

The **4th** **2012**
Conference
on Traditional
Medicine
in ASEAN Countries

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PREFACE



DR GOH CHENG SOON

Director

Traditional and Complementary Medicine Division

Ministry of Health Malaysia

June 2013

From 26th to 28th November 2012, Malaysia hosted the 4th Conference on Traditional Medicine in ASEAN Countries. The conference was part of the implementation of Workplan (2011 – 2015) for ASEAN Task Force on Traditional Medicine (ATFTM). It was held at the Berjaya Times Square Hotel, Kuala Lumpur, Malaysia. The theme for this conference was “Towards Harmonisation of Traditional Medicine Practices” and it was successfully officiated by the Minister of Health Malaysia, Dato’ Sri Liow Tiong Lai.

Traditional medicine is well known as an ancient medical practice which has evolved to reflect different philosophical backgrounds and cultural origins. As much as 80% of the rural populations in some Asian and African countries depend on traditional medicine for primary health care purposes. In many countries, traditional medicine is not included as part of the healthcare system recognised by the government due to its non standardised practices. The very real need for a paradigm shift towards integrated medicine has led to the establishment of strategic framework for traditional medicine practices.

The objectives of the 4th Conference on Traditional Medicine in ASEAN Countries are:

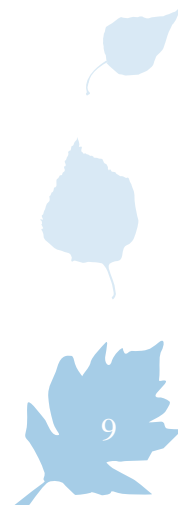
- a) to provide a platform for sharing and exchanging of information and views on Traditional Medicine amongst member states,
- b) to formulate model of integration between traditional and modern medicine,
- c) to update on status of development on Traditional Medicine standards and regulations in member states, and
- d) to promote GLOBinMED (Global Information Hub on Integrated Medicine) to ASEAN member states.

The highlight of this conference was the exchange of experiences in Traditional Medicine practices among the ASEAN countries. It focuses on virtual network education and training, manipulative-based therapy in primary health care and research in Traditional Medicine, especially research experiences on medicinal plants and practice based.

With the support of the Nippon Foundation and the ASEAN Secretariat, the Conference was attended by 275 participants from the 10 ASEAN member states; representatives from the ASEAN Secretariat, WHO-SEARO, WHO-WPRO and the NIPPON Foundation; as well as participants from Malaysia involved in the Traditional and Complementary Medicine industry.

This publication is a compilation of the presentations and discussions that were carried out throughout the duration of the conference. It serves as a source of information and a guide to the representatives of the 10 ASEAN member states pertaining to the proceedings of the Conference as well as the outcomes and recommendations achieved during the Conference.

We hope that this book will be both informative and helpful in achieving the goals towards strengthening and promoting the integration of traditional medicine into national health care systems of all ASEAN member states.



OPENING SPEECH

DR. GOH CHENG SOON

*Director, Traditional & Complementary Medicine Division
Ministry of Health, Malaysia*

.....
YB Dato' Sri Liow Tiong Lai
Minister of Health, Malaysia

YBhg. Dato' Dr. Maimunah Abdul Hamid
Deputy Director General of Health
Research and Technical Support
Ministry of Health Malaysia

The Honourable Dr. Ahn Sang Young
Advisor on Traditional Medicine, WPRO

The Honourable Mr Tatsuki Nakajima
Representative of Programme Development Team
International Programme Department of Nippon
Foundation

Our honored ASEAN Member States Delegates,
Distinguished international and local speakers,

Ladies & gentlemen.

1. It gives me immense pleasure to welcome all of you to the 4th Conference on Traditional Medicine in ASEAN countries. Your presence here will go a long way to ensure the success of this event, and I hope our international guests will have a productive and enjoyable stay in Malaysia, which is truly Asia.
2. I would like to extend my appreciation to the Nippon Foundation for their valuable support in the organisation of this Conference. I also take this opportunity to thank the ASEAN secretariat and ASEAN member states for giving Malaysia the opportunity to be the host for this prestigious event.
3. Traditional Medicine is an integral component in the healthcare systems of all ASEAN member states, whether they are recognised formally or otherwise. Traditional Medicine is an ancient medical practice which has evolved to reflect different philosophical backgrounds and cultural origins. In an era where there is an increasing number of people seeking an alternative to allopathic medicine, it is imperative that we pay adequate attention to this flourishing practice. This is to ensure that traditional medicine can be developed as a viable alternative method of treatment, with due emphasis on safety and efficacy.
4. Building on a policy of consensus and cooperation among ASEAN member states, the theme for this

conference will be a natural progression of the themes in the 1st 3 conferences prior to this. In Bangkok, we focused on regional cooperation in TM towards its use in National Healthcare systems and primary healthcare. Following that, in Hanoi, we looked at creating feasible models of integrating TM into the national healthcare systems. Last year, in Solo, our approach was on how to utilise evidence based TM in health care for the people.

5. The theme for this conference is “Towards Harmonisation of Traditional Medicine Practices”. The stated objectives of this conference are to, firstly, provide a platform for sharing and exchanging information and views on Traditional Medicine amongst ASEAN member states; secondly, to formulate a model of integration between Traditional and Modern medicine; thirdly, to update the status of development on Traditional Medicine Standards and regulations in ASEAN member states; and lastly to promote the Global Information Hub On Integrated Medicine, also known as GLOBINMED, to ASEAN Member States.
6. In line with the afore mentioned theme, it is hoped that this conference will be able to witness a paradigm shift in the practice of Traditional Medicine (TM), firstly by giving an impetus for transformation into effective evidence based TM practices. There should be a determined effort at realising a new Health Care revolution by utilising evidence based TM practices in a move towards an integrative health care system. This will bring about synergism between allopathic and traditional medicine for the betterment of the health

of our people. It is thus that we will be able to realise the main theme of harmonisation of standardised TM practices.

7. In Malaysia, effort to bring Traditional Medicine into the mainstream of healthcare has begun way back in 1998 with the setting up of the Traditional & Complementary Medicine (T&CM) Unit under the purview of the Family Health Development Division. In 2001, the National Policy of Traditional & Complementary Medicine was issued. This policy served as a framework to guide the development of traditional & complementary medicine in Malaysia. This policy was updated in 2007 in line with the evolving changes and new priorities in the field. In 2004, a separate Traditional & Complementary Medicine Division was set up in view of the increased roles and responsibilities being handled by the Unit.
8. The first Traditional & Complementary Medicine Unit in a public hospital was established in 2007 in Kepala Batas Hospital in the state of Penang. To date, there are 10 public hospitals providing T&CM services to the public. The modalities offered are traditional Malay massage, Malay postnatal massage, Shirodhara, Acupuncture and Herbal Therapy as adjunct treatment for cancer patients. A unique feature about T&CM services available in Malaysia is that we are able to draw upon our diversity of cultures, practices and beliefs, and thus we have a wide range of services that are available to the public.

Ladies and gentlemen,

9. There is a famous saying that no man is an island. From an organisational point of view, our T&CM Division under the Ministry of Health would not be able to work as efficiently if we did not have cooperation from other relevant stakeholders. We are in regular consultation with the Deputy Director General of Health for Research & Technical Support, YBhg. Dato' Dr. Maimunah A. Hamid, and get valuable feedback on the organisational direction we should take.
 10. To achieve the objective of close cooperation and collaboration in the field of T&CM, we have worked closely with 8 practitioner bodies that represent the various groups of practitioners in Malaysia. The practitioner bodies regularly attend meetings with our T&CM Division and important issues affecting practitioners are discussed, and we work together to resolve outstanding issues.
 11. The Traditional & Complementary Medicine Bill has recently been passed in the Malaysian lower house of parliament in October 2012. When it is formally signed into law, this legislation will provide a solid foundation from which Malaysia will be able to regulate the practice of T&CM, especially regarding registration of practitioners, accreditation on qualifications, development of research in evidence based TM and also quality control mechanisms for the safety of practitioners and clients alike.
 12. The T&CM Division in Malaysia has also developed several memoranda of understanding in the area of international cooperation and collaboration regarding TM with countries such as China and India. It is conceivable that in the near future we will be able to have similar cooperation with our fellow ASEAN member states, especially in areas of mutual interest such as product safety, recognition of TM qualifications and technical cooperation in setting up TM administrative systems. We should be able to draw on each other's strengths to improve our respective national systems.
 13. It is my hope that this conference can provide the necessary platform for all interested stakeholders within the ASEAN family to meet, be they traditional medicine practitioners, their allopathic counterparts, regulators, academicians and even the public. Together we shall strive towards the harmonisation of TM practices and together we shall enhance these time tested practices for the benefit of all of us in the ASEAN community.
 14. Once again, on behalf of the T&CM Division of the Ministry of Health Malaysia, I take this opportunity to extend a warm welcome to all of you gathered here today, or as we say in Malaysia - 'Selamat Datang'.
- Thank you and have a pleasant conference.

OFFICIATING SPEECH

YB DATO' SRI LIOW TIONG LAI

Minister of Health, Malaysia

.....
Dr. Ahn Sangyoung
WPRO Representative

Mr Tatsuki Nakajima
Representative of Programme Development Team
International Programme Department of Nippon
Foundation

Dato' Dr. Maimunah bt. A. Hamid
Deputy Director-General of Health (Research and
Technical Support)
Ministry of Health Malaysia

Dr. Goh Cheng Soon
Director of the Traditional & Complementary Medicine
Division
Ministry of Health Malaysia

ASEAN Member States Delegates,

Distinguished speakers, honoured guests, ladies and
gentlemen.

Greetings and a very warm welcome to everyone!

1. It is indeed an honor and a pleasure for me to be here today, amongst such distinguished company, on this auspicious occasion. Malaysia is indeed privileged to be the host of this conference on Traditional Medicine. For their untiring efforts to ensure the success of this significant event, I would like to take this opportunity to express my sincere appreciation to the ASEAN secretariat, ASEAN countries, local governments and agencies as well as Nippon Foundation. On behalf of the Ministry of Health and our country, let me extend you a warm welcome to the 4th Conference on Traditional Medicine in ASEAN Countries 2012 and "Selamat Datang" or Welcome to Malaysia!
2. Forty five years ago i.e. in August 1967, ASEAN was born. One of its founding aims was to promote active collaboration and mutual assistance amongst its member states, on matters of common interest in the economic, social, cultural, technical, scientific and administrative fields. Today, it can be considered to be amongst the most successful inter-governmental organisations in the developing world. True to its noble spirit of "prospering thy neighbour", here we are today, collaborating for the benefit of the region and member states!

Ladies and gentlemen,

3. The World Health Organization defines "Traditional Medicine" as the sum total of knowledge, skills and practices on holistic healthcare, which are recognised

and accepted by the community for its role in the maintenance of health as well as the treatment of certain diseases. It is based on theory as well as the beliefs and experiences that are indigenous to the various cultures, and is developed and handed down from generation to generation.

4. The value of traditional medicine since ancient times is well-known and evident. It has been part of the healthcare practices of this part of the world for many millennia. However, as we have noted, the indigenous knowledge of our forefathers and revered traditional medicine practices is often not fully documented but passed down through oral traditions. With the passage of time, such knowledge may be lost forever. The passing on of this indigenous knowledge of traditional medicine to the younger generation, even if it occurs, may not be total or complete. Many a time, the knowledge is transmitted in parts. Because it is based on memory, recall that may be sub-optimal. To elicit total recall is often difficult, especially when one is trying to tap the weary minds of our senior traditional medicine practitioners, who are still practicing in the twilight of their lives, for the benefit of the community. Inevitably, this will lead to some erosion or dilution of the invaluable knowledge that could have benefited the community at large. Therefore, it is indeed our responsibility to ensure the documentation of this knowledge in traditional medicine and to propagate and utilize them for the benefit of the community, country and the world.

Ladies and gentlemen,

5. It is a well-known adage that “Health is wealth” and that the health sector these days not only generates wealth in the form of healthy, productive citizens but also contributes directly to the nation’s economic prosperity. Realising this potential in healthcare, the Malaysian government has chosen healthcare as one of the 12 important sectors in the National Key Economic Areas of the Economic Transformation Programme. With the potential of economic gain in the healthcare sector, and this also includes traditional medicine, we have to ensure that the services provided are up to international standards. Only then will the international as well as local clientele will be drawn to partake of the traditional medicine treatment from this part of the world i.e. ASEAN, if they are convinced that it is safe as well as effective.
6. Thus, the importance of evidence-based health care provision in all our undertakings. Evidence-based health care is the current buzzword that is shaping the healthcare scenario because evidence of efficacy and safety are paramount when it comes to health and health care, ladies and gentlemen. Thus, traditional medicine has some way to go before it is fully incorporated into the existing mainstream health care system but I am pleased that much effort is being made to achieve this goal, especially with respect to the scientific aspects of Traditional Medicine. We live in the era of Evidence-Based Decision-Making and evidence from clinical trials etc. is important to ensure the efficacy and safety of the treatment that we provide for our ever-discerning and knowledgeable customers.

7. In order to attain international recognition and support, it is important to establish an accepted standard or a framework that can be adopted and adapted by ASEAN member states. This includes a framework for practice and services of traditional medicine, enforcement and regulation, research, training and education and also integrative medicine.
8. Recently, the WHO published The Regional Strategy for Traditional Medicine in the Western Pacific 2011-2020. The WHO has recognised five key strategic objectives for Western Pacific countries to attain by taking into consideration each country's individual needs, capacity, priorities, existing health policies, strategies, legislation, resources, culture as well as history. These five key strategic objectives are for countries:
 - to include traditional medicine in the national health system;
 - to promote safe and effective use of traditional medicine;
 - to increase access to safe and effective traditional medicine;
 - to promote protection and sustainable use of traditional medicine resources; and
 - to strengthen cooperation in generating and sharing traditional medicine knowledge and skills.
9. We are indeed privileged and fortunate to have with us, Dr. Ahn Sangyoung, the representative of WPRO, who will graciously share with us, his considerable knowledge on the regional strategy. It is sincerely hoped that, from this WHO Regional Strategy, we can

indeed work towards establishing a framework for Traditional Medicine in this region.

