

The WHO's Expedition into Traditional Medicine—A Naturopathic Observation



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INTRODUCTION

The World Health Organization's (WHO) expedition into the vast field of traditional medicine (TM) began in the late 1970s. Since that time, there have been significant advances in the WHO's engagement and directives to member states (i.e., Ministries of Health) globally, especially in the last few years. As depicted in Figure 1, notable initiatives include the Primary Health Care Declarations; the WHO's First Traditional Medicine Global Summit, and the WHO Traditional Medicine Strategies.

PRIMARY HEALTH CARE DECLARATIONS

The two International Conferences on Primary Health Care (PHC) held in 1978¹ and 2018² resulted in the Alma-Ata Declaration¹ and the Astana Declaration,² respectively. These declarations serve as a forty-year roadmap for health care as they outline the collective focus of Ministries of Health, health experts and global organizations. The 1978 International Conference was a landmark event, as it was the first international declaration underlying a global commitment to health equity and PHC.¹

At the 2nd International Conference, the progress reported since the Alma-Ata Declaration included:³

- Recognition that health is directly correlated with economic growth and development.
- An increase in life expectancy, a decrease in maternal and child mortality and a decrease in many infectious diseases.
- A dramatic rise in non-communicable diseases and mental health issues, which was attributed to a focus on treating specific diseases at the expense of prevention and addressing the determinants of health.

The areas of focus necessary to achieve global PHC and universal health care (UHC) included the following:³

- Prevention and non-communicable diseases
- Patient-centred health care and increased health literacy
- Determinants of health

- Self-responsibility and sustainability
- Need to address global burdens of disease, such as antimicrobial resistance

Unlike the Alma-Ata Declaration, the Astana Declaration included a call for increased collaboration and cooperation between the public and private healthcare systems and between different aspects of health care and a need to embrace technology, including e-health.² As President of the World Naturopathic Federation (WNF) at that time, I was fortunate to attend this conference along with Professor and Naturopathic Doctor Jon Wardle. It was apparent that the discussions, especially the recommendations for future steps, were very much in line with the naturopathic and TM approach to health care,⁴ and yet discussion of TM was mostly absent from the conversation. Traditional medicine was referenced in the list of health workers in the Alma-Ata Declaration,¹ and traditional knowledge and traditional products were mentioned in the Astana Declaration,² but the focus on TM was minimal. Another notable omission in the 2018 Conference and in the Astana Declarations was environmental health.

First WHO Traditional Medicine Global Summit

Despite having a TM department at the WHO since the 1980s, the first WHO Traditional Medicine Global Summit (Summit) was held in August 2023 in Gandhinagar, India.⁴ Just prior to the Summit, the WHO Global Traditional Medicine Centre was established in Jamnagar, Gujarat, India, as a knowledge centre for TM focusing on evidence and learning, data and analytics, sustainability and equity, and innovation and technology in order to optimize the role of TM in PHC globally.⁵ The goal of the Summit was to mobilize political commitment and action to integrate TM into PHC and to improve UHC using evidence-based TM products and practices.⁵ The Summit marked a significant change in the WHO's inclusion of TM in PHC and UHC.

WHO Traditional Medicine Strategies

The main WHO documents that impact TM professions are the WHO Traditional Medicine Strategies (Strategies). There have been three Strategies. The first one set TM strategic objectives for

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To cite: Lloyd I. The WHO's expedition into traditional medicine—a naturopathic observation. *CAND Journal*. 2025;32(4):23-26. <https://doi.org/10.54434/candj.231>

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Published by the Canadian Association of Naturopathic Doctors.

