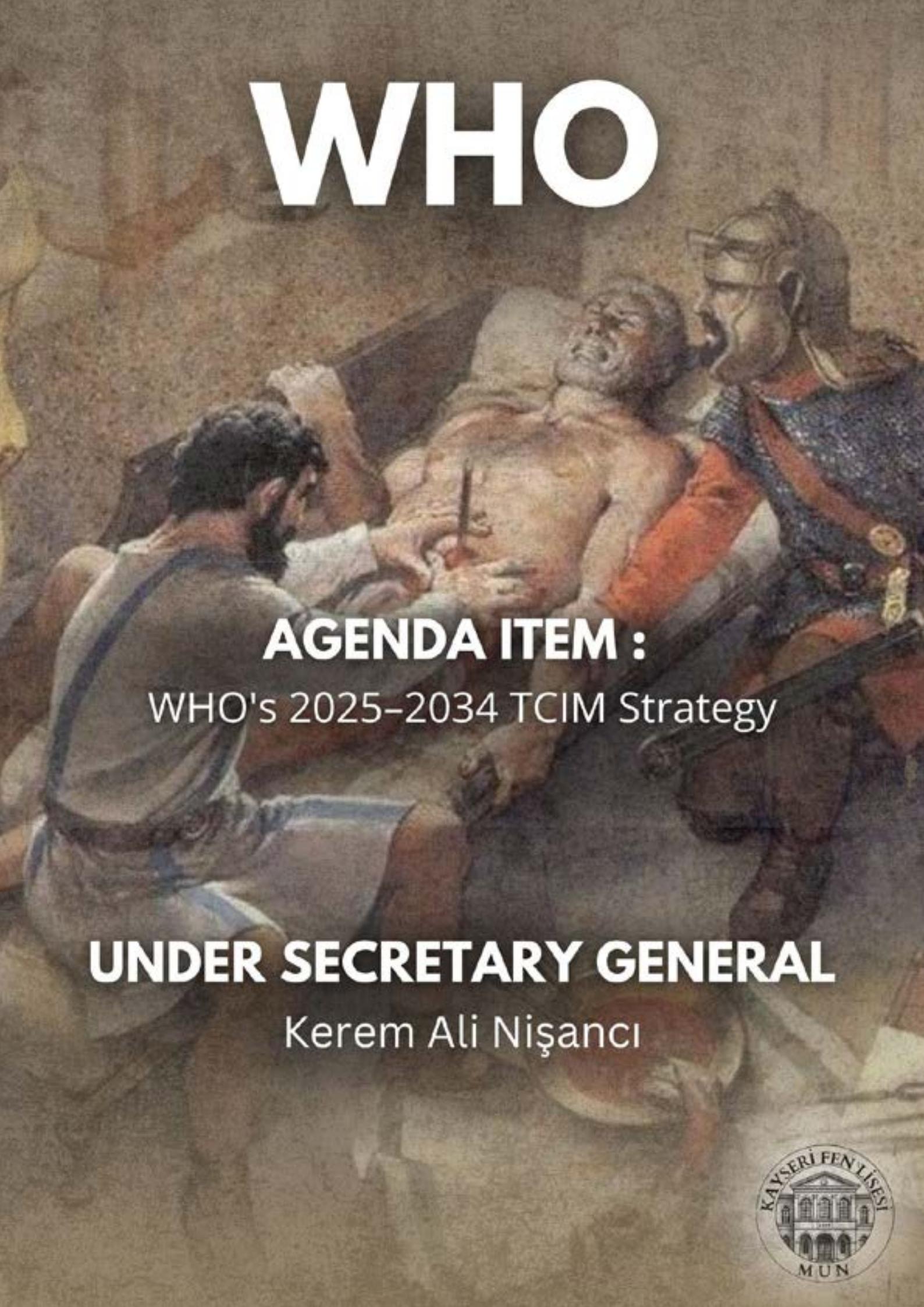


WHO



AGENDA ITEM :

WHO's 2025-2034 TCIM Strategy

UNDER SECRETARY GENERAL

Kerem Ali Nişancı



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2. Letters from the Secretary-General and Secretariat

Esteemed participants of MUNKFL'25,

As the Secretary General of MUNKFL'25, I warmly welcome you all to the fourth edition of Model United Nations Kayseri Fen Lisesi. First of all, I am pleased to say that we are continuing our work successfully, knowing that we are the pioneers in the MUN culture in Kayseri. We are truly honored to be able to present this precious conference that we have worked on for months. My organizing team has worked tirelessly for this conference, and of course, they did well. Also, special thanks go to my academic team, who also worked tirelessly to make your committees exceptional and engaging. It is with this spirit of dedication and pioneering achievement that we turn our focus to the crucial global challenges facing us today.