Ladies and gentlemen,

10. This conference is indeed a timely and appropriate platform with the objectives of sharing and exchanging information and views on Traditional Medicine amongst ASEAN Member States; formulating a model of integration between Traditional and Modern Medicine; updating the status of development on Traditional Medicine standards and regulations in ASEAN Member States as well as promoting GLOBinMED (Global Information Hub On Integrated Medicine) in ASEAN Member States. These are indeed challenging but exciting times for the further development of Traditional Medicine for us in ASEAN!
11. In conclusion, I would like to invite everyone to make the most of your stay here in Malaysia as you obtain valuable information and knowledge on traditional medicine that will most certainly be of benefit to you, your country as well as the institutions you work in. To our overseas delegations, I would like to wish you an enjoyable stay in Malaysia. I also would like to congratulate the organising committee on their commendable efforts to ensure the smooth running as well as the success of this conference.
12. It is thus with great pleasure that I officially declare open this 4th Conference on Traditional Medicine in ASEAN Countries 2012. Wishing everyone a fruitful and memorable stay in this beautiful country of ours! Thank you.

REPORTEUR'S EXECUTIVE SUMMARY

Keynote Address by H.E. Alicia Dela Rosa Bala

Deputy Secretary-General for the ASEAN Socio Cultural Community (ASCC)

.....

Her Excellency mentioned of the valuable contribution of the Nippon Foundation, the ASEAN Task Force on Traditional Medicine (ATFTM) and the Senior Official Meeting for Health Development (SOMHD) in bringing the AMS together and towards the success of the 4th Conference on Traditional Medicine in ASEAN Countries. The Conference shall serve as a regional platform for facilitating research, cross-cutting cultural exchange of experiences in promoting the integration of effective and quality TM/CAM into the national healthcare system and across other sectors.

Key results from the first and second conferences had not only strengthened national efforts in T/CAM but led to the establishment of the ATFTM and the regional work plan on TM for 2011-2015. The third conference in Indonesia had the work plan drafted, endorsed and used as reference to the Tawamanggu Declaration.

The gains resulted from the three conferences as well as the current regional initiatives in TM reflect the great effort of the focal points in TM and the SOMHD in facilitating the implementation on the health action lines of the ASCC

Blueprint. It has also led to the realisation of access to healthcare, promotion of healthy lifestyles for the people of ASEAN and towards realisation of the goals of the ASEAN health cooperation in creating an ASEAN community by 2015.

A multi-sectorial approach must be considered to address the challenges of TM and for the development of regions in addition to strengthening national capacities and relevant legislations. There is a need for local and regional collaboration by the various Governments, key stakeholders and health professionals to ensure proper use of TM as an important component contributing to the health of all people and to do it all the ASEAN way. That is working together across sectors and communities towards the goal of one vision, one identity and one community.

Her Excellency mentioned the opportunities inherent in this Conference to deliberate carefully the way forwards, enhance collaborate and coordination, share knowledge and lessons learned and provide inputs for the implementation of the ASEAN work plan in TM.

Her Excellency further highlighted the importance of critical support by the Nippon Foundation and the successful endeavours of the Ministry of Health Malaysia, the ASEAN Health Cooperation and stakeholders.

WELCOME ADDRESS

YUJI MORI

Director

International Program Department

The Nippon Foundation

The Nippon Foundation undertakes a broad range of activities in the public interest, both at home and abroad. It focuses especially in the areas of social welfare, education, and medicine. Today I would like to talk about how we came to focus on traditional medicine, as usual, but it is the key for the future of all the TM projects we have been supporting.

As some of you may be aware, The Nippon Foundation has devoted great efforts over the years to eliminating leprosy from the world. Before an effective cure became available in 1981, those with the disease were liable to develop disabilities and deformities. This was the basis of the stigma and the discrimination.

The Nippon Foundation has worked closely with the WHO, national health ministries, and drug companies, and since 1985, some 16 million people have been cured of leprosy. This happened because patients had access to the right medicine. Looks like simple.

However, when it comes to drugs for such basic things as fevers, colds and diarrhea, Western medicines at health posts was futile, because they were too expensive for

people living on the poverty line. Also it took too long for people living in isolated areas to reach the nearest health post, so they couldn't get medicines when they needed them.

Many people in developing countries continue to suffer from serious illnesses brought on by minor things like fevers, colds or diarrhea. These are problems that could be cured easily if they had medicines to treat the early symptoms. I have witnessed this suffering in many regions of the world and have wondered if there isn't a way to prevent sickness in the early stages. Would it be possible to permanently supply people with the medicines they need, through sustained programs firmly rooted in each location?

What is needed is a system that gives people living in isolated areas access to inexpensive medicines when they need them. As I thought about this problem, a simple solution occurred to me: traditional medicines packaged as a home medicine kit.

In 2004, we launched a model project in Mongolia. Many Mongolians live a nomadic life, travelling great distances every year. Because of the difficulties nomads have in accessing doctors and medicines, relatively minor complaints often develop into serious illnesses. As a result, nomadic herders were able to take action as soon as they developed colds, fevers, or diarrhea. In one region, the number of visits required by physicians fell by 45%. Currently, the kits distributed to 20,000 households covering 100,000

people in Mongolia. This project demonstrated that the use of traditional medicines can help to resolve the problems of cost and access to medical care. Myanmar and Thailand have also introduced their own versions of this system, and conducting the project for more than 3 years.

I believe the effectiveness of the efforts in these countries will have a favorable influence on other countries and regions. However, what is effective in one country may not be effective in another, and the most difficult issue is the sustainability of this system. There needs to be much case studies in order for new ideas to emerge. ASEAN is a future-oriented network focused on the achievement of prosperity through cooperation among member nations, and as for The Nippon Foundation's role, we want to cooperate in an appropriate way in each case. I hope ASEAN could create new ideas and values for the social innovation.

Many people in the world suffer greatly because they have no access to medical care or medicine. The Nippon Foundation strives for a world in which those who live in remote locations can enjoy the benefits of sustainable primary health care. We believe that traditional medicine is one way of achieving this. Not only that, we believe it will also reduce health costs and promote integrated medicine.

Lively discussions among member states will contribute to ASEAN's development. I look forward to more of the same at this conference.

Thank you.

REPORTEUR'S EXECUTIVE SUMMARY

Welcome note by Mr. Tatsuki Nakajima

*On behalf of the Chairman of Nippon Foundation,
Mr. Yohei Sasakawa*

.....

Nippon Foundation has undertaken a broad range of activities at home and abroad with focus on areas of social welfare, education and medicine. Many would be aware of the great efforts placed by the Nippon Foundation in the elimination of leprosy before an effective cure was found in 1981. By working closely with the WHO, national health ministries and drug companies, more than 16 million people were cured of leprosy since 1985, a disease of disabilities, deformities and the basis for social stigma and discrimination.

Western medicine are expensive for people living under the poverty line and for those living in rural areas, access was difficult to those who needed them. As such, the poor continue to suffer greatly from minor illnesses like fever, cold and diarrhoea. Under the vision of Mr Sasakawa, the TM Box project was launched in Mongolia with success. The TM kits were distributed to 20,000 households, reaching more than 100,000 people in Mongolia. The nomads were able to supplement the lack of access to doctors and medicine with traditional alternatives and as such, the number of physician visitations fell by 45%. It is also noted that Thailand and Myanmar had conducted their own versions of the system for more than 3 years.

The Nippon Foundation believes the effectiveness of efforts in these countries will have a favourable influence on other countries and regions. However, what is effective in one country may not be effective in another. And as with all ambitious projects, sustainability may be an issue to consider. Therefore case studies and discussions are required for the generation of new ideas for social sustainability. The Nippon Foundation would like to see each country make effective use of its resources in the area of traditional medicine and would cooperate in an appropriate way in each case.

ASEAN COOPERATION ON TRADITIONAL MEDICINE

MS JINTANA SRIWONGSA

ASEAN Secretariat
70A, JL. Sisingamangaraja
Jakarta 12110, Indonesia
www.asean.org

1. What is the basis of the Regional Cooperation on Traditional Medicine?

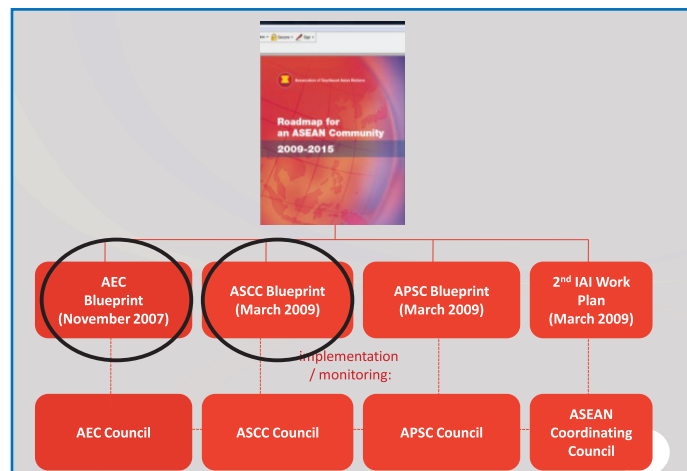
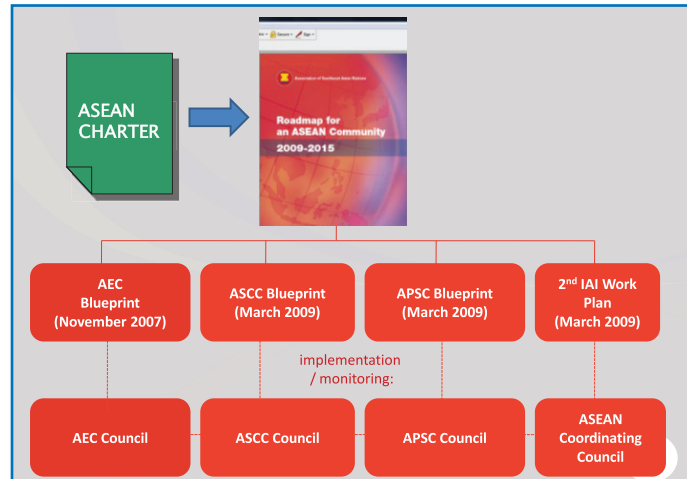
After the ASEAN Charter has come into force in 2008, our ASEAN leaders have adopted the roadmap for an ASEAN Community.

This is composed of three pillars as all of you know.

These are the AEC Blueprint, APSC Blueprint, the Initiative for ASEAN Integration and the ASCC pillar - in which the scorecard and monitoring system has been developed for utilization.

Central to the achievement of the ASEAN Community is the implementation, monitoring and assessment of outcomes at every stage of the roadmap.

Because of this implication, it is essential to have a systematic, simple and robust implementation and monitoring system and a scorecard to assess the achievement of the goals/outcomes/targets of an ASEAN Community.



2. ASCC: ASEAN Strategic Framework on Health Development (2010-2015)

Operationalizes the 54 health action lines of the ASCC Blueprint

Regional activities in health involve:

- B3. Enhancing Food Security and Safety
- B4. Access to healthcare and promotion of healthy lifestyle
- B5. Improving capability to control communicable diseases
- B7. Building disaster-resilient nations and safer communities
 - Xii. Promote multi-sectoral coordination and planning on PPR at the regional level including development of a regional multi-sectoral PPR plan

3. ASCC Blueprint: B4. Access to Healthcare and Promotion of Healthy lifestyle

B4. vii *Facilitate research and cross-country exchange of experience in promoting the integration of safe, effective and quality Traditional Medicine, Complementary and Alternative Medicine (TM/CAM) into the national healthcare system, and across other sectors;*

B4. xviii *Empower consumers to become active participants in health care and to make informed choices to maximize the benefits and minimized the risk of use of Traditional Medicine/Complementary and Alternative Medicine (TM/CAM).*

4. ASEAN Strategic Framework on Health Development (2010-2015):

Focus Area 5 – Traditional Medicine

- AHMM endorsed document (July 2010)
- Two strategies for Traditional Medicine
 - i. Regional facilitation in the Promotion and Integration of Safe, Effective and Quality Traditional Medicine, Complementary and Alternative Medicine into the national healthcare system, and across other sectors
 - ii. Facilitation of exchange of information on research results in safety, efficacy and quality of herbal and traditional medicine among ASEAN Member States

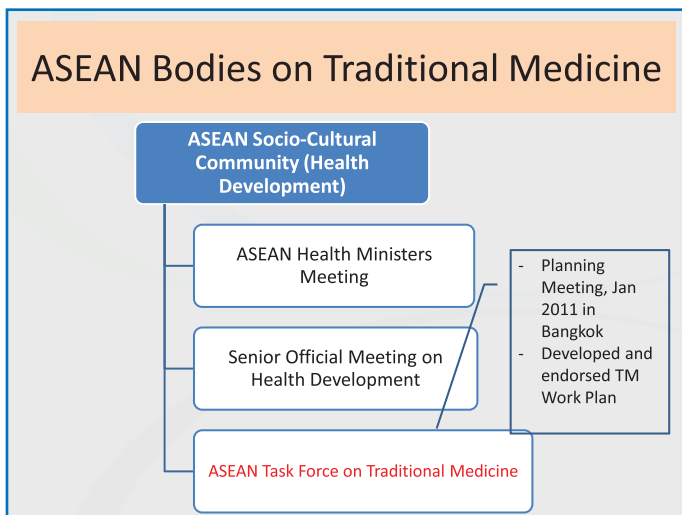
5. ASEAN Task Force on Traditional Medicine (ATFTM)

- Focus Area 5: TM specified the AWGPD as the responsible body on traditional medicine
- AWGPD 26th Meeting December 2010, Bangkok: agreed to develop a task force solely focused on TM
- 2nd TM Conference-Ha Noi, Viet Nam, 31 Oct-1 Nov 2010; Ha Noi Declaration on TM – recommended establishment of TM
- 6th Senior Officials Meeting on Health Development (SOMHD), July 2011 – Nay Pyi Taw, Myanmar
 - i. Endorsed the Work Plan and the Terms of Reference
 - ii. Official nomination of focal points

- iii. Re-circulate Work Plan and TOR to new nominated focal points (and SOMHD again if with new inputs)

- Strengthening capacity of AMS to conduct research on safety, efficacy and quality of traditional medicine

6. ASEAN Bodies on Traditional Medicine



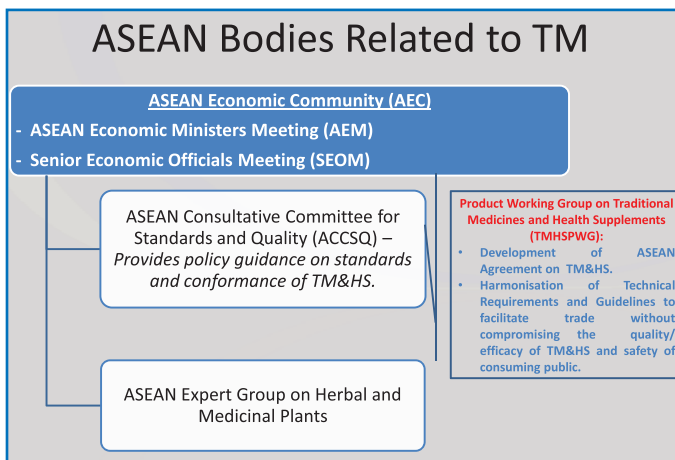
7. What are the Focus Areas on TM in ASEAN?

