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RESEARCH ARTICLE

Traditional Medicine Integration in China, India, and Thailand: Implication on Policy Decisions in the Philippines in Universal Health Care

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ABSTRACT

The World Health Organization (WHO) enjoins its member states to harness the potential contribution of Traditional, Complementary, and Integrative Medicine (TCIM) through its integration into national health systems [1]. Over the years, the demand for TCIM has significantly increased, providing a large part of health care services for the majority of the population, especially those in developing countries. Known as the Traditional and Alternative Medicine Act (TAMA) of 1997, RA 8423 was enacted to improve the quality and delivery of health care services to Filipinos through the development and integration ofTCIM into the national health care delivery system; however, several identified issues hinder the attainment of the objectives of the law [2]. In contrast, three countries have shown great progress in establishing systems, standards, and guidelines in improving the quality, safety, and efficacy of traditional products, practices, and practitioners [5-24]. The study used the interpretive/constructivist epistemological perspective first to explore the health policy issues of the TAMA utilizing the policy analysis triangle by Walt and Gilson in 1994 [3]. The themes which emerged from the review were used to identify and describe the models, facilitators, and barriers to the integration of traditional medicine into the national health systems in China, India, and Thailand. Multiple realities, descriptions, and experiences of populations were assessed through meta-synthesis. Finally, in the in-depth interviews, the results of the meta-synthesis were laid out to the participants to draw out policy ideas and strategies and determine which can be applied in the Philippine setting. The themes regulation, financing, country contextualization and stakeholder involvement, medical pluralism, and research were the identified gaps of the TAMA and were used as basis in looking into the models, facilitators, and barriers to the TCIM integration in China, India, and Thailand. The findings from the meta-synthesis guided the in-depth interviews which looked into its application to the Philippine setting.

Introduction

The World Health Organization (WHO) enjoins its Member States to harness the potential contribution of Traditional, Complementary, and Integrative Medicine (TCIM) in primary health care by integrating it into the national health systems of various developing countries [1]. This important role of TCIM is recognized by many governments and policies and strategies were made to maximize its potential contribution to primary health care, further advancing UHC [4]. The Philippines formally recognized this potential role of TCIM through the enactment of Republic Act No. 8423 (RA 8423), known as the Traditional and Alternative Medicine Act (TAMA) of 1997 [2]. The law intends to improve the quality and delivery of health care services to Filipinos through the development and integration ofTCIM into the national health system; however, several issues hinder the attainment of the objectives of the law [3]. There are country-specific settings and the unique sociocultural, economic, and political environments enable or impede the process of integrating Traditional and Complementary Medicine (T&CM) within the health system. In contrast, China, India, and Thailand have shown great progress in establishing systems, standards, and guidelines in assuring the quality, safety, and efficacy, of traditional products. Traditional Chinese Medicine (TCM) functions alongside Western medicine at every level of the healthcare system [18]. India has officially acknowledged Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy (AYUSH) systems of medicine, providing services to most of its population, especially those in rural areas, signifying a parallel level of integration [24]. Thailand and its own system of traditional medicine, Thai Traditional Medicine (TTM), was gradually developed using a broad-scale participatory process [10]. The study aimed to assess the models, facilitators, and barriers to the integration of TCIM vis-à-vis the national health systems of China, India, and Thailand and how it might apply in the Philippine context.

Methodology

This is a qualitative study in two parts. The first part began by initially looking at the policy issues of the TAMA of 1997 using the policy analysis triangle. To further explore the health policy issues of the TAMA, the 2009 review by Paul Kadetz for the WHO Western Pacific Regional Office to establish the current state of traditional, complementary, and integrative medicine in the Philippines was used [3]. After which, the gaps identified were used in the meta-synthesis of qualitative research. The methods for the thematic synthesis of qualitative research in systematic reviews by James Thomas and Angela Harden in 2008, and Major and Savin-Baden in 2010 were applied to investigate the experiences of China, India, and Thailand in resolving similar issues identified in the TAMA.

