



The Use of Herbal Medicines in Primary Health Care

**Report of the Regional Meeting
10–12 March 2009, Yangon, Myanmar**



**World Health
Organization**

Regional Office for South-East Asia

Names of medicinal plants in the cover of this report are as follows:

First row: **Morinda citrifolia* L., **Quisqualis indica* L., and
**Senna alexandrina* Mill.

Second row: ⌘*Piper nepalense* Miq., †*Panax gensing* L., and
**Momordica charantia* L.

* Courtesy of Dr Nara Nakawattanukool

⌘ Courtesy of Mr Dorji Wangchuk

† Courtesy of Dr Xiaorui Zhang

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1.1 Background

Herbal medicine (HM) and traditional medicine (TM) are widely used in countries of the South-East Asia (SEA) Region. Herbal medicine forms a substantial part of traditional medicine. According to WHO's definition, HM includes "herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients, parts of plants, other plant materials or combination thereof". There is increasing demands for medicinal plants, both in the developing and developed countries.

Most of traditional medicines contain medicinal plants. Ayurveda, Chinese traditional medicine, homeopathy, naturopathy, Unani and TM systems in Africa and Latin America use herbal medicines. In the SEA Region, all Member States have medicinal plants in their traditional systems of medicine; *gSo-ba Rig-pa* in Bhutan, *Koryo* medicine in DPR Korea, *Jamu* in Indonesia, *Dhivehi bays* in Maldives, traditional or indigenous medicines in Myanmar, Sri Lanka and Thailand contain medicinal plants. Thus, herbal medicines form a significant component in traditional systems of medicine in countries of the Region.

There have been a number of important developments in the area of traditional medicine and herbal medicine over the years. The World Health Assembly (WHA) has passed nine resolutions since 1969 relating to traditional medicine; two of these resolutions are specifically on medicinal plants: WHA31.33 (1978) on Medicinal Plants and WHA41.19 (1988) on Traditional Medicine and Medicinal Plants.

In 2003, the health ministers of countries in South-East Asia Region, at their twenty-first meeting, agreed that traditional systems of medicine should be included as part of national health-care systems.

In 2004, the WHO Regional Committee for the South-East Asia Region at its Fifty-seventh Session recognized that traditional systems of medicine had played a vital role in contributing to health care. It urged interested governments of the Region to give adequate importance to developing traditional systems of medicine, not merely as an alternative to the modern system of medicine but in close conjunction with it so as to take advantage of the best from both systems.

In August 2007, the WHO Interregional Workshop on the Use of Traditional Medicine in Primary Health Care was held in Ulaanbaatar, Mongolia. It provided technical guidance to Member States, especially on the selection of traditional medicines in primary health care, with emphasis on ensuring efficacy, safety and quality.

In November 2008, the Beijing Declaration promulgated at the WHO Congress of Traditional Medicine expressed the need for action and cooperation by the international community, governments, and health professionals and workers to ensure proper use of traditional medicine as an important component contributing to the health of all people, in accordance with national capacities, priorities and relevant legislation.

In January 2009, the WHO Executive Board discussed a draft resolution on traditional medicine that would be tabled at the Sixty-second World Health Assembly (WHA) in May 2009. It urges Member States, in accordance with national capacities, priorities, relevant legislation and circumstances “to cooperate with each other to share knowledge and practices of traditional medicine and exchange training programmes on traditional medicine, consistent with national legislation and relevant international obligations”. The World Health Assembly passed resolution WHA62.13 on Traditional medicine in May 2009.

This meeting aimed specifically to promote the potential of herbal medicines in national health systems in the Region.

1.2 Objectives

General Objective

To promote the use of herbal medicine in countries of the South-East Asia Region.

Specific Objectives

- (1) To explain the role of WHO in promoting herbal medicine in primary health care (PHC).
- (2) To share information on the use of herbal medicine among countries of the South-East Asia Region.
- (3) To strengthen research in ensuring efficacy, safety and quality of herbal medicines.
- (4) To discuss intercountry cooperation in herbal medicine.
- (5) To prepare three generic frameworks; one for sharing information on the use of herbal medicine in PHC; one for research on efficacy, safety and quality of herbal medicine; and one for intercountry cooperation in the use of herbal medicine in PHC.

预览已结束，完整报告链接

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