The 21st Century has brought about tensions between nations, unprecedented dangers, changes, and challenges that continue to plague the world. However, the United Nations offers a promising path forward. As members of the Model United Nations community, we recognize the imperative of active global engagement and the pivotal role we play in shaping a better future. Therefore, MUNKFL will simulate United Nations committees, providing a platform for delegates to engage in collaborative, competitive, conciliatory, and compromising decision-making processes. Through these simulations, we aim to foster dialogue, diplomacy, and a prioritization of societal needs in addressing pressing global issues. May this experience leave you more prepared to lead, more committed to dialogue, and more confident in the role you can play in shaping the world around you.

Sincerely,

Taylan Emir Tav



3. Letter from the Under Secretary General

Dear Delegates,

My name is Kerem Ali NİŞANCI, I am 16 years old and a 10th grade student at Hidayet Aydogan Social Sciences High School. This MUN will be my 16th MUN also. I am truly honored to serve as your Under-Secretary-General for this year's MUNKFL25. It is my great pleasure to welcome you all to our committee, World Health Organization.

The World Health Organization plays a vital role in global public health, and understanding this responsibility is essential for shaping a healthier and more sustainable future. This year's agenda item, "WHO's TCIM Strategy for 2025–2034," focuses on an area that is becoming increasingly important worldwide. As delegates, you will explore how traditional, complementary, and integrative medicine can contribute to modern health systems, and how nations can balance safety, accessibility, and scientific evidence.

Throughout this conference, I encourage you to think critically, collaborate respectfully, and approach every discussion with an open mind. Your ideas, solutions, and diplomacy will shape the direction of our committee and reflect the true spirit of Model United Nations.

I wish you all a meaningful and productive experience. May this conference inspire you to think critically, act empathetically, and work collaboratively toward a healthier and more equitable world. I look forward to seeing the ideas and solutions you will bring to the table.

Best Regards,

Kerem Ali NİŞANCI

Under Secretary General – MUNKFL25

4. Letters from the Chairboard

Letter from the President Chair:

Dear MUNKFL'25 Participants,

I am Eyüphan Çakal and I am a 10th grade student at Kilim Social Sciences High School. For this conference, I will be serving as the President Chair of the World Health Organization committee.

Health is one of the most important areas in the world, and every issue related to it should be solved as quickly and effectively as possible. In this committee, our main topic will be the TCIM Strategy, which focuses on Traditional, Complementary, and Integrative Medicine. This topic is becoming more important each year, and I believe that all of you will work hard to understand it and to create meaningful and realistic solutions.

I truly believe that during our sessions, I will witness valuable discussions, strong arguments, and teamwork from each delegate. I am sure that your effort and preparation will make this committee successful.

I am very excited for the conference and I sincerely look forward to seeing you all there. I hope this experience becomes one of the best and most memorable conferences for all of us.

Thank you.

President Chair

Eyüphan Çakal



Letter from the Vice Chair:

It is my great honour to welcome you as the Co-Chair of the MUNKFL'25 WHO committee. My name is Elif Ela Demirbuğa and I will be serving as your Co-Chair throughout the sessions. I am excited to embark on this journey with our willing and creative group of individuals. Our team has created the most productive environment for this conference, with its long and careful work, so that our delegates can generate creative ideas, see different perspectives and make important decisions for a bright future. As the delegates you are the main characters of this experience so I expect well prepared, respectful and creative debates during these three days. Let's all contribute together to make this conference unforgettable.

Best regards

Elif Ela Demirbuğa

Co-Chair



5. Introduction

5.1. Introduction to the Committee:

The World Health Organization was established in 1948 and is composed of 193 member states. Headquartered in Geneva, Switzerland, the organization's role is to serve as the "authority for health within the United Nations system," and to provide "leadership on global health matters." Member States are grouped into 6 regions. Each region has a regional office. Current objectives of the WHO are laid out in a Six-Point Agenda aimed at responding to the challenges of an "increasingly complex and rapidly changing landscape" of global public health.

