose of receiving traditional, complementary and integrative medicine.

Ghana, on the other hand, reported a total of 33.4 million outpatient visits in 2022 but was unable to say which of these visits related to traditional, complementary and integrative medicine. Norway reported 1 074 870 traditional, complementary and integrative medicine outpatient visits but did not give information on the total number of outpatient visits.

India noted a total of 1.36 billion outpatient visits overall in 2022, with 92 million (6.7%) of them for traditional, complementary and integrative medicine. China provided data for 2021, namely 8.47 billion outpatient visits in total and 1.2 billion (14.1%) visits related to traditional, complementary and integrative medicine.

WHO plans to gather this information from more Member States in future in order to gain a fuller picture of the use of outpatient visits in general and their use for traditional, complementary and integrative medicine in particular. Data on patients' behaviour and their use of services in different situations is important for future planning and the allocation of resources.

The WHO global traditional medicine strategy 2025–2034 points out that health services should be coordinated across different medical disciplines and should prioritize individual well-being. It adds that integrating “safe, effective and sustainable traditional, complementary and integrative medicine” can contribute to an approach which supports health and well-being. The strategy stresses that, as people become more empowered to choose the appropriate health care for their needs, health services continually adapt to meet the challenge of delivering people-centred care. It is therefore important to safeguard the public from unsafe or substandard traditional, complementary and integrative medicine products and services and a risk-based regulatory approach is suited to traditional, complementary and integrative medicine, tailoring regulatory requirements to the specific type of traditional, complementary and integrative medicine products or services based on safety and efficacy.

Standardized format (e.g. International Statistical Classification of Diseases and Related Health Problems, ICD) for recording health conditions

This question focused on the use of a coding system for health conditions. The International Statistical Classification of Diseases and Related Health Problems, known as the ICD, is a classification system of diseases, illnesses and syndromes that is used around the world for recording and reporting morbidity and mortality data at national level. The ICD used nationally and internationally is mandated by the international nomenclature regulations of WHO. The ICD is a resource for many groups – especially government planners, medical researchers and health insurance providers. With the International Classification of Diseases 11th Revision (ICD-11), the needs of clinicians and researchers have been taken into account. Health facilities and health-care providers routinely submit health data to enable health planners to gain a comprehensive understanding of the prevalence and distribution of specific conditions across the country. This data serves as the foundation for multiple critical use cases, including the monitoring of population health trends, identifying disease outbreaks, and assessing the burden of specific conditions to inform policy and resource allocation. It supports public health surveillance by enabling the detection of emerging health threats and guiding targeted interventions. Additionally, these submissions contribute to the development of national and regional health strategies, facilitating the prioritization of healthcare services and ensuring equitable access to care. By using standardized classification systems like the ICD-11, the data also enhances the accuracy of morbidity and mortality statistics, underpins health research efforts, and informs the design of health insurance systems, including reimbursement and auditing processes. Ultimately, this process strengthens health systems by providing the evidence needed for informed decision-making and sustainable health

improvements. In today's digital environment, the ICD ensures interoperability of the health information processed. In the digital age, the ICD serves as a cornerstone for ensuring seamless interoperability of health information systems.

Member States were asked whether they use the ICD system for recording health conditions and – more specifically – whether the providers of traditional, complementary and integrative medicine services reported to the local health authorities by means of ICD codes, whether the country's national reporting system included traditional, complementary and integrative medicine conditions and, if not, whether use of the ICD-11 traditional medicine section was planned.

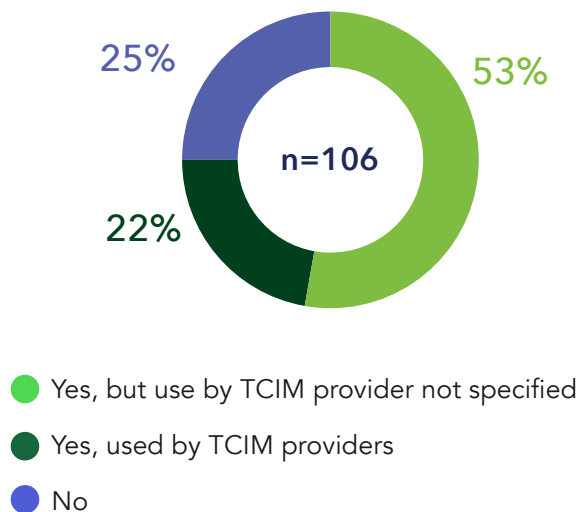
Fig. H.1 shows the results of the survey to which 106 Member States responded. Fifty-six of the responding Member States (53%) reported that they use ICD codes for reporting and storing information on health conditions but without reporting on traditional, complementary and integrative medicine. A further 23 Member States (22%) not only used the ICD, but also included information from TCIM providers. Six Member States that do not currently include traditional, complementary and integrative medicine reporting in their Classification of Diseases system stated that use of the ICD traditional medicine section was planned.

At the Seventy-second World Health Assembly in 2019, all Member States formally adopted the 11th revision of the ICD, asking WHO to further develop and implement the family of disease- and health-related classifications (14). The same Health Assembly also adopted a resolution on preparation for a high-level meeting of the United Nations General Assembly on universal health coverage.

That resolution called on WHO Member States to, inter alia, “consider integrating, as appropriate, safe and evidence-based traditional and complementary medicine services within national and/or subnational health systems, particularly at the level of primary health care, according to national context and priorities”. Since many national and subnational health systems use the ICD system, it is necessary to include traditional, complementary and integrative medicine conditions in the same system.

With the ICD-11, adopted in 2019, WHO included a new chapter for the International Statistical Classification of Diseases and Related Health Problems – a traditional medicine chapter, for optional use. The chapter provides a list of diagnostic categories to be collected and reported on traditional medicine in a standardized and internationally comparable manner. The new chapter is subdivided in modules to allow inclusion of multiple traditional medicines, currently covers traditional medicine conditions which originated in ancient China and are now commonly used in China, Japan, Korea and elsewhere. The traditional medicine chapter does not judge or endorse the scientific validity and traditional medicine practice. The traditional medicine chapter is a step towards integrating traditional medicine conditions into the ICD, which is commonly used in biomedicine. Although some Member States have had national traditional medicine classification systems for some time, information from these systems has neither been standardized nor made available globally. By including traditional medicines within the ICD, international standardization will allow for measuring and monitoring over time. It enables, among other things, international comparability of practice, research and reporting of morbidity in traditional medicine.

FIG. H.1
USE OF STANDARDIZED FORMATS FOR
HEALTH CONDITIONS, INCLUDING TCIM



Note: Based on the third WHO global survey respondents (n=106).

WHO may develop additional modules to classify other prominent forms of traditional medicine in future. Development of a second module derived from Ayurveda and related traditional medicine diagnostic systems, was launched in 2024 (15). WHO has emphasized the need to better describe traditional medicine types and uses, and to gather further data on traditional, complementary and integrative medicine. Indeed, the WHO global traditional medicine strategy 2025–2034 requires WHO to develop international classifications for traditional, complementary and integrative medicine products and practitioners.

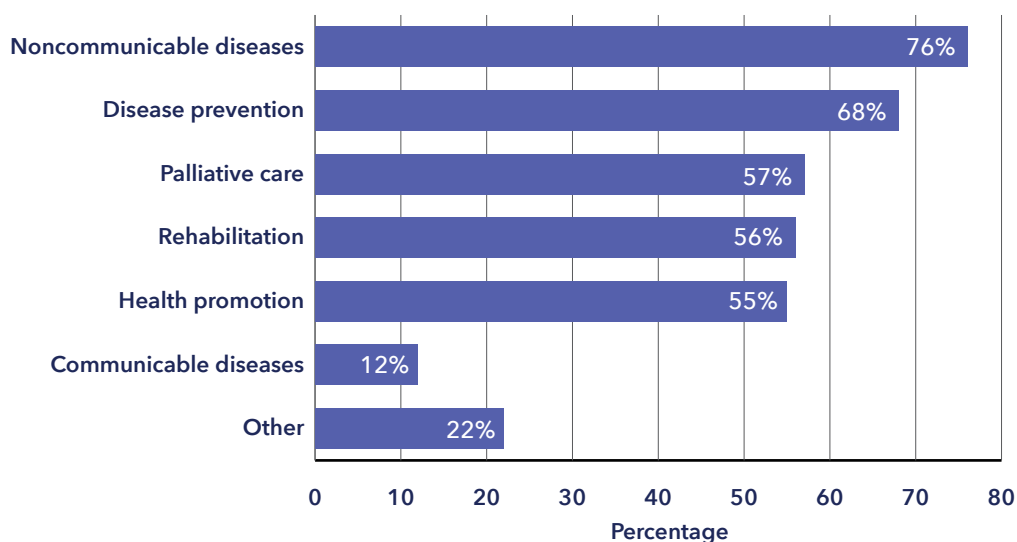
The main reasons for seeking traditional, complementary and integrative medicine

The 2023 survey asked Member States what the main reasons were for people to seek traditional, complementary and integrative medicine. Respondents had a list of seven options to choose from and were asked to select all that were relevant. On the basis of the responses of 96 Member States, Fig. H.2 shows which reasons were the most relevant to users.

Among the 96 Member States that responded to this question, the most important issue, chosen by 76% of respondents, was noncommunicable

diseases (e.g. cardiovascular diseases, cancer, diabetes, obesity, chronic respiratory diseases, musculoskeletal diseases, mental disorders) while the second most important (68%) was disease prevention. Communicable diseases came bottom of the list with just 12% of respondents including it in their list of reasons for seeking traditional, complementary and integrative medicine. Fig. H.2 shows the main reasons and related percentage for seeking traditional, complementary and integrative medicine in respondent Member States.

