

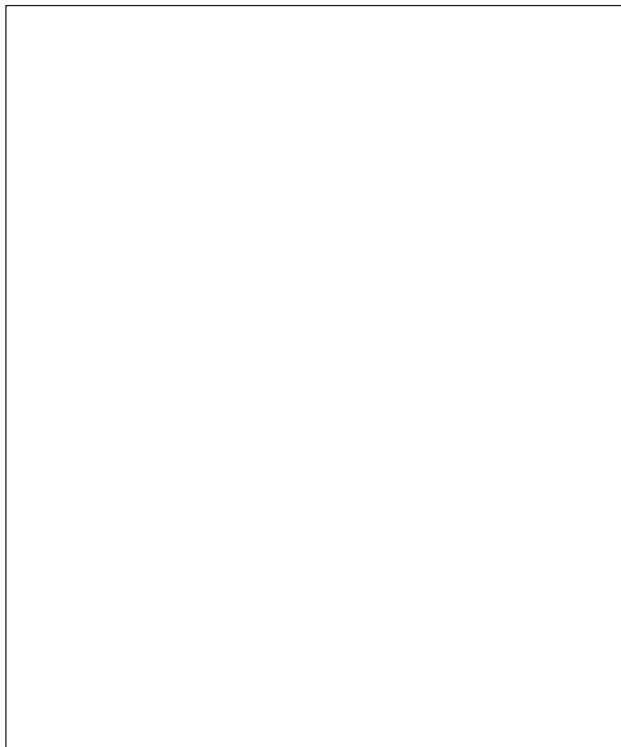


Proceeding
of
**The Conference on Traditional Medicine
in ASEAN Countries**

*Theme: Regional Cooperation on Traditional Medicine
Towards Its Utilization in the National Health Care Systems
and the Primary Health Care*
31 August - 2 September 2009
Sofitel Centara Grand Bangkok
Bangkok, Thailand



Institute of Thai Traditional Medicine
Department for Development of Thai Traditional and Alternative Medicine
Ministry of Public Health, Thailand





PREFACE

ASEAN member countries have been blessed with rich biodiversity and our ancestors have developed experience from the use of flora and fauna from nature as medicines to heal and relieve various ailments and symptoms. This knowledge combined with religious believes and culture eventually formed into different systems of traditional medicine that have been passed on from generation to generation. However, the level of success in the integration of traditional system of medicine in the national health care system varies greatly among ASEAN Member States and still remains a big challenge. Hence, national and regional collaborative efforts to strengthen the role of traditional medicine for the health care of the people in ASEAN are needed.

On the occasion that Thailand is the host country of ASEAN in the year 2009, the Department for Development of Thai Traditional and Alternative Medicine, Ministry of Public Health Thailand therefore collaborated with the ASEAN Secretariat and the Nippon Foundation to organize the **“Conference on Traditional Medicine in ASEAN Countries”** under the Theme: *“Regional Cooperation on Traditional Medicine: towards Its Utilization in the National Health Care System and the Primary Health Care”* during 31 August - 2 September 2009 in Bangkok. The main purpose of the conference was to formulate concrete plans of regional cooperation and project proposals in different areas of traditional medicine development to promote more collaboration and sharing of information, experience and expertise in the area of traditional medicine for the benefit of the people in ASEAN countries.

The three-day conference was a success with more than 200 participants; of these there were 68 delegates from ASEAN Member Countries, 32 other guests and participants from abroad, and 115 local participants. The conference comprised of the panel discussion; the presentation from invited speakers; the presentation of country report on the current situation of traditional medicine of each member country; working group session, and exhibition of traditional medicine from each country.

Significant outcomes of the conference were **Bangkok Declaration on Traditional Medicine in ASEAN** and the **concept papers** of proposed regional collaborative plans in 4 areas; namely: -

- * Generation and sharing of evidence-based information on traditional medicine and traditional knowledge;
- * Requirements for safety, efficacy and quality of traditional medicine;
- * Integration of traditional medicine / complementary medicine into the health care system services; and
- * Promotion of the use of traditional medicine in the primary health care

The conference served only as the first step of regional cooperation on traditional medicine development. ASEAN Member States together with the ASEAN Secretariat need to make continuous effort to prepare complete project proposals based on the concept papers developed and submit to the Nippon Foundation for consideration of funding so that the regional collaborative projects can be implemented as planned during the next 5 years. It is hoped that this proceeding will help remind Member States of what we have achieved so far and what remains to be done in order for us to reach our goal.



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REPORT

of

The Conference on Traditional Medicine in ASEAN Countries

Theme: Regional Cooperation on Traditional Medicine Towards Its Utilization
in the National Healthcare Systems and the Primary Health Care

31 August - 2 September 2009

Sofitel Centara Grand Bangkok

Bangkok, Thailand

INTRODUCTION

The Department for Development of Thai Traditional and Alternative Medicine (DTAM), Ministry of Public Health, Thailand, in cooperation with the ASEAN Secretariat, the Nippon Foundation, and the Thai Traditional Medical Knowledge Fund held **Conference on Traditional Medicine in ASEAN Countries** from 31 August - 2 September 2009 at Sofitel Centara Grand Bangkok, Thailand. The conference theme was *Regional Cooperation on Traditional Medicine towards Its Utilization in the National Healthcare Systems and the Primary Health Care*. The main purpose of the Conference was to formulate concrete plans of regional cooperation and project proposals in different areas of traditional medicine development, and to promote more collaboration and sharing of information, experience and expertise in the area of traditional medicine for the benefit of the people in ASEAN countries.

Over three-day period, there were more than two hundred participants, including delegates from ASEAN Countries (66); Invited Speakers (6); Honorable Guests from the Democratic Socialist Republic of Sri Lanka (2) and the Federal Democratic Republic of Nepal (2); the Secretary-General of ASEAN and ASEAN Secretariat members (8); Chairman and staffs of the Nippon Foundation (11); the Distinguished Participants from WHO Regional Offices, i.e., WPRO and SEARO (2); Local Participants (87); DTAM staffs (38) and Observers (2). The list of registered participants is shown in the Annex 1 (in CD).



The conference included the presentations from the invited speakers, 15-minute country report presentations, panel discussion, the discussion and finalization of "the Bangkok Declaration on Traditional Medicine in ASEAN", and the working group session on the areas of cooperation and the preparation of concept papers, expected output, and action plan.

THE FIRST DAY: 31 AUGUST 2009

OPENING CEREMONY

The welcoming Thai traditional performance and the video presentation on “Current situation of traditional medicine in ASEAN countries” were shown at the beginning of the opening ceremony.



Dr. Nara Nakawattananukool, Director-General, Department for Development of Thai Traditional and Alternative Medicine, Ministry of Public Health gave the Welcome remark. He welcomed H.E. Tissa Karalliyadde, Minister of Indigenous Medicine of Sri Lanka, H.E. Dr. Surin Pitsuwan, the Secretary-General of ASEAN, Mr. Yohei Sasakawa, Chairman of the Nippon Foundation, the delegates from ASEAN Countries, the honorable guests, and other participants. He hoped for the initiation of continuous effort on regional collaboration among ASEAN member countries on various areas of traditional medicine development in the future for the benefit of the people and the economy of the ASEAN community in the future.



Mr. Yohei Sasakawa, Chairman of the Nippon Foundation and WHO Goodwill Ambassador for Leprosy Elimination, gave the address about the **“Traditional Medicine Kit Project”**, the Nippon Foundation initiated in Mongolia, that could provide easy access of quality traditional medicine at low cost to people in need. The project has currently been conducted in Myanmar and Thailand. He hoped that the project would be able to bring the benefits of sustainable primary health care to even the poor and those who lived in remote locations. He urged all participants to engage in constructive discussions, and to dedicate themselves to the spread and development of traditional medicine both within ASEAN member states and in surrounding regions.



H.E. Dr. Surin Pitsuwan, Secretary-General of ASEAN, gave the address about some challenges on the development of ASEAN traditional, complementary and alternative medicine including **Adulteration of traditional medicines** that requires quality control system; **Diverse national policies and regulations** that need to be standardized and harmonized; **Limited scientific evidence on safety, effectiveness and quality** that need research support and credible testing system; and Sustainability of raw materials for the production of traditional medicines that requires sustainable use and preservation of biodiversity. He encouraged all participants to put their **PEOPLE at the HEART of ALL their STRATEGIES** and put people’s welfare at the top priority as they continued to promote an ongoing partnership with their public through continuous dialogue and community participation.



The conference was officially opened by H.E. Mr. Manit Nopamornbodee, Deputy Minister of Public Health, on behalf of the Minister of Public Health of the Kingdom of Thailand. He welcomed and thanked all delegates, distinguished guests, participants, and observers for participating in the conference and thanked invited speakers for sharing their knowledge and experience in this conference. He also expressed his gratefulness to the ASEAN Secretariat and the Nippon Foundation for their support of this conference and future traditional medicine activities in ASEAN member countries.

The above-mentioned remark and addresses are shown in Annex 2.

FIRST DAY OF THE CONFERENCE (31 AUGUST 2009): MORNING SESSION

The morning session of the first day of the conference was held in plenary and chaired by Dr. Vichai Chokevivat, Advisor, Department for Development of Thai Traditional and Alternative Medicine, Ministry of Public Health, Thailand. The detail of each session of the conference was summarized as follows: -

1. Presentation on ***“Overview of Global Situation of Traditional Medicine in Health Care System & WHO Traditional Medicine Strategy”*** by Dr. Xiaorui Zhang, WHO Coordinator - Traditional Medicine.

Dr. Xiaorui Zhang presented the situation of the use of traditional medicine at the global and regional levels, WHO renewal of primary health care through 4 areas of reform, and WHO resolution on traditional medicine based on Beijing Declaration. She gave the suggestions on possible ways and means of cooperation in traditional medicine among ASEAN countries, and WHO will coordinate and provide technical support. Dr. Zhang's presentation is shown in [Annex 3](#).

2. Presentation on ***“ASEAN regional cooperation in traditional and herbal medicine”*** by Dr. Bounpheng Philavong from the ASEAN Secretariat

Dr. Bounpheng Philavong showed the Roadmap for an ASEAN Community (2009-2015); Public Health Sector; Agriculture and Forestry Sector; Economic and Trade Sector; ASEAN Situation in Traditional Medicine (WHO Survey in 2000); Key Challenges; and the way forward. Details are as appeared in [Annex 4](#).

3. ***Country report presentation***

Before the end of the morning session, the first part of 10-minute presentations of country report from Viet Nam, Thailand, Singapore, Philippines, and Myanmar began. The presentation was aimed to focus mainly on National Strategy for Traditional Medicine and Proposed Area of Regional Cooperation.

More details of country report of each Member State were provided as hard copy in the conference folder. Full version of country reports covered the background of traditional medicine system(s) in their country, national policy on traditional medicine, the integration of traditional medicine into the health care system, the education system and the regulation of traditional medicine practitioners, and the production of traditional medicinal products, manufacturing standard, standard of traditional medicines, and registration and licensing system.

Short and full versions of country reports of ASEAN Member States appeared in [Annex 5 \(in CD\)](#).



