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Address at the WHO Congress on Traditional Medicine

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Dr Chen, honourable ministers, distinguished guests, ladies and gentlemen,

First and foremost, let me say how pleased I am to be in Beijing to address this WHO congress on traditional medicine. I also want to extend my thanks to the Chinese Ministry of Health and the State Administration of Traditional Chinese Medicine for co-hosting the event together with WHO.

I will speak about traditional medicine in three contexts: the current reality, the renewal of primary health care, and the rise of chronic diseases. In doing so, I will focus on how each of these contexts provides some compelling reasons to make better use of traditional medicine and its practitioners.

I will also speak about some of the challenges faced in efforts to bring traditional medicine into the mainstream of health care, appropriately, effectively, and above all safely.

Let me begin with the current reality, which on at least one level, is quite straightforward. Traditional medicine is generally available, affordable, and commonly used in large parts of Africa, Asia, and Latin America.

For many millions of people, often living in rural areas of developing countries, herbal medicines, traditional treatments, and traditional practitioners are the main – sometimes the only – source of health care.

This is care that is close to homes, accessible, and affordable. In some systems of traditional medicine, such as traditional Chinese medicine and the Ayurveda system historically rooted in India, traditional practices are supported by wisdom and experience acquired over centuries.

In these contexts where traditional medicine has strong historical and cultural roots, practitioners are usually well-known members of the community who command respect and are supported by public confidence in their abilities and remedies.

This is the reality, and this form of care unquestionably soothes, treats many ailments, reduces suffering, and relieves pain. This is the reality, but it is not the ideal.

When we see estimates that around 60% of young children in some African countries suffering from high fever, presumably caused by malaria, are treated at home with herbal remedies, we have a very serious problem. Malaria can kill within 24 hours. Modern drugs can greatly improve the prospects of survival.

During this year, WHO estimates that around 136 million women will give birth. Of these women, around 58 million will receive no medical assistance whatsoever during childbirth and the postpartum period, endangering their lives and that of their infants.

Again, we have a very serious problem. The consensus is now solid. The stubbornly high numbers of maternal deaths will not go down until more women have skilled attendants at birth and access to emergency obstetric care.

The point I wish to make is straightforward. Traditional medicine has much to offer, but it cannot always substitute for access to highly effective modern drugs and emergency measures that make such a critical life-and-death difference for many millions of people.

This is not a criticism of traditional medicine. This is a failure of health systems in many countries to deliver effective interventions to those in greatest need, on an adequate scale. In the context of the drive to meet the health-related Millennium Development Goals, this failure is now widely acknowledged. Intensive efforts are under way to correct this failure, to strengthen basic health infrastructures, services, and staff.

But there is another side to the current reality, and this is also indicative of inadequacies in the way our world is delivering health care. This is the striking increase, in affluent societies, in the popularity of treatments and remedies

that complement orthodox medicine or sometimes serve as an alternative to conventional treatments.

Recent studies conducted in North America and Europe indicate that these remedies tend to be used most in groups with higher incomes and higher levels of education. In many cases, the costs are not covered by medical insurance schemes. The use of these complementary and alternative therapies has become a multi-billion dollar industry that is expected to continue its rapid growth. This is not the poor man's alternative to conventional care.

What does this trend represent? The reaction of the medical establishment is predictable and, I believe, largely legitimate. This trend has some dangers.

As I said, some systems of traditional medicine have histories dating back thousands of years. Over a comparatively short period of time, modern medicine has developed powerful methodologies for proving efficacy, ensuring quality, standardizing good manufacturing practices, testing for safety, and conducting post-marketing surveillance for adverse effects.

Many, but not all, traditional medicines have an inadequate evidence base when measured by these standards. Tests for quality and standards for production tend to be less rigorous and controlled. Products may escape the strict regulations set up to ensure drug safety. Practitioners may not be certified or licensed.

These concerns are legitimate, but we are still left with a central question: what explains the sharp rise in the use of complementary and alternative medicines? Again, we can turn to the medical establishment for some explanations. Some commentators in journals such as the British Medical Journal, The Lancet, and the New England Journal of Medicine interpret this trend as a biting criticism of high-technology, specialized medicine, despite all its well-documented merits.