FIG. H.2
MAIN REASONS FOR SEEKING TCIM IN RESPONDENT MEMBER STATES



Note: Total number of Member States that responded to the third global survey is 106; 96 out of 106 Member States responded to this question. These percentages show the proportion (of the 96 Member States that responded to this question) that acknowledged these reasons for seeking traditional, complementary and integrative medicine.

I. Quality of care

Traditional, complementary and integrative medicine practice guidelines

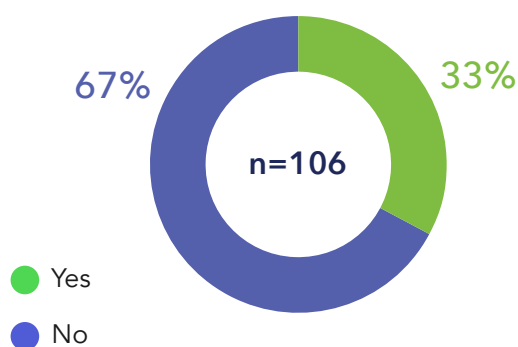
In an attempt to assess the quality of traditional, complementary and integrative medicine care, Member States were asked if they had specific practice guidelines for traditional, complementary and integrative medicine or if traditional, complementary and integrative medicine was included in their general practice guidelines. As shown in Fig. I.1, 35 of the respondent Member States (33%) confirmed that they either had such practice guidelines for traditional, complementary and integrative medicine or these guidelines were included in the guidelines for general practice. The remainder 71 (67%) of the respondents indicated that they had no such traditional, complementary and integrative medicine practice guidelines. The lack of clear and consistent practice guidelines will require further investigation.

The WHO global traditional medicine strategy 2025–2034 calls on WHO Member States to develop clinical guidelines and care pathways that incorporate traditional, complementary and integrative medicine approaches for specific

Patient safety reporting system

Safety is clearly an important element of the quality of care. Member States were therefore asked if they had a reporting system on issues of patient safety. If yes, there was a further question as to whether the reporting system included safety incidents related to traditional, complementary and integrative medicine. If this was also the

FIG. I.1
MEMBER STATES WITH CLINICAL PRACTICE GUIDELINES FOR TCIM – SPECIFIC OR INCLUDED IN GENERAL CLINICAL PRACTICE GUIDELINES



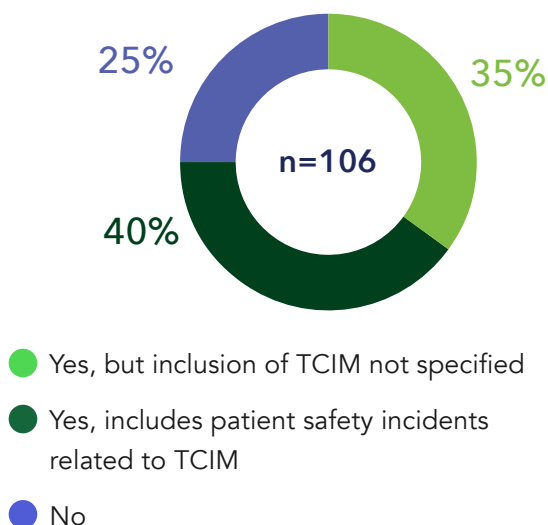
Note: Based on the third WHO global survey respondents (n=106).

health conditions and stages of life, as well as standards, guidelines and codes of conduct to promote responsible and accountable traditional, complementary and integrative medicine practices.

case, Member States were asked how many patient safety incidents related to traditional, complementary and integrative medicine were reported in the previous three years. Member States that had no reporting system on patient safety were asked if one was being established.

As Fig. I.2 shows, 42 Member States (40%) had patient safety reporting systems that included incidents related to traditional, complementary and integrative medicine, while a further 37 (35%) had such systems that did not include traditional, complementary and integrative medicine. Fig. I.2 also shows that, of the 27 Member States that did not have a patient safety reporting system, nine indicated that they were in the process of setting one up. The WHO global traditional medicine strategy 2025–2034 stresses that any regulatory mechanisms for traditional, complementary and integrative medicine practitioners must prioritize patient safety. The strategy also calls for research on the impact of regulatory systems in reference to patient safety and population health outcomes.

FIG. I.2
EXISTENCE OF REPORTING SYSTEMS FOR
PATIENT SAFETY



Note: Based on the third WHO global survey respondents (n=106).

J. Service coverage

Extent of traditional, complementary and integrative medicine usage in Member States

Member States were asked whether traditional, complementary and integrative medicine was used in their country and, if so, what percentage of the population uses it according to the latest estimates. Fig. J.1 shows the results for fifty-two responding Member States. Twelve Member States indicated that between 80% and 99% of their population used traditional, complementary and integrative medicine, 14 Member States felt that 60–79% of their population used it, and eight Member States estimated their population usage of traditional, complementary and integrative medicine at 40–59%. At lower levels of usage, nine Member States felt that their population usage of traditional, complementary and integrative medicine was at the level of 20–39% and eight Member States estimated their population usage of traditional,

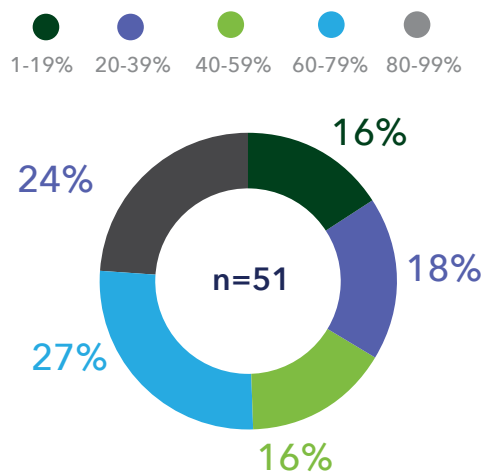
complementary and integrative medicine to be in the region 1–19%.

In the 2019 report on the second global survey, the percentage of Member States that indicated some population usage of traditional, complementary and integrative medicine was estimated at 88%. However, in that survey (which used data from several smaller surveys over a longer period), Member States that did not answer the question (or replied “No”), but replied “Yes” to any of the indicators for traditional, complementary and integrative medicine (i.e. national policy, laws or regulations; national office, programme, expert committee or research institute; herbal medicines regulation; regulation of indigenous traditional medicine or traditional, complementary and

integrative medicine providers; health insurance coverage of indigenous traditional medicine) were assumed to use traditional, complementary and integrative medicine if it was clear from these affirmative responses that traditional, complementary and integrative medicine was not prohibited.

Because of the apparent widespread use of traditional, complementary and integrative medicine, the WHO global traditional medicine strategy 2025–2034 emphasizes the need for more data to strengthen the evidence base for this area of medicine. The strategy calls for an “international research agenda” on key outcome measures that will encompass all aspects of traditional, complementary and integrative medicine – such as healthy lifestyles, disease prevention and treatment, medicines and interventions, professions and practices, integrative services and systems, and the use of technology within traditional, complementary and integrative medicine.

FIG. J.1
PROPORTION OF THE POPULATION USING TCIM



Note: Total number of Member States that responded to the third global survey is 106. 51 out of 106 Member States answered this question.

“Because of the apparent widespread use of traditional, complementary and integrative medicine, the WHO global traditional medicine strategy 2025–2034 emphasizes the need for more data to strengthen the evidence base for this area of medicine.”

K. Responsiveness

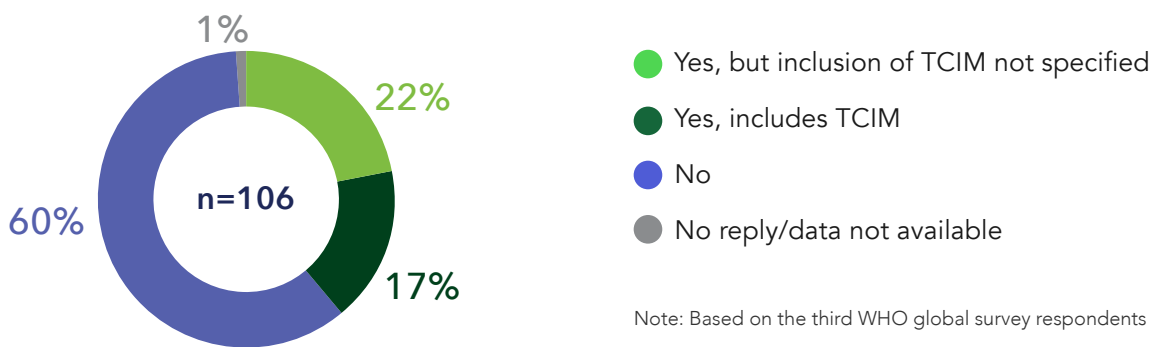
National patient satisfaction survey

This question focused on one of the most important questions in regard to traditional, complementary and integrative medicine: what do the patients think about the traditional, complementary and integrative medicine that is on offer in their Member States? Member States were asked if they had a national patient satisfaction survey and to what extent patients were satisfied with traditional, complementary and integrative medicine services and health outcomes.