The World Health Assembly (WHA) is the supreme decision-making body for WHO. The Executive Board is composed of 34 technically qualified members elected for three-year terms. The Secretariat of WHO is staffed by some 7000 health and other experts and support staff on fixed-term appointments, working at headquarters, in the six regional offices, and in countries. WHO is the directing and coordinating authority on international health within the United Nations system. It is responsible for shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends.

WHO leads global efforts to expand universal health coverage. We direct and coordinate the world's response to health emergencies. And we promote healthier lives – from pregnancy care through old age. Our Triple Billion targets outline an ambitious plan for the world to achieve good health for all using science-based policies and programmes. The World Health Organization (WHO) is the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health.

WHO works worldwide to promote health, keep the world safe, and serve the vulnerable. Our goal is to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and well-being. The values of the WHO workforce reflect the principles of human rights, universality, and equity established in WHO's Constitution. We are individually and collectively committed to putting these values into practice.



5.2. WHO's Previous Global Strategies:

WHO Traditional Medicine Strategy 2014–2023:

The WHO traditional medicine strategy 2014–2023 was developed and launched in response to the World Health Assembly resolution on traditional medicine (WHA62.13). The strategy aims to support Member States in developing proactive policies and implementing action plans that will strengthen the role traditional medicine plays in keeping populations healthy.

This document builds on the earlier strategy (2002–2005) and expands the emphasis on “health services and systems”, including traditional and complementary medicine products, practices and practitioners.

According to the “Implementation of the WHO Traditional Medicine Strategy 2014–2023” page, the key goals are: (1) harnessing the potential contribution of Traditional & Complementary Medicine (T&CM) to health, wellness, people-centred health care and Universal Health Coverage; and (2) promoting safe and effective use of T&CM through regulation, research, and integration of T&CM products, practices and practitioners into the health system, as appropriate.

The three strategic objectives outlined in the strategy are: build the knowledge base via national policies; strengthen safety, quality and effectiveness through regulation; and promote Universal Health Coverage by integrating T&CM services and self-care into national health systems.

WHO Traditional Medicine Strategy 2002–2005:

This was the first global strategy document by WHO in the field of traditional medicine. The 2014–2023 strategy builds on the foundations laid by the 2002–2005 strategy, along with related WHO medicines strategies. The 2002–2005 document acknowledges challenges such as regional diversity in traditional and complementary medicine practices, difficulty in defining precise terminology and lack of comparable data across regions — highlighting early awareness of regulation, data collection, and harmonization issues.

Global Traditional Medicine Strategy 2025–2034:

According to WHO, this new strategy “represents WHO’s renewed commitment to ensuring universal access to safe, effective, and people-centred traditional, complementary and integrative medicine (TCIM).

It builds on the foundations laid by the 2002–2005 and 2014–2023 strategies. The strategy defines a clear vision, objectives, guiding principles, and actionable directions for Member States, partners and stakeholders, aiming for sustainable, evidence-based integration of TCIM into global health systems.



The four strategic objectives are:

1. Strengthen the evidence base for TCIM
2. Ensure safe and effective TCIM through appropriate regulatory mechanisms
3. Integrate TCIM into health systems
4. Optimize the cross-sectoral value of TCIM and empower communities

The strategy was adopted at the Seventy-eighth World Health Assembly (WHA78) in 2025.

5.3. Introduction to the Agenda Item:

Traditional medicine (TM) is present across all six regions of the World Health Organization (WHO) in both codified and non-codified systems and is profoundly rooted in its traditional knowledge, culture, history, and territories. TM that has been adopted and adapted to the local context is referred to as “complementary medicine”. The terms “traditional medicine” and “complementary medicine” are considered as interchangeable in some countries.

The WHO Traditional Medicine Strategy: 2014–2023 provided the context of traditional and complementary medicine (T&CM) — a merger of the terms “traditional medicine” and “complementary medicine”.

As people become more empowered to choose the appropriate health care for their needs, health services will have to meet this challenge and offer a people-centred approach. The practice of integrative medicine (IM), whether government-led or patient-led, that combines T&CM and biomedicine will become more common.

