



Strengthening the Role of Complementary Medicine to Address Health Workforce Shortages in Primary Health Care in Asia

Tasleem Akhtar^{1*}, and Zabta K. Shinwari^{2*}

¹Professor Emeritus Khyber Medical University, Peshawar

²Pakistan Academy of Sciences, Islamabad, Pakistan

Background: According to the World Health Organization (WHO), “Traditional medicine refers to health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being¹. Globally there is a resurgence of interest in traditional medicine and other non-conventional health care systems. Such systems include Chinese medicine, Ayurveda, Herbal medicine, Tibb Unani, Homeopathy, Acupuncture, Chiropractic, Osteopathy, bone-setting and many others. Various named as Indigenous, folk, Traditional and Complementary Medicine (T&CM) and/or Complementary and Alternate Medicine (CAM), these systems of health care were until recently predominantly used by the poor and rural communities. They are however currently finding favor with the more educated and affluent communities of the developed world, and their use is rapidly expanding. The positive features of T&CM responsible for the rapid expansion of their use include diversity, flexibility, easy accessibility, relative low cost, low levels of technological input, relative low side effects and growing economic importance (WHO)⁵. Along with their affordability and accessibility these systems

are firmly embedded in the belief systems of communities and are culturally compatible. Taking cognizance of the growing demand for and use of T&CM WHO developed guidelines and strategies for T&CM integration into conventional health care systems by member countries for the period 2002-2005 and recently 2014-2023. The 2014-2023 strategy has two key goals: to support Member States in harnessing the potential contribution of T&CM to health, wellness and people centered health care and to promote the safe and effective use of T&CM through the regulation of products, practices and practitioners. These goals will be reached by implementing three strategic objectives: 1) building the knowledge base and formulating national policies; 2) strengthening safety, quality and effectiveness through regulation; and, 3) promoting universal health coverage by integrating T&CM services and self-health care into national health systems¹.

An immediate need for T&CM integration into national health systems is in the area of Human Resources for Health (HRH). The critical shortage of trained health workers in low and middle income countries was documented in 2004 and reported in the World Health Organization (WHO) 2006 World Health Report^{2,3}. The estimated shortage

¹WHO Traditional Medicine Strategy 2014-2023. https://apps.who.int/iris/bitstream/handle/10665/92455/9789241506090_eng.pdf

²Human Resources for Health-Overcoming the Crisis. Joint Learning Initiative. 2004

³WHO. The World Health report 2006 – working together for health. Geneva: World Health Organization; 2006

⁴A Universal Truth: No Health Without a Workforce. Third Global Forum on Human Resources for Health Report, November 2013. Global Health Workforce Alliance and World Health Organization. <http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/>

* Corresponding Authors: Tasleem Akhtar; tasleem.akhtar@gmail.com
Zabta K. Shinwari; shinwari2008@gmail.com

of 4.3 million in the two reports had increased to 7.2 million by 2013 and is predicted to reach 12.9 million by 2035⁴. This shortage has impeded the achievement of past national and international health goals and will be a serious barrier to achieving current and future goals⁵. Rapid strengthening of HRH therefore is considered a vital and urgent part of policies and strategies to achieve health in countries like Pakistan who have crisis level HRH, shortages. A task shifting approach for the deployment of Community Health Workers (CHWs) and traditional medicine practitioners is recommended to achieve rapid expansion of the health workforce. A study by Celluti et al found that where there is necessary support and certain conditions are observed, CHWS and TM workers can make significant contribution to health services delivery and achievement of universal health coverage.⁶

Conference Recommendations

The following recommendations are based on the presentations and discussion during the conference and are in line with the strategies recommended in the WHO 2014 – 2023 Strategic Frame Work.

1. Establish Higher Education and Research to Enhance Quality and Expand the Knowledge base of Traditional and Complementary Medicine

In the developed countries, Integrative Medicine has achieved recognition as a specialty field and Academic Centers/ Institutes and Universities have been established to provide higher education and undertake quality research in the field. In the United States, the American Board of Integrative Medicine (ABIM) awards Certification in the field like in all other medical specialties. Asian countries and more especially Pakistan need to establish such institutions. The institutions however, need to be established within the existing universities and academic centers in order to ensure that the field of integrative medicine doesn't develop in isolation from other such institutions in the domain of medical and health care field.