31 AUGUST 2009: AFTERNOON SESSION

The afternoon session of the first day of the conference was also held in plenary and chaired by Dr. Vichai Chokevivat. The detail of each session was summarized as follows:

3. **Country report presentation** (continued)

Country report presentations from Malaysia, Lao PDR, Indonesia, Cambodia, and Brunei Darussalam were continued in the afternoon session. Short and full versions of the country reports appeared in [Annex 5](#) (in CD).



4. Panel discussion on **“Successful Integration of Traditional Medicine in the Health Care System: Experience from China, Japan, Korea and India”**

The panelists were composed of invited speakers from China, Japan Korea and India, namely

- Dr. Zhang Qi, Director-General, Department of International Cooperation, State Administration of Traditional Chinese Medicine, China;
- Dr. Yukihiro Goda, Director, Division of Pharmacognosy, Phytochemistry and Narcotics, National Institute of Health Sciences, Japan;
- Dr. Kim Ki-ok, President, Korea Institute of Oriental Medicine (KIOM), Korea;
- Dr. S.K. Sharma, Advisor, Department of AYUSH, Ministry of Health and Family Welfare, India.

The moderator of the panel discussion was Associate Professor Dr. Chayan Picheansoonthon, Fellow of the Royal Institute of Thailand.

The panelists elaborated on the factors that made their countries successful in integrating T/CAM in the health care system, how to overcome all the barriers, and the contribution their countries can make for the ASEAN countries.



Dr. Yukihiro Goda, the first panelist, presented the factors that made Japan successful in integrating T/CAM in the health care system, which could be summarized as follows:-

- Traditional Japanese medicine called Kampo, being recognized as the social medical health care in Japan, were covered by the social health insurance system;
- The effective educational system that all medical schools must run the Kampo medicine programme;
- The good quality control and manufacturing of medicinal product; and
- The information on Kampo medicines and products have been accumulated and it is easy for the physicians to access via the Internet

However, there were some hurdles that Japan had to overcome; namely the adoption of Kampo medicine, and the standardization of Kampo medicinal products. After realizing that the Kampo medicine was useful and convenient to the patients, the Medical Doctor Association and the Ministry of Health, Labour and Welfare finally accepted Kampo medicine into the health service system. He added that since 2002 his team has conducted the project on the standardization of Kampo extract formulae for the adoption into pharmacopoeia. Nowadays, 11 Kampo extracts had been adopted into the Japanese Pharmacopoeia.

For the contribution that Japan can provide for the ASEAN member countries, normally the Ministry of Health, Labour and Welfare provides the study program every year; such as study program on manufacturing control of traditional medicine for ASEAN countries and the pharmaceutical experts' program.



Dr. Kim Ki-ok, the second panelist, stated that there were 3 main factors behind the integration of traditional medicine into the health care system in Korea, namely:-

- The nation's medical policies;
- The increase in market demand for medical services; and
- The internal growth of Traditional Korean Medicine community.

Before succeeding in the integration, there were some obstacles that traditional Korean medicine (TKM) community had to overcome in order to resolve the conflicts with western medicine community and national policies. Those measures were establishing its own educational institutions, acquiring national qualification through the medical specialist system, and strengthening its role in the public health system.

He also added that as Korea had a great advantage in terms of its experience in this field, they could offer their full support for ASEAN and share experience, whenever necessary, for the integration of traditional medicine into every aspect of the nation's health care system, including licensing, national insurance policies, the establishment of an educational system, and the formation of organizations for traditional medicine doctors.



Dr. Zhang Qi, the third panelist, summarized the factors that made China successful in the integration of T/CAM into the health care system as follows:-

- The policies that the government put the traditional medicine into the Constitution;
- The regulations of traditional Chinese medicine implementation;
- The provision of fund for traditional Chinese medicine research and development; and
- The development of human resources

Dr. Zhang Qi stated that although there was no big obstacle in China, they faced the challenge related to the implementation of policy. However, China could pass such difficulties by setting up the mechanism for the coordination of policy and action plans, and by providing the organization support as well as financial and technical support.

About the contribution that China can make to the ASEAN countries, Dr. Zhang Qi suggested that China could offer the collaboration to each ASEAN member countries, country by country, depending on their interests; such as, education, clinical trial, and pharmaceutical products. In addition, China would provide fund to support the ASEAN member countries in order to achieve their collaborative projects.



Dr. S.K. Sharma, the last panelist, remarked that India was successful in the integration of T/CAM into the health care system because of the following reasons: -

- The effective traditional medicine called AYUSH system;
- The national policy that supported AYUSH system;
- The support from the financial association;
- The potential education and human resources; and
- The continuous improvement and development of pharmacopoeias and monographs to ensure the quality of AYUSH system

The quality standard of traditional medicinal products was the main difficulty that India had to face. In order to ensure the quality and efficacy of traditional medicines, the pharmacopoeias and monographs were improved and developed. Similarly, the manufacturing had to achieve the GMP standard in order to get the trust from the users.

Lastly, he offered the collaborative projects from India to help ASEAN member countries such as sharing the pharmacopoeia and other information, educating, training and sharing experiences, and sharing medicinal plants, technology, and knowledge.

5. Presentation on ***“Project on the Promotion of the Use of Traditional Medicines in the Primary Health Care supported by the Nippon Foundation”*** by Mr. Suichi Ohno, Executive Director, Nippon Foundation and Dr. Supachai Kunarattanapruk, Head of the Traditional Medicine Box Project in Thailand



Mr. Suichi Ohno introduced the background and objectives of the Nippon Foundation and gave information on projects provided to the ASEAN countries, i.e,

- Project on the distribution of traditional medicine box to the people to promote the use of traditional medicines for health care in Myanmar and Thailand, and to replace some western medicines with traditional medicines in the existing project on the distribution of western medicine box in Lao PDR;
- Development of Myanmar Herbal Pharmacopoeia under the cooperation between University of Traditional Medicine in Myanmar and Japanese experts;
- Establishment of National Traditional Medicine School in Cambodia and six-month training course (450 hours) on traditional medicine for 50 students.

Mr. Ohno also stated about the strategic partnership with ASEAN Secretariat that the Nippon Foundation would provide an initial 5 million USD which would be used to create five main pillars of support for the people of ASEAN, namely: -

- Guaranteeing Civilian Maritime Safety;
- Leprosy Elimination;
- Capacity Building;
- Support for the Disabled; and
- Dissemination and Promotion of Traditional Medicine



Dr. Supachai Kunarattanapruk presented the Model Development of Promotion of Rational use of Traditional Medicine in Thailand. He concluded that traditional medicines were not second-class medicine for second-class citizens. In people's perspective, traditional medicines were effective, safer, and even better. With good self-care support system, traditional medicine could be a key strategy for the revisit of the primary health care.

Their presentations were attached in Annex 6 (in CD).

6. Presentation on ***“Summary of the Proposed Future Collaboration” and Discussion on areas of cooperation on traditional medicine, expected output, forms of cooperation, and follow-up plans*** by ASEAN Secretariat

Dr. Bounpheng Philavong summarized the areas of future collaboration from the country report presentations of representatives from ASEAN Member States and proposed the areas of cooperation on traditional medicine, expected output, forms of cooperation, and follow-up plans that delegates and participants should work in groups based on their interest to write up concept paper, expected output and action plan tomorrow. The proposed areas of cooperation on traditional medicine were as follows: -

- Generation and sharing of evidence-based information on traditional medicine and traditional knowledge;
- Requirements for safety, efficacy and quality of traditional medicine;
- Integration of traditional medicine / complementary medicine into the health care system services; and
- Promotion of the use of traditional medicine in the primary health care

The details of each area were attached in Annex 7 (in CD).

Dr. Bounpheng informed delegates and participants that they were requested to select the working group they were interested in for participation in the working group discussion tomorrow.

7. Presentation and Finalization of the ***“Bangkok Declaration”*** by ASEAN Secretariat

“Bangkok Declaration on Traditional Medicine in ASEAN” that had been prepared by ASEAN Secretariat and proposed to the heads of delegates at the working dinner the night before was presented to all delegates and participants for further discussion and recommendation. Two representatives from each Member States were asked to participate in the finalization of the “Bangkok Declaration on Traditional Medicine in ASEAN”. The final version of the “Bangkok Declaration” was as shown in Annex 8.

THE SECOND DAY

1 SEPTEMBER 2009: MORNING SESSION

8. Introduction of the working group and topics for discussion

The morning session started with the introduction of the working group and topics for the discussion on the areas of regional cooperation by Dr. Bounpheng Philavong.

The working groups were divided into 4 groups based on 4 areas of cooperation, namely: -

- (1) Generating and sharing if evidence-based information on traditional medicine and traditional knowledge;
- (2) Requirements for safety, efficacy and quality of traditional medicine;
- (3) Integration of traditional medicine/ complementary medicine into the health care system services; and
- (4) Promotion of the use of traditional medicine in the primary health care.

Dr. Bounpheng gave the following guidelines for group discussion:-

- Group composition;
- Discussion arrangement;
- Focus of discussion;
- Development of concept papers;
- Group report; and
- Format for concept papers

More details on these guidelines are stated in ANNEX 9 (in CD).

Delegates and participants were suggested to work in groups based on their interest to write up of about 3 concept papers for each area of cooperation, expected output, and action plan.

1 SEPTEMBER 2009: AFTERNOON SESSION

9. Presentation of the results of working group discussion

Following the working group discussion, each working group presented the concept papers prepared. The outputs of each group were summarized as follows: -

Group 1: Generating and sharing of evidence-based information on traditional medicine and traditional knowledge

The title of the project is **ESTABLISHMENT OF KNOWLEDGE NETWORK IN ASEAN ON MEDICINAL PLANTS AND TM PRACTICES** and the expected outcomes were divided into 3 phases: -

(1) Short-term output (within 1 year)

- 1.1 Directory of focal points on TM in ASEAN,
- 1.2 Directory on TM regulation including trade regulation,
- 1.3 Treatment on 'common diseases' shared, and
- 1.4 ASEAN journal (within 1 year)

(2) Medium-term output (2-3 years)

- 2.1 Directory on database/meta-data, and
- 2.2 Guideline on research methodology/paradigm and development of joint projects for TM
- 2.3 Monograph of TM/Herbal Medicine (within 2-3 years)

(3) Long-term output (within 5 years)

- 3.1 TM curriculum/sharing and training based on the needs of individual counties (within 3-5 years), and
- 3.2 'Model' herbal garden (established within 5 years)
- 3.3 Pharmacopeia of TM/Herbal Medicine (within 5 years).

In addition, in order to achieve these goals, it was recommended to conduct workshop, seminar, study visit, training and collaborative research projects.

Group 2: Requirements for safety, efficacy and quality of traditional medicine

The project proposal was aimed to support SMEs and to work in collaboration with the ASEAN Alliance Traditional Medicine Industries (AATMI). The expected outcomes were: -

- (1) The series of trainings and workshops for SMEs at the national level;
- (2) Development of training modules and guidance documents for the Good Manufacturing Practice and Product Placement Requirements in collaboration with the TMHS PWG; and
- (3) The Trainers Programme at the regional level to prepare a level of trainers who will in turn carry out national training on the harmonized requirements.