In 2017, WHO effectively expanded its mandate for the much-needed support in the developing field of IM and introduced the concept of “traditional, complementary and integrative medicine” (TCIM).

This strategy therefore provides an expanded vision comprising TM, T&CM, and TCIM. This latter term brings together these three approaches, which are appropriately based on individual health needs.

This strategy acknowledges the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and commitment to achieving the ends set forth therein. Respectful of their right to self-determination, the present strategy calls for Member States to suitably engage with Indigenous Peoples concerned in implementing this strategy.



This strategy also aligns with WHA76.16 resolution on the health of Indigenous Peoples, the Convention on Biological Diversity, the Nagoya Protocol on Access and Benefit-Sharing, the Kunming-Montreal Global Biodiversity Framework (KM-GBF), the World Intellectual Property Organization (WIPO) treaty on intellectual property, genetic resources, and associated traditional knowledge, the International Labour Organization (ILO) Convention 169, and relevant international human rights instruments along with the resolutions and mechanisms contained therein.

6. What is TCIM

Traditional, Complementary and Integrative Medicines (TCIM) are a group of medical systems and therapeutic methods, health practices and products that, in general, are not considered part of conventional medicine (Western or allopathic), although they have different origins and therapeutic proposals among them, they all share a complex, intercultural and comprehensive view of the health-disease process, which allows characterizing them as a broad contemporary field of knowledge construction, in constant evolution. They are also a useful and sustainable resource in various areas of health care, whose articulation and integration into health systems and services must be accompanied by the corresponding scientific evidence.

6.1. Traditional Medicine

Traditional medicine refers to codified or non-codified systems for healthcare and well-being, comprising practices, skills, knowledge and philosophies originating in different historical and cultural contexts, which are distinct from and pre-date biomedicine, evolving with science for current use from an experience-based origin. Traditional medicine emphasizes nature-based remedies and holistic, personalized approaches to restore balance of mind, body and environment.

6.2. Complementary Medicine

Complementary medicine refers to additional healthcare practices that are not part of a country's mainstream medicine. Evidence-based complementary medicine has the potential to support mainstream medicine and more comprehensively support people's health and well-being needs.



6.3. Integrative Medicine

Integrative medicine is an interdisciplinary and evidence-based approach to health and well-being by using a combination of biomedical and traditional and/or complementary medical knowledge, skills and practices.

6.4. Herbal Medicines

Herbal medicines include herbs, herbal materials, herbal preparations and finished herbal products, that contain as active ingredients parts of plants, other plant materials, or combinations thereof.

7. Scope and Fundamental Principles of TCIM

The WHO Traditional Medicine Strategy 2025–2034, adopted at the Seventy-eighth World Health Assembly, envisions a world in which everyone has universal access to people-centred traditional, complementary, and integrative medicine (TCIM), contributing to the highest attainable standard of health and well-being. The strategy aims to promote the integration of TCIM into health systems in ways that are evidence-based, culturally respectful, and aligned with sustainable development.

- Over the next decade, the strategy will focus on four strategic objectives:
- Strengthening the evidence base for TCIM
- Support the provision of safe and effective TCIM through appropriate regulatory mechanisms.
- Integrate safe and effective TCIM into health systems.
- Optimize the cross-sector value of TCIM and empower communities.

Implementation will be guided by nine core principles:

Evidence-based, holism and health, sustainability and biodiversity, the right to health and autonomy, Indigenous Peoples' rights, culture and health, people-centred care and community engagement, integrated health services, and health equity.

WHO TRADITIONAL MEDICINE STRATEGY 2025–2034

STRATEGIC OBJECTIVES



EVIDENCE



REGULATION



INTEGRATION



COLLABORATION



World Health Organization



8. The role of TCIM among the World

Traditional, Complementary, and Integrative Medicine (TCIM) is a significant resource for long-term health, recognized by the World Health Organization (WHO). TCIM has a long history and serves as the primary or preferred healthcare for 80% of the world's population (WHO, 2013). It is also a global resource for innovation, ensuring sustainability in healthcare systems. Access to safe, effective, and culturally appropriate healthcare is a fundamental human right, as confirmed by global research. The 2023 Gujarat Declaration by WHO (von Schoen-Angerer et al., 2023) highlights TCIM as crucial for achieving universal health coverage and health-related Sustainable Development Goals. The Declaration emphasizes TCIM's role in promoting health and well-being for all ages and the planet.

