CRIMSONpublishers
http://www.crimsonpublishers.com

Opinion
ISSN 2637-7802

Adv Complement Alt Med

WHO and Tradition Medicine

Robert David A*

World Federation of Acupuncture-Moxibustion Societies, Pontifical Catholic University of São Paulo, Brazil

***Corresponding author:** Robert David A, Acupuncture Doctor by WFAS, World Federation of Acupuncture-Moxibustion Societies, Pontifical Catholic University of São Paulo(PUCSP), Brazil, Email: *david09hruodbeorth@gmail.com*

Submission: October 30, 2017; **Published:** December 04, 2017

Opinion

The world health organization for more than fifty years has been dedicating itself to the questions of Traditional Medicine and defines Traditional Medicine as the "sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness" [1].

According to Dr. Anton & Suriya [2], the greatest revolution in international health policy was born in Alma-Ata, Kazakhstan, in the Soviet Union under the slogan "Health for All Not Year 2000". Preceded by a series of meetings which having as theme the PHC, primary health care, in Alma-Ata, in 1962, there was an WHO International Health Conference. As a consequence of this meeting, the Institute of Alternative Medicine was created and one declaration was elaborated with a focus on PHC, according to Dr. Jayasuriya [2]. There was a second conference in Alma-Ata in 1978, centered on the same theme. According to Alma-Ata Declaration [3], PHC "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". PHC is a "people-centred, holistic approach to health that makes prevention as important as cure", according to WHO former Director-General, Dr. Margaret [4].

There are a great number of Resolutions and Executive Board Resolutions of the World Health Assemblies, the decision-making body of WHO, about MT: WHA22.54 (1969) Establishment of Pharmaceutical Production in Developing Countries, WHA29.72 (1976) Health Manpower Development, WHA30.49 (1977) Promotion and Development of Training and Research in TM, WHA31.33 (1978) Medicinal Plants, EB63.R4 (1979) TM Programme, WHA40.33 (1987) TM, WHA41.19 (1988) TM and Medicinal Plants, WHA42.43 (1989) TM and Modern Health Care, WHA44.34 (1991) TM and Modern Health Care, EB87.R24 (1991) TM and Modern Health Care, WHA56.31 (2003) TM, EB111.R12 (2003) TM, WHA61.21 (2008) Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, WHA62.13 (2009) TM, WHA67.18 (2014) TM, and EB134.R9 (2014) TM.

The Resolution WHA29.72 (1976) requested to the Director-general to encourage the development of health teams trained, including health workers for PHC, and "taking into account, "the man power reserve constituted by those practicing TM" [5].

A "social contract in health" was established in 1977, according to Dr. Halfdan Mahler, former Director-general of WHO: the Resolution WHA30.43 decided that: "the main social target of governments and WHO in the coming decades should be the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

In 1979, the World Health Assembly WHA 32.30 unanimously endorsed the Alma-Ata Declaration (1978) and adopted the "Heath for All" as the priority for the international organism; the UN General Assembly (Res 34/58) also endorsed the strategy, one year later.

The WHA34.36 (1981) adopted the Global Strategy "Health for All by the Year 2000" and the UN General Assembly (Res 36/43) endorsed the strategy, which was based on PHC and in five principles defined in Alma- Ata, among them: "the people have the right and duty to participate individually and collectively in the planning and implementation of their health care", according to Dr. Beigbeder [6].

The first global evaluation of the strategy resulted in the seventh Report on the World Health Situation. In 1988, in Riga, Latvia, technicians met to make an analysis of the results obtained and to elaborate strategies for the implementation of "Health for All".

The main document examined in Riga was "From Alma Ata to the year 2000, reflections on progress already having covered half the trajectory" prepared by a veteran participant of Alma-Ata in 1962, Dr John Bryant, head of the department of community health sciences of Aga Khan University, Karashi, Pakistan [7]. The conclusion of the report was that countries should broaden the target beyond the year 2000; all peoples and government was reminded that much still had to be done to integrate the various therapeutic disciplines.

According to Dr. Jayasuriya [2], one person was fundamental in the success of the meetings of Alma-Ata and Riga, WHO former Director-general Dr Halfdan Mahler; and the most prominent person in the history of TM was Dr. Herath Gooneratna, Director-general of WHO SEARO, responsible for the creation of the firsts Acupuncture scholarships in China in 1974, besides the realization of the First World Congress of Alternative Medicine in Colombo, Sri Lanka.

The fifty-sixth World Health Assembly (WHA56.31) urged the Member States to implement the first WHO's Strategy for TM [8] as a basis for national TM programmes, to provide reliable information on MT to consumers and providers and to promote, where appropriate, TM education in medical schools [9].

The Resolution WHA62.13 recommend tocountriesto consider implementing the Beijing Declaration on TM [10], to further develop TM based on research and innovation, and to consider establishing systems for the qualification, accreditation or licensing of TM practitioners [11].

The WHA67.18 noted that the major challenges to the area of TM included appropriate regulation of practices and practitioners and urged the member to implement the second WHO Traditional Medicine Strategy 2014–2023 [12,13].

Last year, WHO Shanghai Declaration [14] formally recognized that health and well being are essential to achieving the United Nations Development Agenda 2030 and its Sustainable Development Goals; the participants committed to consider the growing importance and value of TM and also recognized that Traditional Medicine could contribute to improved health outcomes, including those in the SDGs, which has as one of the objectives (SDG 3,4) "by 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being" [15].

As noted by Dr Margaret [4], Traditional and Western medicine no need to conflict, they may blend together in harmony in the future but deliberate policy decisions have to be made, because this is not something that will happen all by itself. We agreed with the Dr Chan that "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 ".

References

1. (2017) WHO Traditional, complementary and integrative medicine, Switzerland.
2. Suriya J, Anton, Bastos, Sohaku RC (1996) Alternativas em Saúde, O Futuro das Medicinas Complementares. Sohaku In Publisher, Brazil.
3. (1978) WHO Declaration of Alma-Ata. International conference on primary health care, Alma-Ata, USSR.
4. Margaret C (2008) Address at the WHO congress on traditional medicine. In: Margaret Chan (Ed.), Beijing, China.
5. (1976) Twenty-Ninth World Health Assembly, WHA29.72, Health manpower development WHO, Geneva, Switzerland.
6. Beigbeder Y (1998) International organization and the evolution of world society. Martinus Nijhoff Publishers: 4, The Netherlands.
7. (1998) From Alma-Ata to the Year 2000: Reflections at the midpoint, WHO, Geneva, Switzerland.
8. (2002) WHO Traditional medicine strategy 2002-2005.
9. (2003) Fifty-sixth world health assembly (WHA56.31). Traditional medicine, WHO.
10. (2008) Beijing declaration, WHO Congress on traditional medicine, China.
11. (2009) Sixty-second world health assembly (WHA62.13), Traditional medicine, WHO.
12. (2013) WHO Traditional medicine strategy 2014-2023.
13. (2014) Sixty-seventh World health assembly (WHA67.18), Traditional medicine, WHO.
14. (2016) Ninth global conference on health promotion, Shanghai declaration on promoting health in the 2030 Agenda for sustainable development, China.
15. (2015) The 2030 Agenda for sustainable development; SDG 3: Ensure healthy lives and promote wellbeing for all at all ages, United Nations.