Fig. K.1 shows that, of the 106 Member States that responded to the third global survey, 64 Member States (60%) did not have a patient satisfaction survey at national level and one Member State

provided no information. Of the remaining 41 Member States which all had patient satisfaction surveys, 18 (17%) included questions on traditional, complementary and integrative medicine while 23 (22%) did not. Of the Member States that said they currently had no national patient satisfaction survey (64 Member States), seven indicated that an institute to conduct this research was in the process of being established. The WHO global traditional medicine strategy 2025–2034 emphasizes that the right to health requires that health services and products are available, accessible, acceptable and of good quality for all people without discrimination.

FIG. K.1
PATIENT SATISFACTION SURVEYS AND TCIM



Monitoring national progress in achieving the health-related Sustainable Development Goals

The Sustainable Development Goals and the 2030 Agenda for Sustainable Development were adopted in 2015. While the Sustainable Development Goals are not legally binding, governments are expected to take ownership of them and establish national frameworks for the achievement of the 17 goals. Member States have the primary responsibility for follow-up and review of the progress made in implementing the goals, which will require good-quality, accessible and timely data collection. Regional follow-up and review will be based on national-level analyses and will contribute to follow-up and review at the global level.

In response to the question – “Is there a mechanism for monitoring national progress in achieving the health-related Sustainable Development Goals?” – 84 of the 106 respondent Member States (81%) answered that such a

mechanism existed. A further question then asked how many of those national mechanisms assess the contribution of traditional, complementary and integrative medicine. In response, 23 of the 84 Member States with monitoring mechanisms indicated that their monitoring mechanisms included the assessment of the role of traditional, complementary and integrative medicine toward achievement of the goals.

It is notable that the WHO global traditional medicine strategy 2025–2034 describes its aims as to integrate safe and effective traditional, complementary and integrative medicine, as appropriate, especially at the level of primary health care, to catalyse the attainment of universal health coverage and the Sustainable Development Goals.



©istock/Bracher
Portrait of native american woman smiling on
camera with a city park in background

3.

Member States and WHO

In this final section of the 2023 survey, Member States were asked about their specific needs and were given the opportunity to provide feedback on the types of support they most needed from WHO.

The first question asked Member States to highlight their main difficulties with regard to the practice of traditional, complementary and integrative medicine.

Fourteen options were given, from which Member States were asked to choose those that most concerned them. Member States were able to select as many of the options as they wished.

This question was asked in both 2005 and 2018, with the number of options increasing on each occasion, but the leading concern in all of the surveys was the lack of research data on traditional, complementary and integrative medicine. Linked

to that in 2023 were the second and third most frequent concerns – the lack of financial support for research on traditional, complementary and integrative medicine and the lack of a mechanism to monitor the safety of traditional, complementary and integrative medicine practice. The full list of topics rated in importance according to the number of Member States that selected them is shown in Fig. 4.1.

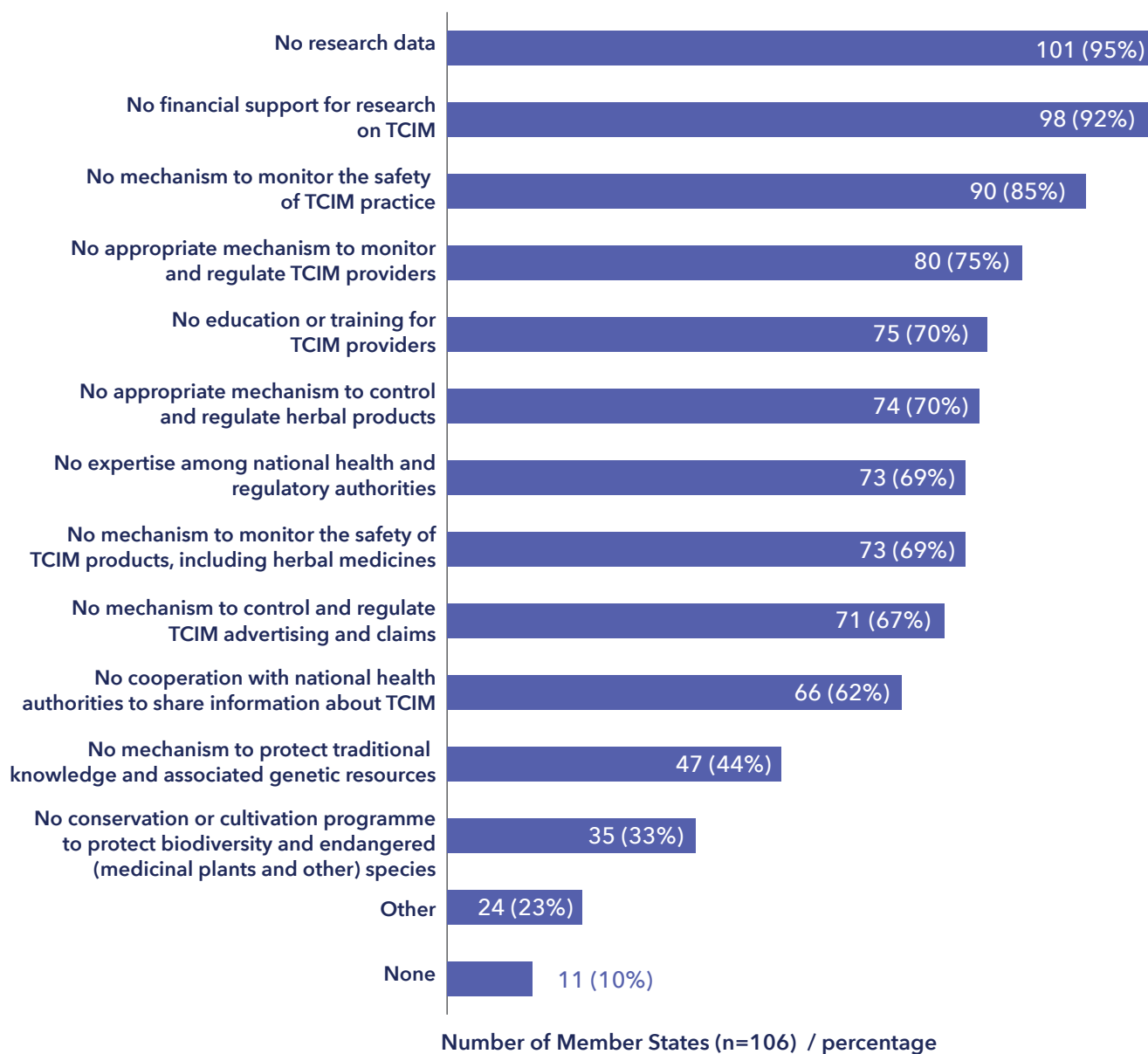
The second question in this section asked what type of support for traditional, complementary and integrative medicine would Member States be interested in receiving from WHO.

Member States were asked to prioritize their responses according to a list of 14 options. They were also asked to indicate for each area of support whether there was “Great need”, “Some need”, or “No need”.

Fig. 4.2 shows Member States’ rating of the areas of support needed and also indicates the extent of need. Thus, the figure lists all the options, showing the number of Member States that chose each option. The category cited by most and the one most often ranked as “Great need” was that of general technical guidance for research and evaluation of traditional, complementary and integrative medicine related to safety, quality and efficacy. This same category was also ranked as being highest for “Great need” and “Some need” in 2018.

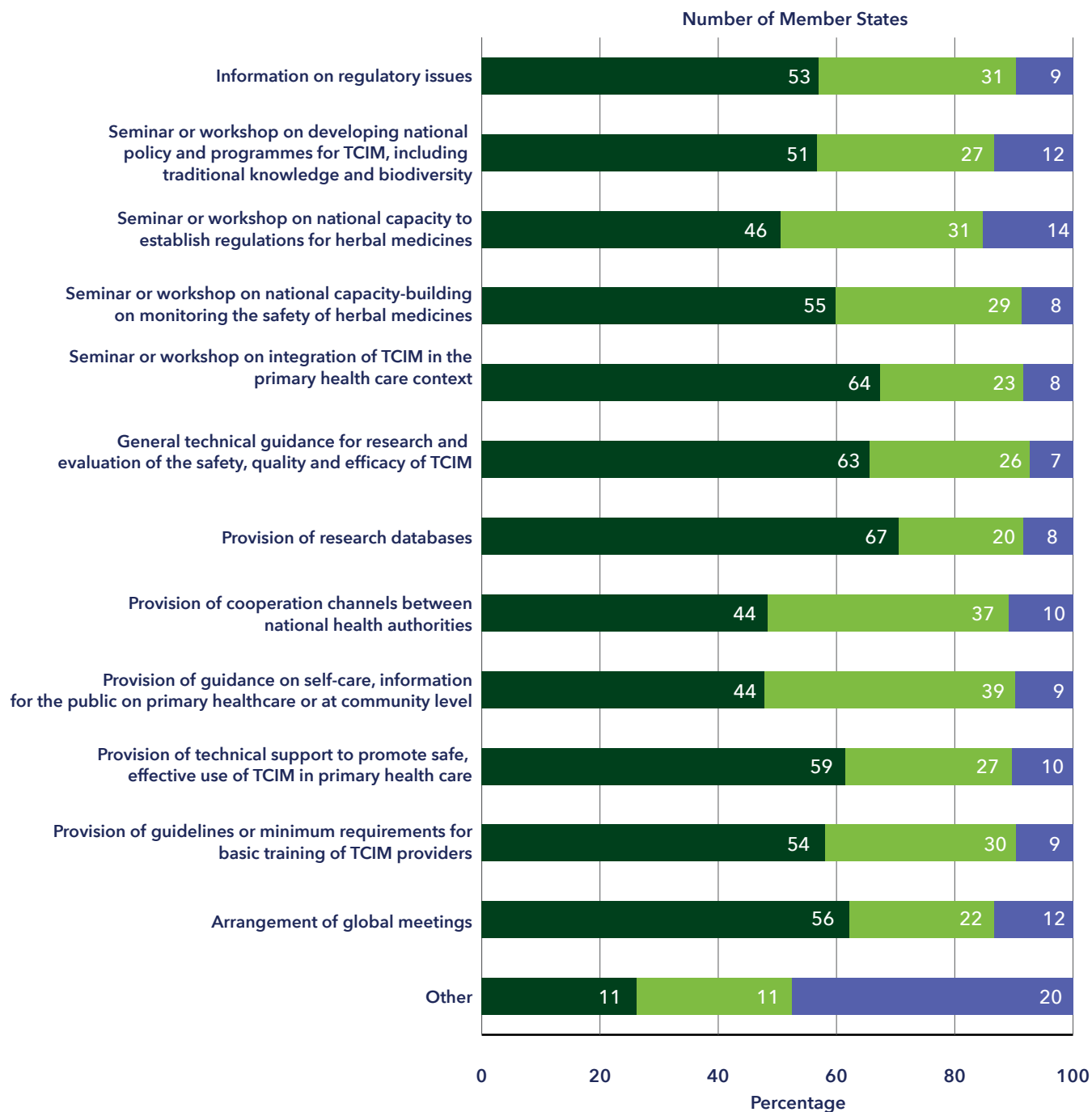
Perhaps the most striking result of the 2023 survey is the large amount of “Great need” and “Some need” in almost all the categories. Whether a seminar on integrating traditional, complementary and integrative medicine into primary health care, provision of research databases, information on regulatory issues, capacity-building on monitoring the safety on herbal medicines or guidelines on basic training of traditional, complementary and integrative medicine providers, all these areas – and others – were classed by WHO Member States as areas of important need. This information in itself shows what needs to happen if traditional, complementary and integrative medicine is to be fully integrated into national health services worldwide.