To support these goals, the Gujarat Declaration calls for rigorous TCIM-related evidence produced through inclusive and multi-disciplinary research methods that respect the complex, holistic, and individualized nature of TCIM approaches and their diverse knowledge systems.

Integrative medicine is defined as an interdisciplinary and evidence-informed approach aimed at achieving whole-person health and well-being by combining biomedical and traditional and/or complementary medical knowledge, skills, and practices. It provides holistic care across the care continuum and may involve various health care providers and institutions. Complementary medicine, synonymous with "traditional medicine" in some regions, encompasses a comprehensive array of healthcare knowledge, skills, and practices that fall outside the scope of established traditional or conventional medicine.

These practices may provide support to biomedical care. The term "traditional medicine" is understood to encompass the knowledge, skills, and practices that are rooted in theories, beliefs, and experiences that are specific to different cultures, as well as the scientific and professional expertise employed for the diagnosis, prevention, treatment, and management of illnesses, and the promotion of health and well-being.

In October 2025, the 3rd World Congress on Traditional, Complementary, and Integrative Medicine, organized by the Brazilian Academic Consortium for Integrative Health (CABSIN), the International Society for Traditional, Complementary, and Integrative Medicine Research (ISCMR), and the European Society of Integrative Medicine (ESIM), will take place in Rio de Janeiro, Brazil.

With a focus on the role that TCIM plays in strengthening global public health, the event aims to promote knowledge diversity in achieving well-being societies, and the importance of planetary health. This premier global event, held for the first time in Latin America, will bring together experts, academics, and health professionals from around the world to share research and innovative experiences in integrative health. The congress will bring together researchers from across the globe to discuss innovative solutions to strengthening global public health through TCIM.

9. TCIM's Strategic Priorities

WHO follows certain strategic priority pathways to successfully implement its traditional and complementary medicine project, some of which are:

- Strengthening Evidence-Based Frameworks

The WHO states that strengthening the evidence base is one of the central global priorities for traditional and complementary medicine. This involves developing consistent research methodologies, improving data quality, and evaluating safety and efficacy through clinical and pharmacological research standards. Countries are encouraged to integrate TCIM practices only when evidence supports their safety and effectiveness.

- Improving Regulation and Governance

WHO identifies regulation of traditional medicine practitioners, products, and services as a strategic priority. Member states are encouraged to establish national registration systems, licensing requirements, educational standards, and quality controls for herbal medicines. Effective regulation reduces unsafe practices and increases patient protection.

- Integration Into National Health Systems

The Alma-Ata Declaration recognizes the potential role of traditional practitioners in primary health care systems. WHO policy encourages evidence-supported integration of TCIM into national health systems, especially where traditional medicine plays an important cultural role. Integration includes collaboration between biomedical and traditional practitioners, referral systems, and patient-centered service design.

- Research, Innovation and Digital Transformation

The establishment of the WHO Global Centre for Traditional Medicine (GCTM) shows that innovation is becoming a strategic global priority. WHO emphasizes research involving biotechnology, AI-assisted pharmacology, digital herbal databases, and genetic analysis of medicinal plants. The goal is to scientifically validate promising traditional treatments while identifying safety risks.

- International Cooperation and Knowledge Exchange

Traditional medical knowledge is recognized by UNESCO as intangible cultural heritage. The convention encourages states to document, preserve, and exchange this knowledge responsibly. WHO similarly promotes regional and international collaboration on TCIM research, regulatory harmonization, and practitioner cooperation networks.

- Safety, Ethics and Patient Protection

TCIM safety remains a core WHO priority. Countries are encouraged to create monitoring systems for adverse effects, regulate herbal product manufacturing, and enforce ethical standards such as informed consent. Safety and quality control ensure that TCIM practices align with global patient rights frameworks.

- Sustainable Use of Medicinal Resources

Because many TCIM systems rely on biological resources, sustainability is strategic. WHO and UNEP emphasize conservation of medicinal plant species, ethical sourcing, and protection of indigenous communities' rights. Overharvesting, deforestation, and climate change threaten TCIM resource bases.

