



**SUMMARY REPORT  
OF THE SECOND BIMSTEC MEETING ON THE NETWORK OF  
NATIONAL CENTERS OF COORDINATION IN TRADITIONAL MEDICINE**

**Nonthaburi, Thailand 30-31 August 2010**

**INTRODUCTION**

1. The Second BIMSTEC Meeting on the Network of National Centers of Coordination in Traditional Medicine was held in Nonthaburi, Thailand on 30-31 August 2010. The Meeting was attended by delegates from the Kingdom of Bhutan, the Republic of India, the Union of Myanmar, the Kingdom of Nepal, the Democratic Socialist Republic of Sri Lanka, and the Kingdom of Thailand. The representative from World Health Organization / South-East Asia Region and other officers from related organizations in Thailand also attended the Meeting as observers. The list of delegates and observers is attached as **ANNEX A**.

**OPENING CEREMONY**

2. Prior to the opening, Dr. Wilanwan Juengprasert, Director-General of the Department for Development of Thai Traditional and Alternative Medicine (DTAM) reported about the background of the meeting to His Honor Deputy Permanent Secretary of Public Health Dr. Tanongsan Sutatam.

3. Dr. Tanongsan Sutatam, Deputy Permanent Secretary of Public Health of Thailand gave opening address. He welcomed the delegates of the BIMSTEC Countries and observers to the Meeting and looked forward to fruitful discussion on continuing the cooperation between BIMSTEC member countries. The opening speech is attached as **ANNEX B**.

**AGENDA ITEM 1: ELECTION OF CHAIRPERSON AND APPOINTMENT OF  
RAPPORTEURS**

4. Dr. Wilawan Juengprasert, Director-General of the DTAM was elected as chair of the meeting and Dr. Anchalee Chutaputti was appointed the rapporteur.

**AGENDA ITEM 2: ADOPTION OF THE AGENDA**

5. The Meeting adopted the proposed agenda, which appears as **ANNEX C**.

**AGENDA ITEM 3: REPORT OF THE BACKGROUND OF BIMSTEC COOPERATION  
IN TRADITIONAL MEDICINE, REPORT OF THE FIRST MEETING IN 2006, AND  
THE ESTABLISHMENT OF BIMSTEC NETWORK OF CENTERS OF TRADITIONAL  
MEDICINE AND FOCAL POINTS FROM THE 2<sup>ND</sup> BIMSTEC SUMMIT**

6. The Secretariat reported to the Meeting of the background of the BIMSTEC cooperation in the area of traditional medicine, the report of the First BIMSTEC Meeting on the Network of National Centers of Excellence in Traditional Medicine where the Meeting had agreed upon the establishment of “**the BIMSTEC Network of National Centers of Cooperation in Traditional Medicine**”, the structure of the Network, and the framework of cooperation; i.e.,

areas and forms of cooperation and implementation plan, as appeared in **ANNEX D**. The setting up of the BIMSTEC Network of National Centers of Traditional Medicine was recognized during the Second BIMSTEC Summit in 2008 in New Delhi and the focal points of each member countries were later determined. As the Secretariat Office of the Network, DTAM therefore organized this Second BIMSTEC Meeting on the Network of National Centers of Cooperation in Traditional Medicine in order to put forward the agreed framework of cooperation in traditional medicine.

**AGENDA 4: PRESENTATION OF COUNTRY REPORTS ON “TRADITIONAL/ HERBAL MEDICINAL PRODUCTS: PRODUCTION STANDARD, REGULATION, AND REGISTRATION”**

7. BIMSTEC member countries presented the country reports on “**Traditional/herbal medicinal products: production standard, regulation, and registration**”. The details of the country reports of BIMSTEC member countries appear as **ANNEX E**.

8. Expected areas of cooperation on traditional/herbal medicinal products that BIMSTEC member countries proposed can be summarized as follows: -

- 8.1 Exchange and sharing of information and/or technology transfer on: -
  - Traditional medicine knowledge
  - Pharmacopoeias & formularies
  - Scientific information and research findings on traditional medicine including standardization and quality control measures
  - Cultivation techniques of medicinal plants
  - Production technology
  - Regulatory mechanism and registration process of herbal products
- 8.2 Exchange of experts and strategies on pharmaceutical technology, database & digitization, teaching personnel and trade delegates
- 8.3 Conduct collaborative scientific research on pre-clinical, clinical trial, and new product development
- 8.4 Conduct training programmes on agro-technology, manufacturing technology, quality control & standardization, R&D and collaborative scientific validation studies on TM.
- 8.5 Survey and documentation of traditionally used medicinal plants, remedies and practices in BIMSTEC countries
- 8.6 Harmonization of routine laboratory procedures for quality assurance of traditional / herbal medicinal products needed for registration and technical transfer of essential lab procedures required for harmonization
- 8.7 Import and export of raw materials & finished TM products as per mutual agreement
- 8.8 Formulation of common strategy for protection of TM against misappropriation
- 8.9 Formulation of common strategy for international market authorization of traditional herbal medicinal products
- 8.10 Organize bilateral and multilateral programmes on themes of common interest for the development of TM and develop networking

- 8.11 Scholarship programme for students of TM desirous to undergo training at cross country institutions.