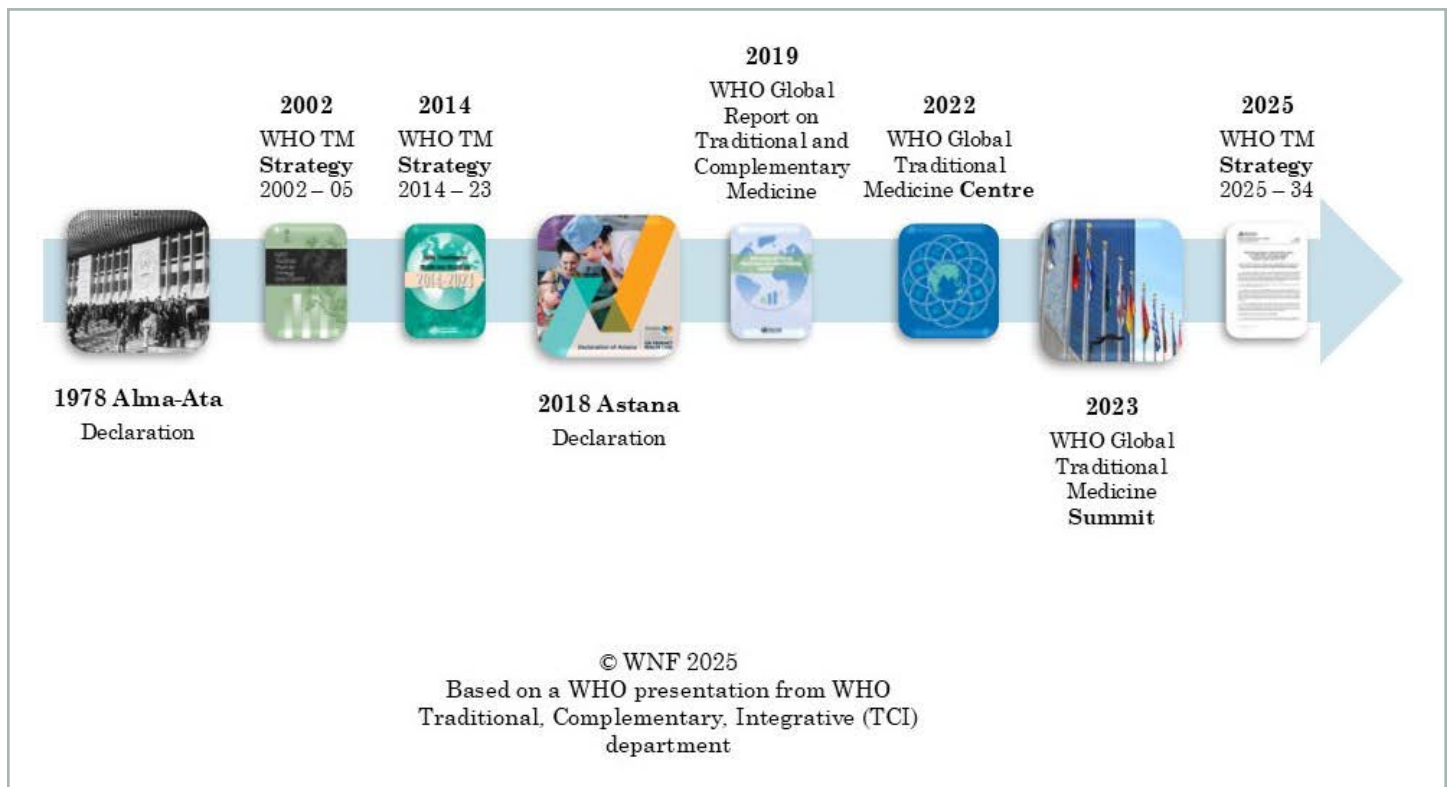


FIGURE 1 The WHO's Expedition into Traditional Medicine

2002–2005,⁶ the second for 2014–2023,⁷ and the current one for 2025–2034.⁸ As outlined in Table 1, all include strategic objectives on policy and regulation; safety, efficacy and quality; and access to TM systems of medicine, including Chinese medicine, Ayurveda, Unani, naturopathy, osteopathy, homeopathy, chiropractic and others.^{6,7,8} The Strategies outline strategic actions for member states, partners and stakeholders and the WHO. The WHO strategic actions focus on technical documents to support TM, education on TM, collaboration and dissemination of TM data.^{6,7,8}

The 2002–2005 Strategy provided an overview of the global landscape for TM, the role of the WHO, a listing of international and national resources for TM and a call for member states to regulate TM products, practices and practitioners.⁶ The 2014–2023 Strategy, published almost 10 years later, provided a global progress report and review of traditional and complementary medicine (T&CM) with a focus on policy and regulations as it related to TM products, practices, education, and research and the use and integration of T&CM.⁷

The 2014–2023 Strategy outlined the growing global demand and use of T&CM and stated that there had been significant progress in the number of member states with a TM policy and those regulating herbal medicines, as well as an increase in TM educational standards.⁷ The report highlighted that there were still challenges related to development and enforcement of regulations, integration of TM into PHC, advertising challenges of T&CM, lack of funding and advancement in research and development, ability to assess the safety and quality of T&CM products and services, diversity in education and training, and ability to obtain reliable

objective information on TM.⁷ A 2019 interim report detailed the progress on many fronts and provided additional details by individual TM professions and by WHO regions.⁹

The progress outlined included:^{7,9}

- The number of member states with a TM policy increased from 29 in 1999 to 69 in 2012 and 98 in 2018.
- The number of member states with a TM/CM research institute increased from 19 to 73 to 75, in the same time period.