10. Key Words

1.1	Acupuncture	A healing system developed in China thousands of years ago. It encompasses a range of procedures that involve stimulating various anatomical points in the body (Meridians), using techniques such as penetrating the skin with thin metallic needles, which may be manipulated manually or through electrical stimulation.
1.2	Ayurveda	Also known as Traditional Indian Medicine, is one of the oldest medical systems in the world, originating in India thousands of years ago. It emphasizes the integration of the body, mind, and spirit to prevent and treat illnesses with herbs, therapeutic massages, and techniques such as yoga.
1.3	Chiropractic	A system of therapy specializing in the diagnosis, treatment, and prevention of disorders of the neuro-musculoskeletal system and their impact on overall health and well-being. This approach places a strong emphasis on manual techniques, involving the manipulation or adjustment of the spinal segments and other joints in the body.
1.4	Conventional Medicine	A healthcare system in which medical physicians and other health care professionals (such as nurses, pharmacists, and therapists) treat symptoms and diseases using medication, radiation, or surgery. It is also called mainstream medicine or Western medicine.
1.5	Doll	Department of Health Abu Dhabi.
1.6	Herbal Medicine	A practice that uses herbs or herbal preparations derived from plants containing active substances for the treatment of various illnesses.
1.7	Hijama Therapy (Cupping)	Also known as cupping, is an ancient traditional healing practice that involves creating local suction on the skin, either intact or scarified. This mobilizes blood flow, promoting healing. The suction effect is generated using heat, such as fire, or mechanically with the hands or electrical pumps.
1.8	Homeopathy	It is a medical system where there is a belief that "like cures like" meaning that small, highly diluted quantities of medicinal substances are used to treat symptoms. Nevertheless, when these same substances are administered in higher or more concentrated dosages, they can produce these symptoms.
1.9	Integrative Medicine	Integrative medicine combines treatments from Conventional Medicine and Traditional Medicine that have high-quality evidence supporting their safety and effectiveness to promote whole-person physical, psychological, social, and spiritual well-being. It is also referred to as Integrated Medicine.
1.10	Moxibustion	Commonly used technique in acupuncture which involves burning of Mugwort (Artemisia plant) to warm certain Meridian points on the body to prevent diseases and promote well-being.
1.12	Naturopathy	It is a medical system that originated in Europe and supports the body's natural ability to heal through dietary and lifestyle

1.13	Osteopathy	A system of medical practice that emphasizes a holistic and comprehensive approach to diagnosing and treating musculoskeletal disorders. It involves the manipulation of musculoskeletal tissues, along with other therapeutic measures, to alleviate pain, promote health and well-being, and restore function.
1.14	Traditional Complementary Medicine	Traditional Complementary Medicine encompasses healthcare practices based on cultural beliefs and experiences that are not part of conventional medicine and have not yet been fully incorporated into the dominant healthcare system.
		Complementary Medicine refers to services provided when non-mainstream practices are used alongside conventional medicine.
1.15	Traditional Chinese Medicine	A medical system that originated in ancient China thousands of years ago and is used to prevent, diagnose, and treat illnesses by stimulating the body's natural healing mechanisms. It includes Acupuncture, Herbal Medicine, Nutritional Therapy, Meditation, Traditional Chinese Medicine Massage (Tui Na) and Restorative Physical Exercise.
1.16	Traditional Japanese Medicine	Also called "Kampo", it is a holistic therapeutic approach based on ancient Chinese Medicine. It tailors individualized treatments for each patient, depending on their overall condition and symptoms, with the aim of relieving pain and restoring harmony in body functions.
1.17	Traditional Korean Medicine	Traditional Korean Medicine is a therapeutic approach rooted in ancient Chinese Medicine, incorporating patient-centric Sasang constitutional classification and Saam acupuncture methods. It tailors treatments based on the patients' anatomical characteristics, temperament, and other traits.
1.18	Unani Medicine	It is an ancient Greek/Arabic medical system based on the concept of balancing the body's humors, which can become imbalanced or be restored need to be restored to promote healing. It is founded on four elements: air, water, earth, and fire, and four humors: blood, phlegm, yellow bile, and black bile.



11. Historical Background

11.1. Ancient Origins of Traditional Medicine

Traditional medicine (TM) is thousands of years old and constitutes one of humanity's oldest structured knowledge systems. WHO recognizes traditional medical systems such as **Ayurveda (India)**, **Traditional Chinese Medicine (China)**, **Unani (Middle East/South Asia)**, **Kampo (Japan)**, **Jamu (Indonesia)**, **African Traditional Medicine**, and Indigenous healing systems of the Americas and Oceania as foundational components of global health traditions.

