

WHA adopts new strategy on traditional medicine

WHO is seeking ways to integrate traditional medicine—relied on by billions worldwide—into wider health systems. Talha Burki reports.



Billions of people around the world use traditional medicine, many of whom have no other source of health care. For these individuals, as WHO Director-General Tedros Adhanom Ghebreyesus pointed out earlier this year, “traditional medicine is just medicine”. On May 26, the World Health Assembly (WHA) adopted its third global strategy on traditional medicine. The strategy, which will run from 2025 to 2034, envisages “universal access to safe, effective and people-centred TCIM [traditional, complementary and integrative medicine]”. Its key objectives include building the evidence base and creating appropriate regulatory mechanisms.

The new strategy reflects the enormous interest in traditional and complementary medicine across the world. The wellness industry is projected to be worth US\$9 trillion by 2028. The benefits of practices such as meditation are well documented. WHO has issued guidelines for herbal medicines and benchmarks for training in Ayurveda, naturopathy, and traditional Chinese medicine. Somewhere in the region of two-thirds of Germans use complementary medicine and in India and China there are hundreds of hospitals and health and wellness centres which offer both conventional and traditional medical services. Nearly two decades have passed since traditional medicine became part of the Iranian academic system.

Georg Seifert is a senior physician in paediatrics and Director of the Charité Competence Center for Traditional and Integrative Medicine at the Charité-Universitätsmedizin Berlin, Germany. He feels that the fact that so many nations were able to come to an agreement on the new strategy has symbolic value. “It is about accepting the diversity of knowledge and of

different approaches to medicine”, he said. Still, for the strategy to have a chance at success, there has to be consensus over what constitutes TCIM. “Member states had a lot of questions over what is in and what is out when we talk about traditional medicine. For example, people were wondering whether someone with just a healing crystal could say legitimately they were practising traditional medicine (the answer is ‘definitely not’),” explained Shyama Kuruvilla, Director ad interim for the WHO Global Traditional Medicine Centre (Jamnagar, India).

The 2025–34 strategy defines traditional medicine as systems “for

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healthcare and well-being comprising practices, skills, knowledge and philosophies originating in different historical, cultural contexts, that are distinct from and pre-date biomedicine”. It adds that traditional medicine is based on experience, and emphasises holistic, nature-based remedies and personalised care. “Traditional medicine systems have evolved over thousands of years, focus on restoring the balance of mind, body, and the environment and are underpinned by a vast amount of learning”, explained Kuruvilla.

The strategy defines complementary medicine as “additional healthcare practices that are not part of a country’s mainstream medicine”. Integrative medicine is characterised as “an interdisciplinary and evidence-based approach to health and well-being by using a combination of biomedical and traditional and/or complementary medical knowledge, skills and

practices”. The WHO strategy is part of the overarching attempt to figure out the best way to integrate TCIM into health systems around the world.

There is no single model of integration. It could be a clinic that manages patients with lymphatic filariasis with chemotherapy to treat the infection and yoga to improve mobility and mental health. It could be a cancer centre that offers precision medicine, mindfulness, and nature-based interventions, or a primary care centre where you can consult a general practitioner or an expert in traditional Chinese medicine, or move from one to the other.

“In India, mainstream medicine includes Ayurveda and Unani medicine and in China, traditional Chinese medicine is mainstream. These countries have integrated biomedicine and traditional medicine. But you also have systems of medicine that are not indigenous to a particular culture or country—yoga in China, say, or acupuncture in India. Integrating those systems into health care requires a different kind of mindset. WHO’s role is to support those efforts”, said Kuruvilla.

WHO first established its traditional medicine programme in the 1970s. The WHO Global Traditional Medicine Centre was launched in 2022. The Indian Government has contributed US\$250 million to fund its activities and campus until 2032. The future of the WHO Traditional, Complementary and Integrative Medicine Unit in Geneva, Switzerland is uncertain, however, with some suggestions that it might be shifted to India. WHO is facing severe financial constraints and organisational restructuring. Nonetheless, Kuruvilla assured *The Lancet* that WHO will retain its evidence-based normative function for TCIM.

