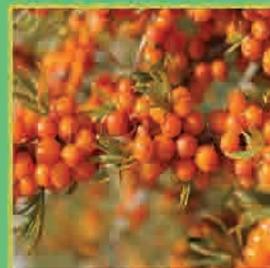
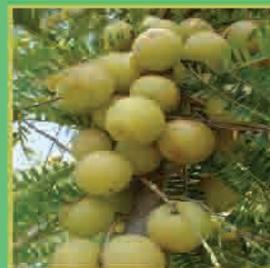
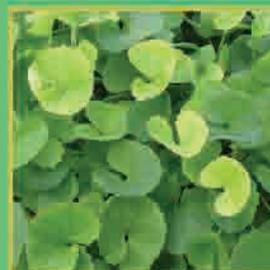


Management of HerbalNet Digital Repository

Report of the Intercountry Workshop
Bangkok, 14-15 June, 2011



World Health
Organization

Regional Office for South-East Asia

The names of medicinal plants in the cover of this publication, from top to bottom, are as follows: *Centella asiatica* L., *Taxus baccata* L., *Curcuma longa* L., *Hibiscus rosasinensia* L., *Phyllanthus emblica* L., and *Hippophae rhamnoides* L.

Photographs of the medicinal plants were kindly provided by Dr G.V.R. Joseph, Central Council for Research in Ayurveda and Siddha, Department of AYUSH, India.

SEA-Trad. Med.-87
Distribution: General

Management of HerbalNet Digital Repository

*Report of the Intercountry Workshop
Bangkok, Thailand, 14–15 June 2011*

© World Health Organization 2011

All rights reserved.

Requests for publications, or for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – can be obtained from Publishing and Sales, World Health Organization, Regional Office for South-East Asia, Indraprastha Estate, Mahatma Gandhi Marg, New Delhi 110 002, India (fax: +91 11 23370197; e-mail: publications@searo.who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

This publication does not necessarily represent the decisions or policies of the World Health Organization.

Printed in India

Contents

	Page
<i>Abbreviations</i>	v
1. Introduction.....	1
1.1 Background.....	1
1.2 Objectives.....	2
2. Opening session.....	2
3. Workshop Sessions	4
3.1 Workshop Session 1: Country presentations	4
3.2 Workshop Session 2: Preparation of priority list of activities for development of herbal medicine in Member countries of SEA Region.....	4
3.3 Workshop Session 3: Hands-on training on management of HerbalNet.....	5
3.4 Workshop Session 4: Identification of the way forward for further sustainable development of HerbalNet.....	5
3.5 Workshop Session 5: Conclusions and recommendations.....	6
4. Closing session.....	9

Annexes

1. List of participants.....	10
2. Agenda	12
3. Priority activities in herbal medicine (SEAR Member States, 2011 – 2015)...	13

Abbreviations

HM	Herbal medicine
PHC	Primary health care
SEA	South-East Asia
TM	Traditional medicine
WCO	WHO Country Office
WHO	World Health Organization

1. Introduction

1.1 Background

Herbal medicine (HM) and Traditional Medicine (TM) are widely used in all countries of the South-East Asia (SEA) Region. Herbal medicine, which forms a substantial part of traditional medicine, includes herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients parts of plants, other plant materials or a combination thereof. There is increasing demands for medicinal plants in both developing and developed countries. In 2008, the World Health Organization (WHO) estimated that global demand for traditional medicines was US\$ 83 billion annually and it has been increasing exponentially.

Most traditional medicine therapies contain medicinal plants: for example, Ayurveda, Chinese traditional medicine, Homeopathy, Naturopathy, Unani and TM systems in Africa and Latin America use herbal medicines. In the SEA Region, all Member countries have medicinal plants in their traditional systems of medicine. gSo-ba Rig-pa in Bhutan, Koryo medicine in DPR Korea, Jamu in Indonesia, Dhivehibays in Maldives, traditional or indigenous medicine in Myanmar, Sri Lanka and Thailand contain medicinal plants.