Work Plan of the ASEAN Task Force on Traditional Medicine (2011-2015)

- Regional facilitation in the promotion and integration of TM into the national healthcare system and across other sectors
- Facilitation of exchange of information on research results in safety, efficacy and quality of herbal and traditional medicine among AMS
- Strengthening of TM knowledge of healthcare personnel through training and education

8. Implementation Mechanisms

- Lead Countries
- Host Countries
- Support from Development Partners
- Funds from Dialogue Partners with MOU



9. Activities related to Traditional Medicine

Product Working Group on Traditional Medicines and Health Supplements (TMHSPWG)

Harmonisation of Technical Requirements:

- Requirements for Claims guidelines for TM&HS.
- Negative List of Active Ingredients
- Maximum levels of Vitamins and Minerals
- Limit of Contaminant (heavy metal, microbial contamination and pesticide residue)
- Additives and Excipients

Harmonisation of Guidelines for TM&HS:

- Guidelines on Good Manufacturing Practice (GMP)
- Guidelines to support the implementation of Common Product Placement Requirements, namely:
 - i. Guidelines on Safety Data and Efficacy Data Requirements
 - ii. Guidelines on Stability Study and Shelf-life for TM & HS
 - iii. Guidelines on Product Dossier Submission
- Labeling requirements

NOTE:

- The TMHS PWG is looking into the formulation and implementation of regional strategies for a harmonised regulatory framework for Traditional Medicines (TM) and Health Supplements (HS).
- The main aim of this initiative is to enhance cooperation amongst Member States in ensuring the safety, quality and benefits of TM and HS marketed in ASEAN; and
- To create a single market and reduce restrictions to trade in traditional medicines and health supplements through the harmonisation of technical requirements without compromising the safety and quality of the traditional medicines and health supplements.
- **“TMHS”** means any traditional medicine or health supplement.
- **“Traditional Medicines, TM”** means any medicinal product for human use consisting of active ingredients derived from natural sources (plants, animals and/or minerals) used in the system of

traditional practice. It should not include any sterile preparation, vaccines, any substance derived from human parts, any isolated and characterized chemical substances.

- **“Health Supplements, HS”** means any product that is used to supplement a diet and to maintain, enhance and improve the healthy function of human body and contains one or more, or a combination of the following:
 - a) Vitamins, minerals, amino acids, fatty acids, enzymes, probiotics and other bioactive substances
 - b) Substances derived from natural sources, including animal, mineral and botanical materials in the forms of extracts, isolates, concentrates, metabolite
 - c) Synthetic sources of ingredients mentioned in (a) and (b) may only be used where the safety of these has been proven.
 - d) It is presented in dosage forms (to be administered) in small unit doses such as capsules, tablets, powder, liquid and it shall not include any sterile preparations (i.e. injectable, eyedrops).
- **Note: The documents where the above definitions are based are still being discussed by the technical committees under the TMHSPWG.**

10. ASEAN Expert Group on Herbal and Medicinal Plants

TOR: Operational Guidelines of the ASEAN Experts Group on Herbal and Medicinal Plants – adopted at the 1st Meeting of the ASEAN Senior Officials on Forestry (ASOF), 18-20 May 1998, Kuala Lumpur

11. Terms of Reference

- Biodiversity Prospecting General Policies (Protection of Biological Material Under Convention on Biological Diversity, Intellectual Property Right)
- Research and Development Collaboration Programme.
- Establishment of medicinal, herbal and spices industries – support activity for development of medicinal and aromatic plant industries
- Sharing of resources and expertise

NOTE:

Operational Guidelines of the ASEAN Experts Group on Herbal and Medicinal Plants – adopted at the 1st Meeting of the ASEAN Senior Officials on Forestry (ASOF), 18-20 May 1998, Kuala Lumpur

- Conservation and sustainable use of tropical bioresources
- Utilisation of tropical bioresources
- Screening and isolation of bio-active compounds
- Evaluation of therapeutic and toxic potential of Natural Products
- Promote exchange of knowledge and technology
- The possibility of organising a regional seminar on medicinal plants
- Domestication and mass production of medicinal and aromatic plants

12. Cooperation Activities

I. Development of database on ASEAN Herbal and Medicinal Plants (Malaysia)

- Publication on ASEAN Herbal and Medicinal Plants (Vol. I) has been produced in 2012
- Submission, compilation of species of additional selected herbal and medicinal plants for publishing the publication of Volume II by 2015* - required funding support

II. Coordination of R&D activities and sharing of scientific information (Indonesia)

- Documentation of Research & Development (R&D) information/ directory (project brief & institution)
 - Database was developed in the web-base system, which currently attached to the website of Indonesia's institution (www.forplan.or.id) with available information for Indonesia, Malaysia and Thailand.
- Update the Directory on the web-base system each year by June 2013 and June 2014
- Publish the Publication of the ASEAN R&D Activities on Herbal and Medicinal Plants by 2015* - required funding support
- Conduct of 2 Workshops on ASEAN R&D Activities on Herbal and Medicinal Plants in 2013, 2015* - required funding support

III. Development of training programmes in appropriate areas.

Scientists exchange programme;

- Conduct activities related to exchange programme on herbal and medicinal plants in the area of management, utilisation and conservation in the following selected sites (Thailand): project proposal will be developed by Thailand (Herbal Medicine) in collaboration with Indonesia (Jamu) and Myanmar (National Herbal Park)* - required funding support

IV. Technology Transfer in Herbal and Medicinal Plants (Malaysia)

- Project Proposal on Biological, Chemical Investigation and Standardisation of selected ASEAN Medicinal Plants had been developed (required funding support)

V. Provide Technical Inputs for Trade Promotion in Herbal and Medicinal Plants (Thailand)

- Collaboration on quality control of raw materials, through good agriculture and collection practices

VI. Establishment of Directory of Products and Company (Herbal Hub) (Philippines)

VII. Compilation of information related to utilisation and conservation of selected common herbal and medicinal plants in AMS (Malaysia)

WAYS TO STRENGTHEN COOPERATION AND GENERATING AND SHARING TRADITIONAL MEDICINE KNOWLEDGE AND SKILLS

DR. AHN SANGYOUNG

*Technical Officer, Traditional Medicine,
WHO, Western Pacific Region*

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Regional Strategy (2011-2020)

Strategic Objectives

- i. To **include** TM in the national health system
- ii. To promote the **safe** and **effective use** of TM
- iii. To increase **access** to safe and effective TM
- iv. To promote the **protection and sustainable** use of TM resources
- v. To strengthen **cooperation** in generating and sharing TM knowledge and skills
 - a) Cooperation and communication within and between countries and areas
 - b) Communication between Western and traditional medicine providers and with their patients
 - c) International standardisation and harmonisation

A. To enhance cooperation and communication within and between countries and areas

Directions

- Enhance national, regional and international cooperation to facilitate harmonisation of TM
- Develop databases and information systems
- Facilitate access for evidence-based TM practice and research

Strategic Actions

- Harmonisation of TM in the region
- Interdisciplinary collaboration for training in contemporary research methods
- Create centres of excellences for TM
- Respect and Preserve indigenous healing practices
- Encourage the use of English

B. To strengthen understanding between Western medicine and TM providers and with their patients

Directions

- Promote people-centred health care through communication

Strategic Actions

- Promote mutual understanding and respect and facilitate referral
- Provide formal education to Western medicine practitioners
- Develop programmes to enhance public awareness of TM

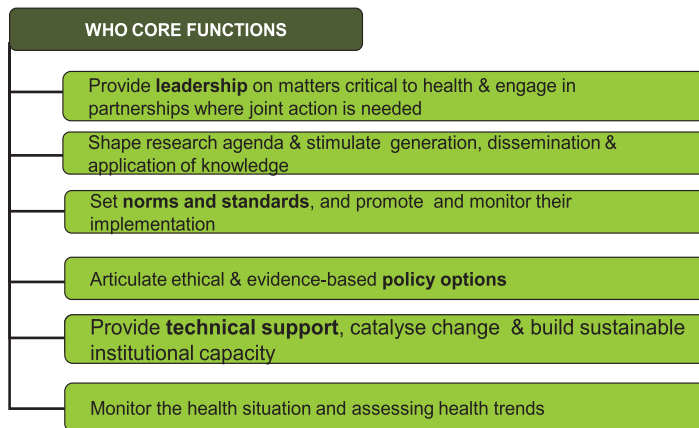
C. To facilitate international standardisation and harmonisation

Directions

- Develop TM standards and facilitate harmonisation

Strategic Actions

- Harmonised standards for TM data
- International standards for evidence based TM classification
- National data system in line with international one
- Integrate EB TM standards in the health information system



Current Mechanisms of WHO

Convenor of global/regional technical consultations and Forums

- To reach technical consensus on specific issues
- To articulate evidence-based policy options, norms, standards and guidelines
- Other Mechanisms

Towards Harmonisation of Traditional Medicine Practices

- Designation of 'WHO Collaborating Centers' (www.who.int/cc)
- Facilitating networking of national institutions
- Designating of 'National Institutions Recognised by WHO'

WPRO in Cooperation and Communication

- WHO Special Program
 - i. Governments
 - ii. International Agencies: Asian Development Bank, AusAid, World Bank, WHO (SEARO, WPRO)
 - iii. Research Community: Universities and institutes in the region
- Knowledge manager between researchers, development agencies
- Produce high quality evidence on health systems to inform policy makers

WPRO in Sharing Information

WPRIM

- Public health micro-data and the metadata
- Continued viability and usability
- Data to inform policies and programmes
- Best practice and international standards
- Centralised regional archive
- <http://wpvmgdh.wpro.who.int/nada/index.php/home>

WPRO in Harmonisation

FHH

- To promote public health by recognising and developing standards and technical guidelines that

aim to improve the quality, safety and efficacy of herbal medicines

- <http://www.fhbm.net>

IRCH

- International Regulatory Cooperation for Herbal Medicines
- Global network of regulatory authorities
- To protect and promote public health and safety through improved regulation
- ASEAN is member regional body
- <http://www.who.int/medicines/areas/traditional/irch/en/index.html>

GUIDELINES AND OTHERS

1. Harmonising the Two Approaches:
 - a) 1st Consultation on Traditional and Modern Medicine (Beijing, 2001)
 - b) 2nd Consultation on Traditional and Modern Medicine (Gyeongju, 2003)
2. Revision of Guidelines for Clinical Research on Acupuncture (Seoul, Aug 2005)
3. Developing Traditional Medicine Research Information Centre (TMRIC), concurrent with Standard Clinical Guidelines Development
4. Medicinal plants series (Korea, Viet Nam, China, PNG, PIC)

ICD-11 Chapter 23

"Traditional Medicine does not count, unless we count Traditional Medicine"

Goal:

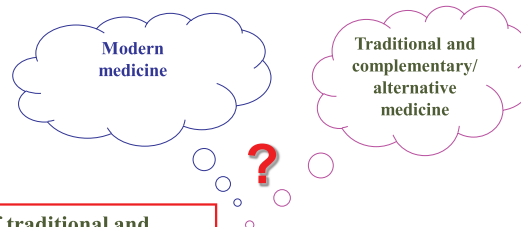
Develop a standardised international system for classifying TM related health concepts Tools and methods:

- Based on existing practices of TM including CAM.
- Modern methods in terminology and classification

Mission:

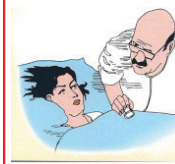
- International standard for information on TM ready for electronic health records.
- Deliverables:
 - International Classification of Traditional Medicine
 - International Standard Terminologies
- A web portal that links the TM classification and TM terminologies to the WHO-FIC

TM – part of National Health System



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."

By Dr Margaret Chan, Director-General of WHO



PROGRAMME UPDATE – WHO, SEARO

KIN SHEIN

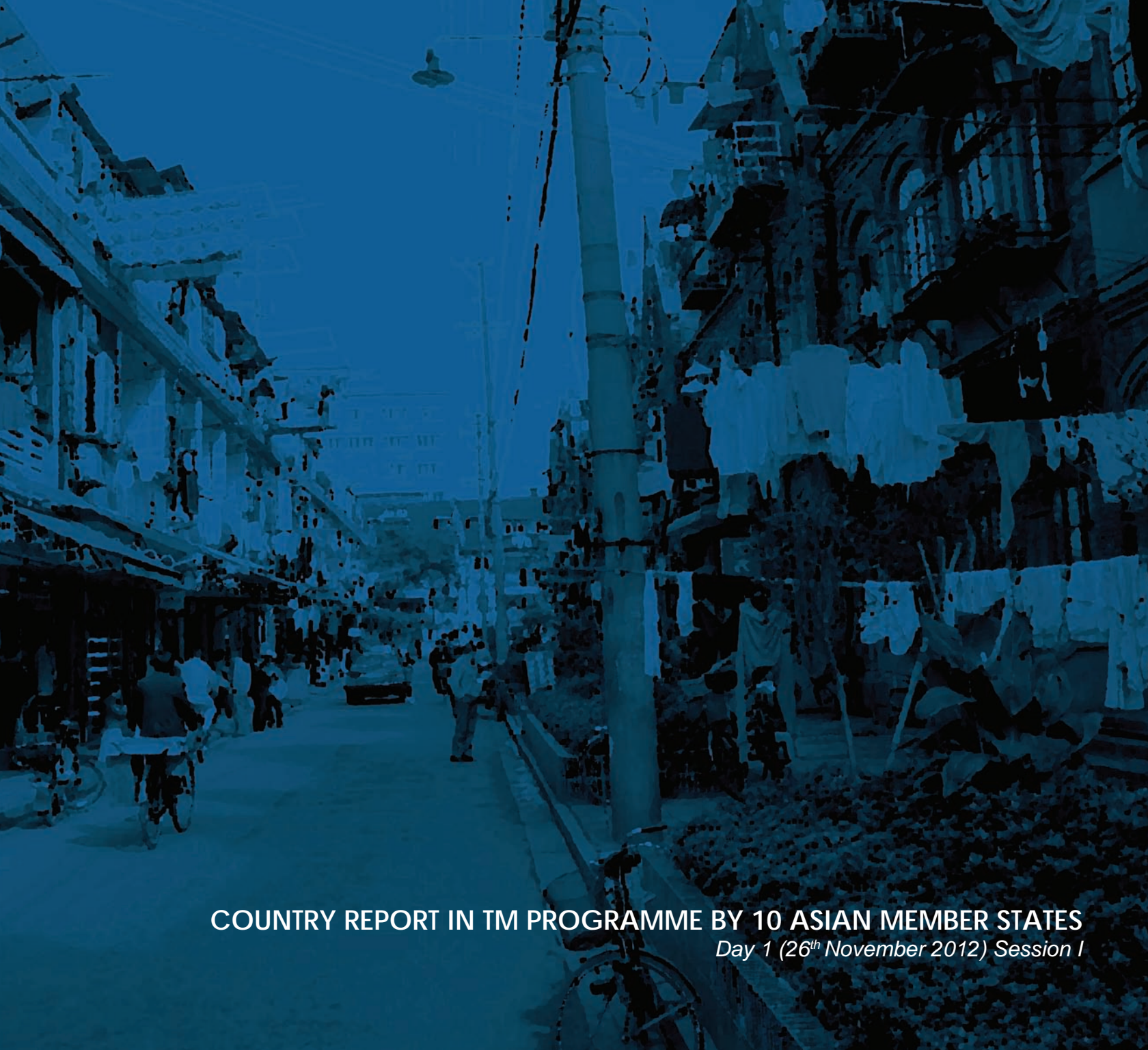
*Traditional Medicine Programme
WHO Regional Office for South-East Asia
New Delhi 110002, India*

