

Strategy of Traditional & Complementary Medicine in Primary Health Care

MINISTRY OF HEALTH MALAYSIA
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ACKNOWLEDGEMENT

The Strategy of Traditional and Complementary Medicine (T&CM) in Primary Health Care (PHC) was formulated following the Workshop on Policy of Traditional Medicine (TM) in PHC held from 23-25 November 2012 in Kuala Lumpur. The Ministry of Health (MOH) Malaysia, would like to express its gratitude and acknowledgement to the World Health Organization, Western Pacific Region for their support towards the development of this Strategy.

Special thanks are due to all ASEAN Member States, government agencies, higher learning institutions and non-governmental agencies who contributed their knowledge and experience in assisting us in our endeavour to further the cause of T&CM in PHC.

The formulation of this Strategy would not have been possible without the support and contribution of all the above.



Message from the Minister of Health Malaysia

It gives me great pleasure to pen a few words to mark the launching of the Strategy of Traditional & Complementary Medicine in Primary Health Care.

In Malaysia, the practice of Traditional & Complementary Medicine (T&CM) has been in existence for many years and comprises a multitude of modalities, ranging from the traditional medicine practised by the various ethnicities to complementary medicine that has its roots in local as well as foreign cultures. Thus, the Traditional & Complementary Medicine Division of the Ministry of Health has an important role to play in the regulation of the practice of T&CM in this country in order to ensure the safety of the Malaysian public.

In line with the Alma Ata Declaration of 1978, The Regional Strategy for Traditional Medicine in the Western Pacific Region 2011-2020 and the 10th Malaysia Plan Strategic and Health Sector Key Result Areas, there is much concerted effort at reaffirming and invigorating the central role played by Primary Health Care (PHC) as a major thrust of the national healthcare delivery system. With this in mind, I am pleased that the T&CM Division has developed this Strategy as a means to complement the existing National Policy on T&CM, which was first formulated in 2001 and later revised in 2007.

Indeed, after the successful launching of T&CM Units in 11 public hospitals since 2007, the endeavour to make T&CM services more easily accessible to the public has resulted in a pilot project to make these services available at the PHC level. This was carried out at the Masai Health Clinic in Johor in late 2012. Based on the encouraging response from the public, this service is set to be expanded to other PHC clinics nationwide.

Four main Strategic Areas are given emphasis in this document i.e. Practice, Education & Training, Raw Materials & Products and Research & Development. Along with their attendant strategic objectives and directions, it is envisioned that T&CM will be integrated into PHC, with a focus on safe and effective services for the public, the sustainable use of natural resources as well as the preservation and propagation of T&CM knowledge.

Thus, I would like to extend my heartiest congratulations to the T&CM Division of the MOH on the launching of this Strategy. It is hoped that this Strategy will catalyse the provision of high quality T&CM services in Malaysia.

DATUK SERI DR. S. SUBRAMANIAM



Foreword from the Director General of Health Malaysia

In the contemporary world, there is an increase in the demand for and expectation of better health care. Like other countries, Malaysia is likewise determined to provide high quality health care to its population by transforming the health care system. The Primary Health Care (PHC) forms a significant part of this transformation process. PHC services have gradually expanded and transformed over the years to meet the evolving needs of the population. With that note, the Ministry of Health has endeavoured to extend Traditional and Complementary Medicine (T&CM) services into the PHC level.

T&CM has a rich history in this country and since the launch of the National Policy of T&CM in 2001, the Ministry of Health (MOH) has committed to formalise and to integrate T&CM services into the national health care system. The MOH is hopeful that the Strategy to integrate T&CM into PHC will provide an impetus to complement the national thrust in developing a more holistic health care system.

It is my hope that this Strategy can assist all relevant stakeholders in carrying out the necessary actions to integrate T&CM in PHC, with the aim of delivering safe, effective and high quality services to the public.

Finally, I would like to convey my heartfelt appreciation to the Traditional and Complementary Medicine Division of the MOH, the committee members tasked with developing this Strategy and all those who have contributed in the formulation of this strategy for the benefit of the nation.

DATUK DR NOOR HISHAM ABDULLAH



1. OVERVIEW / INTRODUCTION

The health care system in Malaysia is multifaceted and comes under the purview of the Ministry of Health (MOH) in collaboration with other relevant ministries and organisations. Due to the multi-ethnic and multi-cultural composition of the population, there is a wide range of traditional and complementary medicine (T&CM) practices¹ that are available alongside modern medicine.