FIG. 4.1
DIFFICULTIES FACED BY MEMBER STATES



Based on the third WHO global survey respondents (n=106).
 TCIM refers to traditional, complementary, and integrative medicine.

FIG. 4.2
TYPES OF SUPPORT FOR TCIM THAT MEMBER STATES ARE INTERESTED IN RECEIVING FROM WHO, 2023



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ANNEX 1.**WHO MEMBER STATES THAT RESPONDED TO THE SURVEYS, BY REGION**

WHO Region	Country	1st global survey (2001)	2nd global survey (2012)	Updated Survey (2016-18)	3rd global survey (2023)
47 Member States: African Region (AFR)					
1	AFR	Algeria			
2	AFR	Angola	Y	Y	Y
3	AFR	Benin	Y	Y	Y
4	AFR	Botswana	Y		
5	AFR	Burkina Faso	Y	Y	Y
6	AFR	Burundi	Y	Y	Y
7	AFR	Cabo Verde		Y	Y
8	AFR	Cameroon	Y	Y	Y
9	AFR	Central African Republic	Y	Y	Y
10	AFR	Chad	Y	Y	Y
11	AFR	Comoros (the)	Y	Y	Y
12	AFR	Congo	Y	Y	Y
13	AFR	Côte d'Ivoire	Y	Y	Y
14	AFR	Democratic Republic of the Congo	Y	Y	Y
15	AFR	Equatorial Guinea	Y	Y	Y
16	AFR	Eritrea		Y	Y
17	AFR	Eswatini			Y
18	AFR	Ethiopia	Y	Y	Y
19	AFR	Gabon	Y	Y	Y
20	AFR	Ghana	Y	Y	Y
21	AFR	Guinea	Y		Y
22	AFR	Guinea-Bissau	Y	Y	Y
23	AFR	Kenya	Y		Y
24	AFR	Lesotho		Y	

WHO Region	Country	1st global survey (2001)	2nd global survey (2012)	Updated Survey (2016-18)	3rd global survey (2023)
25	AFR	Liberia		Y	Y
26	AFR	Madagascar	Y		Y
27	AFR	Malawi	Y	Y	Y
28	AFR	Mali	Y	Y	Y
29	AFR	Mauritania	Y	Y	
30	AFR	Mauritius		Y	Y
31	AFR	Mozambique	Y	Y	Y
32	AFR	Namibia		Y	Y
33	AFR	Niger	Y	Y	Y
34	AFR	Nigeria	Y	Y	Y
35	AFR	Rwanda	Y	Y	Y
36	AFR	São Tomé and Príncipe	Y	Y	
37	AFR	Senegal	Y	Y	
38	AFR	Seychelles	Y		Y
39	AFR	Sierra Leone	Y	Y	Y
40	AFR	South Africa	Y	Y	Y
41	AFR	South Sudan ¹			
42	AFR	the Islamic Republic of the Gambia	Y	Y	Y
43	AFR	Togo	Y		Y
44	AFR	Uganda	Y	Y	Y
45	AFR	United Republic of Tanzania	Y	Y	
46	AFR	Zambia	Y		Y
47	AFR	Zimbabwe		Y	Y

1 Not a WHO Member State at the time of distribution of the second survey questionnaire and therefore not included in the 2012 data figures. In 1999 and 2005 there were 191 WHO Member States, the number became 193 in 2012 and currently, as of 2018, there are 194 WHO Member States.

WHO Region	Country	1st global survey (2001)	2nd global survey (2012)	Updated Survey (2016-18)	3rd global survey (2023)
35 Member States: Region of the Americas (AMR)					
1	AMR	Antigua and Barbuda	Y		
2	AMR	Argentina	Y	Y	Y
3	AMR	Bahamas (the)		Y	Y
4	AMR	Barbados		Y	
5	AMR	Belize		Y	Y
6	AMR	Bolivia (Plurinational State of)	Y	Y	Y
7	AMR	Brazil	Y	Y	Y
8	AMR	Canada	Y	Y	Y
9	AMR	Chile	Y	Y	Y
10	AMR	Colombia	Y	Y	Y
11	AMR	Costa Rica	Y	Y	Y
12	AMR	Cuba		Y	Y
13	AMR	Dominica	Y		
14	AMR	Dominican Republic (the)	Y		
15	AMR	Ecuador	Y		Y
16	AMR	El Salvador	Y	Y	
17	AMR	Grenada		Y	
18	AMR	Guatemala	Y		Y
19	AMR	Guyana			Y
20	AMR	Haiti			Y
21	AMR	Honduras		Y	
22	AMR	Jamaica	Y		
23	AMR	Mexico	Y	Y	Y
24	AMR	Nicaragua	Y		Y
25	AMR	Panama		Y	Y
26	AMR	Paraguay		Y	Y

WHO Region	Country	1st global survey (2001)	2nd global survey (2012)	Updated Survey (2016-18)	3rd global survey (2023)
27	AMR Peru	Y	Y	Y	Y
28	AMR Saint Kitts and Nevis	/	/	/	/
29	AMR Saint Lucia	/	Y	Y	/
30	AMR Saint Vincent and the Grenadines	/	Y	/	/
31	AMR Suriname	Y	/	/	Y
32	AMR Trinidad and Tobago	/	Y	Y	/
33	AMR United States of America	/	/	Y	Y
34	AMR Uruguay	/	/	Y	Y
35	AMR Venezuela (Bolivarian Republic of)	/	/	/	/
21 Member States: Eastern Mediterranean Region (EMR)					
1	EMR Afghanistan	Y	Y	Y	Y
2	EMR Bahrain	Y	Y	Y	Y
3	EMR Djibouti	Y	/	/	/
4	EMR Egypt	Y	/	/	Y
5	EMR Iran (Islamic Republic of)	Y	Y	Y	Y
6	EMR Iraq	/	Y	/	/
7	EMR Jordan	Y	Y	Y	/
8	EMR Kuwait	Y	Y	/	Y
9	EMR Lebanon	/	/	Y	Y
10	EMR Libya	Y	/	/	Y
11	EMR Morocco	/	Y	Y	Y
12	EMR Oman	Y	Y	Y	/
13	EMR Pakistan	Y	Y	Y	Y
14	EMR Qatar	Y	Y	Y	Y
15	EMR Saudi Arabia	Y	Y	Y	Y
16	EMR Somalia	/	Y	Y	Y

WHO Region	Country	1st global survey (2001)	2nd global survey (2012)	Updated Survey (2016-18)	3rd global survey (2023)
17	EMR	Sudan	Y	Y	
18	EMR	Syrian Arab Republic	Y	Y	Y
19	EMR	Tunisia		Y	Y
20	EMR	United Arab Emirates	Y	Y	Y
21	EMR	Yemen	Y	Y	Y
53 Member States: European Region (EUR)					
1	EUR	Albania		Y	
2	EUR	Andorra		Y	
3	EUR	Armenia	Y	Y	
4	EUR	Austria	Y	Y	Y
5	EUR	Azerbaijan	Y	Y	
6	EUR	Belarus	Y	Y	
7	EUR	Belgium	Y	Y	Y
8	EUR	Bosnia and Herzegovina		Y	
9	EUR	Bulgaria	Y		
10	EUR	Croatia		Y	
11	EUR	Cyprus		Y	Y
12	EUR	Czech Republic	Y	Y	
13	EUR	Denmark	Y	Y	Y
14	EUR	Estonia	Y	Y	Y
15	EUR	Finland		Y	
16	EUR	France	Y		
17	EUR	Georgia	Y		
18	EUR	Germany	Y	Y	Y
19	EUR	Greece			
20	EUR	Hungary	Y	Y	Y
21	EUR	Iceland	Y	Y	