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The current strategic framework for development of traditional medicine (TM) in South-East Asia Region (SEAR) has focus on three areas: (1) the use of herbal medicine (HM) in primary health care (PHC), (2) intercountry cooperation in sharing information on safety, efficacy and quality of HM/TM, and (3) generation of evidence-based information through research. The objective of the strategy is to promote the use of HM in PHC. Member States are assisted in the preparation of monographs for using herbal remedies in PHC. A generic set of monographs – Traditional Herbal Remedies for Primary Health Care – was published by SEARO and distributed to all Member States in the Region. Indonesia is assisted in finalizing and editing the English version of Indonesian Herbal Pharmacopoeia; Myanmar in strengthening technology in pharmacological analysis of medicinal plants; and Thailand in revising the list of medicinal plants for primary health care for developing new monographs on the use of HM in PHC. Bhutan was assisted in the preparation and publication of Monographs on the Use of Traditional Medicine in Primary Health Care.

HerbalNet – a wide-ranging collection of digital intellectual materials on HM/TM from WHO and collaborating institutes in SEAR continues to promote exchange of information through internet on national norms and standards to improve the safety, efficacy and quality of HM/TM.

Indonesia was assisted in a systematic review of herbal medicines literature for common chronic diseases (hypertension, hyperglycaemia, hyperlipidaemia and hyperurecaemia) and common diseases in PHC – acute respiratory infection, diarrhoea, gastritis and rheumatoid arthritis. The survey revealed that there are a number of medicinal plants that are effective for the selected conditions. The results of this survey are applied in the use of herbal medicines at health centres.



COUNTRY REPORT IN TM PROGRAMME BY 10 ASIAN MEMBER STATES

Day 1 (26th November 2012) Session I

DAY 1 (26th NOVEMBER 2012) SESSION I
COUNTRY REPORT IN TM PROGRAMME BY 10 AMS

1. Brunei Darussalam
Dr. Lailawati Bt. Haji Jumat
Ministry of Health Brunei Darussalam
2. Cambodia
Dr. Pen Sunna
National Center of Traditional Medicine
Ministry of Health Cambodia
3. Indonesia
Ms. Indah Yuning Prapti
National Institute of Health Research
and Development
Ministry of Health Republic of Indonesia
4. Laos PDR
Mr. Bounleauane Douangdeuane
Traditional Medicine Division
Ministry of Health Laos PDR
5. Malaysia
Dr. Goh Cheng Soon
Traditional and Complementary
Medicine Division
Ministry of Health Malaysia

STATUS OF TRADITIONAL MEDICINE IN BRUNEI DARUSSALAM



1. INTRODUCTION

The National Health Care System in Brunei Darussalam is divided into 3 clusters that comprise of:

- a) Medical Care
 - 6 hospitals (4 public & 2 private)
 - 9 medical centers
 - 5 dialysis centers
 - 37 dentals clinics (20 public, 7 military and 10 private)
- b) Health Services
 - 16 health centers (15 public & 1 private)
 - 15 health/maternal and child health clinics
 - 4 travelling health clinics
 - 4 flying medical services
- c) Dental Services
 - Total of 77 dental services at hospitals/national dental center/health centers; health clinics; static school clinics; mobile squad and travelling (flying team)

The health centers and clinics that provided the main primary health care services are widely distributed and easily accessible in all 4 districts including the Maternal and Child Health Clinics which have contributed to the success of Brunei Darussalam in achieving almost all of the Global Health Indicators set by World Health Organisation (WHO).

All services are provided by medical and health professionals including allied health professionals/ clinical and non - clinical support staff.

Health care is provided almost free to all the citizen and permanent residents of Brunei Darussalam by His Majesty's Government through Ministry of Health.

2. TRADITIONAL MEDICINE IN BRUNEI DARUSSALAM

Traditional medicine (TM) provides a form of complementary and alternative form of therapy to modern medicine. There is increased trend in use of TM since it is easily accessible and usually more affordable. It is practiced by local practitioners as part of their cultural heritage that goes back a long time ago. Nevertheless, imported forms of TM from other non-local TM practice are also practiced since they are perceived as best fit modalities in the local setting.

The majority of TM practiced is Traditional Chinese Medicine (TCM) where consultations and treatment can be obtained from private TCM clinics in the form of acupuncture, traditional massage or Tuina, and cupping. Practice is often complimented by treatment using TCM products commonly available in Chinese Medical Halls and at sites of practice. The forms of TCM products often used are raw herbs and finished product in pharmaceutical dosage form.

The next prevalent TM practice is Traditional Malay Medicine (TMM) where consultation and practice are often given in beauty boutiques and massage parlour in the form of Traditional Malay Massage and Bakam. TMM products are often locally prepared TMM and can be found at tamu (open market) and at TMM producer's / practitioner's residence. They are usually processed from local indigenous plants and sold in simplicia form of raw herbs, powder, pellets or liquids. Imported TMM products from Indonesia and Malaysia are also available in the local market and usually in the form of finished products in pharmaceutical dosage form.

3. CURRENT SITUATION

Western medicine forms the main healthcare delivery system in Brunei Darussalam. Though there are various forms of TM as well as local wellness and well-being therapies widely practiced and used outside the national healthcare system, it is observed as a form of complementary or alternative to western medicine especially when perceived as not effective.

Progression is seen in the TM sector when TM practitioners have expressed their support on the government's initiative to regulate their practice. It is recognised that TM plays a complementary role in the national healthcare system, however concerns have been expressed by conventional medicine practitioners and consumers themselves on the need to clearly define the definition, therapeutic approaches, herbal safety, adulteration, training requirements and professional ethics in TM.

Currently, Brunei Darussalam has no specific policy on TM. However, certain aspects of TM are addressed indirectly through existing legal framework related to medical practice such as the following:

- i. Registration and licensing of medical practitioners, dentists and nurses;
- ii. Provision under Medicines Order, 2007 for regulation of TM products;
- iii. Registration of premise of TM practice under Municipal Board;
- iv. Licensing of beauty and wellness outlets by Prime Minister's Office.

3.1 Traditional Medicine Practice

Currently there is no specific legislation to regulate TM practitioners. Qualification of applicants is administratively vetted by the Ministry of Health at the point of applying for business license. TM practice covers alternative & complementary care outside the national health care delivery. Most TM practitioners use knowledge passed down to them from either their past generation or obtained from TM institutions outside Brunei Darussalam mainly Malaysia, Singapore, Thailand, Indonesia, and China.

3.2 Traditional Medicine Products

Administrative control is imposed on importation, sale and supply of TM in Brunei Darussalam. The Medicines Order, 2007 recently gazetted will legalise provision for importation, registration, sale, advertisement, storage, dispensing and manufacturing of TM products in the short future. Meanwhile, the "Guideline on Dealing of TM" has been implemented for use by importers with the objective of safeguarding public health.

Post marketing surveillance of TM products is carried out for detection of adulteration with poisons. This is important because TM in Brunei Darussalam is mainly used for self-medication and rational use is usually based on experience of users after consultation with a TM practitioner, confidence on claimed benefits stated on product label, and words of mouth. The work activities supporting this program partly comes from the ASEAN PMS programme involving information exchange under ASEAN TMHS Product Working Group (ACCSQ) to which Brunei Darussalam is actively participating.

In 2011 alone, there were a total of 63 alerts received involving 79 products where 23 products were from the TMHS category as result from 13 alerts received from Singapore, 5 alerts from Malaysia, 2 alerts from Brunei Darussalam and 3 alerts from Thailand. Further breakdown of the affected products detailed 20 products being traditional medicine, 16 products adulterated with pharmaceutical ingredients, and 4 products with quality issues (exceed limits of heavy metals).

The top 3 adulterants were steroids, anti-histamine, and anti-diabetes. A number of press releases were conducted to alert consumers and importers especially those importing for personal use.

4. COLLABORATIONS ON TRADITIONAL MEDICINE

Collaborations on TM are being established with the following:

4.1. ASEAN Member States

Brunei Darussalam acknowledges that TM is in one of the roadmaps under the ASEAN Economic Minister (AEM) pillar on healthcare products and the Ministry of Health is supporting it by actively participating in the ASEAN Consultative Committee for Standards and Quality (ACCSQ) Product Working Group on Traditional Medicines and Health Supplements (TMHS PWG). The objective of this product working group is to harmonise technical requirements with the aim of reducing technical barriers to inter-regional and intra-regional trade without compromising quality of products and consumer safety by 2015.

Brunei Darussalam also acknowledges that TM is in one of the roadmaps under the ASEAN Socio-Cultural Community (ASCC) pillar on healthcare. In support of this, the Ministry of Health is actively participating in the ASEAN Task Force on Traditional Medicine (ATFTM). One of main objectives of this task force is to integrate TM into national healthcare system of AMS by 2015.

4.2. Other government agencies

The Ministry of Health while in contribution to the two groups mentioned above also is establishing collaboration with other government agencies in Brunei Darussalam that are related to the development of TM in the country. The main areas focused are on research & development activities on local TM plants & industry under the purview of the University of Brunei Darussalam. The Faculty of Science is currently exploring the science of local TM treatment, isolation of active ingredient extracts from potential local herbal medicinal plants, exploring potential treatment for cancer, chronic diseases such as hypertension and diabetes, and establishing an educational platform on TM in Brunei.

Research & development activities on TM plants & industry are also advocated by the Ministry of Industry & Primary Resources under the Department of Agriculture & Agrifood, and the Department of Forestry. Here TM related activities include development of herbal gardens, identification and exploring science of local medicinal plants with potential therapeutic properties. They have published 2 books on local medicinal plants enlisting 160 medicinal plant species (1990's) where a total of 557 medicinal plant species were

recorded with 242 species grown in herbal gardens, and 187 medicinal plant species with potential for scientification.

5. FUTURE PLANS

In view of the increasing popularity and availability of TM practices and products, Brunei Darussalam acknowledges the need to develop and formulate a national policy on TM in moving towards integrating TM into the national healthcare system, and regulating TM practitioners as well as products in the country. Concurrently, Brunei Darussalam is in the process of establishing a product placement mechanism based on ASEAN technical requirements and harmonized and local processes. This will put in place a more systematic approach to the regulation of TM products and at the same time advocating protection of consumer safety.

Brunei Darussalam will continue to strengthen collaboration with identified stakeholders within and outside Brunei Darussalam on related areas such as TM education, capacity building for relevant health professionals, TM research & development, and TM modalities from AMS and other countries that best fit local healthcare setting.

6. REALISATION OF PLANNING

In realizing the future plans, some of the collaborating platforms deemed as imperative include the WHO on TM related matters, the ACCSQ-TMHSPWG for TM products, and the ATFTM for TM practice.

Under the TAWANGMANGGU Declaration endorsed by the ASEAN Member States during the 3rd Conference on TM

for the ATFTM declared to implement 5 actions based on recommended strategies which are:

- To promote and integrate safe, effective and quality Traditional Medicine, Complementary and Alternative Medicine (TM/CAM) into the national healthcare system, and across other sectors as appropriate.
- To facilitate the exchange of information on research results in safety, efficacy and quality of herbal and traditional medicine among AMS.
- To promote the rational use of TM (herbal medicines & modality) in the primary health care.
- To strengthen TM knowledge of healthcare personnel through training and education.
- To strengthen capacity of AMS to conduct research on safety, efficacy and quality of traditional medicine.

7. REPORT AS REQUIRED FOR THE 4TH TM CONFERENCE

7.1 Situation of Integration of Traditional Medicine into National Healthcare system

Brunei Darussalam acknowledges the role of TM and the need to formulate a TM integration model into its national health care system. Given the limited experience, the approach taken at this point is to examine existing and potential models nationally and regionally, and tapping into the experience and lessons learnt with the possibility of adapting such models. Brunei Darussalam also acknowledges that there may be a need to conduct a cost-effectiveness and cost-benefit analysis for a more objective assessment. The level of TM understanding among health care workers also need to be assessed as it is an important factor to determine the success of integration

as well as strengthening the cooperation and support from parties responsible for research and monitoring safety, efficacy & quality of TM.

7.2 Introduction of Some Effective Models of the Integration of Traditional Medicine

Various models are being looked at and some are being proposed for consideration that includes post-natal care, pain management, and palliative pediatric care.

7.3 Advantages & Disadvantages of Implementation of Integrating Traditional Medicine into National Healthcare systems

One of the advantages that we foresee would be the reduction of overall health care cost whilst maintaining the quality of health care.

Some of the disadvantages would be non-compliance of patients to conventional health care treatment leading to worsening of their disease condition and patient expectation of TM as an alternative rather than as complementary form of medicine which may impact health outcome.