The second part of the study is a Phenomenological Qualitative Research which described the Philippine experience in TCIM integration. The situation and context of the Philippines and similarities and differences to those in the other three countries were assessed. This was done through a series of in-depth interviews (IDI) with researchers, TCIM practitioners and clients, and policy and program makers to better understand which of the models used by China, India, and Thailand will fit in the Philippine setting. These served as the basis for recommending policies and strategies for TCIM integration in the country's health system. The study was approved by the UP Manila Research Ethics Board.

Results

The TAMA was reviewed using the policy analysis triangle. The themes gathered were the identified challenges in the implementation of the TAMA. The health policy issues were explored by looking at the content of policy, the processes of policy-making, and the context in which different actors and processes interact to enable or impede the integration of TCIM in the health care system of the Philippines (Figure 1).

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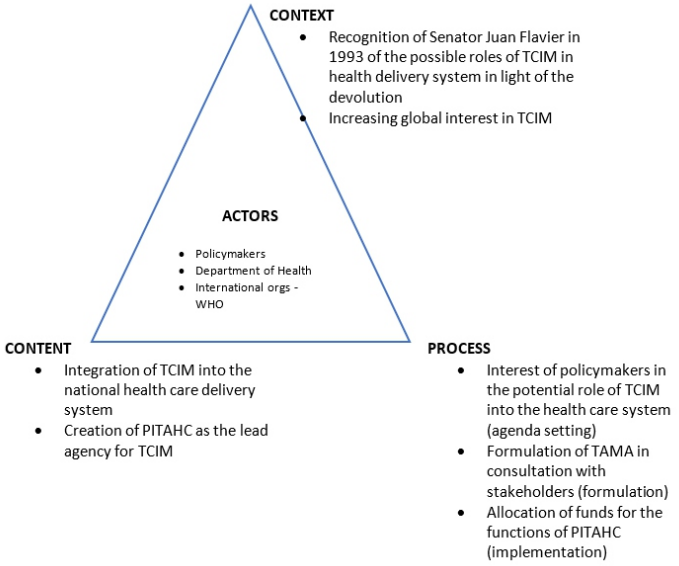

Figure 1. Policy triangle framework describing the actors, content, context, and processes within the TAMA.

Gaps identified in TAMA

The health policy analysis shed light on TAMA and where it is in its goal of integrating TCIM into the national health system. Findings showed that several challenges hindered the full implementation of the policy. In terms of the policy's content, a) the Philippine Institute of Traditional and Alternative Health Care (PITAHC) was not given the legal mandate to enforce regulations, and b) financing for services for and improvement of TCIM was limited. In terms of the policy's context, a) there was a lack of uniformity in implementation because of the decentralized health system, and b) medical pluralism was not recognized. In terms of actors in the policy-making process, there was no mention of the representation of the different stakeholders including TCIM organizations or service providers and the consumers. The content, context, and actors affected the policy processes.

Meta-synthesis of Qualitative Research in China, India, and Thailand

The identified themes on the gaps of the TAMA were used as a basis for searching for related qualitative research. Other keywords used include traditional medicine, China, India, and Thailand. Multiple versions of the terms for traditional, complementary, and integrative medicine were also used in the search. Table 1 shows the summary of processes used in the conduct of the meta-synthesis. The output of each process was attained using the stated activities and methods. Table 2 presents the models, facilitators, and barriers of the three countries on regulation, financing, country contextualization and stakeholder involvement, medical pluralism, and research.

Thematic Analysis of In-depth Interviews

The results of the meta-synthesis drew out policy ideas and strategies from the models used in integrating traditional medicine into the national health systems in China, India, and Thailand and looked into its application in the Philippine setting. Through in-depth interviews (IDI), views of people from different administrative levels and offices about the integration of T&CM were explored.

Regulation

One of the mandates of PITAHC is to formulate standards, guidelines, and codes of ethical practice for each of the TCIM modalities. The advancement of PITAHC in acupuncture pushed for developments in other modalities as well. At present, in addition to acupuncturists, there are certified TCM practitioners, tuina massagists, homeopaths and homotoxicologists, chiropractors, osteopaths, naturopaths, hilot and hilot practitioners, anthroposophic medicine practitioners, and, most recently, Ayurveda practitioners. However, it was more challenging to reconcile the differences in how folk medicine was viewed and practiced as it would be difficult to stipulate a set of acceptable standards. Moreover, practitioners should be made to understand why they are being regulated.