Group 3: Integration of traditional medicine/complementary medicine into the health care system services

The expected outputs suggested by Group 3 were: -

- (1) The study conducted and information gathered from all 10 ASEAN Member States in 2010;
- (2) Publication of an ASEAN Regional Report; and
- (3) A Regional Forum to present the result of the study and to launch the publication.

The activities that should be conducted to achieve the aforementioned outputs were

- (1) Recruiting a consultant to design a study, establishing a study team, conducting study using a standardized methodology and tools, preparing the study report, and establishing a regional team;
- (2) Contracting a publisher to publish the ASEAN Regional Report, and distributing the publication to ASEAN Member States and partners; and
- (3) Conducting the forum back to back with the 2nd ASEAN Conference on Traditional Medicine if the Regional Report finished on time, but, if not, a separate Forum would be conducted in another Member Country instead.

Group 4: Promotion of the use of traditional medicine in the primary health care

The main objectives for the promotion of the use of traditional medicine in the primary health care were

- (1) To increase the accessibility and utilization of traditional medicine and medical practice in the primary health care;
- (2) To build consumer awareness and promote the proper use of traditional medicine and self care; and
- (3) To protect biodiversity, conservation and sustainable utilization of medical plants.

Group 4 drafted two concept papers based on two strategies to achieve the first objective, namely: -

Project 1: Improvement of knowledge and skill in the use of traditional medicine and medicinal plants in the primary health care. The activities proposed are to conduct national surveys on traditional medicine practices in the community level, develop a regional training module based on the survey outcome, and then organize the training of trainers program, seminar or meeting at the ASEAN and national level. Thailand will be the lead country of this project.

Project 2: Enhancement of partnership among stakeholder in promoting the use of traditional medicine and medicinal plants in the primary health care. The activities proposed are to conduct seminar and workshop at regional level and share technical support and expertise. Indonesia will be the lead country of this project.

Reports of each working group in details appear as ANNEX 10.

10. Wrap up session

10.1 Presentation of the Bangkok Declaration to the participants of the conference

The final version of “Bangkok Declaration on Traditional Medicine in ASEAN”, as appears in ANNEX 8, was presented to the ASEAN delegates and participants of the conference and received final approval.

As stated in the Declaration, ASEAN Member States declared to:

1. Generate and share evidence-based information on traditional medicine knowledge and practices in ASEAN Member States by promoting and communicating widely and appropriately throughout the region and other partners;
2. Harmonise national technical requirements and regulations as part of ASEAN commitment to ensure safety, efficacy and quality of Traditional Medicine;
3. Promote further integration of Traditional Medicine, Complementary and Alternative Medicine into the health care system services as a part of comprehensive national health systems, including the use of traditional medicine in the primary health care; and
4. Develop specific activities to enhance collaboration in Traditional Medicine by involving practitioners and providers, industries, non-profit and professional organizations, academia, communities as well as partner organizations as key partners.

10.2 Date and venue of the 2nd Conference on Traditional Medicine in ASEAN Countries

Professor Dr. Pham Vu Khanh (Director General of Traditional Medicine Department, Ministry of Health of Viet Nam), Head of delegates of Viet Nam, announced that Viet Nam will host the Second Conference on Traditional Medicine in ASEAN Countries which should be held about the same time next year in Hanoi. The Conference extended appreciation to Viet Nam for offering to host the Second Conference.

10.3 Closing remarks

The Conference came to a close around 15.30 p.m. Dr. Vichai Chokevivat, as Chairperson, expressed his sincere appreciation to all delegates and participants for making the discussions meaningful for the preparation of the framework of cooperation and the identification of initial priorities of cooperation in traditional medicine development in ASEAN Member States. He expressed thanks and his best wishes to Viet Nam Delegates for offering to host the next conference in 2010, and hoped that we would all meet again at the next year in Viet Nam.

THE THIRD DAY

2 SEPTEMBER 2009: MORNING SESSION

All delegates and participants were invited to participate in the Opening Ceremony and visit “the 6th National Herbs Exposition” at the IMPACT Exhibition and Convention Center, Bangkok. The Opening Address was given by H.E. Mr. Witthaya Kaewparadai, Minister of Public Health.



After the opening address, Dr. Vichai Chokevivat read the “Bangkok Declaration on Traditional Medicine in ASEAN” in Thai to the participants of the opening ceremony. Then Dr. Vichai Chokevivat, together with the Heads of Delegates and the representative of the Nippon Foundation, presented the “Bangkok Declaration” to H.E. Mr. Witthaya Kaewparadai, Minister of Public Health and the Minister later presented the “Bangkok Declaration” to Dr. Bounpheng Philavong on behalf of ASEAN Secretariat.



Following the opening ceremony, delegates and participants of the conference visited the “ASEAN booth” where traditional medicine in ASEAN countries was exhibited. The information on traditional medicine-related activities of each Member State were presented in two posters, one in English and one in Thai, posted on a big board. Some examples of traditional medicines and traditional medicine documents of Member States were also displayed in the showcases. Some countries, e.g., Malaysia, Cambodia and Singapore also exhibited their traditional medicine activities via DVD presentation, handouts and brochures.

Delegates and participants also visited exhibition booths and exhibition zones in the Exposition showing various activities on Thai traditional medicine, Thai indigenous medicine from different regions of the countries, alternative medicine, traditional Chinese medicine, and research projects activities.



2 SEPTEMBER 2009: AFTERNOON SESSION

Delegates and participants participated in “the 6th National Conference on Thai Traditional Medicine, Indigenous Medicine and Alternative Medicine” at the IMPACT Exhibition and Convention Center, Phoenix 1 Room where there were presentations from invited speakers and ASEAN delegates. The session was chaired by Assoc. Prof. Dr. Chayan Picheansoonthon and co-chaired by Dr. Anchalee Chuthaputti from Thailand. The detail of each presentation was summarized as follows: -



45-minute Presentation by the invited speakers

11. Presentation on ***“Experience of China on the establishment and management of traditional medicine hospitals and policy and progress on Traditional Chinese Medicine research”*** by Dr. Zhang Qi, Director-General, Department of International Cooperation, State Administration of Traditional Chinese Medicine (SATCM), China ([ANNEX 11.1 in CD](#))

Dr. Zhang Qi's presentation focused on the current situation of traditional medicine in China, including legal status and general policy, the resources of TCM as a part of health care system, integration of health care services, supervision of quality, safety and efficacy of services, insurance system, integration of TCM education, TCM scientific research, ethnical medicines, and international exchange & cooperation. Dr. Zhang Qi concluded that in the future, traditional medicine in China should focus on adhering to national conditions and building the health care system with Chinese characteristics, strengthening TCM health care service system at grass-root level (Access, safety, quality and efficacy especially for primary health care), improving TCM insurance security policies through essential medicines and other policies, increasing capabilities of TCM human resources, and encouraging TCM research and sustainable development.



12. Presentation on ***“The achievement of KIOM on research and development of Korean medicines to ensure their quality, efficacy and safety”*** by Dr. Kim Ki-ok, President, Korean Institute of Oriental Medicine (KIOM), Korea ([ANNEX 11.2 in CD](#))

Dr. Kim Ki-ok introduced the overviews of KIOM, including history, mission and vision, organization, and man power. He also described main areas of research at KIOM which consisted of traditional Korean medicine diagnosis technology, herbal medicine & acupuncture, and traditional Korean medicine literature & information. Research achievements of KIOM on efficacy, quality control, and infrastructure were stated in the end of his presentation.



13. Presentation on ***“Achievement of Ayurveda - AYUSH Systems, R&D and medicinal plant sector in India”*** by Dr. S.K. Sharma, Advisor, Department of AYUSH, Ministry of Health and Family Welfare, India ([ANNEX 11.3 in CD](#))

Dr. S.K. Sharma began with the general background of AYUSH, the officially recognized systems of medicine in India, which contained the details of definition of AYUSH, AYUSH infrastructure, organizational set up in central and state level, national policy, national institutes, Central Research Councils, training and education, National Medicinal Plant Board and State Boards, laws and regulations, and pharmacopoeia, monograph and formularies. The significant research achievements of AYUSH were demonstrated in the final part of his presentation.



15-minute Presentation of research papers on traditional medicine and herbal medicines by ASEAN delegates.

14. Presentation on ***“Country experience of traditional medicine kit for emergency use project in Myanmar”*** by Mrs. Daw Thidar Swe, Department of Traditional Medicine, Ministry of Health, Myanmar ([ANNEX 11.4 in CD](#))

Mrs. Daw Thidar Swe explained about the traditional medicine kit for emergency use project which was introduced in Myanmar in order to get participation of community in health care system as a part of primary health care. The pilot project was started in August 2007 in one area and was continued to other areas when the survey found that it was beneficial to community. In 2009 the project has been expanded to provide one kit to one village for 500 villages in each States and Divisions with the support from the Nippon Foundation. In conclusion, if the traditional medicine was easily available at any time in their own village for minor ailments, people did not need to go to the town to buy medicine. The cost of medicine was less than one hundred kyats for one course of treatment.



15. Presentation on ***“Global Information Hub on Integrated Medicine ‘GlobinMed’ The one-stop portal for Traditional and Complementary Medicine”*** by Dr. Zakiah Ismail, Institute for Medical Research, Jalan Pahang, Kuala Lumpur, Malaysia ([ANNEX 11.5 in CD](#))

Dr. Zakiah Ismail introduced the background and general information of “GlobinMed” to the audiences. The general objective of the project was aimed to establish an Information Hub on Integrated Medicine for the world through Malaysia, utilizing strategic partnerships with other nations, international organizations and non-governmental organizations (NGOs). Specific objectives were to develop a state-of-the art resource on Traditional and Complementary Medicine (T&CM) and Integrated Medicine and to establish a global electronic information resource on T&CM. She explained about the current phase of implementation, GlobinMed growth and membership drive, and she called for more vigorous promotion not only to introduce GlobinMed into bigger community and professional but also to invite more partners to contribute in enriching its content and improving the supporting technology used in this website.



16. Presentation on **“Medicinal Plants of Brunei Darussalam”** by Dr. Chua Kui Hong, the head of T/CAM Unit, Medical Service Department, Ministry of Health, Brunei Darussalam (ANNEX 11.6 in CD)

Dr. Chua Kui Hong introduced her research which investigated the genetic variability diversity and pharmacological actions of *Andrographis paniculata* (Burm.f.) Nees also known as Daun Pahit or Chuan Xin Lian or King of Bitters by an interdisciplinary approach, involving DNA-based RAPD and RFLP analyses, HPLC-based chemical analysis as well as cell culture and tissue-based bioassays. She stated that the study was valued not only in obtaining experimental evidence for supporting traditional use of native medicinal plants but also in establishing a platform for studying other medicinal plants in Brunei Darussalam.





Annex 2 : Remarks



Welcome Remarks
By Dr. Nara Nakawattananukool
Director General
Department for Development of Thai Traditional and
Alternative Medicine
at the Conference on Traditional Medicine in ASEAN Countries

31 August 2009

Your Excellency Tissa Karalliyadde, Minister of Indigenous Medicine of Sri Lanka,
Your Excellency Dr. Surin Pitsuwan, Secretary-General of ASEAN,
Mr. Yohei Sasakawa, Chairman of the Nippon Foundation,
Distinguished Delegates,
Distinguished guests,
Ladies and Gentlemen,

On behalf of the Ministry of Public Health of the Kingdom of Thailand, I would like to welcome all of you to Thailand. It is our great pleasure and honour to host the Conference on Traditional Medicine in ASEAN Countries in Bangkok during the year 2009 when Thailand is the host of ASEAN.