The WHO Regional Director gave guidance for developing a Regional network of TM institutes in the SEA Region for the purpose of information exchange and inter-institutional cooperation. This approach would go a long way towards promoting TM in the Region. Subsequently, the Region's Member countries were requested through the WHO Country Offices (WCOs) to provide a list of institutes in their respective countries that would be interested in exchanging information and inter-institutional cooperation in the use of HM in primary health care (PHC) and sharing evidence-based information on the safety, efficacy and quality of herbal/traditional medicine. A list of 145 institutes received through the WCOs was compiled in 2008, including the Department of Traditional Medicine in the Ministries of Health, educational institutes (universities, colleges, etc.), service

institutions or hospitals and research. For exchange of information, the Director Programme Management of the SEA Regional Office assigned Information Management and Dissemination to prepare a website in consultation with a Technical Officer in Traditional Medicine. This website, named HerbalNet, was launched on 4 September 2009 in time for the Regional Committee meeting.

The 145 collaborating institutes in the Member countries of the SEA Region who have agreed to participate in sharing information must actively contribute in uploading their publications to HerbalNet. For this purpose, training of country officials is needed to enable efficient management of information through HerbalNet. It is also critically important that country officials are empowered to manage the website – a participatory approach that was originally envisaged to make the website a success in sharing and disseminating information.

1.2 Objectives

General objective

To promote exchange of information on the use of herbal medicines in primary health care through HerbalNet.

Specific objectives

- (1) To finalize a strategic framework for collaboration among the institutes of traditional medicine participating in exchange of information through HerbalNet.
- (2) To provide hands-on training on management of the HerbalNet Repository at the country level.
- (3) To identify the way forward for further sustainable development of HerbalNet.

2. Opening session

Dr Anchalee Chuthaputti, Deputy Director (International Cooperation), Institute of Thai Traditional Medicine, Faculty of Medicine, Chulalongkorn

University, Bangkok delivered the welcome address. She said that on behalf of the Department for Development of Thai Traditional and Alternative Medicine, Ministry of Public Health, Thailand, she had the honour to welcome all participants to this Intercountry Workshop. The Department had been given the honour to co-host the workshop with the WHO SEA Regional Office at the Faculty of Medicine, Chulalongkorn University. She thanked all participants for coming to participate in this important workshop.

Dr Anchalee said that there are many valuable medicinal plants distributed in the SEA Region, and both TM and HM, which are the major part of all systems of TM, have played a significant role in the health care of the people in this Region for hundreds or even thousands of years. In addition, TM and HM have also been a crucial part of the national health service system of Member States. Therefore, it will be useful for Member States to share evidence-based information and country experiences in the use of HM in PHC through the HerbalNet Digital Repository in order to promote the use of safe, effective and quality HM in the region. It is hoped that this workshop will help strengthen Regional collaboration in the area of HM among various institutes within the Member States.

Dr Anchalee expressed her sincere thanks to the WHO SEA Regional Office for hoisting the HerbalNet Digital Repository website. She also thanked the Faculty of Medicine, Chulalongkorn University and the staff of its computer unit for arranging and facilitating the organization of the workshop in its very well-equipped computer centre. She also thanked the staff of WHO Representative's Office in Thailand and the Institute of Thai Traditional Medicine for collaborating and assisting in organizing the workshop.

Dr Anchalee then declared the Workshop officially opened and wished all participants a successful meeting and a most enjoyable stay in Bangkok.

After self-introduction of participants, Dr Kin Shein nominated Dr Anchalee Chuthaputti as Chairperson and Dr DG Srikanthi as Rapporteur of the meeting.

3. Workshop Sessions

3.1 Workshop Session 1: Country presentations

Dr Kin Shein presented the objectives and expected outcomes of the work. This was followed by presentation of country reports.

Dr Mohamed Shamsul Haque of Bangladesh, Mr Samtem of Bhutan, Dr GVR Joseph of India, Ms Indah Yuning Prapti of Indonesia, Mr Mohamed Shaheed of Maldives, Ms Ei Ei Aung of Myanmar, Dr Shayam Mani Adhikari of Nepal, Dr DG Srikanthi of Sri Lanka and Dr Anchalee Chuthaputti of Thailand presented reports on country publications and updated lists of collaborating institutes of TM in their respective countries. The updated list of collaborating institutes was compiled and prepared as a separate document.