Amongst the challenges that are anticipated include reluctance of health care professionals to accept effectiveness of integration as TM integration may be perceived as change or intervention in modern medicine concept and health care professionals' lack of knowledge

on TM and its role in supporting human health. Product physiological interaction may also pose as a challenge that needs to be scientifically explored.

7.4 Proposals of Suitable Models and Regional Cooperation in Future

Follow-up on proposals of suitable models and regional cooperation will be shared once implemented.

Brunei Darussalam is open to learn different modalities and best practices from other ASEAN Member States as steps are being taken to embrace the role of TM in health care. Opportunities being offered by the region are being optimized and suitability of models for adaptation into our national healthcare system will be evaluated.

8. CONCLUSION

In conclusion, TM has yet to be integrated into the national healthcare system. Nevertheless Brunei Darussalam recognizes the importance of TM and its role and will continue to monitor the rational and appropriate use of TM in the country.

Amongst the initiatives that are being taken to support integration of TM into the national health care system are to put in place regulatory measures to ensure accessibility to safe practice and products and to strengthen research and development on TM. Initiatives are also being made to establish educational platforms on TM in Brunei Darussalam.

PRESENTATION ON THE INTEGRATION OF TRADITIONAL MEDICINE INTO NATIONAL HEALTHCARE SYSTEM IN BRUNEI DARUSSALAM

By Dr. Lailawati Bt. Haji Jumat

1. INTRODUCTION

- Health care cluster
 - i. Medical care
6 hospitals [4 public, 2 private], 9 medical centers, 5 dialysis centers, 37 dental clinics [20 public, 7 military and 10 private]
 - ii. Health services
16 health centers [15 public and 1 private], 15 health/ maternal and child health clinics, 4 travelling health clinics and 4 flying medical services
 - iii. Dental services
16 health centers [15 public and 1 private], 15 health/ maternal and child health clinics, 4 travelling health clinics and 4 flying medical services
- All services are provided by medical professionals allied health professionals/ clinical & non – clinical support staff
- Western medicine forms main healthcare delivery system in Brunei Darussalam
- Almost free access to healthcare provided to population by His Majesty's Government through Ministry of Health
- Traditional medicine provides a form of complementary and alternative form of therapy
 - i. Increased trend in use of traditional medicines (TM)
 - ii. Easily accessible and usually more affordable
- TM practiced by local practitioners
 - i. Locally as part of cultural heritage
 - ii. Imported from other non-local TM practice since perceived as best fit modalities
 - iii. TM practice outside national healthcare system
 - iv. Complementary
 - v. Alternative if conventional medicine perceived as not effective
- Majority are Traditional Chinese Medicine (TCM)
 - i. TCM practice in private clinics
 - ii. TCM consultation
 - iii. Acupuncture
 - iv. Traditional massage / TUINA
 - v. Cupping
- TCM products available in Chinese Medical Halls and site of practice
 - i. Raw herbs
 - ii. Finished product in pharmaceutical dosage form

- Next prevalent is Traditional Malay Medicine (TMM)
 - i. TMM practiced in beauty boutiques and massage parlour
 - ii. Traditional Malay Massage
 - iii. Bakam
 - iv. Locally prepared TMM available at tamu (open market) and at TMM producer's / practitioner's residence
- Usually processed from local indigenous plants and sold in simplicia form of raw herbs, powder, pellets or liquids
 - i. Imported TMM products from Indonesia and Malaysia usually in form of finished products in pharmaceutical dosage form

2. CURRENT SITUATION

- No specific TM policy
- Legislation on registration and licensing of medical practitioners, dentists and nurses
- Provision under Medicines Order, 2007 for regulation of TM products
- Registration of premise of TM practice under Municipal Board
- Legal provision on beauty and wellness outlets led by Prime Minister's Office

3. PRACTICE

- Currently no specific legislation to regulate TM practitioners
- Qualification of applicants administratively vetted by MOH at point of applying for labor quota
- TM practice covers alternative & complementary

- care outside national health care delivery
- Most TM practitioners use knowledge passed down to them from either their past generation or obtained from TM institutions outside Brunei Darussalam

4. PRODUCTS

- Administrative control on importation, sale and supply of TM in Brunei Darussalam
 - i. Medicines Order, 2007 recently gazetted will legalize provision for importation, registration, sale, advertisement, storage, dispensing and manufacturing of TM products
 - ii. Meanwhile, Guideline on Dealing of TM implemented for use by importers with objective of safeguarding public health
- Post Marketing Surveillance of TM products carried out for detection of adulteration
 - i. TM mainly used for self medication and rational use is usually based on
 - ii. Experience of users after consultation with a TM practitioner
 - iii. Confidence on claimed benefits stated on product label
 - iv. Words of mouth
 - v. Brunei Darussalam actively participates in ASEAN PMS programme involving information exchange under ASEAN TMHS Product Working Group (ACCSQ)

- In 2011
 - i. 63 alerts received involving 79 products
 - ii. 23 products from TMHS category
 - 13 alerts from Singapore, 5 alerts from Malaysia, 2 alerts from Brunei Darussalam & 3 alerts from Thailand
 - iii. 20 products are traditional medicine
 - 16 products adulterated with pharmaceutical ingredients
 - 4 products with quality issues (exceed limits of heavy metals)
- Top 3 adulterants
 - i. Steroids
 - ii. Anti-histamine
 - iii. Anti-diabetes
 - Press release conducted to alert consumers and importers especially those importing for personal use

5. COLLABORATION ON TM

With ASEAN Member States

- One of the roadmaps under ASEAN Economic Community (AEC) pillar on healthcare products
 - i. Active participation in ASEAN Consultative Committee for Standards and Quality (ACCSQ) Product Working Group on Traditional Medicines and Health Supplements (TMHS PWG)
 - ii. Objective is to harmonise technical requirements with the aim of reducing technical barriers to inter-regional and intra-regional trade without compromising quality of products and consumer safety by 2015
- One of the roadmaps under ASEAN Socio-Cultural Community (ASCC) pillar on healthcare
 - i. Active participation in ASEAN Task Force on Traditional Medicine
 - ii. One of main objectives is to integrate TM into national healthcare system of AMS by 2015

With other government agencies

- Research & development activities on local TM plants & industry
- University of Brunei Darussalam under Faculty of Science
- Exploring the science of local TM treatment
- Isolation of active ingredient extracts from potential local herbal medicinal plants
- Exploring potential use in treatment for cancer, chronic diseases such as hypertension and diabetes
- Establishing an educational platform on TM in Brunei

Research & development activities on TM plants & industry

- Ministry of Industry & Primary Resources under Department of Agriculture and Department of Forestry
 - i. Development of herbal gardens
 - ii. Identification and exploring science of local medicinal plants with potential therapeutic properties
 - iii. Publication of 2 books on local medicinal plants enlisting 160 medicinal plant species (1990's)

- iv. Total of 557 medicinal plant species recorded with 242 species grown in herbal gardens
- v. 187 medicinal plant species with potential for scientification

6. FUTURE PLANS

- To develop and formulate a National TM Policy
 - i. Integration of TM into national healthcare system
 - ii. Regulation of TM practitioners and products
 - iii. To establish product placement mechanism based on ASEAN technical requirements and harmonized and local processes
 - iv. Regulation of TM products
 - v. Protection of consumer safety
- Continue to strengthen collaboration with identified stakeholders within and outside Brunei Darussalam on TM education
 - i. Capacity building for relevant health professionals
 - ii. TM research & development
 - iii. TM modalities from AMS and other countries that best fit local healthcare setting

7. REALISATION OF PLANNING

- Collaborating platforms
 - i. WHO TM related matters
 - ii. ACCSQ-TMHSPWG for products
 - iii. ATFTM for practice

- TAWANGMANGGU Declaration endorsed by ASEAN Member States during 3rd Conference on TM for ATFTM declared to implement 5 actions based on recommended strategies
 - i. To promote and integrate safe, effective and quality Traditional Medicine, Complementary and Alternative Medicine (TM/CAM) into the national healthcare system, and across other sectors as appropriate
 - ii. To facilitate the exchange of information on research results in safety, efficacy and quality of herbal and traditional medicine among AMS
 - iii. To promote the rational use of TM (herbal medicines & modality) in the primary health care
 - iv. To strengthen TM knowledge of healthcare personnel through training and education
 - v. To strengthen capacity of AMS to conduct research on safety, efficacy and quality of traditional medicine

8. REPORT FOR 4TH TM CONFERENCE

Situation of integration of Traditional Medicine into National Healthcare system

Exploring the need to formulate a TM integration model into national health care system

- Examining existing and potential modalities of use
- Considering conducting cost-effectiveness and cost-benefit analysis for a more objective assessment
- Assessing level of understanding of healthcare

- personnel on TM – important factor for success of integration
- Enhancing relationship with relevant stakeholders on research and monitoring safety, efficacy & quality of TM

Introduction of some effective models of the integration of Traditional Medicine

Various models for consideration

- Post-natal care
- Pain management
- Palliative pediatric care

Advantages and disadvantages of the implementation of integrating Traditional Medicine into the National Healthcare systems

Advantages:

- Reduce overall health care cost
- Maintain quality of health care

Disadvantages:

- Non-compliance may lead to negative health outcomes
- Patient expectation – alternative rather than complementary which may impact health outcomes

Challenges:

- Reluctance of health care professionals to accept effectiveness of integration (perceived as change or intervention in modern medicine concept)

- Conventional medical practitioners' lack of knowledge in Traditional Medicine
- Product physiological interaction

Proposals of suitable models and regional cooperation in future

- Follow-up on proposals and regional cooperation will be shared once implemented
- Open to learn modalities and best practices from other AMS and consider their suitability for adaptation into national system

9. CONCLUSION

TM has yet to be integrated into national healthcare system

- Brunei Darussalam recognizes importance of TM and its role
- Continue to monitor rational and appropriate use of TM

Regulatory measures to ensure accessibility to safe practice and products

- Measures to strengthen research and development on TM
- Initiatives to establish educational platform on TM in Brunei Darussalam

STATUS OF TRADITIONAL MEDICINE IN
THE KINGDOM OF CAMBODIA



1. INTRODUCTION

Since the First Conference on Traditional Medicine in ASEAN Countries in Bangkok, Thailand 31st August - 2nd September 2009, Second Conference on Traditional Medicine in ASEAN Countries in Hanoi, Vietnam 31st Oct - 2nd Nov 2010 and the Third Conference on Traditional Medicine in ASEAN Countries in Solo & Tawangmangu, Indonesia, 31st October - 2nd November 2011. Cambodia has shown some significant progress on Traditional Medicine development, in particularly after the 3rd Conference, the achievements during one year from Nov 2011 to Nov 2012 that is complying with the components of Cambodia Traditional Medicine Policy that was promulgated in 2010.

Those activities related with development of legislation, education and training, raw materials and products, research and National and International Cooperation.

Recently the outstanding achievement of the National Center of Traditional Medicine (NCTM) is Traditional Medicine Strategy 2012-2020 that was approved by Ministry of Health, it's the important tools to develop and promote Traditional Medicine in Cambodia within 9 years time frame.

The a few achievements on the TM development are the result of the support from government budget (Second Health Sector Support Program: HSSP2), WHO-WPRO and the Nippon Foundation. These efforts are aiming to integrate traditional medicine into Cambodia national health care system through the evidence-based approach on quality, efficacy and safety of TM practice and products and towards harmonisation of Traditional Medicine practices.

2. THE DEVELOPMENT ON INTEGRATING TM INTO THE HEALTH CARE SYSTEMS

2.1. Strengthened and developed legislations

2.1.1. Traditional Medicine Strategy 2012-2020

On 1st August 2012, Ministry of Health of Cambodia has approved on Traditional Medicine Strategy 2012-2020.

The Purpose of The Traditional Medicine Strategy 2012-2020 provides guidance on the implementation of the Traditional Medicine Policy of the Kingdom of Cambodia to maximise the health potential of traditional medicine, advance the cause of primary health care and facilitate access to a more comprehensive range of health services for the people of Cambodia.

Traditional Medicine Strategic objectives of the Kingdom of Cambodia, 2012-2020, are reflection of:

- Goals of the Traditional Medicine Policy of the Kingdom of Cambodia;
- Resolution on Traditional Medicine of the World Health Assembly;
- Obligations of the Kingdom of Cambodia as one of member states of ASEAN, WHO and WTO; and
- Broader context in regard to the progress made in every sector of the Kingdom of Cambodia.

The Traditional Medicine Strategy 2011-2020 is focused on 5 key Strategic objectives:

- To integrate traditional medicine in the national health system
- To promote rational use of traditional medicine

- To increase access to safe and effective traditional medicine
- To promote protection and sustainable use of traditional medicine resources
- To strengthen National and International cooperation in generating and sharing traditional medicine knowledge and skills

The TM Strategy 2012-2020 has 111 activities to implement for fulfill the above 5 keys strategic objectives. It's clearly design expected outcome, timeframe, responsible agency, priority...

2.1.2. Dissemination Traditional Medicine Policy of the Kingdom of Cambodia to the Provincial Health Departments

As the National lead agency for Traditional Medicine, NCTM had conducted several dissemination workshops on Traditional Medicine Policy during May and June 2012 to Health Provincial Departments in Cambodia. The workshops were aimed to promulgate the Policy to Provincial level including directors, chief of drugs bureaus and health workers to aware on the objectives and goal of Ministry of Health to integrate Traditional Medicine into National Health Care System.

As the direction as stated in the TM Policy, it encourages the director of each provincial health department take the appropriate actions to strengthen, promote and develop Traditional Medicine in their level.

The workshops also proposed to directors of health provincial departments to start set up Bureau/unit of Traditional Medicine, botanical garden and conduct a survey on the number of the population that use TM products and service, TM providers (TM healers), TM drugs stores and TM clinics. Some complaints were rising during the discussion. For example: lack of human resources, no space or land to build botanical garden, lack of financial support... These complaints are the concerned issues for NCTM and especially Ministry of Health to allocate appropriate budget for support TM activities.

2.2. Education & Training

National Center of Traditional Medicine collaborated with Cambodia Traditional Medicine Organisation (CaTMO) continues the short course training to TM healers (Kru Khmer). This year NCTM-CaTMO focuses on TM healers from provinces. In the early of 2012; NCTM, Ministry of Health had revised on the curriculum from 6months and 10months to only 5 months course, that concerned on cost-efficiency and duration of study while all TM healers that enrolls to the course they must have experience at least 5 years on TM practices and products and must past the entrance examination.