As seen from the video presentation, ASEAN countries have our own systems of traditional medicine that have been passed on from generation to generation. In many ASEAN countries, after the turn of the 20th Century, the increase of the role of modern medicine had caused the decline in the use of traditional medicine in the health care system. However, after the proclamation of the Alma Ata Declaration by WHO and the influence of the global “back-to-nature” trend that has started since the 1980’s, many countries have put more interest in their traditional medicine and more researches were conducted on the development of herbal medicines based on our ancestor’s wisdom on traditional medicine. Most countries later formulated national policies on traditional medicine and established offices responsible for the revival and integration of traditional medicine in the health care system.

Excellencies,
Ladies and Gentlemen,

For the past several years, ASEAN countries and the ASEAN Secretariat have shown strengths in the collaborative work on the ASEAN Harmonization of market authorisation and regulatory framework of traditional medicines. However, the collaboration in other areas is still lacking and should be promoted to

ensure that traditional medicine products and practices in the ASEAN countries are safe, effective and of reliable quality. It is hoped that this conference will initiate similar strength of continuous effort on regional collaboration among member countries on various areas of traditional medicine development in the future for the benefit of the people and the economy of our ASEAN community in the future.

I would like to extend my gratitude to all agencies concerned in organizing this conference. I wish all of you a pleasant stay in Thailand. I do apologize for any inconvenience that might happen during your stay in Bangkok. Once again, a warm welcome to you all.

Thank you

Address by Mr. Yohei Sasakawa
Chairman
the Nippon Foundation
at the Conference on Traditional Medicine in ASEAN Countries

31 August 2009

Your Excellencies Dr. Surin Pitsuwan, Secretary General of ASEAN and Thai Deputy Minister of Public Health, Mr. Manit Nopamornbodee, Ladies and Gentlemen,

I would like to thank all of you for gathering here today. It is with great pleasure that I take part in ASEAN's very first International Congress on Traditional Medicine. I especially wish to thank the Secretary-General, the ASEAN Secretariat, and the Deputy Minister of Public Health of Thailand for making this event possible.

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, medicine and maritime affairs. In 2008, we entered into a 5-year agreement with the ASEAN Secretariat to support ASEAN projects in five main areas. The five are leprosy elimination, human resources development, support and promotion of the disabled, maritime safety, and of course the promotion of traditional medicine.

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

Fifteen years ago, through a revolving drug fund program known as the Bamako Initiative, we supported the provision of essential modern medicines in 12 countries. Unfortunately, that effort ended in failure. There were many reasons for this, but the first was that it used imported modern medicines. These medicines are expensive, and many people were unable to buy them. Further, even when medicines were made available at health centers, many people lived too far away to access them.

Resolving these problems requires two things: low prices and easy access. One solution is to make active use of traditional medicines.

Traditional medicines are much less expensive than modern medicines: usually between one-tenth and one-twentieth the cost. Moreover, traditional medicines generally exist worldwide, making them easy to access. Traditional medicines incorporate human knowledge and experience stretching back through history, and I believe you all know how effective they can be. They also continue to be used by many people around the world. Even in Japan, traditional medicines continue to be used to treat early symptoms such as fever, headache and diarrhea. I myself always rely on traditional Japanese medicine whenever I feel a cold coming on.

In 2004, we recognized the potential of traditional medicines and 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. Thus, to achieve a better medical environment, we combined Mongolia's traditional medicines with a unique, Japanese distribution system that has been in use for about 300 years.

In Japan, medicine vendors pay visits directly to people's homes and leave behind a supply of medicines in a home medicine kit. The next time they visit, they collect money only for the medicines that have been used since the previous visit, and they replenish the kit as necessary. Under this arrangement, people are always prepared for minor illnesses. This Japanese system has contributed to the maintenance of basic health in Japan for three centuries. Today, it is being applied in Mongolia, where it currently serves 10,000 households.

The medicines being distributed this way are all traditional Mongolian medicines. Their quality is guaranteed by the Mongolian Ministry of Health. Local medical practitioners place basic kits with each family, and later they collect money for the medicines that have been used. According to the reports we have received, the payment rate is close to 100 percent. This suggests that the new system is well trusted and taking firm root. As a result of this project, direct improvements in primary health care are being seen. For example, in one region, the number of house-calls made by doctors has decreased by 45 percent.

This project in Mongolia demonstrates that the use of traditional medicines can be an effective way to resolve the problems of cost and access. I am not suggesting, however, that this method should be implemented in all countries and regions. Every country has its own culture and its own unique national or local characteristics. I believe it is very important that the potential of traditional medicines must be considered and applied flexibly, always respecting the situation of the country concerned. I hope you will all join in and help devise systems best suited to each location.

Initiatives of this kind have already started. For example, The Nippon Foundation is promoting the use of traditional medicines in Myanmar, Thailand and Cambodia. In Myanmar, instead of placing a medicine kit in each home, it was thought more effective to have kits kept by community leaders in each village. It is planned that kits will be placed with about 7,000 villages. Meanwhile in Thailand ~ a country where medical care is free ~ a project has been launched to study the feasibility of using of traditional medicines in the medicine-kits system as a way of reducing national medical costs. In Cambodia, we supported the creation of the country's first national school dedicated to Khmer traditional medicine in order to help systematize knowledge and skills in this field. We are now cooperating in drawing up the school's curriculum and advising on other aspects of its operation.

We believe that traditional medicine projects can have a positive impact not only in the countries where they are already in place, but in other countries and regions as well. The example of Thailand, for instance, may pave the way to reducing healthcare costs in many countries. The school in Cambodia aims to improve the quality, both of traditional medicines and of the people who administer them. In the future we hope to develop exchanges with traditional medicine experts from nearby nations. The Nippon Foundation has also received requests for cooperation in Laos and elsewhere. We hope to cooperate in making effective use of the traditional medicines of each country, and to be of assistance to whole regions using methods matching each specific situation.

In 2007, The Nippon Foundation and WHO jointly organized a Congress on Traditional Medicine. On that occasion, we introduced the international community to the home medicine kit system set up in Mongolia. In 2008, the “Beijing Declaration” was adopted at the congress held to commemorate the WHO’s 60th anniversary. The declaration called on nations everywhere to promote use of traditional medicine. Around the world, the field of traditional medicine is gradually winning the attention of the international community. Since the initiatives of ASEAN nations have no precedent, they are destined to be of great significance.

ASEAN is a future-oriented network focused on the achievement of prosperity through cooperation among member nations. Through the collective application of information and knowledge accumulated by its members, ASEAN can connect individual action “points” into action “lines” and, eventually, broad-ranging action networks.

The hopes of surrounding countries are also pinned on the activities being undertaken by the ASEAN members. This is illustrated by the participation here today of observers from Sri Lanka and Nepal. I urge you all to engage in constructive discussions, and to dedicate yourselves to the spread and development of traditional medicine both within ASEAN member nations and in surrounding regions as well.

Many people suffer greatly because they have no access to medical care or medicine. Traditional medicine, however, provides a great hope that we will be able to bring the benefits of sustainable primary health care to even the poor and those who live in remote locations. These moves will improve primary health care and will bring benefits that transcend our immediate goals by, for example, resolving problems relating to medical costs and developing integrative medicine.

Today and tomorrow, time has been set aside for discussing these issues, and on the third day of the Congress, the Thai Public Health Ministry will host an Herb Expo. I hope you will all make the most of these opportunities to engage in a lively exchange of opinions.

Thank you very much for your kind attention.

Address by H.E Dr. Surin Pitsuwan
Secretary-General of ASEAN
at the Conference on Traditional Medicine in ASEAN Countries

31 August 2009

H.E. Mr. Manit Nopamornbodee, Deputy Minister of Public Health of the Kingdom of Thailand
Dr. Nara Nakawattananukool, Director-General, Department for Development of Thai Traditional
and Alternative Medicine, Ministry of Public Health
Mr. Yohei Sasakawa, Chairman of the Nippon Foundation
Distinguished delegates
Ladies and Gentlemen,

1. It gives me a great pleasure to welcome all of you to the Conference on Traditional Medicine in ASEAN Countries held here for the first time in Bangkok. Certainly, this conference comes at a time when we have just celebrated 42nd Anniversary of ASEAN on 8 August. I would like to thank the Ministry of Public Health of Thailand for hosting this Conference and the Nippon Foundation for bringing us together on this day to reflect on the formidable task before us and how we can undertake our responsibilities more effectively in addressing traditional medicine in the ASEAN region.

2. There is no doubt that during the past few months, governments and health experts around the globe have been on high alert and their ingenuity has been taxed to the maximum due to the Influenza A (H1N1) 2009 Pandemic which is now spreading amongst communities worldwide and it is therefore a new global public health issues of great concern that calls for an appropriate global response. I therefore would like to thank all of you for your presence here with us in Bangkok for the next few days to discuss the issue on traditional medicine in our region, despite your very busy schedule back in your home country.

3. We are going to discuss about Traditional Medicine because over one-third of the population in developing countries lack access to essential and standard medical care. Traditional Medicine has been used in some communities for thousands of years. In some Asian and African countries, 80% of the population depend on traditional medicine for primary health care. The provision of safe and effective Traditional Medicine could be a critical tool for increasing access to health care in many of our countries.

4. Traditional medicine is defined by the World Health Organization as the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses.

5. ASEAN Member States have realised the role and contribution of traditional, complementary and alternative medicine as widely available and affordable sources of health but yet Traditional Medicine has not been recognised in the existing healthcare systems in most of the ASEAN Member States. Therefore, at the 7th ASEAN Health Ministers Meeting which was held in April 2004 in Penang, Malaysia, the ASEAN Member States and China, Japan, and Republic of Korea developed “**ASEAN+3 Framework of Cooperation on Integration of Traditional, Complementary and Alternative Medicine Into National Healthcare Systems**” which envisioned a healthy and productive lifestyles, with the creation of optimum health resulting in an enhanced quality of life that supported by an integrated healthcare systems that recognised the local richness of traditional and complementary medicine.

6. However, the development of ASEAN traditional, complementary and alternative medicine faces some challenges including:

Adulteration: Adulteration is a process of adding chemical substance to reduce manufacturing costs or for some deceptive or malicious purposes. This process, however, should not be practiced within the traditional medicine products. The manufacturing and marketing of the adulterated products in ASEAN Member States still remain a challenge. Quality control system for Traditional Medicine should be in place.

Diverse national policy and regulation: Regulating traditional medicine products is difficult due to variations in definitions and categorizations of traditional medicine therapies. A single herbal product could be defined as either a food, a dietary supplement or an herbal medicine, depending on the country. Standardization is needed.

Limited scientific evidence on safety, effectiveness and quality: Scientific evidences from tests done to evaluate the safety and effectiveness of traditional medicine products and practices are limited. While evidence shows that acupuncture, some herbal medicines and some manual therapies (e.g. massage) are effective for specific conditions, further study of products and practices is needed. A credible process of tests and evaluation is necessary.