As mentioned, another barrier to regulation was the issue of practitioner participation. Folk healers are fearful of being evaluated or policed on what they are doing and once known, they fear that they will be asked to stop their practice. The Health Technology Assessment process should consider the current assessment of the Philippine traditional medical systems and the uniqueness and variability of each modality.

But, before this happens, the government should know who and where the practitioners are. All kinds of TCIM practices and types of practitioners in all provinces in the country must be considered and included.

According to one participant:

"Maybe advantage yon kung magkakaroon ng regulation, before ng regulation, magkakaroon muna ng study kung ilan, pagkatapos anong klase itong kanilang ginagawang panghihilot or yung practice nila kung paano sila nakakagamot. I think wala naman harm na mangyayari kung magkakaroon ng regulation. At least, magkakaroon pa tayo ng data… (Maybe, it would be an advantage if there is regulation. Before regulation, they should conduct a study to find out the number, then how many types of hilot or ways of healing we have. I think there is no harm in regulation. At least, they too can use the data…)"

Table 1. Matrix of the processes used in the meta-synthesis

Process	Activities and Methods	Output
Formulating the question	Literature review, critical analysis and reflection	Thesis statement
Identifying studies	Literature review using Google Scholar, ResearchGate and JSTOR using keywords: traditional medicine integration, China, India and Thailand.	In JSTOR, it yielded 5,103 journals for China, 9,796 for India and 2,633 for Thailand A total of 17,000 search results for China, 16,300 for India and 6,840 for Thailand in Google Scholar
Selecting a sample of studies	Literature review via inclusion and exclusion criteria	A total of 93 studies were reviewed using the inclusion and exclusion criteria
Appraising studies	Literature review on consistency with the research questions and study objectives	A total of 31 research were coded and sorted
Finalizing the sample	Review of comprehensiveness or saturation point based steps 1 to 4	A total of 25 studies were finally selected for inclusion in the study
Reflection on the process	Reflective questions vis-à-vis the research questions and objectives	The studies were selected because they contained a clear description of the methodology and consistency was assessed from the statement of the research questions to the interpretation of findings

Table 2. Models, facilitators, and barriers of China, India, and Thailand on TM Integration

Theme	China	India	Thailand
Regulation	- Regulated TCM practitioners to develop human capital, professionalize the practitioners and protect their rights, and ensure public safety[5] - Considers the complexity and variability of processes separate for TM[6]	- First regulated Indian Systems of Medicine (ISM) education, paving the way for the organization of medical associations for the registration of the practitioners[7] - The advancement resulted in a loss of heritage cultural knowledge[8] - Considers the complexity and variability of processes separate for TM[9]	- Strict laws were established for TM from manufacturing to distribution and adverse effects monitoring[10] - Regulation is similar for those for conventional medicines which separates prescription medicines to over-the-counter medicines
Funding for the advancement of TCIM and health care financing	- Invested billions for the improvement of infrastructure, maintenance of medical equipment and remuneration[11] - Cost for consultations is covered in a similar manner to that of biomedicine[12]	- Increased its budget for ISM over four times from what was set eight years ago[13] - Adopted a laissez faire policy when it comes to financing	- Accounts for 0.05% of the Universal Coverage Scheme budget in 2008[14] - Services were generally paid out-of-pocket
Country contextualization and stakeholder involvement	- Unitary one-party socialist republic - Brought together political authorities, universities, research centers and the pharmaceutical industry, ensuring the protection of its culture, improving the quality of products and creation of a platform for knowledge exchange[12]	- Sovereign, socialist, secular, democratic republic[15] - Government does little to monitor activities or provide support with clear policy guidelines[16] - Control and finance of programs for TM were left to state governments	- Unitary parliamentary semi-democratic constitutional monarchy - Developed a sui generis law to ensure the protection of TM[17]
Medical pluralism	- Interpenetrative, traditional medicine and Western medicine incorporate each other bilaterally at multiple locations of professional practice[18] - Answered to the need to absorb, preserve and understand traditional medicine and the call for it to adapt to Western medicine setting	- Widely practiced medical pluralism - Have codified and non-codified systems of TM[19]	- Described as the existence of culturally diverse society applying various frames for the phenomenon of health[20] - Integrated the aspects of self-health care, folk medicine and professional medicine in the country, and health care models to link the three are studied to improve health care access
Research	- Government promoted the use of scientific technology for TCM research[21] - Uses two approaches for TM research: mechanism centered approach and efficacy driven approach	- Modernized using current scientific technology into experiments and research - Ayurgenomics was heavily supported but was still criticized in terms of the derivation of drugs from herbal concoctions, detection of heavy metals in over-the-counter preparations, difficulty of unraveling complex herbal preparations, and publication limitations[22]	- Conducted pre-clinical and clinical researches[23] - Government supported and funded integrative research projects - Developed own ethical guidelines for TTM