3.2 Workshop Session 2: Preparation of priority list of activities for development of herbal medicine in Member countries of SEA Region

As an introduction to preparation of country priority list of activities for development of HM in Member countries of SEA Region, the draft Strategic Framework for Development of Herbal Medicine in SEA Region was reviewed and discussed. The major areas of the Framework covered were: (1) development and strengthening of national policy on TM/HM; (2) safety, efficacy and quality; (3) availability, accessibility and affordability of HM; (4) rational use of HM; (5) exchange of information on HM/TM; (6) training, developing and strengthening of human resources to improve quality of service; and (7) monitoring and evaluation of HM/TM programmes.

Thereafter, the participants prepared a priority list of activities for their respective countries for intercountry or multicountry collaboration. The list of activities by country is given in the Annex.

3.3 Workshop Session 3: Hands-on training on management of HerbalNet

Hands-on training on management of HerbalNet Digital Repository was presented by Ms Anchalee Chamchuklin with the following objectives:

- (1) To introduce the concept and advantages of establishing digital repositories
- (2) To explain the role of the HerbalNet Digital Repository in preserving, archiving and sharing evidence-based information on country experiences in the use of HM in PHC
- (3) To explain the structure and composition of the HerbalNet Digital Repository
- (4) To provide step-by-step hands-on training in creating communities and collections at the Repository, performing systematic data entry to the Repository and editing of information items in it
- (5) To provide briefings on end-user information services available through the HerbalNet Digital Repository

As requested prior to the workshop, participants brought their national information materials in herbal medicine and performed online data entry to their respective country communities in the Repository. Ms Rinji Om, Ms Shyamalie Thebuwana, Mr Zacky Irvan, and Ms Nawinda Limamapar of the WCOs of Bhutan, Sri Lanka, Indonesia and Thailand, respectively, conducted the workshop and provided hands-on assistance to the participants.

3.4 Workshop Session 4: Identification of the way forward for further sustainable development of HerbalNet

The way forward was discussed and steps that are important for sustainable development of HerbalNet were identified as follows:

- (1) Set up and publish a management system for selecting and uploading information on HM/TM to HerbalNet Digital Repository.

- (2) Transfer information about HerbalNet learned from this workshop to collaborating institutes.
- (3) Find more universities, research institutes or hospitals that might be interested in becoming collaborating institutes.
- (4) Upload more information to HerbalNet, e.g.
 - Research reports of researchers on HM and medicinal plants
 - Information about TM and its role in the health care system
 - List of medicinal plants in the PHC system or in the List of Herbal Medicinal Products of the National List of Essential Medicines
 - TM- or HM-related publications in English

3.5 Workshop Session 5: Conclusions and recommendations

Conclusions

- (1) The SEA Region Member States:
 - Value and appreciate the effort of the WHO SEA Regional Office to develop Regional networking of TM institutes and the HerbalNet website and to organize this Intercountry Workshop on Management of HerbalNet Digital Repository.
 - Agree that the HerbalNet website will help promote international collaboration in the area of TM/HM among Member States and beyond as well as support the use of safe, effective and quality herbal medicines in the health care systems in the Region.
 - Agree that continuous sharing of HM information through the HerbalNet website and the management of the website by SEA Region Member States are keys to the success and sustainability of the website.

- (2) Exchange of information through HerbalNet could facilitate intercountry cooperation in HM in countries of the SEA Region, particularly for its use in PHC.
- (3) Research for generating evidence-based information on safety, efficacy and quality of herbal medicines for use in PHC is needed. Research protocols, guidelines and methodologies need to be further developed.
- (4) More sharing of information among countries in the area of TM in general, and on the use of HM for PHC in particular, is needed.

Recommendations

For Member States

- (1) To adapt/adopt the strategic framework for development of HM as a basis for guidelines for further collaboration among countries of the SEA Region.
- (2) To prepare publications or other information materials on the use of traditional/herbal remedies for PHC for inclusion in the national health systems, if deemed to be necessary.
- (3) To develop research methodologies for generating evidence-based information on safety, efficacy, and quality of HM for use in PHC. Research needs to be carried out and results shared among institutes in countries of the SEA Region.
- (4) To promote intercountry cooperation in:
 - The development and enhancement of research on HM used for PHC
 - The use of herbal medicines in PHC through exchange of publications or use electronic copies for dissemination through electronic information exchange mechanisms.
 - Ensuring the safety, efficacy and quality of HM by exchanging information on national norms, standards and research results.