2. Integrate Traditional Medicine with Primary Health Care (PHC)

WHO's traditional medicine strategy 2014-2023's Strategic objective 3 aims to promote universal health coverage by integrating T&CM services into health care service delivery and self-health care. The following recommendations are given to achieve the objective 3 of the strategy:

- 2.1. Recognize HRH crisis as a health policy priority and consider T&CM integration in PHC as one of the strategic objectives for addressing the crisis;
- 2.2. Build T&CM knowledge base to inform policies and strategies;
- 2.3. Review and revise existing regulations to strengthen safety, quality and effectiveness of T&CM therapies and practices;
- 2.4. Review and revise T&CM training curricula to include some essentials of modern health care, such as the following:

2.4.1. Professionalism

Healing the sick is a profession and Healers are professionals. Professionals have a legal and ethical relationship of trust with those they serve. Health Professionalism is a three-part promise:

- a) To acquire and maintain value system which emphasizes that the interests of the patients and the public will supersede the self-interests of practitioners;
- b) Acquire and upgrade knowledge and technical skills necessary for providing good health care; and
- c) Develop interpersonal skills necessary to communicate and work together with patients.

2.4.2. Medical Ethics

The teaching of "medical ethics" must become a part of T&CM practitioners pre-service and continuing education curricula. Health professionals are required to develop 'respect' for individuals, 'do no harm' to their patient, work for 'doing good' for their patients and exercise 'fairness' in the distribution of goods and benefits to their patients.

³O'Brien P and Gostin L.O. Health Worker Shortages and Global Justice. October 2011. Milbank Memorial Fund. http://www.milbank.org/uploads/documents/HealthWorkerShortages_Mech/HealthWorkerShortages_Mech.html

⁴Deployment of community health workers in response to health workforce shortages. AIDS 2010, 24 (suppl 1):S45–S57. http://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1357&context=sphhs_policy_facpubs

2.4.3. *Avoidance of mixing single active ingredient modern medicines with herbal and traditional medicines*

They must be made to understand that modern single ingredient drug's use requires a good understanding of their pharmacology. They should stick to their whole herb therapies and avoid mixing modern medicines like antibiotics, steroids and psycho-active drugs in their herbal medicines formulations.

2.4.4. *Recognition of Drug interactions*

The widespread belief that whole herbs formulations are harmless is not correct. Concurrent use of herbs with modern medicine may mimic, magnify, or oppose the effect of drugs. The apparently harmless garlic can interact with some modern drugs and cause serious interaction like bleeding when taken with low dose aspirin and Warfarin etc.

2.4.5. *Timely referral of patients for appropriate therapy and management*

As emphasized by Hippocrates 2400 years back, don't attempt to treat conditions for which you have no knowledge and skill- refer them. Timely referral is an essential function of PHC. T&CM practitioners need to be linked with modern medicine practitioner and health care facilities for the purpose of timely referral of patients who need modern medical management.

2.4.6. *Adoption and transmission of essential health promotion and disease prevention messages which are a function of PHC workers*

These include Antenatal Care and Delivery by Trained Workers; Child vaccination; Mother and Child Nutrition; Drinking of Clean Water and Personal and Environmental Hygiene. Teaching of health promotion and disease prevention maybe made a compulsory part of T&CM curricula.

3. Additional recommendations relevant to Pakistan and some other Asian countries:

These include the following:

- 3.1. Suppliers of medicines based on natural products must ensure that harvesting of the products from the animal/organisms species providing the source compounds is sustainable or the animals are domesticated in order to meet demands.
- 3.2. Many species are endangered because of their (real or perceived) health benefits. Efforts must be made to eliminate illegal trade in such endangered species. Such efforts should include an awareness campaign about the scientific basis for 'no medical effects' of such produces, e.g. donkeys, rhino horn, tigers, rhinoceroses, sea horses and pangolins.
- 3.3. Due attention be given to implication of success models on T&CM approach from neighboring countries.
- 3.4. Cultivation of medicinal plants at national level (for example, in Billion Tree Tsunami Programme in Pakistan) is encouraged.
- 3.5. There should be red listing of indigenous medicinal plants at country level as well as documentation of traditional knowledge at national level.
- 3.6. Periodic training workshops (mainly for collectors of medicinal plants, etc.), symposiums, conferences should be held for capacity building at government level.
- 3.7. Knowledge about medicinal plants be provided at school level.
- 3.8. Efforts be made to bridge the gap between academia and industry for integrated / coordinated use of three systems of medicines namely, allopathic, homeopathic and unani.