In terms of regulating drugs for TCIM, the Food and Drug Administration (FDA) tends to follow the same guidelines used in Western medicine. There are guidelines for the registration of herbal medicines and traditionally used herbal products. Evidence for safety and claimed applications that are traditionally used can be based on documents on safety and the absence of toxicity. Unfortunately, documents to support these claims for traditionally used herbal products are hard to gather. Herbal preparations are often registered by the FDA as food supplements. This is because the agency follows the strict Western medicine process of regulating herbal medicines, as mentioned by one of the respondents.

In recent years, the possibility of moving the responsibilities of regulating traditional products and medicines from the FDA to PITAHC was considered. This scheme would enhance the development of traditional products and medicines. However, PITAHC has to reassess its role and functions. As mentioned by one respondent,

"…before kasi, my intention to get the regulation of the product si PITAHC [instead of the FDA]. kaya there was a question na if you're going to regulate the product, then you will not [be] doing the research na… (…before, there was [the] intention for PITAHC to do regulation [instead of the FDA], however, if that happens, then PITAHC can no longer do researches…"

Research Capability

In the field of pure sciences, the majority of the research conducted is on the evaluation, validation, and discovery of herbal medicines. In the field of social science, specifically anthropology, researches are conducted to document traditional practices and practitioners in the country. The interest of scientists in TCIM has grown in the past years although more research needs to be conducted.

Recently, PITAHC has envisioned setting up a Biosafety Level 2 (BSL 2) laboratory in its main office and adding to its array of tasks the role of doing actual research. This is a step towards fulfilling its mandate of implementing research on herbal medicine. During the COVID-19 pandemic, research on herbal preparations for *tawa-tawa* and virgin coconut oil proved to be a helpful pandemic response. The move of PITAHC to have its laboratory will enable the further validation and evaluation of the efficacy and safety of herbal preparations for evidence-based medicine. This, however, will not be possible without proper funding. As mentioned by a participant,

"…problem kasi talaga doon… budget kasi kapag nag-incorporate ka na ng molecular analysis, from the reagent palang, super mahal na siya, [then], machineries for the analysis. (…the problem is… budget, because if you include molecular analysis, it would be costly – expense would be from the reagents and machinery needed for the analysis.)"

Moreover, PITAHC, as a research institution with its strategic thrusts and priorities, should be the lead, or at least consulted by other funding agencies. Its main power and function are to "plan and carry out research and development activities," and one participant identified this as overlapping with the function of another government agency. As a government-owned and controlled corporation (GOCC), PITAHC is also expected to conduct income-generating activities. GOCCs pay dividends to and receive subsidies from the national government through the Department of Budget and Management (DBM). As mentioned by one participant:

"Ang budget may impact doon sa choices the research projects… ang tagal natin magproduce ng clinical trials na technology because of unavailability of funds…ang problem, yun yung basis the government, yung performance, and absorptive capacity…(The budget allotment has an impact on the choice of research projects… clinical trials are hard to conduct because of the unavailability of funds… the problem is, that is where the government bases the performance and absorptive capacity [of the Institute]…)"

This was one identified limitation of PITAHC; nonetheless, the agency has pushed for more collaboration with DOH's Center for Health Development and local government units. PITAHC aims not just to provide information through research but to help the local government units in coming up with plans, programs, and activities for TCIM. There should be a policy to support TCIM at the local level.