- (5) To develop and expand herbal gardens, a crude drug repository and herbarium for conservation and sustainable utilization of medicinal plants that are used for preparing herbal remedies.
- (6) To update responsible personnel of member institutes with the latest information on HerbalNet learned from this workshop; and, if possible, to organize a similar kind of workshop or training for member institutes with technical support from WCOs.
- (7) To identify information, enter metadata, upload the full text and photos to HerbalNet and keep HerbalNet supplied with up-to-date information
- (8) To take a more active role in sharing TM/HM information in the HerbalNet website.

For WHO

- (1) To support and collaborate with Member States in sharing information through HerbalNet.
- (2) To assist Member States in implementing the strategic framework for development of HM based on national priorities.
- (3) To promote and support intercountry cooperation in the use of HM/TM in PHC in:
 - (a) ensuring the safety and efficacy of HM;
 - (b) developing national norms and standards, e.g. national pharmacopoeia and formularies; and
 - (c) developing guidelines, protocols and methodologies for research.
- (4) To assist Member States on technical issues related to HerbalNet and to monitor and evaluate the progress of Member States in the work relating to HerbalNet.
- (5) To provide technical and financial support needed for the maintenance and sustainability of the HerbalNet Digital Repository.
- (6) To identify reputed institutes that can offer training in research in TM/HM.

4. Closing session

Dr Anchalee, as Chairperson, expressed satisfaction at the successful outcome of the workshop. She highlighted the great opportunity afforded by it for sharing experiences in information management of the HerbalNet Repository and for formulating a strategic framework of activities for collaboration among SEA Region Member States participating in exchange of information through HerbalNet.

She expressed the hope that Member States in the Region would continue sharing HM information through the HerbalNet website and implement the strategic framework of activities for development of HM in the near future.

Finally, Dr Anchalee thanked the SEA Regional Office for organizing the workshop and for giving valuable information about HerbalNet. She also thanked all participants and wished them safe journeys back home.

Annex 1

List of participants

Bangladesh

Dr Md. Shamsul Haque
Line Director, Herbal Medicine
Directorate General of Health Services
Dhaka
Email: mc@liddghs.gob.bd

Bhutan

Mr Samten
Sr. Research Assistant
Mejong Sorig Pharmaceuticals
Department of Medical Services
Ministry of Health
Thimphu
Email: samteny@yahoo.co.uk

India

Dr G V R Joseph
Assistant Director (Botany)
Central Council for Research in Ayurveda &
Siddha
Indian Red Cross Society Building
Red Cross Road
New Delhi
Email: gvrjoseph@gmail.com

Indonesia

Ms Indah Yuning Prapti
Director of Medicinal Plant
Herbal Medicine R&D Centre
National Institute for Health Research and
Development (NIHRD)
Ministry of Health
Jakarta
Email: b2p2to2t@gmail.com

Mr Indra Kurniawan
Head of Division of Information and
Publication Dissemination
NIRHD
Ministry of Health
Jakarta
Email: indra_k@litbang.depkes.go.id

Dr Gita Swisarii
Section of Supervision and Evaluation
Directorate of Traditional Medicines Services
Ministry of Health
Jakarta
Email: gitaswisari@yahoo.com

Mr Harto Widodo
Researcher, Medicinal Plant and Traditional
Medicine Research and Development
Centre
National Institute of Research in Health
Development
Ministry of Health
Jakarta
Email: b2p2t02t@gmail.com

Maldives

Mr Mohamed Shaheed
Director
Ministry of Health and Family
Male
Email: mohamed.shaheed@gmail.com

Mr Ahmed Saleem
Assistant Lecturer
Course Coordinator for Traditional Medicine
Faculty of Health Sciences
Maldives National University
Male
Email: asgak44@yahoo.com.my

Myanmar

Ms Ei Ei Aung
Branch Officer (Computer)
Department of Traditional Medicine
Ministry of Health
Nay-pyi-taw
Email: smilegirl.mdy@gmail.com