WHO Region	Country	1st global survey (2001)	2nd global survey (2012)	Updated Survey (2016-18)	3rd global survey (2023)
22	EUR	Ireland	Y	Y	
23	EUR	Israel	Y	Y	
24	EUR	Italy			Y
25	EUR	Kazakhstan	Y		
26	EUR	Kyrgyzstan	Y		
27	EUR	Latvia	Y		
28	EUR	Lithuania	Y	Y	Y
29	EUR	Luxembourg			
30	EUR	Malta		Y	Y
31	EUR	Monaco			
32	EUR	Montenegro ²	Y	Y	
33	EUR	Netherlands	Y	Y	
34	EUR	North Macedonia	Y		Y
35	EUR	Norway	Y	Y	Y
36	EUR	Poland		Y	Y
37	EUR	Portugal	Y	Y	Y
38	EUR	Republic of Moldova	Y	Y	Y
39	EUR	Romania	Y	Y	Y
40	EUR	Russian Federation	Y		
41	EUR	San Marino			Y
42	EUR	Serbia ²	Y	Y	
43	EUR	Slovakia	Y	Y	Y
44	EUR	Slovenia	Y	Y	
45	EUR	Spain	Y	Y	

2 Serbia and Montenegro participated as a single country in the 1st WHO global survey in 2001 on national policy on traditional/complementary/alternative medicine & regulation of herbal medicine. Both Serbia and Montenegro participated as separate countries in the 2nd WHO global survey on national policy and regulation for traditional, complementary and alternative medicine, with each Member State providing their responses in 2012 and 2011, respectively. The data in the report reflect earlier responses from the 2nd global survey.

WHO Region	Country	1st global survey (2001)	2nd global survey (2012)	Updated Survey (2016-18)	3rd global survey (2023)
46	EUR Sweden	Y	Y		Y
47	EUR Switzerland	Y	Y		
48	EUR Tajikistan	Y			
49	EUR Türkiye	Y	Y	Y	Y
50	EUR Turkmenistan				
51	EUR Ukraine	Y	Y		Y
52	EUR United Kingdom of Great Britain and Northern Ireland (the)	Y	Y		
53	EUR Uzbekistan	Y			Y
11 Member States: South-East Asia Region (SEAR)					
1	SEAR Bangladesh	Y	Y	Y	Y
2	SEAR Bhutan	Y	Y	Y	Y
3	SEAR Democratic People's Republic of Korea	Y	Y	Y	Y
4	SEAR India	Y	Y	Y	Y
5	SEAR Indonesia ³	Y	Y		Y
6	SEAR Maldives	Y	Y	Y	Y
7	SEAR Myanmar	Y	Y		Y
8	SEAR Nepal	Y	Y		Y
9	SEAR Sri Lanka	Y	Y		Y
10	SEAR Thailand	Y	Y	Y	Y
11	SEAR Timor-Leste			Y	Y
27 Member States: Western Pacific Region (WPR)					
1	WPR Australia	Y	Y		Y
2	WPR Brunei Darussalam		Y	Y	

3 As of 27 May 2025, Indonesia is part of the Western Pacific Region and no longer of the South-East Asia Region

WHO Region	Country	1st global survey (2001)	2nd global survey (2012)	Updated Survey (2016-18)	3rd global survey (2023)	
3	WPR	Cambodia	Y	Y	Y	
4	WPR	China	Y	Y	Y	Y
5	WPR	Cook Islands	Y		Y	
6	WPR	Fiji	Y	Y	Y	
7	WPR	Japan	Y	Y	Y	Y
8	WPR	Kiribati	Y	Y	Y	
9	WPR	Lao People's Democratic Republic	Y	Y	Y	Y
10	WPR	Malaysia	Y	Y	Y	Y
11	WPR	Marshall Islands		Y	Y	
12	WPR	Micronesia (Federated States of)	Y	Y	Y	
13	WPR	Mongolia	Y	Y	Y	Y
14	WPR	Nauru	Y	Y	Y	
15	WPR	New Zealand	Y	Y	Y	Y
16	WPR	Niue	Y		Y	Y
17	WPR	Palau		Y	Y	
18	WPR	Papua New Guinea	Y	Y	Y	Y
19	WPR	Philippines	Y	Y	Y	Y
20	WPR	Republic of Korea	Y	Y	Y	Y
21	WPR	Samoa			Y	Y
22	WPR	Singapore	Y	Y	Y	Y
23	WPR	Solomon Islands	Y	Y	Y	Y
24	WPR	Tonga		Y	Y	
25	WPR	Tuvalu	Y	Y		
26	WPR	Vanuatu	Y		Y	Y
27	WPR	Viet Nam	Y	Y	Y	Y
194						

ANNEX 2.**QUESTIONNAIRE – THIRD WHO GLOBAL SURVEY ON TRADITIONAL, COMPLEMENTARY AND INTEGRATIVE MEDICINE**

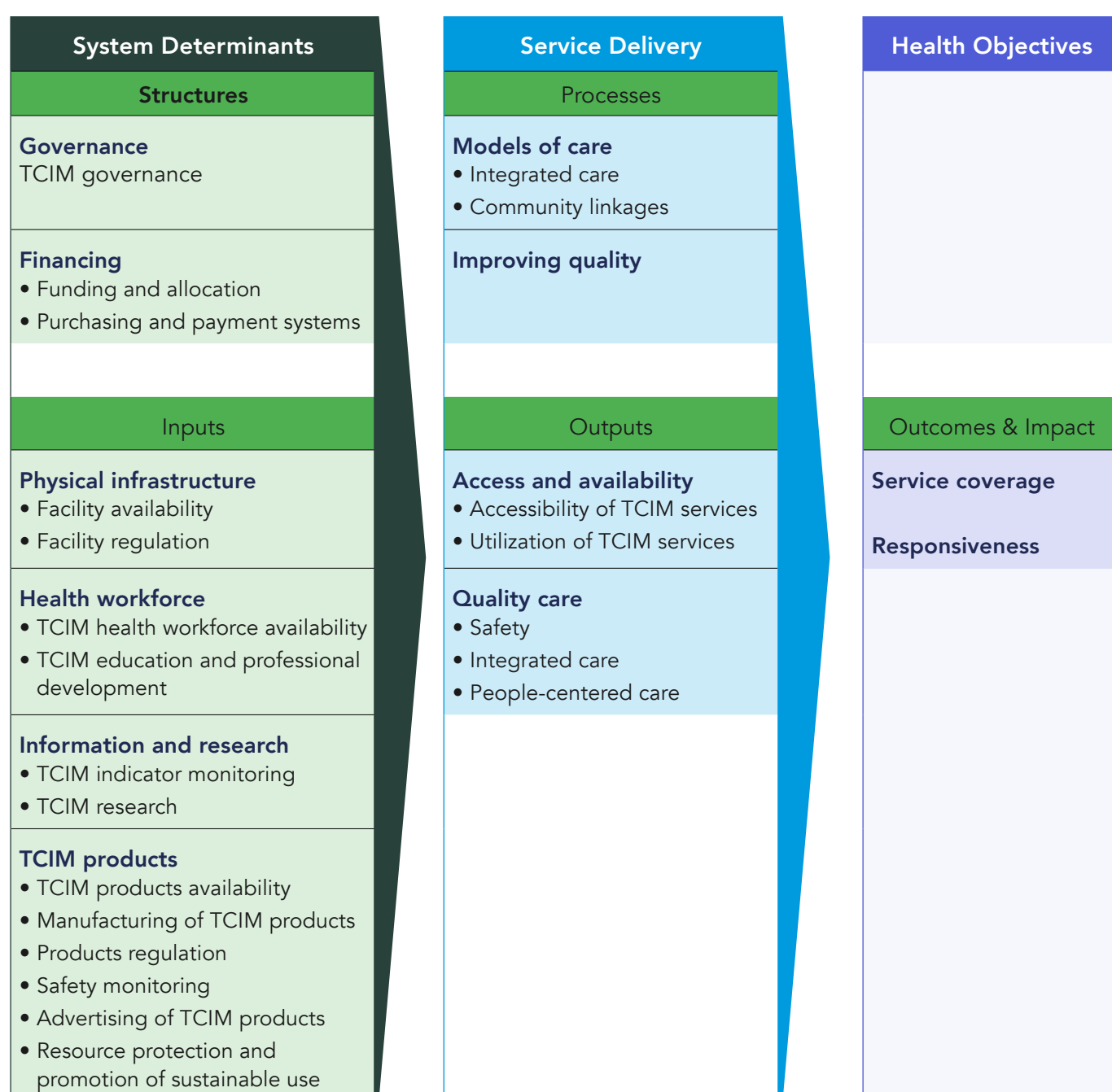
Date:
Country:
Name of respondent(s):
Title of respondent(s):
Address for primary contact:
Telephone for primary contact:
Email for primary contact:

Development of a monitoring framework

A framework was developed for monitoring as a guide for traditional, complementary and integrative medicine policy-makers and programme managers to link programme inputs and work to results (Fig. 1). The logic of the framework is to provide appropriate structures for governance and financing and system inputs, not just for the availability of traditional, complementary and integrative medicine facilities, workforce and products but also to ensure their quality, and also appropriate models for service delivery, with processes for quality assurance, to ensure that traditional, complementary and integrative medicine services are available, accessible, of good quality and safe. The framework should help to meet population service coverage targets and ensure patient satisfaction with traditional, complementary and integrative medicine services and outcomes.

