Infrastructure to Spur Inclusion of Traditional, Complementary, and Integrative Medicine: The TCIM Americas Network Model Inside the Pan American Health Organization

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A significant irony nests inside what may be the globe’s most meaningful effort to link multiple stakeholders to forge change toward optimal use of complementary and traditional products, practices, and practitioners in national health care systems. Namely, the remarkable effort is being engaged without a dedicated budget from its sponsoring organization. Of the five World Health Organization (WHO) regions outside of Europe through which the WHO drives action on traditional, complementary, and integrative medicine, the Pan American Health Organization (PAHO) is the only region that does not have a specific program or dedicated staff in this area.

Yet the work under the PAHO umbrella since 2017 of the TCIM Americas Network (Traditional Complementary and Integrative Medicine) is emerging as a compelling community organizing-based model for collaboration, dissemination, and implementation for WHO’s other regions. The initiative offers an additional value: it is also proving a useful, efficient, and welcome agency for expanding their traditional medicine research and dissemination to a broader network of integrative medicine partners and organizations in North America and Europe.

A Patchwork of Resources and Partnerships

The TCIM work inside the PAHO region has not been without financial support. The leaders have forged a patchwork of sources and partnerships through a community organizing model with multiple parties chipping in where they can. The Nicaraguan government, with then PAHO country lead Socorro Gross in an organizing role, sponsored what became the network’s founding meeting in Managua in June 2017.1 There, representatives of traditional medicine programs in 21 WHO member states committed to create the network.2 Many became lead volunteers on the project, managing committees, and work plans. Nine months later, the Brazilian Health Ministry reconvened members of the emerging network through hosting a conference on traditional and complementary medicine that drew over 4000 attendees. The TCIM Network also works closely with the only WHO Collaborating Center on TCIM in Latin America. That center, housed in the Complementary Medicine Division of the Social Security for Health (EsSalud) in Peru, is a partner in the implementation of the TCIM Americas Network working plan, particularly to advance the Virtual Health Library (VHL) project.

In truth, although PAHO’s direct budget does not support ongoing staff and resources, a PAHO visionary commitment over the past 20 years has been key to the network’s strategy and successes. PAHO had previously developed the Latin American and the Caribbean Health Sciences Information Centre (BIREME by its Spanish acronym). BIREME’s technology and methodologies make possible WHO’s Global Index Medicus,3 an initiative to link regional databases and indexes on health sciences information. It is
the only information center of its kind in the WHO system. When the TCIM Americas Network identified building a resource site as a top priority, BIREME offered an exceptional digital platform.8

A Manifestation of a Collective Need

Fueling the network’s organizing efforts was necessity itself, according to an early organizer: “The VHL TCIM Americas project started as a manifestation of a collective need. It brings together social actors that often don’t collaborate—representatives of health ministries and regulatory agencies, academia, both professional training programs and research groups, professional associations, large healthcare providers, non-governmental organizations, and other related networks. As it has grown, it has developed structures, protocols and informal bylaws to streamline its processes and membership requirements. The work continues to be fueled by the collective energy of the regional network, and this commitment has served to anchor the network’s work.” (Daniel Gallego-Perez, pers. comm., November 18, 2019). PAHO Director Carissa Etienne, MD, captured the driving energy succinctly in explaining that the project arose “to meet the expressed demand of many countries to improve availability of and access to relevant and technical information on this matter.”5

The work product of the TCIM Americas Network in these 2.5 years would be remarkable for a well-funded operation. It is even more notable—and perhaps more replicable—from what the active members call the “collective effort” of the volunteer-driven work. The best introduction to the work is the site itself. A centerpiece is the MOSAICO Database of technical-scientific documents on traditional, complementary, and integrative medicine and related practices in the PAHO region. The value of the PAHO network as a model is underscored by the extent to which success requires the sweat equity of the network members. Sections of the site are guided by six volunteer editorial committees. These create editorial policies for the section and develop working plans for that section’s content development. The coordinating work is led by a four-person team that manages agendas, notes, monthly general meeting calls, and regular committee meetings.

The network’s influence goes beyond the virtual site, suggesting the other kinds of value for traditional and complementary medicine that might grow from this model for powering up activity in this and other regions. The Managua meeting and network development inspired and supported the birth of the Brazilian Academic Collaborative for Integrative Medicine that formed with 20 initial institutional members in that nation.6 The consortium, along with BIREME and the network’s support, initiated an evidence mapping project sponsored by the Brazilian Health Ministry,7 which, on completion, will be available on the BIREME site. A first example on ozone therapy can already be consulted.8

Gathering Notice at WHO and from North American and European Organizations

The model has been gathering some notice. Principals have made close to a score of key conference presentations throughout the Americas, and beyond. The work was favorably noted in the progress report of the WHO Director General at the 2019 General Assembly,9 in the 2018 report of the United Nations Permanent Forum on Indigenous Issues,10 and in the 2018 annual report of PAHO’s director. Discussions have begun with governmental agencies in both Canada and the United States for potential partnerships.

The work has also gained significant exposure among integrative health and medicine leaders in North America. The TCIM Americas Network has collaborated closely with the American Public Health Association’s Section on Integrative, Complementary, and Traditional Health Practices. It has been featured in both the 2018 and 2019 annual conferences of the Academy of Integrative Health and Medicine and participated in the development of an informational piece on key organizational resources in integrative space in the Americas led by the interprofessional Academic Collaborative for Integrative Health (principally educators in chiropractic, acupuncture and Oriental medicine, naturopathic medicine, massage and direct-entry midwifery). Network leaders provided a panel session at the leading global scientific conference for the field in 2018, and plenary sessions in 2019.

Complementary and integrative medicine leaders in Europe have also taken note. The network is in discussions to formalize collaborations with two Spanish organizations, the Asamblea Nacional de Homeopatı´a de Espan˜a and the Sociedad Espan˜ola de Salud y Medicina Integrativa. In the Tuscany region of Italy, the network has been invited to be among the organizing committee of the 2021 scientific congress planned for Florence. The Dutch Consortium for Integrative Medicine and Health has included a link to the network’s VHL on their website.

The compelling mission for scientists, clinicians, and organizers in the integrative health arena is simple: to enhance care through new options. Although a simple goal, gathering the power and resources to formulate and answer the right questions, then disseminate and implement the best practices is a long and jagged road, whether in individual institutions, or across a region, or the globe—as are the initial and potential impact zones for the TCIM Americas Network. Finding a way to scale is key. Activating the commitments of volunteers—as this project exemplifies—is an essential method to create personnel in the absence of significant budget. Creativity in finding and drawing in partners is another essential element. Yet to ratchet up and achieve the full potential of a research, information and organizing model such as this—and to potentially expand it to other regions—will rest on significant investment from philanthropic or governmental partners. One can easily imagine the vast reverberations for human health of collaborative initiatives such as this, fully realized.

References


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