Primary health care² (PHC) services in Malaysia began with the introduction of legislation for “practice of midwifery” and training of midwives in the 1920s. The scope of PHC gradually expanded from selected programmes with specific targets and moved towards comprehensive PHC delivery and management. The Family Health Development Division of the MOH, established in 1996, looks into PHC services with due emphasis on promotive and preventive aspects.

The government has taken a proactive approach to integrate T&CM into the public health care system from 2007 onwards. Up to December 2012, there are a total of 11 public hospitals with T&CM units and the service has now been extended to the PHC level since end 2012. Currently, emphasis is given on formalising the role of T&CM in the national health care system for the eventual health benefit and wellbeing of the general public. This is in line with the Alma-Ata Declaration on Primary Health Care (1978) that called on countries and governments to include the practice of traditional medicine as part of their primary health care approach.

The Regional Strategy for Traditional Medicine in the Western Pacific outlines as one of its key strategic objectives for 2011-2020, to increase access to safe and effective traditional medicine. To realise that objective, the MOH is keen to expand T&CM services at the PHC level. The provision of T&CM services has been prevalent among the various segments of the Malaysian population since pre-Independence days, with the private sector contributing to the development of these practices in urban as well as rural areas.

¹ T&CM practice is a form of health-related practice designed to prevent, treat or manage ailments or illnesses or preserves the mental and physical well-being of an individual, and includes practices such as Traditional Malay Medicine, Traditional Chinese Medicine, Traditional Indian Medicine, Islamic Medical Practice, Homeopathy and Complementary Therapies, but excludes medical and dental practices used by medical and dental practitioners respectively. – *Traditional and Complementary Medicine Act 2013*

² Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. - *Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR (1978)*

In view of the increasing demand for T&CM services, the National Policy of T&CM was first launched in 2001 to outline the direction on development of T&CM in the country. Since the establishment of the T&CM Division of the Ministry of Health in 2004, the Malaysian Government is committed in pursuing the goal of integrating T&CM into the national health care system and likewise contribute towards enhancing health and quality of life.

With the current focus on non-communicable diseases (NCD) and preventive medicine as well as the proposed health sector transformation, the role of T&CM has been evolving over the past decade especially at PHC level. Therefore, it is timely to map out a strategy of T&CM in PHC based on the National Policy of T&CM.

This strategy is designed to assist all stakeholders to move towards “a nation for better health” based on four strategic areas, namely Practice, Education and Training, Raw Materials and Products, and Research and Development.

2. OBJECTIVES

To strengthen the National Policy on T&CM regarding the integration of T&CM in PHC.

3. STRATEGIC AREAS

In order to integrate T&CM into PHC, there are 4 strategic areas to be focused upon as well as their respective strategic objectives, strategic directions and expected outcomes.

3.1 PRACTICE

Strategic Objective 1:

Integrate T&CM practices in disease prevention and lifestyle modification

Strategic Directions:

- i. Identify and provide T&CM services appropriate to PHC and the local community. For example, to introduce traditional forms of exercise and healthy diet as a component of public health education



- ii. Ensure accessibility of T&CM services at PHC level
- iii. Create a multidisciplinary health team to provide a broader spectrum of services
- iv. Enhance cooperation between medical doctors and T&CM practitioners by establishing a mutual referral system to ensure effective and efficient coordination of care
- v. Promote public-private partnership that enables resource sharing including human resources and healthcare facilities. For example, to allow T&CM practitioners from the private sector to provide their services in public health care facilities
- vi. Plan for regular monitoring and assessment

Strategic Objective 2:

Recognise the role of governance as the gatekeeper of T&CM

Strategic Directions:

- i. Increase government support for T&CM through legislation
- ii. Formulate appropriate policies, standards and guidelines of T&CM services to be made available at PHC level
- iii. Enhance regulatory responsibilities of State Health Departments pertaining to T&CM at PHC level. For example, credentialing and privileging of T&CM practitioners to be placed under their jurisdiction
- iv. Encourage participation and involvement of all relevant stakeholders³ in existing national and international health promotion and preventive programmes
- v. Ensure adequate allocation of resources (human, financial, logistical and other relevant resources) for this endeavour to be sustainable

Expected Outcome:

T&CM is integrated comprehensively into PHC

3.2 EDUCATION AND TRAINING

Strategic Objective 3:

Develop human capital to ensure competent and knowledgeable health care practitioners