Sustainability: Materials for traditional medicine products are collected from various sources, including plants, animal, or minerals. The expanding traditional medicine production could drive to over-harvesting of plants, over-catch of animals and threaten biodiversity. Poorly managed collection and cultivation practices could lead to the extinction of endangered plants and animal species and the destruction of natural resources. Efforts to preserve biodiversity and knowledge on how to use them for medicinal purposes is needed to sustain Traditional Medicine. Rare plants and exotic animals are often believed to yield medicinal values. The rarer, the more they are valuable. Our rare species of flora and fauna could be under pressure of extinction if we are not careful.

7. ASEAN Responses to these challenges are reflected in the ASEAN Economic Community and ASEAN Socio-Cultural Community Blueprints. Under these Blueprints ASEAN Member States agreed to:

- Facilitate research and cross-country exchange of experiences in promoting the integration of safe, effective and quality traditional, complementary and alternative medicine into the national healthcare

system and across other sectors;

- Empower consumers to become active participants in healthcare and to make informed choices to maximise the benefits and minimise the risks of use of traditional, complementary and alternative medicine, and
- Develop and implement harmonised technical requirement for Traditional Medicine in all Member States.

8. As we meet to deliberate over the next three days, I have no doubt that we will be able to share our knowledge and experiences to maximise the potential of traditional medicine in the ASEAN region as a source of health care and to integrate traditional medicine with our modern healthcare system.

9. In conclusion , as you discuss the areas of cooperation, vision and mission, I encourage you all to put our **PEOPLE at the HEART of ALL our STRATEGIES**. Let us put people's welfare at the top priority as we continue to promote an ongoing partnership with our public through continuous dialogue and community participation. For me, this is a people-oriented ASEAN Community in the making.

Once again, I would like to thank H.E. Mr. Manit Nopamornbodee, Deputy Minister of Public Health of the Kingdom of Thailand, for this wonderful invitation. And my sincere appreciation goes to Mr. Yohei Sasakawa, Chairman of the Nippon Foundation, for your generous support.

I wish the Conference a great success.

Thank you.

**Opening Address by H.E. Mr. Manit Nopamornbodee
Deputy Minister of Public Health
Kingdom of Thailand
at the Conference on Traditional Medicine in ASEAN Countries**

31 August 2009

His Excellency Tissa Karaliyadde, Minister of Indigenous Medicine of Sri Lanka,
His Excellency Dr. Surin Pitsuwan, Secretary-General of ASEAN,
Mr. Yohei Sasakawa, Chairman of the Nippon Foundation,
Distinguished Delegates,
Distinguished guests,
Ladies and Gentlemen,

On behalf of the Ministry of Public Health of the Kingdom of Thailand, I have the honor to welcome all of you to Thailand. The Ministry of Public Health, Thailand by the Department for Development of Thai Traditional and Alternative Medicine is honoured to host this Conference on Traditional Medicine in ASEAN Countries in Bangkok from 31 August to 2 September 2009.

First of all, I would like to thank distinguished guests, delegates and observers from ASEAN member countries for coming to participate in this conference.

I also would like to thank distinguished speakers from China, Japan, Korea and India, for sharing their valuable knowledge and experience in this conference; WHO head office and regional offices for the continuous support on traditional medicine projects of ASEAN member countries; and the Nippon Foundation for the financial support for the organization of this conference and their pledge to support ASEAN activities on traditional medicine over the next 5 years.

And of course, this important conference would not have been possible without the support and contribution of the ASEAN Secretariat, headed by the Secretary-General of ASEAN, Dr. Surin Pitsuwan, who works closely with the Nippon Foundation to facilitate its support on traditional medicine activities in ASEAN member countries.

Excellencies, Ladies and Gentlemen,

It is well recognized that ASEAN member countries have our own deep-rooted systems of traditional medicine that were originated in our countries; for example, Jamu medicine, Malay medicine, Myanmar traditional medicine, and Thai traditional medicine, as well as traditional Chinese medicine and Ayurvedic Medicine used by citizens of ASEAN member countries with Chinese or Indian origin. These systems of

traditional medicine have long played a significant role in the health care and well being of the people in this region and have been a part of the health service system of each country.

As ASEAN will become ASEAN Community in the year 2015, member countries should get together and collaborate in strengthening the roles of traditional medicine in the health care system and in the economy of the ASEAN Community. This conference therefore provides an excellent opportunity for the discussion and identification of the areas of regional cooperation and the preparation of project proposals on the development and promotion of traditional medicine in ASEAN member countries, as well as the preparation of the follow-up plan to monitor the progress of the projects. The areas of regional cooperation and the collaborative projects should include human resource development, knowledge and resource sharing, and research and development on traditional medicine.

During your stay in Bangkok and your visit to “the 6th National Herbs Exposition”, I would like to invite you to experience our world renowned practices of Thai traditional medicine; such as ‘Nuad Thai’ or traditional Thai massage and ‘Luk Prakob’ or hot herbal compress, and our valuable Thai traditional medicinal products.

I would like to extend my best wishes to you all to have a pleasant and enjoyable stay in Thailand. I am confident that with your hard work together, this conference will be a success. I now declare the Conference on Traditional Medicine in ASEAN Countries” open.

Thank you.



Annex 3 : Presentation on
“Overview of Global
Situation of Traditional
Medicine in Health Care
System & WHO Traditional
Medicine Strategy”

by Dr. Xiaorui Zhang
WHO Coordinator - Traditional Medicine



Annex 3

Presentation on “Overview of Global Situation of Traditional Medicine in Health Care System & WHO Traditional Medicine Strategy” by Dr. Xiaorui Zhang WHO Coordinator – Traditional Medicine

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Global Overview of Traditional Medicine in Health Care System & WHO Traditional Medicine Strategy



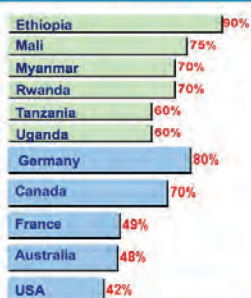
Dr Xiaorui Zhang
Coordinator
Traditional Medicine
Department of Essential Medicines and Pharmaceutical Policies
World Health Organization

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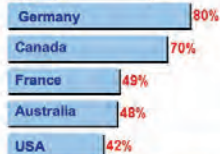


Populations Using TM/CAM Worldwide

Populations using traditional medicine for primary care



Populations in developed countries who have used complementary and alternative medicine at least once



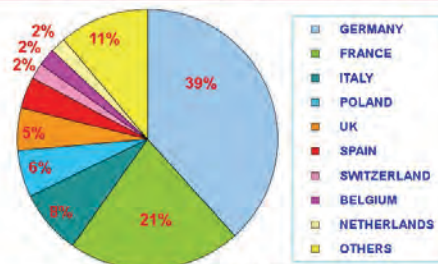
Sources: Eisenberg DM et al. 1998. Health Canada. 2001. Myanmar and Mali governments in 2003. BMJ in 2002.

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European Herbals Market

Total Market 09/2003-09/2004: ~ 3.7 billion € ex-factory



Source: IMS 2005

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Use of traditional medicine in some of ASEAN Countries



Myanmar (2008)

- More than 70% population has ever used traditional medicines

Malaysia (2004)

- Used T&CM in their whole life



Singapore (2004)

- 53% of population had ever consulted a TCM practitioner

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Use of traditional medicine in some of ASEAN Countries



Indonesia (2001)

- 40% of Indonesia's population uses traditional medicine, 70% in rural areas.

Thailand (2003)

- Providing Thai traditional medicine services at Regional / General hospitals level, it was 83.3% and at Community hospitals was 67.8%.



Viet Nam (2007)

- providing health care services by TM methods in medical center at the grass-root level is 60%

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Herbs Market in some of ASEAN Countries



Indonesia

Herbal medicines annual sales totalled US\$ 144 million in 2000, US\$ 167 million in 2001 and US\$ 189 million in 2002.

Thailand

Herbal making was a total of US\$ 10.81 million in 1997, US\$ 14.8 million in 1998 and US\$ 16.7 million in 1999.

Malaysia

Herbal making was a total of US\$ 38 million in 2007.

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Herbs Market in Asian Countries



In 2008 (China)

- Sales revenue from traditional Chinese medicines (TCM) totalled USD 14 billion and increased 23.81% compared to the previous year in 2005. The scale of TCM market reached to 26 billion in 2008

In 2006 (Japan)

- Sales revenue of Kampo medicine totalled USD 1.076 billion

In 2007 (Korea)

- Expenditure for traditional medicine was USD 250 millions

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National policy of traditional medicine in China, Japan and Korea

China

- The constitution requests to treat TCM equal to WM
- The TCM service have been provided in all level of both TCM and WM health institutions and all fully covered by all kind of health insurance

Korea

- The Korean government has proactively pursued various policies and regulations for the purpose of integrating traditional medicine (TM) into the national health system.
- Korea's traditional medicine has been integrated into both the national health system and Koreans' everyday life.

Japan

- Kampo medicines and other therapies such as acupuncture and manual therapies have been legally recognized and widely used.
- Only around 170 Kampo medicines are covered by insurance and other therapies may be fully or partially covered by insurance

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Summary on use of traditional medicine in ASEAN countries

- Long history of use of their own TM in each country
- TM is still popularly used not only in PHC and also expended to be used at different level of healthy institutions
- All the governments support the development and promotion of TM.
- The governments are keen to further promote use of TM particular in PHC
- Among the ASEAN countries, there are commonly interested areas and are also common challenges and difficulties in the field of TM. However development of TM are also quite different between countries.
- Therefore setting up the collaboration and sharing of information, experience and expertise in the area of TM are necessary.

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Common difficulties and challenges in the field of traditional medicine

- TM/CAM has been used for a long time, but there may lack of clinical studies to prove its efficacy and safety.
- The scientists or medicinal doctors often interest in use of herbal medicines but the theory and treatment principle of traditional medicine may often be ignored.
- Lack of appropriate methodology and approaches to evaluate and conduct research on TM/CAM
- Control of safety and quality control of herbal medicines is very complicated and difficult.
- "Natural means safe", traditional medicine is often misused by the public and consumers in the course of self-care
- Frequent reports of accidents by use of TM due to unqualified practitioners

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Traditional medicine and primary health care

Alma-Ata Declaration in 1978

"Primary health care relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community"



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WHO Renewing PHC through 4 Areas of Reform



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WHO resolution on traditional medicine May 2009 (based on the "Beijing Declaration" in 2008)

Urge countries

- to respect, preserve and widely communicate, as appropriate, the knowledge of traditional medicine, treatments and practices, appropriately based on the circumstances in each country, and on evidence of safety, efficacy and quality;
- to formulate national policies, regulations and standards, as part of comprehensive national health systems, to promote appropriate, safe and effective use of traditional medicine;
- to consider, where appropriate, including traditional medicine into their national health systems based on national capacities, priorities, relevant legislation and circumstances, and on evidence of safety, efficacy and quality;
- to cooperate with each other in sharing knowledge and practices of traditional medicine and exchanging training programmes on traditional medicine, consistent with national legislation and relevant international obligations;

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Suggestion for the cooperation among ASEAN countries



- Sharing national regulatory information in assessing safety, efficacy and quality of herbal medicines through joint international cooperation such as IRCH besides of ASEAN network
- Sharing research information through network of WHO collaborating centre for TRM and regional network such as network of herbal/traditional medicine in SEARO
- Sharing national experience and models of using traditional medicine in PHC

WHO will provide technical and coordination to support

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Suggestion for the cooperation among ASEAN countries

- Expanding national programme "medicine in your garden" and "med-kit" etc to facilitate use of herbal medicines in PHC
- Developing list of essential medicines of herbal medicines for PHC
- Sharing training materials (handbook) for health workers in PHC for appropriate use of traditional medicine
- Develop self-care manual in proper use of traditional medicines for PHC for the public and people in communities
- Encourage bilateral cooperation among ASEAN countries and plus China, Japan and Korean such as ASEAN-China fund.