Nepal

Dr Shyam Mani Adhikari
Senior Ayurvedic Doctor
Ministry of Health and Population
Kathmandu
Email: drsmadhikari@gmail.com

Sri Lanka

Dr D G Srikanthi
Medical Officer
Bandaranaike Memorial Ayurvedic Research
Institute
Navinna, Maharagama
Email: srikanthi2010@yahoo.com

Thailand

Dr Anchalee Chuthaputti
Pharmacist (Expert Level)
Institute of Thai Traditional Medicine
Department for Development of Thai
Traditional and Alternative Medicine
Ministry of Public Health
Nonthaburi 11000
Email: anchaleeuan@gmail.com

WHO Secretariat

Dr Kin Shein
Technical Officer (TIP-Traditional Medicine)
WHO Regional Office for South East Asia
New Delhi
Email: sheink@searo.who.int

Ms Anchalee Chamchuklin
Information Management and
Dissemination/Librarian
WHO Regional Office for South-East Asia
New Delhi
Email: chamchuklina@searo.who.int

WHO Country Offices

Ms Rinji Om
Administrative Assistant
WHO Representative's Office
Thimphu, Bhutan
Email: Rinji@searo.who.int

Mr Zacky Irvan
Librarian
WHO Representative's Office
Jakarta, Indonesia
Email: irvanz@searo.who.int

Dr Myo Paing
National Professional Officer
WHO Representative's Office
Yangon, Myanmar
Email: paingm@searo.who.int

Mrs Shyamalie Thebuwana
Librarian
WHO Representative's Office
Colombo, Sri Lanka
Email: thebuwanas@searo.who.int

Ms Nawinda Limamapar
Administrative Clerk (Information)
WHO Representative's Office
Bangkok, Thailand
Email: limamarn@searo.who.int

Observers

Ms Benjama Boonterm
International Coordinator
Institute of Thai Traditional Medicine
Department for Development of Thai
Traditional and Alternative Medicine
Ministry of Public Health
Bangkok, Thailand 11000
Email: aseantradmed@gmail.com

Annex 2

Agenda

- (1) Objectives and expected outcomes of the Workshop
- (2) Presentations
 - Collection of published, evidence-based information that has been generated from collaborating institutes of countries in SEA Region.
 - Updating the list of participating institutes in countries of SEA Region.
- (3) Discussion and prioritization of country activities in herbal medicine for collaboration among institutes in countries of SEA Region.
- (4) Hands-on training on management of HerbalNet
 - Training on uploading of the collected publications of the first day as practical exercise.
 - Practical training in retrieval of information from HerbalNet.
- (5) Identification of the way forward for further sustainable development of HerbalNet.
- (6) Preparation and finalization of conclusions and recommendations.

Annex 3

Priority activities in herbal medicine (SEAR Member States, 2011 – 2015)

Activities	Support/collaboration needed
Bangladesh	
1. Introduce integrated National Health Policy and develop strategic plan for further development of traditional medicine (TM).	Political commitment of government as per need. WHO may play a role in motivating political leaders. India can help political leaders in realization of current status of herbal medicine/traditional medicine.
2. Development of guidelines for safety, efficacy and quality in respect of (a) good agriculture and collection practices, (b) good production of medicine; and (c) herbal medicine should be standardized just like Food and Drug Administration standards, Pharmacopoeia.	WHO and advanced countries like India and Thailand can help.
3. Herbal plantation should be increased for raw material of herbal medicine (about triple) by government/public sector, NGOs, or both.	WHO and rich countries may help.
4. Institution facilities (for teaching), production facilities (for medicine), research activities (for TM). Information system should be enhanced.	Public-private partnerships and donor countries.
5. Universal herbal friendship should be developed among the SEAR Countries for training, marketing, expert exchange, etc.	WHO and SEAR countries.