The curriculum of the course covers 65% of Traditional Medicine subjects and 35% the basic concept of western medicine. The Traditional Medicine subjects are focus on theories, practices and field visits, to ensure after finished the course students gain more knowledge and competency in their field.

The aim of the course as follow:

- i. To prevent unqualified of Traditional Medicine practitioners.
- ii. To prevent misinformation and misunderstanding about traditional medicine health care.
- iii. To carry out modernisation concept to TM practitioners

After finished the course students that passed the examination they will get The Certificate of Attendance on TM Training Course. With this Certificate they have official right to open TM clinic or TM drugs store after they got approval from Municipal Health Department or Provincial Health Department.

Every year around 100 students passed examination and get certificate.

Since 2009 until present the center, MoH has provided 247 certificates to TM healers around the country. **This great achievement was full financial supported by The Nippon Foundation.**

2.3. Raw materials and products

2.3.1. Cultivation of Medicinal plants and Botanical Gardens

We still maintain the 3 simple Botanical Gardens but some significant increasing in term of plants and species from 1950 plants to 2300 plants and 500 species to 530 species if compare with last year. Beside this we fixed 400 labels on the plants (Khmer language and Latin's name).

Our objective is:

- i. To conserve rare and endangered species of herbal plants
- ii. To educate people to appreciate the value and significant of herbal plants.
- iii. To teach students and TM healers get more knowledge on herbal plants.

2.3.2. Traditional Medicine Products

National Center of Traditional Medicine is focusing on the improvement of the quality, safety and efficacy of TM products.

In this year due to we got some budget from HSSP2 (Second Health Sector Support Project) from the government, some a few workshops and training were conducted to the staffs of Health Provincial Departments related with improvement quality and safety of TM raw materials and products. The concept of Good Manufacturing Practices (GMP) and Good Agricultural and Collection Practices were introduced during the workshop, its aim to rise the idea of GMP & GACP of TM products with quality and safety to health workers as the starting point before introduce to TM healers in their communities.

The staffs of Health Provincial Department could use that knowledge for further training to TM healers at their provincial level.

2.3.3. Conservation and Sustainable use of TM raw materials

As stated in our TM policy and Strategy 2012-2020 to promote protection and sustainable use of traditional medicine resources, National Center of Traditional Medicine (NCTM) conducted a few workshops and training to the staffs of Health Provincial Departments on the knowledge of good cultivation, good protection, good collection and conservation and protection of rare and endangered species. The WHO Guideline on Good Agricultural and Collection Practices (GACP) was introduced during the workshop. NCTM has proposed to Health Provincial Department to set up botanical garden for cultivate medicinal plants and especially rare and endangered species in their level.

As the result of workshop a few Health Provincial Departments will start to develop a small botanical garden in their areas.

2.4. Publication traditional medicine books

For safe and effective used of TM product, NCTM has published 4 volumes of Cambodia Medicinal plants book and other books that related with the promotion of Traditional Medicine in the recent years and distributed free to TM healers, Institutions and public. The activities were aiming to strengthen and encourage people to use safe and effective TM products and TM raw materials. It's noted that TM products are widely use among the people that has low income and rural areas and it become more popular among the rich and high education people in the recent year in Cambodia.

In September 2012, NCTM has published the volume 5 of Cambodia Medicinal plants Book for disseminated to TM healers and other institutions. This book has 156 medicinal plants species for guide the users how to use those medicinal plants (Morphology of the plants, plant cultivation and collection method, indication, preparation, dosage and precaution)

2.5. International cooperation

NCTM is cooperating with ASEAN, WHO-WPRO, International NGOs and other countries to learn, to strengthen and to share experiences on TM development:

WHO-WPRO:

- Cambodia Traditional Medicine Strategy 2012-2020, Will be published and disseminated on November 2012 by full support from WHO-WPRO
- Participated the Regional launching and workshop on the implementation of the Regional Strategy for Traditional Medicine in Western Pacific 2011-2020 on 7-8 May 2012, in Hong Kong, China

ASEAN Countries:

3rd ASEAN Conference on TM in Solo, Indonesia

The Nippon Foundation:

Supported 5 months Short course Training on TM for "Kru Khmer" Cambodian TM healers.

China:

China-ASEAN Training Program & Field Study on Harmonious Policies and Standard Operating Procedure (SOP) of TM April 15th –21st, 2012, Beijing (Organized by Guang'anmen Hospital)

Koica (Korea):

International Training Program 2012 “Modernisation of Traditional Medicine” April 9-27, 2012 Daejeon, Korea

Thailand:

The Fifth Meeting on Indigenous Medicine in the Mekong Basin 4-8 September 2012, the IMPACT Exhibition and Convention Center, Bangkok Thailand

Mexico & France:

The International Oaxaca Gathering 2012, Fortin Plaza 12-14 September 2012 (Organized by Oaxaca State and NGO Tradition d’Avenir from France)

3. CURRENT ISSUES AND CHALLENGES ON DEVELOPMENT OF TM

The integrating TM in the National Health Care system, the center is facing many difficulties due to the National Center of Traditional Medicine has following issues and challenges:

- Lack of technical and financial support on the development of TM (from Government, donors, institutions and International NGO’s)
- Lack of political support
- Lack of law and regulation to implement TM
- Lack of human resources (competence staffs)
- Lack of equipments and tools to improve the work condition
- No laboratory research (to improve evident base on TM)
- No Traditional Medicine Institute or University
- No traditional medicine manufactures (with GMP standard, mostly our TM healers produce TM products by their traditional ways)
- International Cooperation with other ASEAN countries and developed countries on the development of TM still very low progress
- The Integrating of Traditional Medicine into National Health Care system is in very low progress

4. FUTURE PLAN 2013-2015

Activities	Objective	Time Frame	Expected outputs/ Indicators
Legislation			
Develop Traditional Medicine Law	To promote, develop, control and regulate Traditional Medicine (TM practitioners, TM Manufacture and TM products, TM natural resources, IP)	Just in proposal	Traditional Medicine Law approved promulgated by Parliament
Traditional Medicine Profession			
Survey on the number of TM clinic, TM drugs store, and TM Healers in Cambodia (In Cambodia has 186 districts and 1,621 communes)	Manage the statistics of traditional medicine service providers and products sellers of any kinds;	Looking for funding support	Data base of TM Clinic, TM drugs store and TM healers in Cambodia
Development of training model for volunteers health worker& assistant doctors on application of TM in PHC	<ul style="list-style-type: none"> To develop the training model for responsible personnel on the application of TM in PHC among AMS; To disseminate the developed models 	Looking for funding support	<ul style="list-style-type: none"> Model developed Model disseminated

Education and Training			
Set up Institute of Traditional Medicine	Prepare and promote traditional medicine in the formal academic system as having been done in many countries in the region	2013 - 2014	Institute of Traditional Medicine established
Provide scholarship for two PhD degree student to China, Japan and Korea for research medicinal plants oriented	Provide trainings on traditional medicine research and development	Looking for funding support	PhD students graduated from China, Japan and Korea
Research			
Set up medium size of laboratory research	Approach to research including laboratory, clinical and manufacture research shall be adopted based on the standards and guides on traditional medicine products of international organisations	Looking for funding support	Medium size of laboratory research was set up
Set up a model of TM manufacture		Looking for funding support	Model TM manufacture was set up
Develop Cambodia Herbal Pharmacopoeia	Provide evidence-base on quality, efficacy and safety of TM products	Looking for funding support	Cambodia Herbal Pharmacopoeia developed

Raw materials and Products			
Develop Botanical Garden as ASEAN standard	Protection, conservation and sustainable of raw materials and products	Looking for funding support	Botanical garden in Bokor developed as ASEAN standard
Develop GACP (Good Agriculture and Collection Practice) Guideline		2013	GACP Guideline developed
Develop Guideline on Standard Quality control of TM raw materials and products	To insure good quality and safety of TM raw materials and products	End 2012 Supported by WHO-WPRO	Guideline on Standard Quality control of TM raw materials and product
Distribute of TM Kits program	Access to command TM products with low cost for low income and rural area people	2014 - 2015 Looking for funding support	TM Kits distribute to 10,000 households in Northern and eastern region
International Cooperation			
Workshop or study tour to ASEAN and developed countries	Improved Capacity of staffs and sharing knowledge and exchange data research		Participated workshops and study tours
Join research with ASEAN countries and developed countries			<ul style="list-style-type: none"> • Joined research program, • Shared research data

PRESENTATION ON THE DEVELOPMENT ON INTEGRATING TM INTO NATIONAL HEALTH CARE SYSTEM IN THE KINGDOM OF CAMBODIA

By Dr. Pen Sunna

1. STRENGTHEN AND DEVELOP LEGISLATION

- Traditional Medicine Strategic Plan 2012-2020
 - i. With financial and technical support from WHO-WPRO, the Traditional Medicine Strategic Plan 2012-2020 was developed and promulgated by Minister of Health on 1st August 2012.
 - ii. The Strategic Plan Focus on 5 key Strategic Objectives:
 - a) To integrate traditional medicine in the national health system
 - b) To promote rational use of traditional medicine
 - c) To increase access to safe and effective traditional medicine
 - d) To promote protection and sustainable use of traditional medicine resources
 - e) To strengthen National and International cooperation in generating and sharing traditional medicine knowledge and skills.

- For fulfill the above 5 keys strategic objectives, 111 activities were formulated which allow NCTM and other institutions under Ministry of Health to review, revise and develop the necessary guidelines and regulations for strengthen and develop Traditional Medicine in Cambodia.

- Dissemination Traditional Medicine Policy to all Provincial Health Departments
 - i. To ensure the successful of the implementation of Traditional Medicine Policy, National Center of Traditional Medicine had conducted dissemination workshop on TM policy to Provincial Health Departments in May and June 2012, for further implementation of TM Policy in the provincial level.
- Develop Regulation framework on Quality Assurance of Traditional Medicines
 - i. On November 2012, with supported from WHO-WPRO, NCTM has develop the draft regulation framework on Quality Assurance for Traditional Medicine products and was conducted a consultation workshop from relevant institutions on 16th November 2012.

2. EDUCATION AND TRAINING

- National Center of Traditional Medicine collaborated with Cambodia Traditional Medicine Organisation (CaTMO) continue the short course training to TM healers (Kru Khmer) that come from provinces.
- This year NCTM, MOH has revised the curriculum from 6 months and 10 months courses to 5 months course.

- The 5 months curriculum covers 65% of Traditional Medicine subjects and 35% the basic concept of western medicine.
- The aim of the course as follow:
 - a) To prevent unqualified Traditional Medicine practitioners.
 - b) To prevent misinformation and misunderstanding about traditional medicine health care.
 - c) To carry out modernisation concept to TM practitioners
- The 5 month course is available only for TM healers that have experience at least 5 years on TM practices and products and must passed the entrance examination.

3. RAW MATERIALS AND PRODUCTS

Cultivation of Medicinal plants and Botanical Gardens

- Currently NCTM has 3 Botanical Gardens and cultivates around 2300 herbal plants and 530 species that collected from many places in the country.
- In this year nearly 400 species was fixed label (name of medicinal plants in Khmer language and Latin's name; supported by Nippon Foundation).
- Our objective is:
 - a) To conserve rare and endangered species of herbal plants

- b) To educate people to appreciate the value and significant of herbal plants.
- c) To teach students and TM healers get more knowledge on herbal plants .

Traditional Medicine Products

- National Center of Traditional Medicine is focusing on the improvement of the quality, safety and efficacy of TM products.
- In this year NCTM got some budget from HSSP2 (Second Health Sector Support Project) to conduct a few workshops and training to the staffs of Health Provincial Departments related with the improvement of quality and safety of TM raw materials and products.
- The staffs of Health Provincial Department could use that knowledge for further training to TM healers at their provincial level.

Conservation and Sustainable use of TM raw materials

- As stated in our TM policy and TM Strategic Plan 2012-2020 to promote protection and sustainable use of traditional medicine resources, National Center of Traditional Medicine (NCTM) conducted a few workshops and training to the staffs of Health Provincial Departments on the knowledge of good cultivation, good protection, good collection and conservation of rare and endangered species (Follow with WHO Guideline on GACP).

- Currently Cambodia is not yet have herbal medicine organic farm. Mostly raw materials of herbal medicine are collected from the forest. This is a concern issue for Cambodia to start the protection and to ensure the sustainable use of traditional medicine resources (from the overharvesting and deforestation).

4. PUBLICATION TRADITIONAL MEDICINE BOOK

- In September 2012 NCTM has published the volume 5 of Cambodia Medicinal plants Book for disseminated to TM healers, institutions and public.
- This book has 156 medicinal plants species for guide the users how to use those medicinal plants (Indication, Preparation, Dosage and Precaution...)

5. INTERNATIONAL COOPERATION

- NCTM is cooperating with ASEAN, WHO-WPRO, International NGOs and other countries to learn, to strengthen and to share experiences on TM development:

- **WHO-WPRO:**

Cambodia Traditional Medicine Strategy 2012-2020 will be published and disseminated on November 2012.

Participated the Regional launching and workshop on the implementation of the Regional Strategy for Traditional Medicine in Western Pacific 2011-2020 on 7-8 May 2012, in Hong Kong , China

- **ASEAN:**

3rd ASEAN Conference on TM in Solo, Indonesia

- **The Nippon Foundation:**

Supported 5 months Short course Training on TM for "Kru Khmer" Cambodian TM healers.

- **China:**

China-ASEAN Training Program & Field Study on Harmonious Policies and Standard Operating Procedure (SOP) of TM April 15th –21st, 2012, Beijing (Organized by Guang'anmen Hospital)

- **Koica (Korea):**

International Training Program 2012 "Modernisation of Traditional Medicine" April 9-27, 2012 Daejeon, Korea

- **Thailand:**

The Fifth Meeting on Indigenous Medicine in the Mekong Basin 4-8 September 2012, the IMPACT Exhibition and Convention Center, Bangkok Thailand

- **Mexico & France:**

The International Oaxaca Gathering 2012, Fortin Plaza 12-14 September 2012 (Organized by Oaxaca State and NGO Tradition d'Avenir from France)

6. CURRENT ISSUES AND CHALLENGES

- The integrating TM in the National Health Care system, the center is facing many difficulties because the National Center of Traditional Medicine has following issues and challenges:
 - a) Lack of human resources (competence staffs)
 - b) Lack of technical and financial support on the development of TM (from Government and International NGO's)

- c) Lack of law and regulation to implement TM
- d) Lack of equipments and tools to improve the work condition
- e) No laboratory research (to improve evidence base on TM)
- f) No Traditional Medicine Academic school.
- g) No traditional medicine manufactures (with GMP standard, mostly our TM healers produce TM products by their traditional ways)
- h) International Cooperation with other ASEAN countries and developed countries on the development of TM still very low progress
- i) The Integrating of Traditional Medicine into National Health Care system is in very low progress

7. FUTURE PLAN 2013-2015

Develop legislation and regulation:

- Review and develop regulations for to control TM practices, TM products and TM raw materials.