A challenge outlined in the 2014–2023 Strategy included obtaining reliable information from member states. For example, the interim report indicates that 98 member states reported the use of naturopathy, with 9 regulating its practice, yet when compiling the Health Technology Assessment on Naturopathy, the WNF found that 108 countries have a naturopathic workforce, and of those, 34 countries regulate naturopathy.¹⁰ Part of the challenge for TM professions such as naturopathy is that the Strategies report on national standards, yet some countries, such as Canada and the United States, regulate healthcare professions by province or state and regulate natural health products and herbal medicines nationally.¹⁰

The current WHO TM Strategy 2025–2034 was adopted at the Seventy-eighth World Health Assembly in May 2025.⁸ The reach of this Strategy is significantly broader as it includes the three common strategic objectives as well as *evidence-based* and *cross-sector collaboration* (see Table 1). The guiding principles are more expansive and include a focus on holism and health,

TABLE 1 Strategic Objectives of the WHO Traditional Strategies

Strategic Objectives (SO)	2002–2005 Strategy	2014–2023 Strategy	2025–2034 Strategy
Policy and Regulation	Develop policies and programs that focus on integrating TM/CAM into national healthcare systems.	Build the knowledge base for active management of T&CM through appropriate national policies.	Support the provision of safe and effective TCIM through appropriate regulatory mechanisms
Safety, Efficacy and Quality	Encourage regulation and quality assurance standards that would ensure the safety, efficacy and quality of TM products and practices.	Strengthen the quality assurance, safety, proper use and effectiveness of T&CM by regulating products, practices, and practitioners.	Part of Policy and Regulation and Access and Integration SO
Access and Integration	Focus on accessibility and affordability of TM/CAM, with a specific focus on poor populations.	To promote UHC by integrating T&CM services into healthcare service delivery and self-health care.	Integrate safe and effective TCIM into health systems
Rational Use	Promote therapeutically sound use of appropriate TM/CAM by providers and consumers.	N/A	N/A
Evidence Base	N/A	N/A	Strengthen the evidence base on TCIM
Cross-sector Collaboration	N/A	N/A	Optimize the cross-sector value of TCIM and empower communities

TM/CAM: traditional medicine/complementary and alternative medicine; T&CM: traditional and complementary medicine; TCIM: traditional, complementary and integrative medicine; UHC: universal health care; N/A: not available.

sustainability and biodiversity, the right to health and autonomy, Indigenous Peoples' rights, culture and health, people-centred and community engagement, and integrated health services and health equity.⁸ The increased breadth of the 2025–2034 Strategy demands that TM professions, such as naturopathy, maintain strong professional stewardship while actively looking for governmental, interprofessional, and interorganizational activities that have the potential to impact the profession, from the perspective of both risk and opportunity. Active engagement is required to ensure that the integrity, foundation, and complexity of naturopathy, from a research or educational perspective or as a healthcare delivery model, are protected and respected and that all aspects of collaborative integration allow for naturopathic care to remain true to its principles and theories, and maintain the breadth of naturopathic therapies and practices.

Some of the aspects of the 2025–2034 Strategy that could significantly impact the naturopathic profession include the ever-changing TM definitions, the lack of inclusion of professions, the research demands, and the lack of clarity around TM education.

Definitions of TM, CM, integrative medicine (IM), and combinations of the above continue to be a challenge for the WHO, as indicated in the changes in definitions in each Strategy.^{6,7,8} It is likely that changes in the definitions are partly reflective of the increasing knowledge and awareness of the vast and variable field of T&CM. Separating non-codified and codified *systems of medicine* and distinguishing between systems of medicine and practices or assessment tools would help to clarify the definitions. For instance, traditional, Indigenous, complementary and integrative medicine (TICIM) should be adopted, with traditional used to reflect codified systems of medicine that include assessment, diagnosis and treatment (such as Ayurveda, Chinese medicine, naturopathy, etc.), Indigenous to reflect the breadth of all aspect of Indigenous medicines and people, complementary to reflect the range of traditional assessment-based tools (such as iridology or zone therapy) and the vast number of treatment-based practices

(such as reiki or aromatherapy), and integrative to reflect conventional healthcare practitioners who are incorporating complementary practices or products. Needless to say, the discussion on definitions requires much more attention.