To the extent possible and relevant, the global traditional, complementary and integrative medicine monitoring framework is aligned with WHO and other global monitoring frameworks, including the WHO primary health care measurement framework and indicators, the WHO European Region primary health care, impact, performance and capacity tool, the European Observatory Health system performance assessment framework for policy analysis, the WHO 2018 Global reference list of 100 core health indicators, and the Health at a glance indicators of the Organisation for Economic Co-operation and Development.

FIG. 1.
GLOBAL MONITORING FRAMEWORK FOR TRADITIONAL AND COMPLEMENTARY MEDICINE



TCIM refers to traditional, complementary, and integrative medicine.

Governance

Traditional, complementary and integrative medicine governance

1. Is there a national policy on traditional, complementary and integrative medicine?

YES NO

1.1 If yes, is the policy:

An exclusive national policy on traditional, complementary and integrative medicine

Integrated into other national policy. *Please describe:*

Other. *Please describe:*

1.2 If yes, title of policy document:

1.3 If yes, year of issue: and latest amendment and date:

Please upload a copy of the policy or the relevant section of the policy document or a link, if available in English, or in the original language.

1.4 If no, is such a policy being established? YES NO

If yes, at what stage is it?: (0-None)

2. Is there a national law on traditional, complementary and integrative medicine?

YES NO

2.1. If yes, year of issue: and latest amendment:

Please upload a copy of the law or the relevant section of the law document or a link, if available in English, or in the original language.

2.2. If no, is such a law being established? YES NO

If yes, at what stage is it: (0-None)

3. Is there national regulation of traditional, complementary and integrative medicine?

YES NO

3.1. If yes, year of most recent regulation or update:

Please upload a copy of the regulation or the relevant section of the regulation document or a link, if available in English, or in the original language.

3.2. If no, is such regulation being established? YES NO

If yes, at what stage is it: (0-None)

4. Is there a national office for traditional, complementary and integrative medicine?

YES NO

4.1. If yes, year of establishment:

Please provide the address and contact details of the national office.

4.2. If yes, which ministry or government authority administers it?

Ministry of health

Other ministry, please identify:

Other government authority, please describe:

4.3. If no, did such an office exist previously? YES NO

If yes, when was it closed?

4.4. If no, is such an office being established? YES NO

If yes, at what stage is it: (0-None)

5. Is there a national health promotion programme?

YES

NO

5.1. If yes, does it include a traditional, complementary and integrative medicine component?

YES

NO

If yes, please describe or provide a link: _____

5.2. If no, is such a programme being established?

YES

NO

If yes, at what stage is it: (0-None)

6. Is there a national expert committee for traditional, complementary and integrative medicine?

YES

NO

6.1. If yes, year of establishment:

Please provide the address and contact details of the expert committee:

6.2. If no, is such a committee being established?

YES

NO

If yes, at what stage is it: (0-None)

Financing

Funding and allocation

7. What proportion of total current health expenditure is for traditional, complementary and integrative medicine?

Current expenditure on traditional, complementary and integrative medicine

	2020	2021	2022
Total current health expenditure (in US\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total current health expenditure on traditional, complementary and integrative medicine (in US\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data not available	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please upload a copy of the reference or a link, if available in English, or in the original language.

8. What is the proportion of OOP expenditure on traditional, complementary and integrative medicine?

OOP expenditure on traditional, complementary and integrative medicine

	2020	2021	2022
Total OOP expenditure on health (in US\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total OOP expenditure on traditional, complementary and integrative medicine (in US\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data not available	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please upload a copy of the reference or a link, if available in English, or in the original language.

9. What is the proportion of household expenditure on health spent on traditional, complementary and integrative medicine?

Household expenditure on health on traditional, complementary and integrative medicine	<input type="text"/>		
	2020	2021	2022
Total household expenditure on health (in US\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Household expenditure on health spent on traditional, complementary and integrative medicine (in US\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data not available	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please upload a copy of the reference or a link, if available in English, or in the original language.

Purchasing and payment systems

10. Is there an essential health services package (to be provided in the public health facilities)? YES NO

10.1. If yes, does it include traditional, complementary and integrative medicine services?

YES NO

If yes, please describe or provide a link thereto:

10.2. If no, is such essential health service package in the process of being established? YES NO

If yes, in which stage: (0-None)

11. Is there a health scheme / programme for the health and well-being of indigenous people?

YES NO

11.1. If yes, are traditional medicine providers involved in this health scheme / programme?

YES NO

If yes, please describe or provide a link thereto: _____

11.2. If no, is such a health scheme / programme in the process of being established?

YES NO

If yes, in which stage: (0-None)

12. Is traditional, complementary and integrative medicine covered by health insurance in your country?

FULLY PARTIALLY NO

12.1. If yes, what is the proportion of total reimbursement for traditional, complementary and integrative medicine services?

Reimbursed traditional, complementary and integrative medicine Services

2020

2021

2022

Total health reimbursement (in US\$)

Reimbursement for traditional, complementary and integrative medicine services (in US\$)

Data not available

Please upload a copy of the reference or a link, if available in English, or in the original language.

12.2. If yes, what body provides the health insurance under which traditional, complementary and integrative medicine is covered? Check all that apply.

- Government agency
- Private organization
- Other, please describe:

12.3. If yes, for which traditional, complementary and integrative medicine practices is coverage available?

	Government			Private		
	Full	Partial	?	Full	Partial	?
<input type="checkbox"/> Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ayurvedic medicine	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Herbal medicines		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Homeopathic medicines		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Naturopathy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Osteopathy		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Traditional Chinese medicine	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Unani		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, please describe:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Physical infrastructure

Availability of traditional, complementary and integrative medicine facilities

13. What proportion of health facilities offer traditional, complementary and integrative medicine?

	Total	Geographical distribution (if available)	
		Rural	Urban
Number of health facilities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of health facilities offering traditional, complementary and integrative medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of health facilities offering both traditional, complementary and integrative medicine and conventional medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data not available	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please upload a copy of the reference and a link, if available in English, or in the original language.

14. In which of the following settings do traditional, complementary and integrative medicine providers practice? Check all that apply.

- Private sector: clinic hospital
 Public sector: clinic hospital
 Primary care Secondary care Tertiary or specialized care
 Urban Rural
 Others, please describe: _____

Traditional, complementary and integrative medicine facility regulation

15. Is quality assurance (i.e. licensure, accreditation, or certification schemes) of health facilities provided?

YES

NO

15.1. If yes, does it exist for traditional, complementary and integrative medicine health facilities?

YES

NO

If yes, please describe or provide a link: _____

15.2. If no, is quality assurance of health facilities being established?

YES

NO

If yes, in which stage: (0-None)

Health workforce

Traditional, complementary and integrative medicine health workforce availability

16. What is the proportion of traditional, complementary and integrative medicine providers?

	Total	Sex disaggregation (if available)		Geographical distribution (if available)	
		Female	Male	Rural	Urban
Number of health facilities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of health facilities offering traditional, complementary and integrative medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of health facilities offering both traditional, complementary and integrative medicine and conventional medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data not available	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please upload a copy of the reference and a link, if available in English, or in the original language.

- 16.1.** Please list all types of traditional, complementary and integrative medicine providers and the approximate number of each type of traditional, complementary and integrative medicine provider in your country.

Types of traditional, complementary and integrative medicine provider	Approximate number of traditional, complementary and integrative medicine providers (latest year available)
Acupuncture	
Ayurvedic medicine	
Chiropractic	
Herbal medicines	
Conventional medicine professionals who integrate traditional, complementary and integrative medicine	
Naturopathy	
Osteopathy	
Traditional Chinese medicine	
Unani	
Others, please describe	

Traditional, complementary and integrative medicine health workforce regulations

17. Are there any regulations for traditional, complementary and integrative medicine providers?

YES NO

Please upload a copy of the reference and a link, if available in English, or in the original language.

17.1. If no, is such regulation being established? YES NO

If yes, in which stage: (0-None)

If yes, types of traditional, complementary and integrative medicine providers:

Traditional, complementary and integrative medicine education and professional development

18. Is traditional, complementary and integrative medicine education provided at university level?

YES NO

18.1. If yes, please provide the degree that a student of traditional, complementary and integrative medicine would obtain at university level. Check all that apply.

- Bachelor Master
- PhD Clinical doctorate (e.g. DAOM, DC, DO, MD, ND)
- Other higher education or university degree, please describe:

18.2. If no, are there any other traditional, complementary and integrative medicine training programmes that are officially recognized by the government?

YES NO

18.3. Please provide examples of such training programmes. Check all that apply:

- Apprenticeship with a traditional, complementary and integrative medicine provider, without certificate or license
- Certified training programme. (Example: a specialized training programme for acupuncture or panchakarma for which, after completion, the student receives a certificate or license)
- Training programme for traditional, complementary and integrative medicine technician or equivalent (not at university level)
- Training programme for traditional, complementary and integrative medicine nursing personnel
- Other, please describe: _____

19. Is there a continuing professional development programme for traditional, complementary and integrative medicine providers?

YES NO

19.1 If no, is such programme being promulgated?

YES NO

If yes, in which stage: (0-None)

Herbal medicines

Herbal medicines availability

20. Is there a national essential medicines list (EML) for conventional pharmaceuticals?

YES NO

20.1. If yes, does it include herbal medicines?

YES NO

20.2. If yes, please provide the following information:

S. No.	Title of the EML	Edition Number / Volume	Year of Issue	No. of Herbal Medicines
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please upload a copy of the essential medicine list(s) for herbal medicine or link thereto, if available in English, otherwise in original language.