WHO will provide technical and coordination to support

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ASEAN Cooperation related to Traditional Medicine



Aim of ASEAN Traditional Medicines and Health Supplements Scientific Committee (ATSC)

- To provide scientific risk assessment based on accepted principles and recommendations to PWG.
- Work of ATSC shall be based on agreed briefs from TMHS PWG with expected timelines.



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ASEAN Cooperation related to Traditional Medicine



Provided by ASEAN Traditional Medicines and Health Supplements Scientific Committee (ATSC)

Work Programme of ATSC (short-term, medium-term and long-term) for 7 areas:

- Negative list of ingredients.
- Maximum levels of vitamins and minerals.
- Limits of contaminants.
- Bovine-derived substances.
- List of restricted additives / excipients.
- Claims requirements.
- Classification of products at the interface.



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International Regulatory Cooperation for Herbal Medicines (IRCH)

Mission

International Regulatory Cooperation for Herbal Medicines is a network to protect and promote public health and safety through improved regulation for herbal medicines

Two main activities:

- Information sharing on technical matters related to regulatory information of herbal medicines via electronic communication as the main tool, on a daily basis, through an Information Focal Point nominated herbal medicine regulatory bodies by each Member Country of IRCH.
- Convening annual meetings of IRCH.

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International Regulatory Cooperation for Herbal Medicines (IRCH)

Members of IRCH

- Current 20 countries in the IRCH network include: Australia, Brazil, Canada, China and Hong Kong SAR, Germany, Ghana, Hungary, India, **Indonesia**, Japan, **Malaysia**, Mexico, Republic of Korea, **Singapore**, United Arab Emirates, United Kingdom, USA, Saudi Arabia, Pakistan, Armenia,
- 5 Sub-regional membership including : Forum on Harmonization of Herbal Medicines (FHH) and ASEAN Product Working Group on Traditional Medicines and Health Supplements (TMHSPWG)
- Only 3 ASEAN countries participate the IRCH. Other countries should be encouraged to participate

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WHO support sharing research information of traditional medicine

WHO resolution on traditional medicine (WHA 56.31) requested WHO to seek, together with WHO collaborating centres, evidence-based information of the quality, safety, efficacy and cost-effectiveness of traditional therapies so as to provide guidance to Member States on the definition of products to be included in national directives and proposals on traditional-medicines policy as used in national health systems;

- After 4th meeting of Directors of **WHO Collaborating Centres** for TRM in 2006, a networking of WHO Centres was set up through WHO internet and countries and readers could access and share information of the centres through WHO.
- 5th meeting of Directors of **WHO Collaborating Centres** for TRM will be held in November 2009 with aim to how to strengthen the network and to make easily to access the network.

Conference on Traditional Medicine in ASEAN Countries,
31 Aug - 2 Sep 2009 Bangkok, Thailand



WHO support sharing research information of traditional medicine



Conference on Traditional Medicine in ASEAN Countries,
31 Aug - 2 Sep 2009 Bangkok, Thailand



WHO support sharing research information of traditional medicine

WHO South Eastern Regional Meeting on Use of Herbal Medicine in Primary Health Care took place in March 2009. After meeting a **network of herbal/traditional medicine institutes** in was established with countries of South-East Asia Region for sharing research information.



Conference on Traditional Medicine in ASEAN Countries,
31 Aug - 2 Sep 2009 Bangkok, Thailand



Sharing countries' experience in using traditional medicine for primary health care

WHO fully support in sharing countries' experience in use of traditional medicine for PHC



A WHO Interregional Workshop on the Use of Traditional Medicine in Primary Health Care on 23 - 26 August 2007 Ulaanbaatar, Mongolia was co-organized by WHO and The Nippon Foundation with objective to exchange and share national experience and information on the use of TM in primary health care.



Conference on Traditional Medicine in ASEAN Countries,
31 Aug - 2 Sep 2009 Bangkok, Thailand



Sharing countries' experience in using traditional medicine for primary health care



Myanmar

- National programme : "Medicines in your garden"
- National programme: 150 kits with herbal medicines for emergency use were formally distributed to representatives in 150 villages in three townships.



Cambodia, Laos, Vietnam

National programme of "Your medicine in your garden"

Thai

"Manual for cultivation production and utilization of herbal medicine in primary health care"

Conference on Traditional Medicine in ASEAN Countries,
31 Aug - 2 Sep 2009 Bangkok, Thailand



Developing national list of essential medicines of herbal medicines for PHC

There are only 5 countries with list of list of essential medicines of herbal medicines in ASEAN : **Thai, Lao, Philippine Vietnam, Myanmar**

Thailand

- New project for use TM for PHC " Village Health Volunteer (VHV)" operated by the Health Service Support and Department for Development of Traditional and Alternative Medicine
- The purpose of the project is to change the behavior of the community to use more traditional medicine as the community will be more self-reliance as TM is cheaper and safe for self-care compared by drugs
- Develop list of self-medication and med-kit of TM for PHC
- Therefore sharing countries' experience in selected essential medicines of TM is



Conference on Traditional Medicine in ASEAN Countries,
31 Aug - 2 Sep 2009 Bangkok, Thailand



Sharing education/training modes and materials



Singapore

- Training of TCM physicians
- Training of CMM dispensers
- Training of Western doctors in acupuncture



Myanmar

- "A Manual of Myanmar Traditional Medicine for Primary Health Workers"
- University training for traditional medicine



Malaysia

- Multi-training for various traditional medicine including herbal medicines, acupuncture and manual therapies



Cambodia

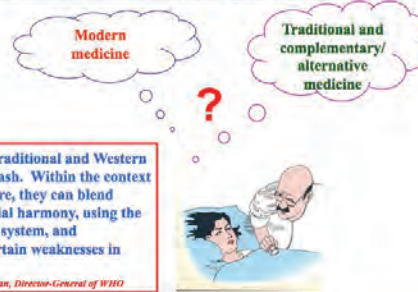
- The National Traditional Medicine Institute has training programme for traditional healers for 6 months



Conference on Traditional Medicine in ASEAN Countries,
31 Aug - 2 Sep 2009 Bangkok, Thailand



Integration of TM/CAM into 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

Conference on Traditional Medicine in ASEAN Countries,
31 Aug - 2 Sep 2009 Bangkok, Thailand



Thanks

The Ministry
of Health
Thailand



ASEAN
Secretarial



and
The Department for Development of
Thai Traditional and
Alternative Medicine

Conference on Traditional Medicine in ASEAN Countries,
31 Aug - 2 Sep 2009 Bangkok, Thailand





Annex 4 : Presentation on
“ASEAN regional
cooperation in traditional
and herbal medicine”

by Dr. Bounpheng Philavong



Presentation on
“ASEAN regional cooperation in
traditional and herbal medicine”

by
Dr. Bounpheng Philavong
the ASEAN Secretariat



ASEAN Cooperation on Traditional
and Herbal Medicine

Presented by ASEAN Secretariat

Conference on Traditional Medicine in ASEAN Countries
 31 August- 2 September 2009, Bangkok

Outline of Presentation

1. Roadmap for an ASEAN Community (2009-2015)
2. Public Health Sector
3. Agriculture and Forestry Sector
4. Economic and Trade Sector
5. ASEAN Situation in Traditional Medicine (WHO Survey in 2000)
6. Key Challenges
7. The way forward

Roadmap for an ASEAN Community (2009-2015)

- **Facilitate**
 - **research and cross-country exchange of experience** in promoting the integration of safe, effective and quality TM/CAM into the national healthcare system and across other sectors;
- **Empower**
 - **consumers** to become active participants in healthcare and to make informed choices to maximise the benefits and minimise the risks of use of TM/CAM; and
- **Develop and implement**
 - **harmonised technical requirement** for TM in all Member States.

Public Health Sector

- Senior Officials on Health Development (SOMHD)
- ASEAN Working Group on Pharmaceuticals Development (AWGPD)
- ASEAN Work Plan on Pharmaceuticals Development
- ASEAN Plus Three Framework of Cooperation on Integration of TM/CAM into National Healthcare Systems

Implemented activities

- ASEAN Study Programme on Manufacturing and Quality Control of Traditional Medicine, supported by Japan.
- China- ASEAN Seminar on Traditional Medicine for HIV and AIDS Prevention and Treatment supported by China
- China- ASEAN Workshop on Standardised Practice of Traditional Medicine, Beijing, 19-25 October 2008

Standardization, Quality Control and Validation of Herbal Medicines

- The first volume of Standard of ASEAN Herbal Medicine Vol. I (SAHM)
 - 36 monographs of medicinal plants
 - published in 1993 with financial support from WHO
- Volume II of Monographs of ASEAN (SAHM) had been published and distributed to ASEAN Member States.

Planned Activities/Proposals

- Workshop on the Development of Natural Medicines proposed by Indonesia.
- Combination of TM and CAM in ASEAN Health Treatment proposed by Viet Nam for funding from ASEAN-India cooperation fund.
- Workshop on TCM Advantages and Development of Traditional Medicine in ASEAN proposed by China for funding from ASEAN-China Cooperation Fund.