#### **AGENDA ITEM 5: CONSIDERATION OF THE PROPOSED AREAS OF COOPERATION**

9. The Meeting considered four proposals of the areas of cooperation proposed by Member States as short technical paper describing the rationale for the proposed areas of cooperation and specific decision points. The four proposals of the areas of cooperation are as follows: -

- **Developing a document on Traditional Systems of Medicine of BIMSTEC countries** (Coordinator: Thailand)
- **Knowledge management and information sharing on traditional medicine including pharmacopoeial drug safety and protection of traditional medicine knowledge and intellectual capital** (Coordinator: Bangladesh, Co-coordinator: India and Thailand)
- **Collaborative research on traditional medicine among BIMSTEC countries** (Coordinator: Sri Lanka)
- **Mutual recognition of traditional systems of medicine related issues** (Coordinator: India, Co-coordinator: Thailand)

10. The Meeting considered the first proposal on “**Developing a document on Traditional Systems of Medicine of BIMSTEC countries**” presented by Thailand and agreed to develop such document in the form of book and BIMSTEC website. As National Center Collaboration of each country already has its own website; networking and data sharing among websites of member countries and BIMSTEC website should be established. The Meeting acknowledged the suggestions made by Dr. Kin Shein that WHO/SEAR already had the “HerbalNet” website, which was established in September 2009, and 40 institutes in BIMSTEC member countries have agreed in contributing and uploading the data to the website. As a result, the linkage among HerbalNet and BIMSTEC website should be made. Dr. Kin Shein also emphasized that continuous participation of member countries on contribution of data is the key to ensure the success of the website.

11. The Meeting also agreed with suggestions made by Indian delegates on the outline of the country paper as below:

- Information on the topic item 8.5 should cover whether the research evidence and duration of usage is required for the registration.
- Existing regulatory mechanism on importing and exporting products must be explicit.
- As the data would be shared via website, there is no need for producing CDs for member countries. Thailand will therefore revise the budget, communicate with other member countries for the revision of the proposal, and further submit for the financial support.

12. The Meeting considered the second proposal on “**Knowledge management and information sharing on traditional medicine including pharmacopoeial drug safety and protection of traditional medicine knowledge and intellectual capital**” presented by Thailand on behalf of Bangladesh. The Meeting viewed that the proposal on website development for knowledge sharing overlapped with the agreed project mentioned above.

However, the issue of the protection of traditional medicine knowledge and intellectual property right (IPR), which covers the prevention of misappropriation and the protection of the right of traditional healers should be pursued.

In this case, the Meeting agreed that seminar and conference on IPR should be organized, covering the following topics: -

- Current situation of IPR in BIMSTEC countries
- Situation and types of misappropriation that occur in BIMSTEC countries
- Measure taken to protect intellectual property
- Experience of India on the development of Traditional Knowledge Digital Library (TKDL) and its utilization to protect Indian traditional medicine knowledge.

India, as the leader in the area of IPR protection, agreed to explore the possibility of hosting this seminar.

The Meeting considered the third proposal on “**Collaborative research on traditional medicine among BIMSTEC countries**” presented by Sri Lanka and agreed to conduct multi-center clinical trial on traditional medicine in member countries. Initial steps such as common areas of interest, specific diseases and remedies should be identified before the clinical trial protocol is formulated. The meeting or seminar should then be held to present case reports and success stories of the efficacy of traditional medicines to treat selected diseases. The traditional medicine formula with the highest potential will then be selected and multi-center clinical trial protocol on such medicinal formula will eventually be developed.

13. Lastly, the Meeting considered the fourth proposal on “**Mutual recognition of traditional systems of medicine related issues**” presented by India. Member countries agreed that initial step is to share information on educational systems, regulation of TM practices, as well as production standard and regulation of traditional medicinal products to ensure their quality, safety and efficacy. Member countries therefore agreed that the following steps should be taken on each possible area of mutual recognition, namely: -

#### **Traditional medicine education**

- Share the information on graduate, post-graduate and short-term courses, curriculum, course content, textbooks, available references, institutions, and regulations
- Exchange of study visits of TM academicians, experts, faculty members to various institutes, universities, hospitals in other countries
- Explore the possibility of developing an add-on course on one system of medicine of one member country to another system of practice from other countries.

#### **Traditional medicine practice**

To explore the possibility of allowing professionally-qualified TM practitioners to practice their systems of medicine in other BIMSTEC countries, it is necessary to examine all associated legal requirements of all BIMSTEC countries for the practice of TM systems to find the way to harmonize the legal framework on the regulation of the practice of TM practitioners.

#### **Drug safety, regulation and registration**

For quality, safety and efficacy concerns relating to TM products, member countries should

- adopt WHO-recommended Good Agricultural and Collection Practice (GACP), Good Manufacturing Practice (GMP) for the production of traditional medicines,

- develop pharmacovigilance system to systematically monitor adverse events and adverse drug reactions caused by TM products.

In addition, member countries agreed upon the sharing of the information and the development of database on the cultivation, collection, and raw material standardization techniques of 50 commonly used medicinal plants and their availability in the BIMSTEC region.

**AGENDA ITEM 6: OTHER MATTERS (IF ANY)**

14. The Meeting agreed that funding is the key to drive forward the plans agreed upon; therefore, member countries should seek other agencies for financial support in addition to WHO/SEAR. Dr. Kin Shein suggested that the Nippon Foundation should be one option while delegate from Bhutan recommended that Global Fund should also be explored.

**AGENDA ITEM 7: DATE AND VENUE OF THE 3<sup>RD</sup> BIMSTEC MEETING ON THE NETWORK OF NATIONAL CENTERS OF COORDINATION IN TRADITIONAL MEDICINE**

15. The Meeting agreed to assemble every three years. The proposal to hold the 3<sup>rd</sup> BIMSTEC Meeting on the Network of National Centers of Coordination in Traditional Medicine by Myanmar is under consideration and the decision once taken shall be communicated.