These systems evolved within specific cultural, ecological, and social contexts, making them deeply connected to indigenous knowledge, local biodiversity, and spiritual worldviews.

Despite fundamental philosophical differences between these systems and modern biomedicine, they remained dominant global healthcare methods until the 19th century.

11.2. Introduction of Biomedicine and Shift in Global Healthcare

With the rise of scientific medicine during the 19th century, particularly after the Germ Theory and the institutionalization of hospitals and medical schools, traditional practices were marginalized in many regions.

Colonial administrations, missionary medicine, and later national public health systems often imposed Western biomedical structures. Yet TM persisted widely—especially in Asia, Africa, and Latin America—due to accessibility, cultural acceptance, affordability, and strong community trust. By the mid-20th century, WHO estimated that large populations in developing regions continued to rely primarily on traditional healers, especially in rural and underserved areas.

11.3. WHO's First Recognition of Traditional Medicine

The 1978 Alma-Ata Declaration was the first major international document to formally acknowledge the role of traditional medicine in achieving Primary Health Care (PHC). The declaration emphasized that traditional practitioners could contribute to universal accessibility of essential healthcare services, especially where biomedical infrastructure was limited. This was a turning point: for the first time, traditional practitioners were viewed as potential partners rather than obstacles.



11.4. The Rise of Complementary Medicine in High-Income Countries

During the late 20th century, complementary medicine became increasingly popular in Europe, North America, and Oceania.

People began seeking holistic approaches, wellness-oriented treatments, and non-pharmacological care. Modalities such as acupuncture, chiropractic, naturopathy, herbal supplements, homeopathy, and mind–body therapies gained widespread use. This shift marked the beginning of the “integrative medicine” movement, where biomedical institutions started collaborating with or incorporating complementary therapies.

11.5. Introduction of the Term “TCIM”

In 2017, WHO officially expanded its mandate to include integrative medicine, combining evidence-based traditional and biomedical practices within patient-centered systems.

The term TCIM reflects an evolving healthcare model where different medical paradigms coexist and collaborate, guided by regulation and scientific evaluation.

11.6. Establishment of the WHO Global Centre for Traditional Medicine

In 2022, WHO established the Global Centre for Traditional Medicine (GCTM) in Jamnagar, India, marking the organization's strongest commitment to traditional, complementary, and integrative medicine. The center was created to advance scientific research, improve global standards, and support evidence-based integration of traditional practices into national health systems. India was selected due to its rich medical heritage and well-developed research infrastructure. The GCTM also promotes international cooperation, digital innovation, and the sustainable use of medicinal resources. This initiative forms a key foundation for WHO's 2025–2034 TCIM Strategy.

11.7. Foundations for the WHO 2025-2034 TCIM Strategy

The foundations of the upcoming **WHO 2025-2034 TCIM Strategy** are built on a series of global policy instruments and historical documents that formally recognize the value, rights, and responsibilities associated with traditional, complementary and integrative medicine. These include the **WHO Traditional Medicine Strategy 2014–2023**, the **WIPO Traditional Knowledge frameworks**, the **UNESCO 2003 Convention for the Safeguarding of Intangible Cultural Heritage**, and the **United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007)**. Each of these documents provides a structural basis for the new WHO approach.



11.7.1 WHO Traditional Medicine Strategy 2014-2023

The new WHO 2025-2034 Strategy builds on these principles by continuing the push for safety, quality assurance, national regulation, and integration into health systems. WHO emphasizes that Traditional and Complementary Medicine (TCIM) is not an "alternative" but a recognized, essential component of global healthcare, especially in underserved regions.

11.7.2 UNDRIP (United Nations Declaration on the Rights of Indigenous Peoples)

UNDRIP forms one of the strongest bases for the 2025–2034 Strategy by establishing that traditional medicine is not merely a health service but a protected cultural and intellectual heritage. WHO's new framework incorporates Indigenous rights, ensuring that TCIM development must respect community ownership, consent, and benefit-sharing.