Around 100 countries worldwide maintain national policies and programmes for traditional and complementary medicine, with varying degrees of integration into primary, secondary, and tertiary health care. The formal and informal traditional and complementary medicine industry employs a huge number of people, some of whom are university-accredited. If properly deployed, these individuals could be used to ease the pressure on health-care systems and assist with the drive to universal health care.

The WHO strategy repeatedly highlights the importance of research. “We now have this amazing opportunity to contribute to the development of traditional medicine using frontier scientific methods”, Kuruvilla told *The Lancet*. Electroencephalograms and functional magnetic imaging can illustrate what is happening to the brain during meditation, for example, and cell models can show the effect of herbal medicines on physiological pathways. Kuruvilla stressed that WHO would not recommend any kind of health-care practice or treatment, regardless of its origin, unless there was robust evidence for its safety and effectiveness.

If researchers can find workable strategies for examining traditional medicine and validating safety and efficacy, it raises the possibility of commercialisation. “There are huge economic opportunities”, said Kuruvilla. She cited the example of yoga, which is proven to reduce stress and provide cardiovascular benefit. “There are yoga studios around the world”, said Kuruvilla. “People know from their own experience that yoga works, they know from what they have learned from traditional practices, plus they know from scientific research.”

Clinical research is an expensive business, however. Finding the money for studies involving traditional medicine is challenging. “You need investment from the public purse. As things stand, in

Europe at least, that is not really happening”, said Seifert. Roshanak Ghods, Associate Professor of Persian Medicine in the Department of Traditional Medicine at the Iran University of Medical Sciences (Tehran, Iran), suggested that WHO, in collaboration with member states, international organisations, and the private sector, establish an international fund for traditional medicine research. She advised governments to consider earmarking a percentage of national health research budgets to TCIM.

Seifert pointed out that researchers are incentivised to work on projects which have a good chance of being accepted by a high-impact journal and which fit with the methodology of modern research. “Indigenous people did experiments to verify their theories. Traditional medicine is backed by a system of knowledge. But there is still some resistance among editors and reviewers to accept different knowledge systems; they often regard traditional medicine as something that does not conform to the expectations of scientific research”, he explained. Seifert underscored the value of randomised controlled trials in assessing single compounds—after all, 40% of pharmaceutical products are taken from the natural world. But when it comes to assessing more complicated interventions, a variety of approaches may be necessary.

“Much of traditional medicine involves complex interventions; to capture their effects, you need a complex methodology. It could be the case that you need some combination of qualitative research, psychometric testing and laboratory research, for example, to create the whole picture of what is going on”, said Seifert. Ghods emphasised the need for expanding the methodological scope beyond western-centric frameworks. “Empirical knowledge and oral narratives from traditional healers, often rooted in generations of lived experience, must be systematically

integrated into research”, she said. “These insights can be captured via participatory ethnography and community-led documentation, ensuring that culturally embedded wisdom informs the evidence base.”

Ghods described the new WHO strategy as “an important step towards recognising and strengthening the role of TCIM in global health systems”. She welcomed its assignment of activities to member states, partners, and stakeholders, as well as the WHO secretariat. “We now have a well defined path for each sector”, said Ghods. Nonetheless, she regretted the absence of mechanisms for consultation and participation with Indigenous communities or a clear framework for obtaining free and informed consent from these communities before accessing their traditional knowledge. Ghods urged WHO to consider forming a consultative group made up of representatives from Indigenous peoples to participate in the decision-making processes. “It is really important to have Indigenous people genuinely involved in policy development, project design, and evaluation of the traditional medicine strategy’s progress”, she said.

The second WHO Traditional Medicine Summit has been scheduled for December, 2025. The event offers an opportunity to announce new commitments for the implementation of the global strategy. “All that knowledge and experience from traditional medicine is a tremendous resource, if approached with thoughtfulness and respect, and explored through sound scientific methods”, concluded Seifert. “If we recognise its value and learn its language, it can help us to make the transition to a much more sustainable system of prevention, treatment, and healthy living. We could be standing on the shoulders of giants.”

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