³ Stakeholders refer to politicians, government agencies, non-governmental agencies, health care providers (modern medicine and T&CM) and the local community

Strategic Directions:

- i. Create education opportunities for specialised training areas in T&CM practices that focuses on disease prevention and health promotion
- ii. Facilitate continuous education through continuous professional development
- iii. Ensure T&CM services at PHC level are provided by suitably qualified personnel

Strategic Objective 4:

Increase awareness among the public in making informed choices about self health care

Strategic Directions:

- i. Educate and equip the public with appropriate and adequate knowledge of T&CM. For example, the potential adverse events of T&CM and channels of reporting
- ii. Create a local community directory of T&CM services
- iii. Educate the local community on the appropriate use of local herbs and T&CM practices for health promotion and minor ailments
- iv. Educate the public on how to access reliable and quality information on T&CM

Expected Outcome:

Safe and quality T&CM services to the public

3.3 RAW MATERIAL AND PRODUCTS

Strategic Objective 5:

Promote the development of local small to medium scale T&CM industries

Strategic Directions:

- i. Develop standards and requirements for small to medium scale industries dealing with the production of traditional and herbal preparations
- ii. Encourage cultivation of herbs to be supplied to local communities
- iii. Provide financial, technical and infrastructure support

Expected Outcome

Sustainable use of natural resources



3.4 RESEARCH AND DEVELOPMENT

Strategic Objective 6:

Encourage documentation to preserve authenticity of traditional medicine, including indigenous medicine

Strategic Directions:

- i. Develop a mechanism for proper documentation
- ii. Educate all stakeholders especially T&CM practitioners and local communities about the importance of documentation
- iii. Provide rights to knowledge holders to protect the knowledge, innovation and practices of indigenous and local communities

Strategic Objective 7:

Encourage research on T&CM at PHC level

Strategic Directions:

- i. Focus on quality of life studies and studies on preventive aspects of T&CM
- ii. Promote health care facilities at PHC level as data collection centres
- iii. Involve policy makers and local communities (e.g. village advisory panels) in conducting research
- iv. Disseminate research generated information to local communities
- v. Translate research findings into practices among the local community

Expected Outcome:

Preservation and propagation of T&CM knowledge

4. CHALLENGES

Malaysia is a multi-racial country comprising the Malays, Chinese, Indians as well as indigenous tribes and other races. This unique composition contributes to the diversity of T&CM practices in Malaysia with respect to differences in historical, cultural and philosophical origins, as well as the geographical distribution of the respective practices. All these practices are in different stages of development. Such diversity poses a challenge in regulating and developing the various practices, especially in ensuring that those practices are safe, efficacious and of high quality.

Appropriate educational programmes should increase the acceptance and receptiveness of modern medicine health care providers towards T&CM practices. Limited knowledge and understanding about T&CM is an obstacle in integrating T&CM practices into the PHC system, including policy formulation and implementation.

In order to derive greater benefit from instituting a strategy of T&CM at the PHC level, adequate attention should be paid to raw materials and T&CM remedies that can be found or are produced in the different local communities in Malaysia, especially in the interior areas where traditional practices are more prevalent .

An important area for the development of T&CM in Malaysia is research into local practices and traditional remedies that are widely used by the local communities which have potential health benefits for the wider Malaysian population. This thrust is aimed at utilising the available knowledge and techniques of T&CM currently practiced, especially by local and rural communities, and applying a scientific approach to quantify the benefits of such T&CM.

Presently, the expenses incurred by the T&CM consumers is predominantly out-of-pocket. As T&CM is in the process of being integrated into the mainstream of health care provision in Malaysia, there is limited allocation available for its development. In due course, when T&CM has gained better acceptance among the public, market forces dictate that a redistribution of allocation for T&CM services and facilities can be considered especially at the primary health care level.

There is also no insurance coverage for T&CM practitioners and it would be prudent if a suitable arrangement can be made to accommodate the scope of T&CM under a professional indemnity insurance scheme. This will be mutually beneficial for T&CM practitioners and the public. Simultaneously, provisions can also be made under conventional insurance schemes to include T&CM under their coverage. The challenge for policy makers is to relook into this situation and address it in an equitable manner.

5. CONCLUSION

The development of a Strategy of T&CM in PHC will facilitate the effort of extending T&CM practices into the PHC system in accordance with the national thrust of building a comprehensive and inclusive health care system.

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