Preservation of Cultural Heritage

The Philippines is an archipelago of over 7,100 islands. Naturally, traditional medicine is practiced differently in different cultures. PITAHC has supported the documentation of ethnomedical knowledge and practices among the indigenous and other cultural communities in the different provinces of the country.

The loss of cultural heritage and traditional knowledge is experienced not only in traditional medicine (TM) but also in terms of other aspects of culture. Some Philippine dialects have gone extinct. Children were no longer interested in traditions. As mentioned by one participant:

"Dapat mayroong suitable environment na yung mga cultural communites can flourish na kung determination nila na panatilihin pa yung language or yung kanilang mga healing practices, merong magawa ang national government or local government para they can thrive. Ganoong klase ng environment… ano mang aspeto ng kultura, whether food, healing, music, etc., dapat may national conscious [effort] ang ating leadership. (There should be a suitable environment so cultural communities can flourish, and language and healing practices are maintained. The national or local government can do something so they can thrive, that type of environment… Our leaders should have a conscious effort to [preserve] any aspect of culture, whether food, healing, music, etc…)"

Another way to preserve our culture of healing is through education. This, however, can happen if the different systems of Traditional, Complementary, and Integrative Medicine in the country can be profiled and documented. According to one participant:

"Pagdating sa heritage knowledge,… maganda sana kung kung maiimpart nila sa atin. Kasi naniniwala ako pag hindi naimpart sa atin, kapag hindi naisama sa libro, pag hindi na-establish o na-ipublish yan, kusang mawawala yan.. lalo na ngayon na nag-expand na yung technology... (When it comes to heritage knowledge,… it is better if they could share it to us. I think if this is not imparted, whether through a book, or if this is not established or published, it will naturally disappear… especially now that the technology available has improved…)

Financing the Development of TCIM

Financing for the development of TCIM largely depends on Congress' approval of the annual budget propositions and fund allocation. At present, more are needed to allow PITAHC to advance TCIM in the country specifically in the conduct of research. Several types of research that will contribute to the evidence-based practice of TCIM are awaiting funding.

The Centers for Health Development, on the other hand, are also allowed to set aside funding for the advancement of TCIM in their region. Activities of the assigned TAHC coordinator largely depend on this and the prioritization of the CHD. As mentioned by a respondent:

"… maraming public health programs and systems ang kakompetensiya… kaya hindi siya gaanong nabibigyan ng pansin. (…there are a lot of public health programs and systems competing… that is why it is not given a priority.)"

"Yung mga programs namin ay from the directives of the central office. May mga policies, department memo, department order, na ginagamit ng regional office for dissemination to the LGU… kung ipapasok yung funding for TM, dapat mag-uumpisa sa central office para mas maganda dahil may kaakibat siyang policy support sa ibaba. (Our programs were from the directives of the central office. There are policies, department memos, department orders, that the regional office uses for dissemination to the LGU… if we are to include funding for TM, it would be better if policy support will come from the central office.)"

Also mentioned in the interviews was the power of PITAHC to advocate TCIM at the local level. Unfortunately, this entails cost. With their limited funds, PITAHC has responded to the activities of the CHDs in terms of providing support and training resources. This can be maximized if LGUs can designate a point person that PITAHC can mobilize for the advancement of TCIM. According to one participant:

"…malaking bagay sana kung ang PITAHC mismo, may sarili ring 'powerhouse' sa ibaba, sa bawat probinsya. (…it would be better if PITAHC has its own 'powerhouse' in every province.)"

Recognition of medical pluralism

Although there are already Filipino medical practitioners who are practicing TCIM, health workers in local communities have yet to recognize medical pluralism. According to one respondent in the study:

"…ang standard natin is Western medicine, Western diagnosis… napaka-broad ng T&CM [Traditional and Complementary Medicine]… dapat maging medically-proven muna siya, katanggap tanggap sa mga doctors natin yung practice nila. (…our standard follows that of the Western

medicine, Western diagnosis… T&CM is very broad… it should first be medically-proven before doctors would be able to accept their practice.)"