Activities	Support/collaboration needed
Bhutan	
1. Technical support to develop herbal digital library and national database.	Technical and financial support needed for developing herbal digital library and national database.
2. Support to document and develop the national traditional knowledge digital library.	Available technical or donor agency.
3. Develop technical guidelines and methodologies for research in safety, efficacy and quality.	Financial support to develop research methodologies.
4. Support for clinical research in efficacy and safety of herbal medicine.	Financial support needed to see best practices in other regions.
5. Training in <i>panchakarma</i> and acupuncture.	Financial support needed to carry out training on <i>panchakarma</i> and acupuncture in India and in another region.
6. To develop production of herbal medicine and introduce Good Manufacturing Practices (GMP) and quality control programme.	Financial and technical support to develop production of herbal medicine and see best practices in Thailand and in other region.
India	
1. Indian herbal companies that export traditional preparations follow standards like WHO GMP, Good Laboratory Practices (GLP) etc. Some of the countries recognize Indian traditional preparations as medicines.	Recognition of Indian traditional preparations as medicines/drugs.
2. The Government of India officially recognizes Indian systems of medicine, viz. <i>Ayurveda</i> , Yoga and Naturopathy, <i>Unani</i> , <i>Siddha</i> and Homoeopathy.	Recognition of Indian systems of medicines.
3. Development of comprehensive digital database on traditional systems of medicine prevailing in SEAR countries.	Requires WHO support and support from SEAR countries.

Activities	Support/collaboration needed
4. The Government of India published Pharmacopoeias/Formularies on <i>Ayurveda</i> , <i>Siddha</i> , <i>Unani</i> and Homoeopathy.	Recognition of Pharmacopoeias and Formularies of India on traditional medicines.
5. Courses conducted in India on <i>Ayurveda</i> , Yoga and Naturopathy, <i>Unani</i> , <i>Siddha</i> and Homoeopathy are at par with allopathic system of medicine.	Recognition of educational qualifications in traditional medicines awarded by Central/State recognized universities of India.
6. Registration process for qualified doctors in Indian Systems of Medicine (ISM) is at par with allopathic system of medicine.	Permission to practise Indian systems of medicine by qualified practitioners.
Indonesia	
1. Formulate appropriate system for sustainable utilization of herbal medicines.	Need expertise from experienced countries, e.g. China, United States of America (National Institutes of Health).
2. Develop technical guidelines of research and development on: <ul style="list-style-type: none"> • Integration of herbal medicine into health services. • Safety, efficacy and quality of herbal medicines. • Cultivation and collection of medicinal plants. 	Need expertise, guidance from experienced countries, e.g. the People's Republic of China, and the Republic of Korea.
3. Develop technical guidelines on Herbal Digital Library and HerbalNet Network.	Need to share with SEAR Member States (e.g. India) and Malaysia.
4. Capacity building (education and training) for medical doctors and pharmacists.	Need collaboration with India and the Republic of Korea.

Activities	Support/collaboration needed
Maldives	
1. Review and strengthen country TM/HM policy and management of programme.	WHO collaboration.
2. Strengthen regulatory system for registration and quality assurance herbal medicines.	Technical supports from Regional Member countries, e.g. Thailand, India. Intra-regional fellowships and technical support and expertise.
3. Training of HM/TM practitioners to upgrade their knowledge and skill.	Technical and financial support from WHO and other Member States.
4. To identify problems, constraints and formulate future activities.	Conduct an impact evaluation under the guidance and assistance of WHO and Member countries.
5. Preservation, propagation and cultivation of herbs used in TM/HM in the country.	Technical support from India, Thailand, Sri Lanka, and Bangladesh.
Myanmar	
1. Develop technical guidelines and methodologies for preservation of fresh medicinal plant specimens.	From countries having experience in developing such guidelines and methodologies, e.g. China, Japan.
2. Develop additional Myanmar herbal pharmacopoeia monographs.	Countries and organizations that have expertise and have shown interest to support Myanmar like The Nippon Foundation, WHO.
3. Revise and update the list of medicinal plants most commonly used in Myanmar Traditional Medicine.	The revised list can be shared with Member States for regional database.
4. Develop Traditional Knowledge Digital Library (TKDL) of Myanmar Traditional Medicine.	Consult with Institutions that have shown interest to support Myanmar like WIPO, WHO.
5. Develop technical guidelines and methodologies for Tissue Culture Laboratory.	From countries having experience in developing such guidelines and methodologies, e.g. China, Japan and Thailand.