20.3. If yes, do you have a criteria for selection of herbal medicines for the national essential medicines list?

YES NO

20.4. If yes, please indicate your criteria for selection. *Check all that apply:*

- Based on traditional use of the herbal medicine
- Based on clinical data
- Based on long term, historical use
- Based on laboratory testing
- Based on pharmacovigilance/post-marketing surveillance data
- Based on price control
- Other, please describe:

20.5. If no, is such an essential medicine list for herbal medicines in the process of being established?

YES NO

If yes, in which stage: (0-None)

Herbal medicines regulation

21. Is there a national regulation on herbal medicines?

YES

NO

21.1. If yes, year of issue: ; and last amended

Please upload a copy of the regulation or link thereto, if available in English, otherwise in original language.

21.2. If yes, what type of regulatory status is given to herbal medicines? *Check all that apply:*

Regulated as Prescription Medicines

Regulated as Non-prescription Medicines

Stand-alone regulation on Herbal Medicine

Regulated as Dietary Supplements

Regulated as Health Foods

Regulated as Functional Foods

Regulated as General Food Products

Other, please describe:

21.3. If no, is such a regulation in the process of being established?

YES

NO

If yes, in which stage: (0-None)

22. How are herbal medicines sold in your country? *Check all that apply.*

In pharmacies as prescription medicines

In pharmacies as non-prescription medicines, self-medication, or over-the-counter medicines

In other outlets as non-prescription medicines, self-medication, or over-the-counter medicines

In special outlets (e.g. in herbal medicine stores, traditional, complementary and integrative medicine supply stores, etc.)

By licensed providers

No restrictions for selling herbal medicines

Other, please describe:

23. Is there a national pharmacopoeia(s) including herbal medicines? YES NO

23.1. If yes, please provide the following information:

S. No.	Title	Edition Number / Volume	Year of Issue
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please upload a copy of the pharmacopoeia(s) or link thereto, if available in English, otherwise in original language. If several pharmacopoeias exist including herbal products, please submit information about all.

23.2. If no, is a national pharmacopoeia including herbal medicines in the process of being established? YES NO

If yes, in which stage: (0-None)

24. Is there any other pharmacopoeia used in your country? YES NO

24.1. If yes, please provide the following information:

S. No.	Title	Edition Number / Volume	Year of Issue
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

25. Are there national monographs on herbal medicines? YES NO

25.1. If yes, please provide the following information:

S. No.	Title	Edition Number / Volume	Year of Issue
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please upload a copy of the monograph(s) or link thereto, if available in English, otherwise in original language.

25.2. If no, are national herbal monographs in the process of being established?

If yes, in which stage: (0-None) YES NO

26. Are any other monographs on herbal medicines used in your country?

YES NO

26.1. If yes, please provide the following information:

S. No.	Title	Edition Number / Volume	Year of Issue
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

Manufacturing of herbal medicines

27. Are good manufacturing practices (GMP) available for herbal medicines in your country?

YES NO

27.1. If yes, please provide the following information:

Title: Year of issue:

Please upload a copy of the GMP documentation or a link, if available in English, or in the original language.

27.2. If yes, is it aligned with WHO guidelines?

YES NO

27.3. If yes, what are the number and percentage of licensed traditional, complementary and integrative medicine manufacturers that meet the domestic GMP requirements?

Number:

Percentage: Unknown / data not available 100% 80–99% 60–79%
 40–59% 20–39% 1–19% 0%

27.4. If no, are GMP for herbal medicines being established?

YES NO

If yes, in which stage: (0-None)

28. What regulations apply to the manufacture of herbal medicines to ensure their quality?*Check all that apply.*

- Adherence to manufacturing information in pharmacopoeia or monographs
- Same regulations for GMP as for conventional pharmaceuticals
- Exclusive regulations for GMP, separate from conventional pharmaceuticals. Please describe these regulations. How do they differ? Are they specific for herbal medicines?
- No regulations
- Other, please describe:

Please upload a copy of the regulations for manufacturing herbal medicines, if available in English, or in the original language.

29. Are mechanisms in place to ensure compliance with these or other manufacturing requirements?

YES NO

29.1. If yes, how is compliance ensured? *Check all that apply.*

- Periodic inspections by authorities at manufacturing plants or laboratories
- Manufacturers are required to submit samples of their medicines to a government-approved laboratory for testing.
- Manufacturers are required to assign a person or persons to ensuring compliance with manufacturing requirements, who report(s) back to government authorities.
- Others, please describe:

30. Is there a reference laboratory for testing herbal products?

YES NO

30.1. If yes, please provide the following information:

S. No.	Name of laboratory	Area of specialization	Year of establishment
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

Traditional, complementary and integrative medicine safety monitoring

31. What are the regulatory requirements for the safety of herbal medicines? *Check all that apply.*

- Same safety requirements as for conventional pharmaceuticals.
- Safety requirements specific for herbal medicines.
- Traditional use without demonstrated harmful effects is sufficient.
- Reference to safety data in documented scientific research on similar products is sufficient.
- Other safety requirements, please describe:
- No safety requirements currently exist.

31.1. If no, are safety requirements for herbal medicine being formulated? YES NO

If yes, in which stage: (0-None)

32. Is there post-market surveillance or a pharmacovigilance system for ensuring the safety of medicines in your country?

YES NO

32.1. If yes, does it include herbal medicines? YES NO

If yes, please describe or provide a link:

32.2. If yes, how many adverse drug reactions related to use of herbal medicines were reported in the past 3 years?

Year	Total number of adverse events related to herbal medicines reported	Source of data
2020	<input type="text"/>	<input type="text"/>
2021	<input type="text"/>	<input type="text"/>
2022	<input type="text"/>	<input type="text"/>
Data not available	<input type="text"/>	<input type="text"/>

Please upload a copy of the reference or link, if available in English, or in the original language.

32.3. *If no*, is such a system being established?

YES

NO

If yes, in which stage: (0-None)

Advertising of herbal medicines

33. Is there a registration or licensing system for herbal medicines in your country?

YES

NO

33.1. *If yes*, how many herbal medicines are registered or licensed?

Please submit a link to the website of the licensing authority for registered or licensed herbal medicines.

33.2. *If no*, is such a registration system being established?

YES

NO

If yes, in which stage: (0-None)

34. Are claims for herbal medicines regulated in your country?

YES

NO

If yes, in which stage: (0-None)

34.1. *If yes*, with what type of claims are herbal medicines sold your country? *Check all that apply.*

Medical claims

Health claims

Nutrient content claims

Claims are made, but are not regulated by law

Other claims, please describe:

35. What are the annual domestic market sales of herbal medicines in your country?

Please provide data or market estimates for the past 3 years, and please describe the source of the data or estimates, such as "data published by the Ministry of Health", "estimate made by herbal manufacturers", or "scientific study". Estimates should be in the format of currency equivalent, not the inventory of product sold, for instance "US\$ 10 000", not "100 bottles of tablets".

Year	Total domestic market sales of herbal medicines (in US\$)	Source of data
2020	<input type="text"/>	<input type="text"/>
2021	<input type="text"/>	<input type="text"/>
2022	<input type="text"/>	<input type="text"/>
Data not available	<input type="text"/>	<input type="text"/>

Please upload a copy of the reference or a link, if available in English, or in the original language.

36. What is the quantum of annual export and import of herbal medicines in your country?

Year	Total export of herbal medicines (in US\$)	Total import of herbal medicines (in US\$)	Source of data
2020	<input type="text"/>	<input type="text"/>	<input type="text"/>
2021	<input type="text"/>	<input type="text"/>	<input type="text"/>
2022	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data not available	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please upload a copy of the reference or a link, if available in English, or in the original language.

Traditional, complementary and integrative medicine resource protection and promotion of sustainable use

37. Is traditional medicine knowledge in your country collected, curated and digitized?

YES NO

37.1. If yes, how is it collected, curated and digitized? *Check all that apply:*

- Digital library of traditional medicine knowledge
- Ancient texts on traditional medicine curated and digitized
- Documentation of traditional medicine knowledge and practices in communities
- Other way, please describe:

37.2. If yes, are steps being taken at national, regional or local level to provide sustained support for monitoring traditional medicine knowledge? YES NO

If yes, please describe or provide a link: _____

38. Is traditional medicine knowledge taught in primary, secondary or tertiary education (national curricula or official guidelines for schools and universities)?

YES NO

38.1. If yes, check all that apply:

- Primary
- Secondary
- Tertiary
- Other, please describe:
-

39. Is there a mechanism to ensure that underserved, marginalized and/or minority populations benefit from traditional medicine knowledge, resources and products?

YES NO

39.1. If yes, please describe or provide a link: _____

40. Are plant and animal genetic resources for traditional, complementary and integrative medicine secured in medium- or long-term conservation facilities? YES NO

40.1. If yes, please describe or provide a link: _____

41. Is your country a signatory to the Convention on Biological Diversity? YES NO

42. Is your country a Party to the Convention on International Trade in Endangered Species of Wild Fauna and Flora? YES NO

43. Are there legal instruments to protect intellectual property rights for traditional, complementary and integrative medicine? YES NO

43.1. If yes, please describe or provide a link: _____

Information and research

Traditional, complementary and integrative medicine indicator monitoring

44. Is there a routine health information system in your country? YES NO

44.1. If yes, does it include traditional, complementary and integrative medicine components?

YES NO

If yes, please describe and provide a link: _____

44.2. If no, is such a system being established? YES NO

If yes, in which stage: (0-None)

Traditional, complementary and integrative medicine research

45. Is there a research institute for traditional, complementary and integrative medicine?

YES NO

45.1. If yes, year of establishment:

Please provide the address and contact details of the research institute(s).