"We are following Western Culture… if you are going to go for healthcare, they're also prioritizing that kind of recognition… hindi masyadong narecognize ang indigenous practice… prioritized nila ang sinasabi nilang evidence-based medicine. (We are following the Western Culture… if you are going to go for healthcare, they're also prioritizing that kind of recognition… indigenous practice is rarely recognized… they prioritize what they call evidence-based medicine.)"

This means our medical practitioners tend to put the utmost importance on evidence-based medicine (EBM). Interestingly, they, too, recognize the limitations of our health system and the tendency of Filipinos to seek medical help foremost from traditional practitioners.

It would be difficult to advance the integration of TCIM if the medical community does not recognize and support it. Medical doctors who do not believe in the efficacy of TCIM see it as just a "placebo effect." In contrast, advocates recognize that TCIM works on an entirely different system of medicine and that guidelines for it must be separate from those used for Western medicine, even more so, in the varying communities in our country. The government should only ensure that all options available to a patient seeking help are proven safe and beneficial.

There is also an assumption from the medical community on the place of TCIM in the health system. Some view TCIM as a practice advocating to entirely replace Western medicine, which is not the case. As one participant said:

"Sana papasok yung advocating, educating na this is not [what PITAHC achieves to do]... (I hope they will also include advocating, educating that this is not [what PITAHC achieves to do]…)"

One participant, a medical doctor from a geographically isolated and disadvantaged area recognized the potential role of TCIM practitioners in the health system in terms of complementing the current healthcare practices especially if taught about safe practices and possibilities of tapping them to be part of the referral system. If this is to happen, one must be conscious of the difference between TCIM systems to that of the Western medicine. The practitioners, too, must be able to discover, by themselves, their strengths and needs.

Discussion

The review of the TAMA in 2009 established the state of TCIM in the Philippines. It led to the identification of five policy gaps which were regulation, financing, country contextualization and stakeholder involvement, medical pluralism, and research. These were used in the meta-synthesis of studies related to models, facilitators, and barriers in integrating traditional medicine into health systems in China, India, and Thailand. The identified policy gaps were similar to the 2019 WHO Global Report on Traditional and Complementary Medicine. In addition to difficulties faced regarding regulatory issues related to the practice of TCIM, countries also reported lacking research data and financial support for research on TCIM.

The 2014-2023 WHO Traditional Medicine Strategy supports member states in harnessing the potential contribution of TM and promoting the safe and effective use of TM through the regulation, research, and integration of TM products, practices, and practitioners into health systems. However, it was reported that despite the progress made, countries still experience challenges related to the development and enforcement of policies and regulations for TCIM.

China, a unitary one-party socialist republic, has referred to Traditional Chinese Medicine (TCM) as a "national treasure," directing significant resources to the research and promotion of TCM. The Law of the People's Republic of China on Traditional Chinese Medicine carries out the same principle of giving equal emphasis to TCM and Western medicine.

In India, the National Health Policy in 2017 advocated mainstreaming the potential of AYUSH by recognizing medical pluralism. The country began with educational reforms to make the public health system integrative and participatory [24]. Modern and traditional knowledge systems were encouraged to work together, accepting and mutually respecting their respective strengths.

Thailand enacted the Promotion and Protection of Traditional Thai Medicine Wisdom Act 2542 in 1999 to protect the wisdom of TTM. The Promotion and Protection of Traditional Thai Medicine Wisdom Act 2542 strategizes to develop knowledge, health service system, human resources, and medicine for TTM.

The findings from the meta-synthesis were used to guide the in-depth interviews in the second part of the study. In terms of regulation, PITAHC does not regulate but only certifies traditional, complementary, and alternative practitioners. This is in response to their mandate to formulate appropriate standards, guidelines, and codes of ethical practice (RA 8423). PITAHC intends to develop, improve, and integrate the practices into the national healthcare delivery system by professionalizing TCIM practices. At present, PITAHC also accredits not only practitioners but also clinics and training centers.

To build a knowledge-based TCIM policy, the WHO has recommended obtaining and analyzing information on why and when people use TCIM, the benefits of using TCIM, and the types and qualifications of TCIM practitioners. Moreover, just as different countries have different strategies, differences between provinces in the Philippines could also be expected. In developing policies and regulations for TCIM products, practices, and practitioners, we need to be aware of how each area will choose to protect its populations through priorities, policies, and resources.