Activities	Support/collaboration needed
6. Exchange of fellows and study tours to study Good Agriculture and Collection Practices (GACP), Good Manufacture Practices (GMP) of herbal medicine and research methodologies for safety.	Training and expertise from experienced countries (e.g. India, China) and WHO.
Nepal	
1. Develop technical guidelines and methodologies for preclinical and clinical research in safety, efficacy and quality of herbal medicines.	Need technical and financial support to collaborate with countries having experience in developing such guidelines.
2. Develop national traditional knowledge digital library (TKDL), monographs of herbal materials, formularies and pharmacopoeia of herbal medicine.	Need to consult and collaborate with responsible institute(s) in India and other countries of the Region.
3. Conduct clinical research in efficacy & safety of herbal medicines, especially used in non-communicable, metabolic/degenerative diseases.	Need technical and financial support to strengthen National Ayurveda Research and Training Centre and hospitals/institutes to conduct such research.
4. Training and exchange of information in: <ul style="list-style-type: none"> • Cultivation, collection and preservation of medicinal plants; • Quality control, GMP and rational use of herbal/Ayurvedic medicines; and • <i>Panchakarma</i>, acupuncture and Yoga at national centres of expertise. 	Need technical and financial support including fellowships, study/observation tours to Ayurvedic personnel in India, China and other countries.
5. Organize joint meetings of traditional and modern medicine health providers; and training on rational use of herbal/Ayurvedic medicines.	Need technical and financial support to organize such meetings and trainings.
Sri Lanka	
1. Revise and update medicinal plants recommended for primary health care.	The revised list can be shared with other countries.
2. Develop Traditional Medicine in Sri Lanka.	Consult with responsible institutes in Sri Lanka who want to have WHO support.

Activities	Support/collaboration needed
3. There are around 300 doctors for primary health care level and for secondary health care level. Tertiary level is not available for TM in Sri Lanka	WHO support in tertiary health care improved.
4. <i>Ayurveda</i> pharmacopoeia in Sri Lanka in three volumes.	Learn from Pharmacopoeia of other countries.
5. Develop clinical medicine research in Sri Lanka	Need to collaborate with countries having experience in developing guidelines, e.g. India.
Thailand	
1. Develop technical guidelines and methodologies for preclinical and clinical research in safety, efficacy and quality of herbal medicine.	Need to collaborate with countries having experience in developing such guidelines, e.g. India, China.
2. Develop GACP guidelines for the cultivation or collection of medicinal plants used as raw materials for the production of herbal medicinal products in the National List of Essential Medicines.	Need expertise from experienced countries, e.g. India and China (currently collaborating with Chengdu University, China).
3. Develop more monographs of herbal materials used in the production of herbal medicinal products in the National List of Essential Medicines.	Learn from Pharmacopoeia of other countries, e.g. Pharmacopoeia of the People's Republic of China, <i>Ayurvedic</i> Pharmacopoeia, Vietnamese Pharmacopoeia, etc.
4. Revise and update list of medicinal plants recommended for primary health care.	The revised list can be shared with Member States for the development of regional database on medicinal plants for common health problems.
5. Develop Traditional Knowledge Digital Library (TKDL) of Thai traditional medicine.	Consult with responsible institute in India. WIPO has shown interest to support Thailand in developing the TKDL.

Herbal medicine (HM) and traditional medicine (TM) are widely used in all countries of the WHO South-East Asia Region in promoting health, preventing disease, treating illnesses and rehabilitation. There is increasing demand for medicinal plants, both in developing and developed countries.

A regional networking of TM institutes in the Region was established in 2008 for the purpose of information exchange and inter-institutional cooperation in the use of HM in primary health care and sharing evidence-based information on safety, efficacy and quality of herbal and traditional medicine. The Information Management and Dissemination Unit of WHO SEARO, in consultation with the Traditional Medicine Programme launched a website called HerbalNet in September 2009.

A total of 145 collaborating institutes in countries of the Region have agreed to participate in sharing information. For this purpose, country officials need to be trained to enable them to efficiently manage information through HerbalNet. It is also vitally important that country officials are empowered to manage the website, a participatory approach that was originally envisaged to make the website a success in sharing and disseminating information.



**World Health
Organization**

Regional Office for South-East Asia
World Health House
Indraprastha Estate
Mahatma Gandhi Marg
New Delhi-110002, India



SEA-Trad. Med-87