Education and Training

- Finalizing and adopting the Traditional Khmer Medicine Curriculum for academic school
- Establish Traditional Khmer Medicine School

Research

- Strengthen NCTM staffs for herbal medicine and TM practices research
- Equipped laboratory equipments to NCTM for improvement research capacity.
- Establish herbal pharmacopoeia.

Raw materials and products

- Develop GACP (Good Agriculture and Collection Practice) Guidelines
- Develop Guideline on Standard Quality control of TM raw materials.
- Distribute of TM Kits program
- Develop Botanical Garden as ASEAN standard

National & International Cooperation

- Increase collaboration among institutions under Ministry of Health and other ministries that related with Traditional Medicine in term of develop and implementation activities, program, regulations and research.
- Workshop or study tour to ASEAN and developed countries
- Join research with ASEAN countries and developed countries

STATUS OF TRADITIONAL MEDICINE IN
THE REPUBLIC OF INDONESIA



BACKGROUND

From generations, Indonesian people have been utilizing herbal medicines or Jamu to maintain their health. "Jamu" the herbal Traditional Indonesia Medicine (TIM) is one of the main options of the people to seek treatment, especially in the remote areas. Even though modern drugs are readily available, most of the population depends on Jamu/herbal medicine. National Health Survey 2010 showed that 59.12% of Indonesian people consumes Jamu and most of them (95%) find it useful.

Indonesia has 1068 ethnics which have their own traditional medicine local wisdom. As it is known that most of the medicinal plants and traditional medicine in Indonesia is still stored in the local community, so inventory of medicinal plant national database become the crucial issue.

For that reason, it is imperative to use, develop and preserve medicinal plants and traditional knowledge needed to escalate the quality of life. Regarding to the priority program of the Ministry of Health on the development of Indonesian Jamu and dealing with four strategies of Traditional Medicine Development by WHO, Indonesia launches Jamu integration programme into the national health care. National policy on regulation, sustainability of standardized raw material, conservation, safety, efficacy and quality of Jamu, access and rational use of Jamu and promotion are central issues in the development of Jamu. The constructive cooperation among those partners is absolutely required and encouraged to perform "scientification" of Jamu to be synergized and integrated into national healthcare.

A. The Situation of the Integration of Traditional Medicine into National Healthcare System

As it is known that the new health paradigm is more emphasis on preventive and promotive, but curative and rehabilitative efforts should still be running. Nowadays, traditional medicine included Jamu should be stimulated to become a prominent alternative to promote health, to prevent and to cure diseases, especially for the degenerative disease and metabolic disorder, as well as for rehabilitation and palliative purpose.

From the social economic national survey data (2007), it was showed that only 28% of people who feel sick during the period of one month prior to the census. It means that another 72% were in health condition. Preventive efforts are very important and essential. Indeed society plays an important role in maintaining health. This is also reflected in the first Grand Strategy of MoH to mobilize and empower people to keep healthy life-style.

Based on the National Health System, traditional medicine should be developed, guided, promoted to be effective, safe and good quality practices in order to be used at community health care. One of strategic approach that could be used as an effective mechanism to integrate traditional medicine into the health care system is to convince medical doctor to be proud and prescribes traditional medicine and Jamu to patients. In order to synchronize and integrate traditional medicine in the National Health

Services, Ministry of Health of the Republic of Indonesia initiated the program called "Evidence-based Jamu Development" by issuing the Decree of the Minister of Health, Number 003 Year 2010 on "Scientification of Jamu through research based on health service". Recently Ministry of Health have been formulating the regulation related to "Jamu development". This regulation will lead to made a Jamu Laws that regulate all aspects related to "Jamu" i.e. IPR of local wisdom, medicinal plants biodiversity, raw material of production, industry, health worker, traditional healer, until the trade and economic aspects of Jamu.

As one of critical factor the integration of Traditional Medicine is provision of sustainable standardized raw material, which means that raw materials must be obtained through the GAP, GACP guidelines (MoA Decree No. 57/2012) and national regulations. The collaboration with Ministry of Agriculture and Ministry of Forestry has been running to standardize raw material process; training for farmers in planting, harvesting, and post harvesting process. To meet the qualified raw materials and its sustainability, Ministry of Agriculture have published the guidelines of Medicinal Plant Cultivation to support the program of Scientification of Jamu. At amount of 14 medicinal plants have been successfully standardized such as *Curcuma xanthorriza*, *Zingiber officinale*, *Curcuma domestica*, *Kaempferia galanga*; *Andrographis paniculata*; *Centella asiatica*; *Guazuma ulmifolia*; *Morinda citrifolia*; *Apium graveolens*; *Piper retrofractum*; *Ammomum cardamomum*; *Alpinia galanga*, *Acorus calamus*, and *Curcuma aeruginosa*.

Recently, in 19 November 2012 the Ministry of Health has already collaborated with local government, i.e. North Sumatera, Central Java and South Kalimantan provinces to build the center extraction and post-harvest.

B. Introduction of some effective models of the integration of Traditional Medicine

Integration of Traditional Indonesia Medicine in Health Care required several supporting factors such as sustainable provision of standardized raw material, appropriate system/standard of traditional health services, qualified of health personnel, availability infrastructure and health service facilities, supporting regulation and policy, and promotion.

The basic objective of traditional medicine development is to provide the safety, quality and efficacy of TM to be implemented in the National Health Care. Based on this agreement, Indonesia developed concept of TIM integration by develop the Centre for Development and Implementation of Traditional Medicine (Sentra P3T) in 12 Provinces. These centres has main job to screen the TM, training for healers and services of TM for community. Up to 2012, 56 hospitals included 12 teaching hospital which have been implementing complementary-alternative traditional medicine i.e. Jamu, acupuncture, acupressure, hyperbaric, hypnotherapy, yoga, chiropractic, and massage. The target on 2014, MoH will increase the number of Public Health Centre from 35 in 2011 to 500 PHC which have Jamu services, and 12 hospitals in 2011 to 200 hospitals in 2014.

To support the acceleration of Integration of TIM, Scientification of Jamu will speed up to generate the Certified of Medical Doctor as an actor in the “Jamu services”. Up to present there are 6 batches of Medical Doctor training program yield 165 certified Medical Doctor whose are able to carry out the Scientification of Jamu. Lately, the National Committee of Scientification of Jamu also has been developing the curricula of pharmacist training program in order to provide the sufficient number of Jamu pharmacist.

Gradually training of Jamu Scientification will performed for non-health provider/traditional healer and Jamu seller (Jamu Gendong), and also for the farmer. The training material and curricula will be formulated by the National Committee of Scientification of Jamu. Publications to support the Jamu Scientification program, namely: Vademecum vol. 1, 2 and 3 (MoH); Indonesia Herbal Pharmacopoea (MoH); Guideline of Usage of Medicinal Family Garden (MoH); The 100 Top Indonesia Medicinal Plants (MoH); SOP of Cultivation of *Pimpinella pruatjan* Molkenb (MoA); SOP of Cultivation of *Curcuma xanthorriza* (MoA); SOP of Cultivation of *Kaemferia pandurata* Roxb (MoA); Body of Knowledge Jamu (Nat.Comm. of SJ); and Guideline of Clinical Study of Jamu (Nat.Comm. of SJ)

C. Advantages and Challenges of the implementation of integrating traditional medicine into the National Health Care

Advantages:

Encourage total coverage achievement:

- i. Accessibility; the community are able to choose and access the safe, effective, and qualified traditional medicine at affordable price
- ii. Self-sufficiency in Jamu raw materials (to reduce imported things)
- iii. Get the various traditional medicine dosage forms (based on local wisdom formulary)
- iii. The community are able to self maintain their health by consuming Jamu (to prevent illness) by utilizing the family medicinal plant garden
- iv. Strengthening the “unity” of Indonesia Health Tourism, especially on TM
- v. Contribute to increase the state revenues

Challenges:

- i. Empower and assist farmers to cultivate medicinal plants in order to ensure availability of standardized raw materials
- ii. Standardisation of medicinal plants
- iii. Evidence based of traditional medicine based on local wisdom/ethnic
- iv. Increase the number of medical doctor, pharmacist, other health personnel and hospital to implement traditional medicine services

D. Proposals of the suitable models and the regional cooperation in the future

Integrated TIM Camp Model

TIM Camp is integrated model of traditional medicine from upstream to downstream. To be used for national health care system, Jamu should be guaranteed its safety, quality and efficacy. For achieving it, Indonesia has a conceptual framework which has 5 pillars: policy, regulations and guidelines/standards; research and development; qualified health personnels; sustainability of standardized Jamu raw material; and proper and intensive promotion by strong collaboration with stakeholders. In the future, formal education of traditional medicine will be initiated from college integrated with the teaching TIM hospital.

Utilisation of Family TIM Garden for Self Care Medication

Utilisation of family medicinal plant garden and guaranteed purchase of post-harvest by the user will improve community health and generate family income. Planting household medicinal plants is one of great chance to bring the healthy and welfare community.



Presentation on Integration of Traditional Medicine into the National Healthcare System Indonesia

By Ms. Indah Yuning Prapati

BACKGROUND

- 1068 tribes have their own traditional healers, traditional medicines and traditional knowledges
- 59.12% of the population are still relying on the effectiveness of Jamu (traditional medicines)
- 1908 licensed traditional medicine industries consisting of 79 large scale industries, 1413 small scale and 416 home industries
- President launched “Jamu Brand Indonesia” and “integration Jamu into national health care system” (2008)

Ten major diseases be treated with Jamu (based on survey of doctors practicing CAM)		
No.	Jamu as complementary Tx	Jamu as alternative Tx
1	Hypertension	Cancer / tumor
2	Diabetes Mellitus	Diabetes Mellitus
3	Dislipidemia	Hypertension
4	Hepatitis	Hepatitis
5	Hiperuricemia	Dislipidemia
6	Common cold	Hiperuricemia
7	Osteoarthritis	Haemorrhoid
8	Obesity	Gastritis
9	Dengue haemorrhagic fever	Obesity
10	Diarrhea	Common cold

1. BACKGROUND

Synchronising jamu into formal health care system requires mutual symbiosis across the systems

- The formal health system has to strengthen Jamu health care system and folk health care system.

Ensuring jamu to be integrated in health care system

- Database and mapping of ethnomedicine
- R&D in cultivation, harvesting, and post harvesting
- R&D in safety, quality and efficacy (clinical trial)
- Formulate policy/regulation/guideline/standard

2. MAIN TOPICS

A. The situation of the integration of Traditional Medicine into the National Healthcare system

Five Pillars for integrating Traditional Medicine into Health Care System:

- a) Policy and regulations, guidelines, standards
- b) Research and Development on TM
- c) Qualified Health Personnel
- d) Sustainability standardized Jamu raw material
- e) Proper and Intensive Promotion

B. Policy and regulations

Health Minister's Decree No. 381/2007 about The Policy of Traditional Medicine

- a) To encourage the use of Indonesian natural resources in sustainable manner for the use of traditional medicine for improving health and economy
- b) To assure safe, qualified, and effective traditional medicines as well as to protect the community from inappropriate use of traditional medicine

- c) To assure the availability of effective traditional medicines, scientifically proven, and can be used broadly for community self-care as well as formal health services
- d) To encourage accountable business of traditional medicines bridging jamu to be accepted by Indonesian as well as by other communities

Regulation of Jamu as products

Regulation	Important points
RI law No. 36/2009	Health, health resources, medical devices, pharmaceutical dosage form, health services, etc
MoH Decree No. 007/2012: Registration of traditional medicine	Traditional medicine IOT, IEBA, IKOT should have marketing approval from POM Production of traditional medicine should be in accordance with GMP
FDA of Indonesia Decree No. HK.00.05.41.1384: Criteria of Traditional Medicine	Jamu Standardized Herbal Medicine Phytopharmaca

Regulation for services of traditional medicine

Regulation	Important points
MoH Decree No. 1076/SK/VII/2003	The Carrying Out of Traditional Medicine (for traditional healers)
MoH Decree No. 1109/2007	Complementary and alternative medicine in formal health facilities
MoH Decree No. 121/2008	Standard of Herbal Medicine Services
MoA decree No. 48/2009	Development of Vegetable and Medicinal Plants
MoAdecree No. 57/OT.140/9/2012	Good Agriculture Practices for Medicinal Plants
MoA decree No. 06/OT.140/3/2006	Organisation and Job Description of Aromatic and medicinal Plants office

Regulation for research and development of TM

Regulation	Important points
Health Minister's Decree No. 003/2010	Jamu Scientification
Health Minister's Decree No.0584/SK/VI/1995	Center for Research, Implementation, and Services of TM (Sentra P3T)

C. Qualified human resources

- 50 hrs training on Scientification of JAMU for medical doctor/dentist and pharmacist (6 batches)
- Development of 120 hrs training modul of health services on CAM for medical doctor
- Mentoring and supervision of TM practices
- Training and education for traditional healers and Jamu seller
- Development of integration Jamu in curricula of School of Medicine, Pharmacy, Agriculture, Forestry, etc
- Fostering of cluster farmers

D. Research and development of TM

- Nursery
- Postharvest
- Preclinical study
- Clinical Study
- National Survey of Ethnomedicine and Medicinal Plant based on Community
- Specific purposes:
 - a) Inventory of medicinal plant use based on symptom/illness in each tribes in Indonesia
 - b) Inventory of medicinal plant and part used in herbal formula
 - c) To collect medicinal plant specimen
 - d) Identify local wisdom of medicinal plant use and the management

E. Sustainability and standardized jamu raw material

UPSTREAM

Since 2008

- Providing standardized medicinal plants
- Broadening Cluster Farmers of medicinal plants
- Initiate adequate extract and simplisia center in three provinces

DOWNSTREAM

Since 2010

- Indonesia Jamu National Committee, MOH, has been conducted 6 batches of Jamu Scientification training for 165 medical doctors and 15 pharmacists
- Indonesia Medical Doctor association (IDI) issued legal certificate to medical doctor whose passed 50 hrs Jamu Scientification training