45.2. If no, is such an institute being established? YES NO

If yes, in which stage: (0-None)

46. Is there regular, continuous allocation of the government research budget to the health sector?

YES NO

46.1. If yes, does it include research on traditional, complementary and integrative medicine?

YES NO

46.2. If yes, what proportion of the total government research budget is allocated to research on traditional, complementary and integrative medicine?

Government research budget for traditional, complementary and integrative medicine

	2020	2021	2022
Total government research budget for health (in US\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Government research budget for traditional, complementary and integrative medicine (in US\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data not available	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please upload a copy of the reference or a link, if available in English, or in the original language.

47. How many traditional, complementary and integrative medicine researchers (full-time equivalent) are there in your country?

TC&M researcher (full-time equivalent)

	2020	2021	2022
Number of researchers in health sector	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of traditional, complementary and integrative medicine researchers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data not available	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please upload a copy of the reference or a link, if available in English, or in the original language.

MODELS OF CARE

Integrated care

48. What is the percentage of health facilities that collaborate to provide conventional medical and traditional, complementary and integrative medicine services? Please select one of the following:

- Unknown / Data not available
- 100%
- 80–99%
- 60–79%
- 40–59%
- 20–39%
- 1–19%
- 0

49. Are the same ethical rules or guidelines upheld by all providers of health care, including traditional, complementary and integrative medicine providers? *Please select one of the following:*

- A single set of rules applies to all health-care providers, including traditional, complementary and integrative medicine providers.
- Separate sets of rules apply to different health-care providers.
- Separate sets of rules apply to different health care providers, but they are not similar.

50. Please choose the degree of integration that best describes that of traditional, complementary and integrative medicine into universal health care in your country:

- Well-established integration strategies
- Integration policies being developed and implemented
- Mixed degree of integration
- Traditional medicine practised outside the national health-care system

Community linkage

51. Is there a mechanism available to provide evidence-based public information on traditional, complementary and integrative medicine?

YES NO

51.1. If yes, please describe and provide a link: _____

51.2. If yes, is the communication accessible for people with disabilities? YES NO

If yes, please describe or provide a link: _____

ACCESS AND AVAILABILITY

Use of traditional, complementary and integrative medicine services

52. What are the proportions of national, regional or institutional traditional, complementary and integrative medicine outpatient visits?

Numbers of traditional, complementary and integrative medicine outpatient visits

National Regional Institutional

	2020	2021	2022
Total outpatient visits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of traditional, complementary and integrative medicine outpatient visits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data not available	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please upload a copy of the reference or a link, if available in English, or in the original language.

53. Does your country use a standardized format (e.g. International Statistical Classification of Diseases and Related Health Problems, ICD) for health conditions?

YES NO

53.1. If yes, do traditional, complementary and integrative medicine providers use this coding system?

YES NO

53.2. if yes, does it include traditional, complementary and integrative medicine conditions?

YES NO

53.3 If no, is use of the International Classification of Diseases 11th Revision (ICD-11) traditional medicine section planned?

YES NO

54. What are first 10 national, regional or institutional health problems for which traditional, complementary and integrative medicine services are sought for both outpatient and inpatient care?

S. No.	First 10 health problems for seeking traditional, complementary and integrative medicine services (latest year available)		
	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> Institutional
	Outpatient care		Inpatient care
1	<input type="text"/>		<input type="text"/>
2	<input type="text"/>		<input type="text"/>
3	<input type="text"/>		<input type="text"/>
4	<input type="text"/>		<input type="text"/>
5	<input type="text"/>		<input type="text"/>
6	<input type="text"/>		<input type="text"/>
7	<input type="text"/>		<input type="text"/>
8	<input type="text"/>		<input type="text"/>
9	<input type="text"/>		<input type="text"/>
10	<input type="text"/>		<input type="text"/>

Please upload a copy of the reference or a link, if available in English, or in the original language.

55. What are main reasons for seeking traditional, complementary and integrative medicine?

Check all that apply

- Health promotion
- Disease prevention
- Noncommunicable diseases (e.g. cardiovascular diseases, cancer, diabetes, obesity, chronic respiratory diseases, musculoskeletal diseases, mental disorders)
- Communicable diseases (e.g. COVID-19, colds, influenza, AIDS, tuberculosis, malaria)
- Rehabilitation
- Palliative care
- Others, please describe:

Quality of care

56. Are there traditional, complementary and integrative medicine practice guidelines or is traditional, complementary and integrative medicine included in general clinical practice guidelines?

YES NO

56.1. If yes, please provide the links to such document(s):

and a list of the diseases / conditions for which such documents are available:

Safety

57. Is there a patient safety reporting system in your country?

YES NO

57.1. If yes, does it include patient safety incidents related to traditional, complementary and integrative medicine?

YES NO

57.2. If yes, how many patient safety incidents related to traditional, complementary and integrative medicine were reported in the past 3 years?

YES NO

Year	Total number of patient safety incidents related to traditional, complementary and integrative medicine reported	Source of data
2020	<input type="text"/>	<input type="text"/>
2021	<input type="text"/>	<input type="text"/>
2022	<input type="text"/>	<input type="text"/>
Data not available	<input type="text"/>	<input type="text"/>

Please upload a copy of the reference or a link, if available in English, or in the original language.

57.3. If no, is such a reporting system being established?

YES NO

If yes, at what stage: (0=None)

SERVICE COVERAGE

58. Is traditional, complementary and integrative medicine used in your country?

YES

NO

58.1. If yes, what percentage of the population uses traditional, complementary and integrative medicine services and products according to the latest estimates?

Unknown / Data not available

100%

80–99%

60–79%

40–59%

20–39%

1–19%

0

58.2. What sector of the population is most likely to use traditional, complementary and integrative medicine services and products in your country? *Check all that apply.*

Unknown / data not available

Rural area

Urban area

Low-income class (more than 75% of the median)

Middle-income class (between 75% and twice the median)

Upper-income class (more than twice the median)

No distinction

59. What percentage of the population reports problems in accessing traditional, complementary and integrative medicine services?

- Unknown / Data not available
- 100%
- 80–99%
- 60–79%
- 40–59%
- 20–39%
- 1–19%
- 0

59.1 What are the main barriers to accessing traditional, complementary and integrative medicine services in your country? *Check all that apply:*

- Cost
- Distance
- Sociocultural reasons
- None
- Other, please describe:

59.2. Who are most likely to experience problems in accessing traditional, complementary and integrative medicine services? *Check all that apply.*

- Unknown / data not available
- Rural area
- Urban area
- Low-income class (below 75% of the median)
- Middle-income class (between 75% and twice the median)
- Upper-income class (more than twice the median)
- No distinction

Responsiveness

60. Is there a national patient satisfaction survey?

 YES

 NO

60.1. If yes, does it include traditional, complementary and integrative medicine?

 YES

 NO

If yes, what percentage of patients are satisfied with traditional, complementary and integrative medicine services and health outcomes?:

Please upload a copy of the last survey or a link, if available in English, or in the original language.

60.2. If no, is such survey being established?

 YES

 NO

If yes, at what stage: (0-None)

61. Is there a mechanism for monitoring national progress in achieving the health-related Sustainable Development Goals?

 YES

 NO

61.1. If yes, does it assess the contribution of traditional, complementary and integrative medicine?

 YES

 NO

61.2. If yes, please provide or a link: _____

Member States and WHO

62. What are the main difficulties faced by your country with regard to regulatory issues related to the practice of traditional, complementary and integrative medicine? *Check all that apply.*

- No mechanism to protect traditional knowledge and associated genetic resources
- No conservation or cultivation programme to protect biodiversity and endangered (medicinal plants and other) species
- No research data
- No expertise among national health and regulatory authorities
- No appropriate mechanism to control and regulate herbal products
- No appropriate mechanism to monitor and regulate traditional, complementary and integrative medicine providers
- No mechanism to control and regulate traditional, complementary and integrative medicine advertising and claims
- No education or training for traditional, complementary and integrative medicine providers
- No mechanism to monitor the safety of traditional, complementary and integrative medicine practice
- No mechanism to monitor the safety of traditional, complementary and integrative medicine products, including herbal medicines
- No cooperation with national health authorities to share information about traditional, complementary and integrative medicine
- No financial support for research on traditional, complementary and integrative medicine
- None
- Other, please describe: _____

63. What type of support for traditional, complementary and integrative medicine would your country be interested in receiving from WHO? Please prioritize the options below.

	Great need	Some need	No need
Information on regulatory issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminar or workshop on developing national policy and programmes for traditional, complementary and integrative medicine, including traditional knowledge and biodiversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminar or workshop on national capacity to establish regulations for herbal medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminar or workshop on national capacity to establish regulations on traditional, complementary and integrative medicine practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminar or workshop on national capacity-building on monitoring the safety of herbal medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminar or workshop on integration of traditional, complementary and integrative medicine into primary health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General technical guidance for research and evaluation of the safety, quality and efficacy of traditional, complementary and integrative medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of research databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of cooperation channels between national health authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of guidance on self-care, information for the public on primary health care or at community level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of technical support to promote safe, effective use of traditional, complementary and integrative medicine in primary health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of guidelines or minimum requirements for basic training of traditional, complementary and integrative medicine providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrangement of global meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please describe:			

For more information please contact:

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WHO homepage: www.who.int