Agriculture and Forestry Sector

- Senior Officials Meeting on Agriculture and Forestry (SOM-AMAF)
- ASEAN Experts Group on Herbal and Medicinal Plants
- Strategic Plan of Action in the Development of Herbal and Medicinal Plants

Strategic Plan of Action in the Development of Herbal and Medicinal Plants

- Establishment of database on ASEAN herbal and medicinal plants (AHMP Database)
 - 1st publication of ASEAN Herbal and Medicinal Plant (125 species)
- Coordination of research and development activities and sharing of specific information
- Directory of products and companies
 - 18 products and 12 companies reported

Economic and Trade sector

- Senior Economic Officials Meeting (SEOM)
- ASEAN Consultative Committee on Standards & Quality (ACCSQ) Traditional Medicines and Health Supplements Product Working Group (TMHSPWG)
- Development of an ASEAN Regulatory Framework for Traditional Medicine
 - To facilitate free trade of Traditional Medicines without compromising safety, efficacy and quality of these products

Features of the proposed Regulatory Framework for Traditional Medicines

- Common definition of Traditional Medicines in ASEAN for trade purposes
- Common requirements for levels of additives, excipients, vitamins, mineral, banned ingredients, contaminants
- Guiding principles for the manufacturers and regulators on the claims of the Traditional Medicines
- Requirements for Good Manufacturing Practice (GMP)
- Common labeling requirements
- Harmonised product placement requirements in ASEAN

ASEAN Situation on Traditional Medicine						
AMS	Policy	Regulations	Program	Office	Committee	R. Inst
Brunei D	NA	NA	NA	NA	NA	NA
Cambodia	1996	1998	No	1982	2003	No
Indonesia	2000	1993	2003	2001	1977	1976
Laos	1998	1998	2000	1976	No	1996
Malaysia	2001	1984	2001	Yes	Yes	Yes
Myanmar	1993	1996	NA	1989	NA	1997
Philippines	1997	No	NA	1997	No	Yes
Singapore	1995	2000	No	1995	1996	No
Thailand	1993	1967	Yes	2002	Yes	1993
Viet Nam	Yes	1989	1986	1957	No	1976

Source: WHO Survey 2000, WHO Website, August 2009

ASEAN Compared to World in TM/CAM		
	ASEAN (9) in %	World (141) in %
National Policy	100 (9/9)	32
Laws/regulations	89 (8/9)	38
National Programme	55 (5/9)	28
National Office	100 (9/9)	53
National Committee	55 (5/9)	43
Research Institute	77 (7/9)	41

Source: WHO Survey 2000, WHO Website, August 2009

Key Challenges

- Adulteration:** Process of adding chemical substance
- Diverse national policy and regulation:** Variations in definitions and categorizations
- Limited scientific evidence on safety, effectiveness and quality**
- Sustainability:** over-harvesting of plants, over-catch of animals & threaten biodiversity

The way forward

- Follow-up to ASEAN Roadmap for an ASEAN Community (2009-2015)
- Development of a system/mechanism for collaboration among ASEAN Bodies
- ASEAN Trade in Goods Agreement (ATIGA) -- trade facilitation of products
- ASEAN Comprehensive Investment Agreement (ACIA) -- medicinal products
- ASEAN-WHO MoU (2009-2013) --(1.8 Traditional Medicine)
- Revisit the ASEAN Plus Three Framework of Cooperation on integration TM/CAM into national healthcare system
- ASEAN Secretariat - Nippon Foundation MoA


Thank you
 ASEAN: One Vision One Identity One Community
www.asean.org

Annex 8 : Bangkok Declaration



BANGKOK DECLARATION ON TRADITIONAL MEDICINE IN ASEAN

The delegates of the Conference on Traditional Medicine in ASEAN Countries held in Bangkok on 31 August - 2 September 2009

REAFFIRMING the purposes of ASEAN among others to maintain and enhance peace, security and stability and further strengthen peace-oriented values in the region, as enunciated by the ASEAN Charter;

ENDEAVOURING to put into operation actions stipulated in the Roadmap for an ASEAN Community (2009-2015) to facilitate research and cross-country exchange of experience in promoting the integration of safe, effective and quality Traditional Medicine, Complementary and Alternative Medicine into the national healthcare system, and across other sectors;

REITERATING the World Health Organization's specific objectives in Traditional Medicine Strategy for 2002 - 2005 to support countries to integrate Traditional Medicine with national healthcare systems, promote the safety, efficacy and quality of Traditional Medicine by expanding the knowledge-base on Traditional Medicine, increase the availability and affordability of Traditional Medicine, as appropriate, with an emphasis on access for poor populations, and promote therapeutically sound use of appropriate Traditional Medicine by providers and consumers;

ACKNOWLEDGING that Traditional Medicine is often the most widely available and affordable source of health care in ASEAN.

SEEKING to build on the gains brought about by close collaboration between ASEAN and other partners by further exploring opportunities for cooperation, sharing of knowledge and information, technical and financial assistance in Traditional Medicine;

MINDFUL of the importance of safety, efficacy, and quality of Traditional Medicine in the promotion of health, and in the prevention, diagnosis, treatment and management of diseases in ASEAN;

RECOGNISING that ASEAN Member States possess an abundance of untapped and newly discovered herbal and medicinal plants and other natural resources, as well as indigenous traditional knowledge and practices which have evolved from different ethnological, cultural, geographical, philosophical backgrounds, and the need to ensure sustainable management of biological diversity;

EMPHASIZING the importance to protect Traditional Medicine knowledge and practices

WELCOMING the support of the Nippon Foundation through the Memorandum of Agreement with the ASEAN Secretariat to assist Member States in promoting Traditional Medicine, among others.

HEREBY DECLARE:

1. To generate and share evidence-based information on traditional medicine knowledge and practices in ASEAN Member States by promoting and communicating widely and appropriately throughout the region and other partners;
2. To harmonise national technical requirements and regulations as part of ASEAN commitment to ensure safety, efficacy and quality of Traditional Medicine;
3. To promote further integration of Traditional Medicine, Complementary and Alternative Medicine into the health care system services as a part of comprehensive national health systems, including the use of traditional medicine in the primary health care; and
4. To develop specific activities to enhance collaboration in Traditional Medicine by involving practitioners and providers, industries, non-profit and professional organizations, academia, communities as well as partner organizations as key partners.

DONE in Bangkok, Thailand, on this First Day of September in the Year Two Thousand and Nine.

ปฏิญญากรุงเทพ ว่าด้วยการแพทย์ดั้งเดิมในอาเซียน

ผู้เข้าร่วมการประชุม “การแพทย์ดั้งเดิมในภูมิภาคอาเซียน” ณ กรุงเทพฯ ฯ ประเทศไทย ระหว่างวันที่ 31 สิงหาคม - 2 กันยายน 2552

ยืนยัน วัตถุประสงค์ของกลุ่มประเทศอาเซียนในการดำรงและส่งเสริมสันติภาพ ความปลอดภัย และความมั่นคง และเพิ่มความเข้มแข็งของคุณค่าแห่งสันติภาพในภูมิภาค ดังที่ประกาศไว้ในกฎบัตรอาเซียน

พยายาม ดำเนินการให้บรรลุผลตามที่กำหนดไว้ในแผนที่นำทางของประชาคมอาเซียน (พ.ศ.2552 - 2557) เพื่อสนับสนุนงานวิจัยและการแลกเปลี่ยนประสบการณ์ระหว่างประเทศในการสนับสนุนบูรณาการการแพทย์ดั้งเดิม การแพทย์เสริม และการแพทย์ทางเลือกที่ปลอดภัย มีประสิทธิภาพ และมีคุณภาพเข้ากับระบบสาธารณสุขแห่งชาติและเข้ากับภาคส่วนอื่น ๆ

เน้นย้ำ วัตถุประสงค์เฉพาะตามแผนยุทธศาสตร์การแพทย์ดั้งเดิมขององค์การอนามัยโลกปี พ.ศ. 2545 - 2548 เพื่อสนับสนุนการบูรณาการการแพทย์ดั้งเดิม เข้ากับระบบสาธารณสุขแห่งชาติ ส่งเสริมความปลอดภัย ประสิทธิภาพ และคุณภาพของการแพทย์ดั้งเดิม โดยเผยแพร่การแพทย์ดั้งเดิมบนฐานความรู้ ขยายบริการด้านการแพทย์ดั้งเดิมให้ครอบคลุมและสามารถเข้าถึงได้ง่ายตามความเหมาะสม โดยเฉพาะแก่กลุ่มประชากรที่ยากจน และสนับสนุนผู้ให้และรับบริการด้านการแพทย์ดั้งเดิมให้ใช้การรักษาอย่างถูกต้อง

ยอมรับ ว่าการแพทย์ดั้งเดิมเป็นภูมิปัญญาที่ใช้ในการดูแลสุขภาพซึ่งมีอยู่อย่างแพร่หลายและประชาชนเข้าถึงได้มากที่สุด

แสวงหา ประโยชน์จากความร่วมมือระหว่างอาเซียนและประเทศพันธมิตรในการแสวงหาโอกาส เรื่อง ความร่วมมือแลกเปลี่ยนความรู้และข้อมูลข่าวสาร ความช่วยเหลือทางด้านวิชาการและการเงินสำหรับการแพทย์ดั้งเดิม

ตระหนัก ถึงความสำคัญของความปลอดภัย ประสิทธิภาพ และคุณภาพของการแพทย์ดั้งเดิมในการส่งเสริมสุขภาพ ป้องกัน วินิจฉัย รักษา และจัดการกับโรค ในอาเซียน

ระลึก เสมอว่ารัฐสมาชิกของสมาคมแห่งประชาชาติเอเชียตะวันออกเฉียงใต้ (อาเซียน) ทุกประเทศเป็นเจ้าของทรัพยากรที่ยังไม่ได้ใช้ประโยชน์และมีพืชสมุนไพรและทรัพยากรธรรมชาติอื่น ๆ ที่เพิ่งค้นพบจำนวนมากเช่นเดียวกับความรู้และเวชปฏิบัติตามภูมิปัญญาพื้นบ้านซึ่งมีวิวัฒนาการจากชาติพันธุ์ วัฒนธรรม ภูมิศาสตร์ ภูมิหลังจากปรัชญาที่แตกต่างกัน รวมทั้งความจำเป็นที่จะต้องดูแลรักษาความหลากหลายทางชีวภาพให้ยั่งยืน

เน้นย้ำ ความสำคัญของการคุ้มครองภูมิปัญญาและเวชปฏิบัติในการแพทย์ดั้งเดิม

ยินดีต้อนรับ การสนับสนุนจากมูลนิธินิปปอนตามบันทึกข้อตกลงร่วมกับสำนักเลขาธิการอาเซียนเพื่อช่วยเหลือรัฐสมาชิกในการสนับสนุนการแพทย์ดั้งเดิมระหว่างกัน และอื่น ๆ

จึงประกาศว่าจะ

1. สร้างและแลกเปลี่ยนข้อมูลที่มีพื้นฐานของการแพทย์ดั้งเดิมและเวชปฏิบัติในรัฐสมาชิกอาเซียน โดยการส่งเสริมและสื่อสารความรู้อย่างกว้างขวางและเหมาะสมทั่วภูมิภาครวมทั้งในประเทศพันธมิตร
2. บรรสานข้อกำหนดทั้งทางวิชาการและกฎหมายระดับชาติโดยถือเป็นส่วนหนึ่งของพันธกรณีของอาเซียน เพื่อสร้างความมั่นใจเรื่องความปลอดภัย ประสิทธิภาพและคุณภาพของการแพทย์ดั้งเดิม
3. เพื่อส่งเสริมการบูรณาการการแพทย์ดั้งเดิม การแพทย์เสริม และการแพทย์ทางเลือก เข้าสู่การบริการในระบบสาธารณสุข โดยเป็นส่วนหนึ่งของระบบสุขภาพเบ็ดเสร็จของประเทศ รวมทั้งการใช้การแพทย์ดั้งเดิมในการสาธารณสุขมูลฐาน
4. เพื่อพัฒนากิจกรรมเฉพาะต่าง ๆ เพื่อส่งเสริมความร่วมมือด้านการแพทย์ดั้งเดิม โดยดำเนินการเกี่ยวข้องกับผู้ประกอบการและผู้ให้บริการ, ภาคอุตสาหกรรม, องค์กรที่ไม่หวังผลกำไร และองค์กรวิชาชีพ, นักวิชาการ, ชุมชน รวมทั้งองค์กรภาคี ในฐานะภาคีหลัก