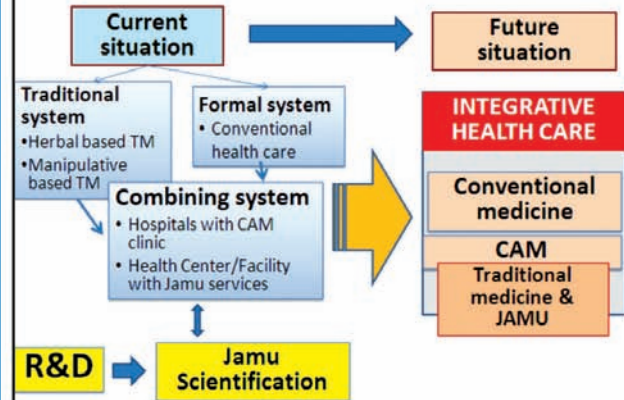
Standardised medicinal plants

- Curcuma Xanthorrhiza
- Curcuma domestica
- Andrographis paniculata
- Centella asiatica
- Kaempferia galanga
- Zingiber officinale
- Artemisia annua
- Stevia rebaudiana
- Echinacea purpurea
- Phyllantus niruri

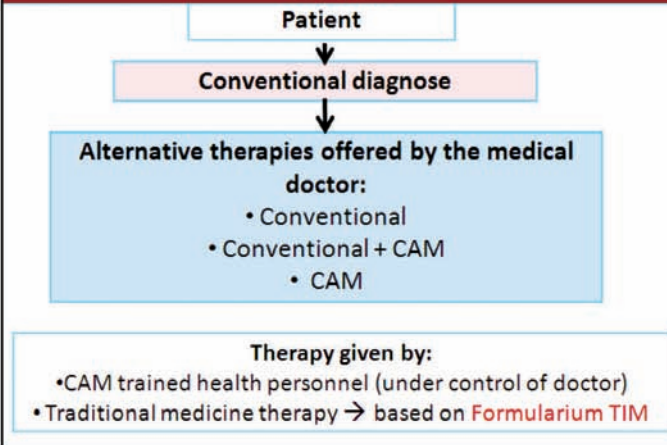
Roadmap Clinical Research of Jamu

2011	2012	2013-2014
1. Hypertension	1. Haemorrhoid	1. Myalgia
2. Hypercholesterolemia	2. Dispepsia	2. Hepatoprotector
3. Hyperuricemia	3. Osteoarthritis	3. Immunomodulator
4. Hyperglycemia	4. Obesity	4. Asthma
	5. Prolactation	5. Cervical cancer
		6. Allergic dermatitis
		7. Common Cold
		8. Aphrodisiac
		9. Prostate cancer
		10. Anemia

2. Integration of The Traditional Indonesia Medicine (TIM) into Health Care System



The Flowchart of Integration model in Health Facilities



Achievements

NO	PROGRAM	INDICATOR	2011		2012		2014	
			Target	Achievement	Target	Achievement	Target	Achievement
Coaching, supervising and monitoring of TCAM services								
1.	Coverage (percent) districts / cities coaching TCAM		20%	20,6%	30%		50%	
	At least 2 health centers per district / city		200	219	300		500	256
2.	Number of hospitals implementing CAM services		36	40	46		70	51

F. Proper and intensive promotion

- Drinking Jamu for any events
- Health tourism
 - a) Medical tourism (education through recreation)
 - b) Wellness tourism
- Conducting Jamu exhibition
- Organizing seminar/workshop on Jamu
- Distributing leaflet, brochure, etc.
- Cloning of SJ Hortus Medicus Clinic for other provinces
- Expanding medicinal plant family garden

G. Advantages and challenges of the implementation of integrating traditional medicine into the National Healthcare systems

Advantages:

- i. Accessibility
 - The community are able to choose and access the safe, effective, and qualified traditional medicine at affordable price
- ii. Self-sufficiency in Jamu raw materials (to reduce imported things)
- iii. Get the various traditional medicine dosage forms based on local wisdom formularium)
- iv. The community are able to self maintain their health by consuming Jamu (to prevent illnesses) with the utilisation of medicinal plant garden family
- v. Contribute to increase state revenues

Challenges:

- i. Empowering and assisting farmers to cultivate medicinal plants in order to ensure availability of raw materials
- ii. Standardisation of medicinal plants
- iii. Evidence base of traditional medicine based on local wisdom/ethnic
- iv. Increase the availability of trained health personnel and health facility on TM/CAM

H. Proposals of the suitable models and the regional cooperation in the future

- Integrated "TIM Camp" Model
- Utilisation of Family TIM Garden for Self Care Medication

I. National Publication

- Vademecum volume 1, 2 and 3 (MoH)
- Indonesia Herbal Pharmacopoea (MoH)
- Guideline of Usage of Medicinal Family Garden (MoH)
- The 100 Top Indonesia Medicinal Plants (MoH)
- SOP of Cultivation of Pimpinella pruatjan Molkenb MoA)
- SOP of Cultivation of Curcuma xanthorrhiza (MoA)
- SOP of Cultivation of Kaemferia pandurata Roxb) (MoA)
- Body of Knowledge Jamu (NC of SJ)

STATUS OF TRADITIONAL MEDICINE IN
LAO'S PEOPLE DEMOCRATIC REPUBLIC



1. COUNTRY REPORT ON TRADITIONAL MEDICINE IN LAO PDR 2012

Lao People's Democratic Republic (Lao PDR or Laos), is located at the heart of the Indochinese peninsula and shares borders with China to the north, Cambodia to the south, Vietnam to the east, Thailand to the west and Myanmar (formerly Burma) to the northwest. The country stretches 1,700 km from north to south, with an east-west width of over 500 km at its widest and only 140 km at its narrowest point. Laos covers a total of 236,800 square kilometres, of which three-quarters comprise mountains and forest.

The total population was about 5.6 million in 2005. The average population density is 24 per square kilometre, giving Laos the lowest population density in South-East Asia. About 85% of the population are rural dwellers engaged in subsistence farming. There are 49 distinct ethnic groups, many with their own language, culture and traditional practices. Based on ethno-linguistic characteristics, the Lao population is usually counted as being composed of four major ethnic groups. The majority (67%) of the population is Lao-Tai, 22% Mon-Khmer, 8% Hmong-Lu Mien and 3% Chinese-Tibetan. The official language is Lao. Sixty-seven percent of the population is Buddhist, and 33% are "others" (e.g. Animist, Christian and Muslim). Administratively, Laos has 16 provinces and one capital city, 141 districts, 10,552 villages and about 1,000,000 households. The average household size is 5.9 persons.

Lao PDR has progressed significantly in the past two decades thanks to economic reforms, with improvements

in health and primary education outcomes. Despite this, it remains one of the least-developed countries in East Asia and the Pacific region, and ranked 122nd out of 169 nations on the Human Development Index in 2010. The literacy rate was 73% in the population above 15 years of age in 2005. More than 50% of GDP is derived from agriculture, about 80% of the population rely on the natural resource base for their livelihoods and almost 60% of Foreign Direct Investment is related to the country's environment and natural resources.

2. DEVELOPMENT OF TRADITIONAL MEDICINE IN LAO PDR

1. Traditional Medicine in Lao PDR

Traditional medicine is a part of Lao culture since time immemorial. Lao people have their own traditional healing system which was handed down from generation to generation by various approaches. From the commencement of edification of Lao PDR, the integration of Traditional Medicine and Western Medicine in the examination and treatment of diseases is a continuing policy of the Lao PDR Government.

The Lao Government fully recognizes the high value of Traditional Medicine and has widely encouraged its application, both in public and private sectors. Since the Government budget is limited and the communications are very difficult, especially in remote areas where the health care services are inaccessible, the utilisation of traditional medicine as well as herbal medicines become a pertinent and necessary element of the Primary Health

Care for solving the problems of drug supply of the local communities.

2. Medicinal plants and Traditional Medicine of Lao PDR

Laos is relatively abundant in natural resources that include plants and other forest resources. The total area of the country is 23,680,000 ha, of which 47% (roughly one million hectares) is covered by forest. The floral resources are commonly viewed as plentiful and rich in diversity. According to foreign reference, it is estimates that 8,000 to 12,000 plants species grow in Laos, more than 5,000 species are medicinal plants and herbs. Nevertheless, Lao traditional practioner or healers use only less than 500 species for completing their remedies.

The richness of Lao forest provides a favorable environment to animal survival and reproduction, and thus to a high bio-diversity. The Lao forest resources also provide an effective *materia medica* in the prevention and treatment of diseases . Most of the medicinal plants are untouched with scientific research, but still available and have been used by local people as food and drug. Lao Traditional Medicine contributes in ameliorating people health care service, taking important part in poor alleviation plan of the government.

In the previous years, the Institute of Traditional Medicine (ITM) carried out many researches about traditional knowledge in various ethnic communities, in the pagodas, translated “Tarm” and “Pali Sanscrit’ scripts into common dialect, selected good remedies, published and distributed to public for use. In addition, surveys of medicinal plants

in various localities throughout the country are also implemented, more than 1,500 species were documented. All relevant information from the survey was entered into the NAPIS Database. At the same time herbarium specimens of the surveyed species were collected and deposited at ITM’s herbarium room.

3. Policies on the promotion of traditional medicines

In 1993, the Government of the Lao PDR approved the National Drug Policy Program which consisted of 13 components. One of the thirteen components is specialized to traditional medicines.

In 1996, the Ministry of Health issued the policy on the promotion traditional medicine in Lao PDR. This policy had 7 components as follows (1) establishment of traditional medicine network, (2) goods and moral support to traditional healers, (3) technical assistance to traditional medicine sector, (4) integration of traditional medicine with primary health care program, (5) research on medicinal plants and traditional medicines enhancement, (6) intellectual property rights on traditional medicines, and (7) registration of traditional medicines factories and medicines.

In 2000, Law on Drugs and Medical devices was issued and promulgates. This Law defines principles, rules and measures relative to the management of cultivation, growth, protection, exploitation, production, importation, exportation, distribution, possession and use of drugs and medical products, in order to ensure the availability of high-quality, safe and appropriate-priced drugs and medical

products for preventing and treating diseases and ensuring good health for the population.

In 2003, Prime Minister Decree No. 155/PM was issued. This Decree defines measures related to the promotion, management, exploitation, production growth, and use of natural resources to protect the country's medicinal natural resources and rich biodiversity, and to ensure the sustainable use of medicinal natural resources.

Progresses In Tm

- 1) National Medicine Policy in place that acknowledges the importance of traditional medicines in national health care
- 2) Political support for the integration of traditional medicines with modern medicine and the rational use of traditional medicines through legislations:
 - Law on Drugs and medical products (New Review Approved by National Assemble No 07/ NA in 21 December 2011)
 - Regulation No.1441/MOH Drug Registration (2003)
 - Regulation No. 482 Retail pharmacy (2002)
 - Regulation No.1442/MOH Importation and Export of Drugs and Medical Products (2003)
 - Regulation No. 937/MOH Drug and medical Product Manufacturing (2004).
 - Biodiversity management, Decree No. 155/PM (2007)
 - Nationally and internationally recognized expertise in Lao traditional medicine of the Institute of TM (FDD, MoH)
- 3) November 30, 2009 MoH organized the meeting with Ministry of Agriculture; Ministry of Trade and Industry; ; Custom; Police and Ministry of Finance; Government office ; Supported by MoH in order to issue of the meeting is Protection of TM resources
- 4) September 24-25, 2010 organized The 3rd National meeting for Traditional Medicine Topic issue are SWOT Analysis in Lao PDR, supported by WHO and Government.
- 5) December,18. 2010 organized the Workshop on Strengthening Quality control Safety and Registration of Herbals Medicine we received Three consultation from WHO supported.
- 6) In 23 November 2011 organized the workshop to consider the Lao National Strategy on traditional medicine. And the first of Lao's National TM Strategy (LSTG) was approved on April 5, 2012 by Minister of Health of Lao PDR. This Strategy has focused on six strategic directions:
 - i. to develop human resources capacity for TM Nationwide,
 - ii. to expand the network for TM to ensure the integration of TM in the national health system and availability of TM at different level of the national health service delivery system and accessibility of safe and effective TM by public,
 - iii. to raise public awareness/interests/ understanding and utilisation on TM,
 - iv. to make use of scientific researches for providing safe and effective TM service and products in good quality and for economic gains,

- v. to conserve natural resources of medicinal plants and to protect intellectual knowledge on Traditional Medicines of the Lao ethnic group, and
- vi. to strengthen the collaboration on TM with other countries and regional/international organisation.

4. Traditional medicine network

Under the umbrella of Ministry of Health, the following institutions are responsible for the promotion the use of traditional medicine.

4.1. Traditional Medicine Division

The Division of Traditional Medicine was established in 2004 and situated in the Food and Drug Department. It was for assisting the technical part of traditional medicine policy, strategy, regulation, responsible to implementing activities and control medicinal natural resources with other Ministries to involve, It was also responsible considering for the exportation, importation and registration of traditional medicines and health supplement (TMHS), as well as the establishment of traditional medicine factory and promote to use TM in primary health care or health care system.

4.2 Institute of Traditional Medicine (ITM)

Recognizing the important role of traditional medicine, the Lao Government has founded Institute of Traditional Medicine since 1976. It is the only Institute of this kind in the whole country and is conducting adaptive research on

Medicinal Plants and Lao Traditional Medicine (LTM). The main tasks of the Institute are as follows:

- To gather Traditional medicine knowledge of different Lao ethnic groups in order to preserve the knowledge of our ancestors,
- To carry out surveys of country-wide medicinal plants for establishing database of medicinal plants of Laos,
- To analyze active ingredients and chemical compounds of medicinal plants,
- To produce herbal medicinal products in pilot scale,
- To provide examination treatment and rehabilitation services to outpatients,
- To contribute to the conservation of medicinal plants,
- To provide technical support to provincial Traditional Medicine Stations,

The current activities at ITM include effort to strengthen the infrastructure of our institution, especially to install some instruments for the conduct of scientific research. A need is felt to upgrade the ITM's capability to allow it to perform these activities, which will enable ITM to fulfill its charge and responsibility as an Institute of Traditional Medicine in the true sense of the word.

4.3. Traditional Medicine Stations

There are 12 traditional medicine stations or units located in 12 different provinces throughout the country. The stations are the place where local people can go to seek treatment of certain health complaints, to receive advice on disease treatment. Each station is generally composed of a staff of three to five.