It is recognized not only in the Philippines but also in other countries, that folk medicine is transferred orally from generation to generation. As found in the in-depth interviews, another barrier to regulation is the issue of practitioner participation because folk healers are fearful of being evaluated or policed on what they are doing and that once known, they will be asked to stop their practice. However, in the 2019 Pista ng Gamutang Pilipino 2, several Pilipinong manggagamot from Philippine indigenous medicine to introduced traditional and complementary medical systems to integrative medicine to biomedicine, have expressed their stance for a meaningful and responsive health system guided by a set of several principles which recognizes aspects essential for the delivery of health services especially in the era of universal health care (UHC). UHC ensures that all have access to promotive, preventive, curative, and rehabilitative health services that have sufficient quality to be effective [1].

China and India both professionalized their practitioners through education; however, there was a loss of cultural heritage and traditional knowledge in the process. The government would need to balance the need to protect our cultural heritage and the advancement of TCIM.

Moving forward, the possibility of transferring the responsibilities of regulating traditional products and medicines from the FDA to PITAHC should also be reassessed. Although it would give a focused development to traditional products and medicine, the conduct of research might need to be assigned to another government agency which may or may not have the expertise and prioritization that PITAHC built over the last decade.

In terms of research capability, PITAHC, as a research institution with its own strategic thrusts and priorities, should be the lead, or at least consulted by other funding agencies. Its main power and function are to "plan and carry out research and development activities," and this overlaps with the function of another government agency. Although funds were limited, the agency was able to push for more collaboration with DOH's Centers for Health Development and local government units. PITAHC aims to not just simply provide information through research but to translate it to activities, programs, and policies. PITAHC must be given power through resources to support TCIM at the local level.

In terms of the preservation of our cultural heritage, it was recognized that traditional medicine is practiced differently in different areas. PITAHC has started documenting ethnomedical practices to attempt to preserve and document our culture of healing. Moreover, the agency has also commissioned researches to profile the TCIM practitioners in the whole country. However, there were other factors identified contributing to the loss of traditional knowledge on healing. One way to address this is through education.

In terms of financing the development of TCIM, more support to PITAHC is needed. This is necessary for the agency to provide suport and training resources, conduct researches, and advocate for TCIM. Funding should also be alotted for the advancement of TCIM in the 17 regions of the country. Lastly, LGUs should allot funding and identify a point person which PITAHC can mobilize for the advancement of TCIM.

In terms of medical pluralism in the country, the government needs to establish support from medical pratitioners. They, too, recognize the potential contribution of TCIM practitioners, especially to the health sytem of

geographically isolated and disadvantaged provinces. Doubters should recognize that TCIM works on an entirely different system of medicine and that guidelines for it must be separate from that used for Western medicine, even more so, in the varying communities in our country. A common ground should be established to encourage and maintain the support of medical practitioners, especially in terms of complementing the current healthcare practices in the community. It is also important to note that practitioners, too, must be able to discover, by themselves, their strength and identify needs.

Conclusions

It is the policy of the TAMA to develop TCIM and integrate it into the national health care delivery system. Information on models, facilitators and barriers in integrating traditional medicine to health systems in China, India and Thailand can be used by the country to advance the role of TCIM. The following are the recommendations based on the results of the study:

1. Reassess the revision of the TAMA in terms of the need to strengthen regulation versus the need for a focused development of TCIM through the conduct of researches.
2. Build the knowledge-base for a culturally appropriate TCIM policy. The study recommends studies which will help program and policy makers understand deeper our culture of healing.
3. Encourage TCIM practitioners to participate in the development of their practice by recognizing their role in primary health care.
4. Ensure the protection of our cultural heritage and traditional knowledge.
5. Strengthen the support and capability of PITAHC in the conduct and management of researches, and the eventual translation of findings to activities, programs and policies for TCIM.
6. Increase the funding for the advancement of TCIM from regulation, research, advocacy and training.
7. Recognize medical pluralism and the different ways how TCIM is utilized in the country.
8. Gather and sustain support from the medical community who understands the potential of TCIM in complementing the current health care system.

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