All Strategies focus on the regulation of TM products, practices and practitioners.^{6,7,8} This is known as the 3 Ps. This approach does not include professions. Codified TM professions, such as naturopathy, are more than just a collection of products and practices. They have a defined educational structure that is based on a foundation of philosophies and principles, with an individualized approach to assessment, naturopathic diagnosis, and treatment.¹⁰ Naturopathic care involves practitioners using a diverse range of lifestyle modifications and education, as well as therapeutic products and practices based on specific theories and approaches.¹⁰ The lack of recognition and appreciation for the essential stewardship role that professions and professional associations undertake is a real concern. Whether the strategic objectives outlined in the 2025–2034 Strategy are an opportunity or a threat to TM professions depends on the degree to which TM professions are respected and included in the implementation at every level. Without recognition of TM professions, there is always the risk of practices and products being co-opted by other healthcare practitioners without the understanding that how the products and practices are applied determines their effectiveness. Professional stewardship is required to ensure that knowledge is appropriately codified, researched, and protected and that integrative health care is respectful and reflective of the foundational basis of every profession. From a WNF perspective, there are 4 Ps that need to be recognized, with professions being paramount.

Although there was recognition in the interim report and in the 2025–2034 Strategy that the funding and focus on TM research has been lacking over the years, the emphasis on research is emphatically woven throughout all aspects of the 2025–2034 Strategy, with a clear directive to member states to *only* regulate TM practices and products that are supported by research.⁸ Although the

naturopathic profession embraces the focus on research, there are numerous hurdles that are foreseeable based on the Strategy:

- There is almost no recognition of the presence or research value of traditional knowledge. For TM professions that pre-date research, this is a significant concern.
- It is important to keep in mind that research paradigms that adequately evaluate complex TM systems have only gained attention in the last 20 years and have only recently started to be recognized as the preferred methods for assessing the effectiveness of TM systems.^{11,12}
- The current research directive encourages the assessment of TM by individual practices and products instead of as a whole integrated profession, which threatens every aspect of TM.
- Although the Strategies acknowledge the lack of external commitment to funding and publishing of TM research, the 2025–2034 Strategy encourages the evaluation of TM based almost solely on research without the recognition that any gap or lack in research may be due to a lack of research funding and focus rather than a lack of efficacy or cost-effectiveness.

The naturopathic profession has demonstrated a continual commitment to research as outlined in the bibliometric analysis of naturopathic research,¹³ the Health Technology Assessment on Naturopathy,¹⁴ and the WNF's commitment to initiatives that focus on building global naturopathic research capacity.¹ That being said, the research directives in the 2025–2034 are potentially a threat to the naturopathic profession due to the focus on products and practices rather than on professions.

In addition to the focus on regulation of the 3 Ps and the emphasis on research, the 2025–2034 Strategy emphasizes the importance of educational standards and integrative educational curricula with other traditional, complementary, and integrative medicine (TCIM) professions and with conventional medicine, and it encourages integrative delivery of health care.⁸ Cross-training and collaboration among TCIM professions and practices along with biomedicine may have its advantages as long as the difference between the educational requirements for familiarization, awareness and respectful collaboration and the education and training necessary to ensure competency as a practitioner or for a specific profession is clearly articulated. Another reason to recognize the need for professional stewardship.

CONCLUSION

The exponential rate of consumer engagement with TM, along with the rise of non-communicable diseases and other global health challenges, has captured the WHO's and member states' awareness, intrigue, suspicion, and caution of TM globally. This has resulted in a new level of both hope and scrutiny for TM from many different vantage points, especially research, education, and collaborative health care. The WHO's expedition into TM has brought to light many challenges both for TM professions and

for the WHO and member states, especially as it relates to professional stewardship, realistic research demands, and respectful educational considerations.

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ACKNOWLEDGEMENTS

Not applicable.

CONFLICTS OF INTEREST DISCLOSURE

I have read and understood the *CAND Journal's* policy on conflicts of interest and declare that I have none.

FUNDING

This research did not receive any funding.

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