จัดทำที่กรุงเทพฯ ประเทศไทย ในวันที่ 1 ของเดือนกันยายน ในปี 2552

Annex 10 : Concept Paper



GROUP 1

GENERATION AND SHARING OF EVIDENCE-BASED INFORMATION ON TRADITIONAL MEDICINE AND TRADITIONAL KNOWLEDGE

Issues

Confidentiality of information (IPR)

Only those published

- Information center/Data base directory
 - Inventory of TM knowledge and practices

Standardize the practice- group 2

- Workshop on sharing experiences on TM research methodology

Medicinal plant conservation

Development of medicinal garden

Title

ESTABLISHMENT OF KNOWLEDGE NETWORK ASEAN ON MEDICINAL PLANTS AND TM PRACTICES

Background of issue to be addressed

- Existing/ available data base/knowledge to be shared
- Expertise available other countries
- Information/knowledge considered as Public goods
- Key issues for consideration/cooperation
 - Research and development: methodology, ASEAN common research protocol/paradigm, joint project
 - Training
 - IPR
 - Conservation/sustainability - need for herbal garden
 - Existing regulation on TM including trade regulation
- Need to have herbal garden for the purpose of sustainable good quality and standardized of the raw material

Objectives

1. to share experiences from other ASEAN countries
2. to exchange information among member nations
3. to conserve knowledge on TM/herbal Medicine

4. to harmonize research methodology/approach
5. to make sustainable benefits of TM practice for ASEAN people
6. to make available database for TM practitioners

Expected outputs

- Directory of focal points on TM
- Directory on TM regulation including trade regulation
- Directory on database/meta-data
- Guideline on research methodology/paradigm and development of joint projects for TM
- 'Model' herbal garden established
- Treatment on 'common diseases' shared
- ASEAN journal/monograph/pharmacopeia for TM published
- TM curriculum/sharing and training based on the needs individual counties

Activities:

1. workshop
2. seminar
3. study visit to exchange experts and for training opportunities
4. training
5. conducting joint research projects

Time Frame : 3 - 5 years

Estimated Budget:

GROUP 2

REQUIREMENTS FOR SAFETY, EFFICACY AND QUALITY OF TRADITIONAL MEDICINE

Issues discussed

1. The distribution of medical kits may not be applicable in ASEAN as was carried out in Mongolia due to its differences in geography and better accessibility to Traditional Medicine in ASEAN.
2. Traditional and cultural background of ASEAN Member States (AMS) varies - medical kit should be applicable to individual AMS as per their cultural background.
3. Attended by delegates from Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore, Thailand and Vietnam.
4. Chaired by the Philippines; Facilitated by the ASEAN Secretariat.
5. Tasked to propose projects under the ASEAN Secretariat - The Nippon Foundation MoA for requirements for safety, efficacy and quality of Traditional Medicine.
6. Assessment of safety, efficacy and quality of Traditional Medicine based on existing traditional knowledge in AMS.
7. To take into consideration the existing international requirements, e.g. WHO Guideline on safety and efficacy, GAP, GHP, GMP, GLP, GCP etc.
8. The harmonization of technical requirements for safety, efficacy and quality addressed by TMHS PWG for finalization by end of 2010.
9. Dissemination of traditional knowledge to support and promote free trade of Traditional Medicine.
10. Selection of raw materials and wild collection practice.

Project Proposal

Support to SMEs and collaboration with the ASEAN Alliance Traditional Medicine Industries (AATMI)

Objective

Noting the need and importance in engaging the SMEs in the ASEAN integration initiatives of Traditional Medicine in particular to assist the SMEs to enhance their capability to meet the essential requirements for safety, efficacy and quality of the ASEAN Regulatory Framework for Traditional Medicine.

Expected outcome

Series of trainings and workshops for SMEs at the national level

- To create a better understanding of the ASEAN essential requirements for safety, efficacy and quality for Traditional Medicine

- On Good Manufacturing Practice
- On Product Placement Requirements

Series of trainings and workshops for SMEs at the national level

- To create a better understanding of the ASEAN essential requirements for safety, efficacy and quality for Traditional Medicine
- On Good Manufacturing Practice
- On Product Placement Requirements

Development of training modules and guidance documents for the Good Manufacturing Practice and Product Placement Requirements in collaboration with the TMHS PWG

Train the Trainers Programme at the regional level to prepare a level of trainers who will in turn carry out national training on the harmonised requirements

Next steps

To work in full collaboration with the TMHS Product Working Group to develop the proposed trainings guidance documents to ensure coordination and avoid duplication of efforts

GROUP 3

INTEGRATION OF TRADITIONAL/COMPLEMENTARY MEDICINE INTO THE HEALTHCARE SYSTEM SERVICES

CHAIRMAN: INDONESIA
RAPPORTEUR: SINGAPORE
PRESENTER: PHILIPPINES
GROUP MEMBERS: INDONESIA, THAILAND, VIETNAM, MYANMAR,
PHILIPPINES, CAMBODIA, LAOS
OBSERVER: CHINA/WHO
ASEAN SECRETARIAT

MYANMAR

- Main healthcare is western medicine
- 3rd year medical student now trained in TM
- Both ways to integrate, one is to teach western doctors TM, another is to train TM practitioners up to the level of western doctors

INDONESIA

- TM still not integrated at present
- Acupuncture is accepted for insurance reimbursement
- Need regulation to integrate TM

CHINA

- TM practitioners must be trained and qualified
- Need to be licensed before they can practise
- After training, where to practice: hospital or community
- How to monitor the practice after they qualify
- Continuing education after they qualify
- Different types of practitioners are certified to do different treatment

PHILIPPINES

- Only acupuncture is accepted by western doctors

WHO

- Working on training guidelines for different types of TM practitioners

ASEAN

- ASEAN has developed a regulatory framework on TM integration
- Different member state has different stages of implementation
- The following areas are priority activities for implementation:
 - a) Strengthen/develop appropriate national policy and regulation on TM/CAM integration at country level
 - b) Harmonizing ASEAN TM/CAM terminology
 - c) Facilitate cross country sharing/exchange of information and experience on TM/CAM integration among member states
 - d) Strengthen collaboration/partnership with partners/international organizations such as WHO, plus 3 countries and India etc.
 - e) Research study on integration of TM/CAM in ASEAN countries

1 TITLE

- ASEAN Regional Study on Integration of TM/CAM into the National Healthcare System
- Regional Study on Status of ASEAN Integration of TM/CAM into National Healthcare System

2 BACKGROUND

- Refer to ASEAN+3 Framework of Cooperation ...
- Refer to WHO Strategy 2002-2005 and WHA 2009 Resolution on Traditional Medicine
- Refer to Road Map for an ASEAN Community...
- Refer to Bangkok Declaration
- Different stages of implementation of TM/CAM in ASEAN Member States

3 OBJECTIVES

To gather information on status of integration of TM/CAM into national healthcare system in ASEAN member states which could be shared and learned.

4 EXPECTED OUTPUTS

- a) Study conducted and information gathered in all 10 ASEAN Member States in 2010
- b) Publication of an ASEAN Regional Report on the study conducted
- c) A Regional Forum conducted to present the result of the study and to launch the publication

5 ACTIVITIES

- a) Study conducted in all ASEAN Member States
 - Recruitment of a consultant to design a study
 - Establish a study team for each ASEAN Member State

- Conduct study in each ASEAN Member State using a standardized methodology and tools
 - Preparation of study report for each country for preparation of regional report
 - Establish a regional team comprising of representatives from Thailand, Indonesia, Malaysia, Vietnam to prepare the regional report with the assistance of a consultant
- b) Publication of an ASEAN Regional Report on the study conducted
- Contract a publisher to publish the ASEAN Regional Report
 - Distribution of publication to ASEAN Member States and partners
- c) An ASEAN Regional Forum conducted to present the result of the study and to launch the publication
- If we finish the Regional Report on time, we propose to conduct the forum back to back with the 2nd ASEAN Conference on Traditional Medicine proposed to be held in Indonesia
 - If no, a separate Forum will be conducted in another Member Country (Philippines, Vietnam)

6 TIMEFRAME

Sep-Nov 2009	Develop a full project proposal based on concept paper
Jan-Mar 2010	Recruitment of consultant & development of study methodology & tool
Apr-Jun 2010	Conduct study in ASEAN Member State
Jul-Sep 2010	Development of regional report
Oct 2010	Publication of regional report
Oct/Nov 2010	Regional Forum

7 ESTIMATED BUDGET

ASEAN Secretariat will assist in the estimate of the budget

GROUP4

PROMOTION OF THE USE OF TRADITIONAL MEDICINE IN THE PRIMARY HEALTH CARE

The situation of traditional medicine in the PHC in each member country was shared.

Objectives :

1. To increase the accessibility and utilization of TM and medicinal plants in the PHC
2. To build general public and the consumer awareness and promote the proper use of TM and self care
3. To protect biodiversity, conservation and sustainable utilization of medicinal plants

Strategies :

To increase the accessibility and utilization of TM and MP in the PHC

1. Improve the knowledge and skill in the use of TM and MP, e.g. organize the training program, seminar, meeting, at the ASEAN and national level
2. Government & NGOs and other related stakeholder to develop and implement the program to promote the use of TMs and MPs in the PHC
3. Improve the supply and management of TM kits for PHC
4. Promote the establishment of medicinal plant in home/kitchen gardens and in the community level

To build consumer awareness and promote the proper use of TM and self care

1. Develop pamphlet, guideline, handbook, manual to create consumer awareness on the proper use of TM & self care

To protect biodiversity, conservation and sustainable utilization of medicinal plants

1. Proper regulation and monitoring of medicinal plant collection by the community
2. Prevent over-harvesting of locally available medicinal plants (replanting)
3. Educate farmers on Good Agricultural and Collection Practice (GACP) of medicinal plants

Operational research on improving various activities relating to the use of TM & MP in the PHC.

CONCEPT PAPER 1

Title

Improvement of knowledge and skill in the use of TM and MP in the PHC

Background of issue to be addressed

Objectives

Improve the knowledge and skill in the use of TM and MP in the PHC

Expected output

Number of meetings

Number of participants

Regional module derived or consolidated from national inputs

Number of guidelines and training modules

Activities required to produce the output

1. Conduct national surveys on traditional medicine practices in the community level
2. Consolidate the outcome of national survey to develop a regional training module
3. Organize the TOT program, seminar, meeting, at the ASEAN and national level

(Guideline and training module based on the needs assessment should be from the government side, the NGO's role is to help organize the training program)

Timeframe

2010

Budget**Lead country**

Thailand

CONCEPT PAPER 2

Title

Enhancement of partnership among stakeholder in promoting the use of TM and MPs in the PHC

Background of issue to be addressed**Objectives**

To enhance the involvement of stakeholder in promoting the use of TMs and MPs in the PHC

Expected output

Regional network

Regional program

Activities required to produce the output

4. Conduct seminar and workshop at regional level
5. Sharing technical support and expertise

Timeframe

2010

Budget**Lead country**

Indonesia Viet Nam

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