Medical care has become depersonalized, some would even say "hardhearted". In most affluent countries, the number of family physicians and primary care doctors continues to decline. The trend towards highly specialized care works against a sympathetic doctor-patient relationship. In too many cases, the patient is no longer treated as a person, but rather as an assembly line of body parts each to be managed, often with great expertise, by an appropriate specialist.

In the views of at least some commentators, the rise of alternative medicine is a quest for more compassionate, personalized, and comprehensive health care. The trend is almost certainly also fuelled by a growing faith in so-called natural products as intrinsically good and safe, which is not at all a valid assumption. This faith is easy to exploit commercially.

It is less easy to exploit when traditional medicine is in the hands of properly trained, experienced, and licensed practitioners performing an ancient, culturally respected, and useful art of compassionate care and healing.

Ladies and gentlemen,

Last month, WHO issued its World Health Report, this year focused on primary health care and subtitled "Now more than ever". The report responds to calls made from all regions of the world for a renewal of primary health care.

Primary health care is a people-centred, holistic approach to health that makes prevention as important as cure. As part of this preventive approach, it tackles the root causes of ill health, also in non-health sectors, thus offering an upstream attack on threats to health.

Decades of experience tell us that primary health care produces better health outcomes, at lower costs, and with higher user satisfaction.

Let me stress this last point: higher user satisfaction. I personally find this one of the most striking findings in the report. As societies modernize, social expectations for health are rising all around the world. People want health care that is fair as well as efficient, comprehensive, and affordable. Studies show wide agreement. People surveyed in a range of countries believe that all members of society should have access to care and receive treatment when ill or injured, without going bankrupt as a result.

With this support from the World Health Report, my main conclusions should be obvious. I believe that the strong calls we are hearing for a renewal of primary health care create an ideal opportunity to revisit the place of traditional medicine, to take a positive look at its many contributions to health care that is equitable, accessible, affordable, and people-centred.

I believe this view is also captured in the draft Declaration of Beijing that you will be considering during this congress.

The two systems of traditional and Western medicine need not clash. Within the context of primary health care, they can blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses in each. This is not something that will happen all by itself. Deliberate policy decisions have to be made. But it can be done successfully.

Many countries have brought the two systems together in highly effective ways. In several countries where health systems are organized around primary health care, traditional medicine is well integrated and provides a backbone of much preventive care and treatment of common ailments.

Here in China, herbal therapy of proven utility in many disorders is provided in state hospitals throughout the country, alongside conventional medicine.

As I mentioned at the beginning, safeguards must be in place in the form of systems for regulation, training, and licensing or certification, and strict controls of product safety. Validation of the efficacy and safety of traditional medicines requires special research methodologies. WHO is providing support in this area, especially through the Special Programme for Research and Training in Tropical Diseases.

The time is also right to view traditional medicine as a precious resource. It needs to be respected and supported as a valuable source of leads for therapeutic advances and the discovery of new classes of drugs. I need mention only artemisinin for malaria to make this point.

Research and development in traditional medicine is part of the WHO global strategy and plan of action on public health, innovation and intellectual property adopted at this year's World Health Assembly. Apart from setting out a research agenda for traditional medicine, this action plan also addresses the need to prevent misappropriation of health-related traditional knowledge. WHO, together with the World Intellectual Property Organization, is also providing support in this area.

Ladies and gentlemen,

Public health owes the notion that prevention is better than cure to China and the Huangdi Neijing, the most important book of ancient Chinese medicine.

During its 3000-year history, traditional Chinese medicine pioneered interventions such as diet, exercise, awareness of environmental influences on health, and the use of herbal remedies as part of a holistic approach to health.

Other ancient medical systems in other countries, such as Ayurveda in India, offer similar approaches to health. These are historical assets that have become all the more relevant given the three main ills of life in the 21st century: the globalization of unhealthy lifestyles, rapid unplanned urbanization, and demographic ageing. These are global trends with global consequences for health, most notably seen in the universal rise of chronic noncommunicable diseases, such as heart disease, cancer, diabetes, and mental disorders.

For these diseases and many other conditions, traditional medicine has much to offer in terms of prevention, comfort, compassion, and care.

This congress comes at an opportune time. The time has never been better, and the reasons never greater, for giving traditional medicine its proper place in addressing the many ills that face all our modern – and our traditional – societies.

Thank you.

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