11.7.3 UNESCO 2003 Convention for the Safeguarding of the Intangible Cultural Heritage

This convention establishes that traditional healing systems, herbal knowledge, and culturally rooted medical practices qualify as "intangible cultural heritage." The WHO strategy therefore integrates UNESCO's perspective, which emphasizes preservation, transmission, and respect for traditional practitioners.

11.7.4 WIPO Traditional Knowledge (TK) Frameworks

WIPO's work influences WHO's new strategy by highlighting the need to protect traditional medical knowledge from commercial exploitation, biopiracy, and unfair research practices. Thus, the 2025-2034 WHO Strategy integrates IP protection, community-based rights, and ethical research standards.

12. Questions to be Addressed

- 1- How can Member States strengthen the evidence base for TCIM while ensuring that research methods remain scientifically careful and culturally respectful?**
- 2- What kind of funding models, partnerships, and global networks are needed to support large-scale, high-quality TCIM research?**
- 3- How should WHO Member States integrate traditional, complementary and integrative medicine (TCIM) into their national health systems while ensuring safety and quality control?**
- 4- What frameworks should be established to monitor TCIM practitioners, medicinal products, and health facilities at national and international levels?**
- 5- How can WHO balance respect for cultural traditions with the need for scientific validation of TCIM practices?**
- 6- How should WHO address misinformation, unsafe self-medication practices, and the unregulated commercialization of traditional medicine?**
- 7- What financial and policy mechanisms should WHO promote to help low- and middle-income countries integrate TCIM safely and sustainably?**
- 8- How can WHO help countries digitize traditional knowledge archives without risking exploitation or unauthorized commercial use?**



13. Bibliography

<https://www.paho.org/sites/default/files/2024-08/draft-tm-strategy-2025-2034-regional-consultations-english.pdf>

<https://www.who.int/about>

<https://www.who.int/about/what-we-do>

<https://www.who.int/about/values>

<https://vmun.com/committees/who/>

<https://www.who.int/about/governance/world-health-assembly>

<https://www.who.int/about/collaboration/expert-advisory-panels-and-committees>

<https://www.who.int/teams/integrated-health-services/traditional-complementary-and-integrative-medicine/global-strategies>

https://www.who.int/health-topics/traditional-complementary-and-integrative-medicine#tab=tab_1

<https://apps.who.int/iris/handle/10665/92455>

<https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>

<https://ich.unesco.org/en/convention>

<https://www.wipo.int/tk/en/>

<https://www.who.int/news/item/25-04-2022-who-and-india-announce-global-centre-for-traditional-medicine>

<https://www.who.int/initiatives/who-global-centre-for-traditional-medicine>

<https://www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/indigenous-and-tribal-peoples/lang--en/index.htm>

<https://ich.unesco.org/en/convention>

<https://www.cbd.int/abs/>

<https://www.wipo.int/treaties/en/ip-grtkf/>

<https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>

https://www.who.int/about/governance?utm_source=chatgpt.com

https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R16-en.pdf



1. Letters from the Secretary-General and Secretariat

Letter from the Secretary-General

Esteemed participants of MUNKFL'25,

As the Secretary General of MUNKFL'25, I warmly welcome you all to the fourth edition of Model United Nations Kayseri Fen Lisesi. First of all, I am pleased to say that we are continuing our work successfully, knowing that we are the pioneers in the MUN culture in Kayseri. We are truly honored to be able to present this precious conference that we have worked on for months. My organizing team has worked tirelessly for this conference, and of course, they did well. Also, special thanks go to my academic team, who also worked tirelessly to make your committees exceptional and engaging. It is with this spirit of dedication and pioneering achievement that we turn our focus to the crucial global challenges facing us today.

The 21st Century has brought about tensions between nations, unprecedented dangers, changes, and challenges that continue to plague the world. However, the United Nations offers a promising path forward. As members of the Model United Nations community, we recognize the imperative of active global engagement and the pivotal role we play in shaping a better future. Therefore, MUNKFL will simulate United Nations committees, providing a platform for delegates to engage in collaborative, competitive, conciliatory, and compromising decision-making processes. Through these simulations, we aim to foster dialogue, diplomacy, and a prioritization of societal needs in addressing pressing global issues.

May this experience leave you more prepared to lead, more committed to dialogue, and more confident in the role you can play in shaping the world around you.

Sincerely,
Taylan Emir Tav