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Traditional evidence is becoming increasingly recognised, but inequity abounds

Around this time last year, I penned an editorial pondering whether traditional medicine was to be duly recognised in the guiding document of global primary health care – the Astana Declaration of Primary Health Care [1]. The aim of this Declaration was to reinvigorate and reaffirm a global commitment to primary health care, and it serves as an update – and 40th anniversary – of the original Alma-Ata Declaration was endorsed which has served as the guiding document for much of public health over the past few decades [2].

As described previously, the original Alma-Ata Declaration included a statement that primary health care "relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community". This seemingly innocuous statement was the first time that the global health community had not only formally acknowledged that traditional, complementary and integrative medicine (TCIM) practitioners actually were part of the health system, but it was also the first time the global health community noted that they may be able to have a positive influence.

This inclusion in the Alma-Ata Declaration also served as a foundation for broader work by the World Health Organization, including the development of a formal office of TCIM and the development of a global strategy on TCIM [3]. As such, many were waiting to see how traditional medicine (and traditional knowledge) would be integrated into the new Astana Declaration. Whilst many thought that the mentions of traditional medicine and traditional knowledge may be watered down, in truth they were expanded considerably.

Mention of traditional medicine practitioners in the original statement on health workforce was removed, but only because the WHO has removed any specific mention of specific professions in a nod to the increasingly multi-disciplinary and pluralistic workforce in modern primary health care. However, TCIM was explicitly incorporated in other sections. Under the Knowledge and Capacity-Building section, the Declaration states that "we will apply knowledge, including scientific as well as traditional knowledge, to strengthen primary health care". In the Health Technologies section the Astana Declaration is even more explicit, stating "we support broadening and extending access to a range of health care services through the use of high-quality, safe, effective and affordable medicines, including, as appropriate, traditional medicines, vaccines, diagnostics and other technologies".

The Astana conference was also inclusive of TCIM systems. I personally had the honour of attending the conference in this capacity, formally representing the Australian Research Centre in Complementary and Integrative Medicine research due to the centre's work on TCIM with the WHO. However, representative bodies of two traditional medicine systems recognised by the WHO (Chinese medicine and naturopathy) were also formally invited, as well as traditional medicine representatives from various governments (the Ayurveda delegations from the Indian and Sri Lankan governments, for example). However, most of the discussion of TCIM during the conference came not from these formalised bodies, but rather from the sessions where communities and patients developed the agenda (including the sessions on Indigenous health).

This raises an interesting point. Whilst much work has occurred relating to the recognition of TCIM at a global level, there is still much to do. Only a very small part of the TCIM world has been 'opened up' to primary health care discussion. Most of the work of WHO in TCIM is still focused on government-supported TCIM systems (e.g. Ayurveda and Chinese medicine) or TCIM systems with an established presence across multiple countries (e.g. chiropractic or naturopathy). The incorporation of TCIM diagnoses into the International Classification of Diseases is starting with East Asian medicine systems, largely because that's where support – financial and political – for the project has been most readily drawn from.

Work in these areas is important – and ultimately useful to patients, practitioners and policy-makers – but it does leave gaping holes in integration. Much of the rich tradition of TCIM on the African continent is locked out with this focus, as are the medical practices of Indigenous peoples more broadly, or folk medicine traditions of various countries. The potential of TCIM is not limited to a few well-known TCIM systems, but increasingly that is where the discussion around integration is going.

Herbal medicine practice in Australia presents a very stark example of where practice has been inadvertently narrowed. Most herbalists in Australia will still use the same Chinese, Indian, European and North American herbal products that have dominated the market (and have done for over a century), while the products of herbal traditions from countries with strong herbal medicine research pedigrees (such as Iran, Mali or Russia) barely register despite increasing scientific evidence. The properties of native Australian plants remain virtually unknown by most Australian herbalists (or by Australian industry), despite their ready accessibility.

Of course this doesn't discount the value of the 'big known TCIM systems', but rather serve to highlight that there is immense value to

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taking a truly global approach to TCIM when examining scientific and traditional knowledge to inform practice. At Advances we have started taking a concerted effort to encourage submissions from countries and practices that are beyond the 'usual suspects'. If there is a TCIM system, product or practice that remains stubbornly unknown in spite of its potential we'd love to hear about it. The TCIM world is a big one, we don't want to artificially narrow it.

References

[1] J. Wardle, Integrative medicine and primary care: moving forward or moving backwards? Adv. Integr. Med. 5 (3) (2018) 85–86.

[2] World Health Organization, The Declaration of Alma Ata, World Health Organization, Geneva, 1978.

[3] World Health Organization, WHO Traditional Medicine Strategy 2014-2023, World Health Organization, Geneva, 2014.

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