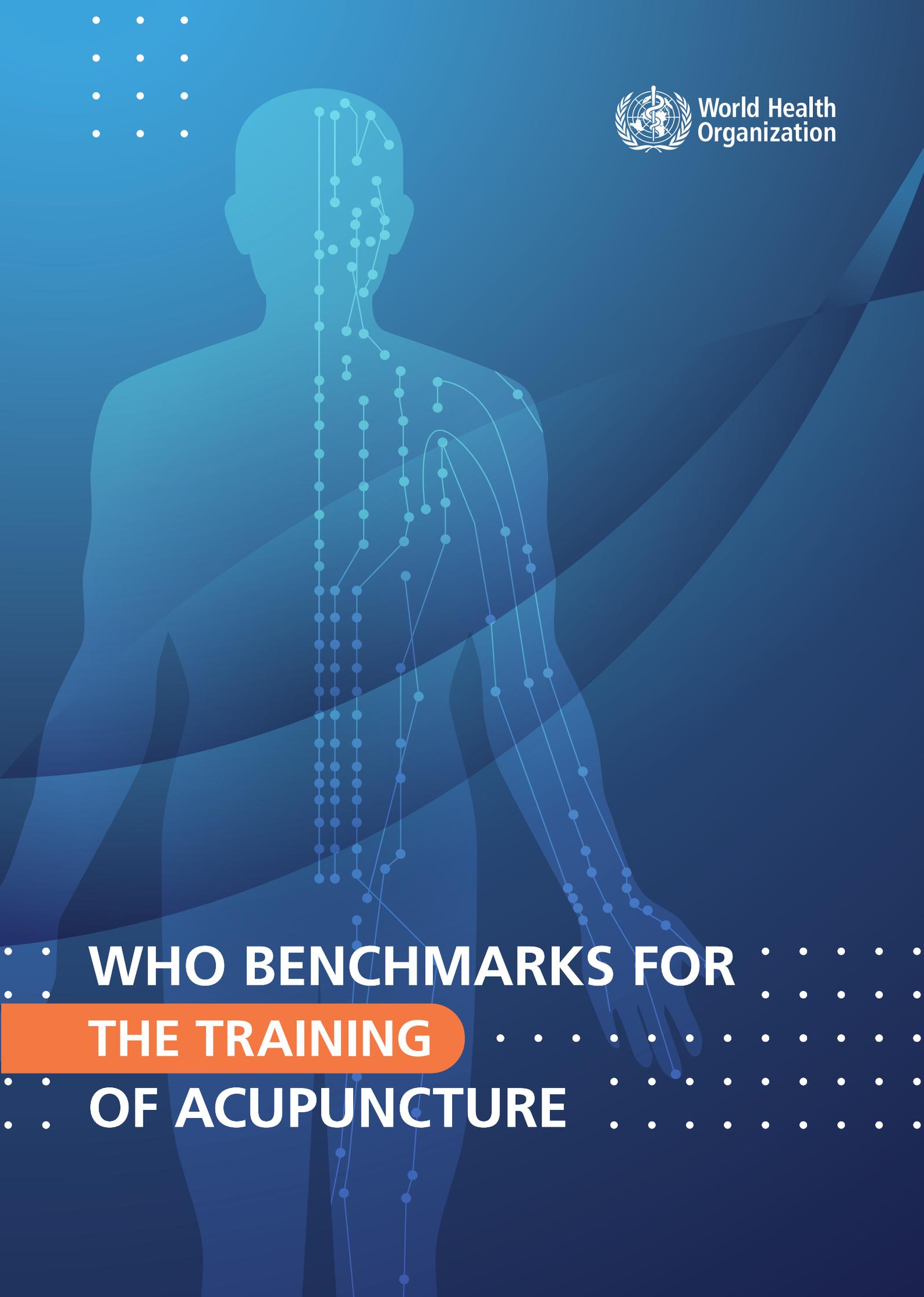




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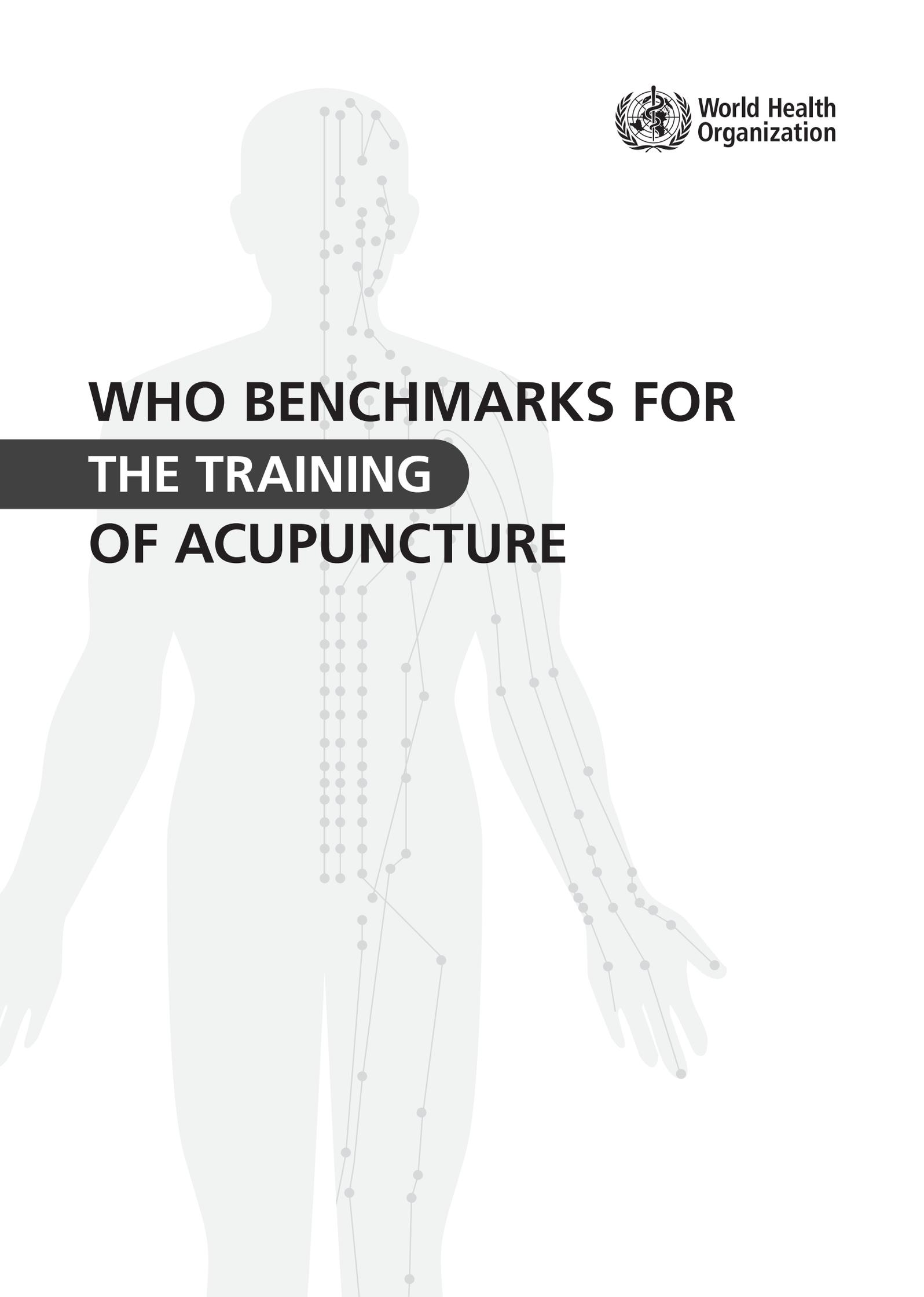
A stylized human silhouette in shades of blue, overlaid with a network of white and light blue lines and dots representing acupuncture meridians and points. The lines flow from the head down to the hands and feet. In the top left corner, there is a 3x3 grid of white dots. In the bottom right corner, there is a grid of white dots with varying spacing.

**WHO BENCHMARKS FOR  
THE TRAINING  
OF ACUPUNCTURE**





World Health  
Organization

A light gray silhouette of a human figure from the back, overlaid with a network of thin gray lines and small gray dots representing acupuncture meridians and points. The lines run vertically down the back and curve around the arms and legs. The dots are placed along these lines, representing specific acupuncture points.

# WHO BENCHMARKS FOR THE TRAINING OF ACUPUNCTURE

WHO benchmarks for the training of acupuncture

ISBN 978-92-4-001796-2 (electronic version)

ISBN 978-92-4-001797-9 (print version)

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**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

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# Foreword

The World Health Organization (WHO) is currently implementing its 13th General Programme of Work (GPW13) to support countries in reaching all health-related Sustainable Development Goals (SDGs). GPW13 is structured around three interconnected strategic priorities: achieving universal health coverage; addressing health emergencies; and promoting healthier populations. These strategic priorities are supported by three strategic shifts: stepping up leadership; driving public health impacts in every country; and focusing global public goods on impact.

Traditional medicine has always had a role in this collective endeavour. The Declaration of Astana, renewed from the Declaration of Alma-Ata towards universal health coverage and the SDGs, reaffirms the role of traditional medicine in strengthening primary health care, a cornerstone of health systems, in pursuit of health for all. This has also been reflected in the *WHO global report on traditional and complementary medicine 2019*, in which 88% of WHO Member States acknowledge the use of traditional and complementary medicine in health care.

Taking note of the growing importance of traditional medicine in the provision of health care nationally and globally, WHO and its Member States have strived to explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services within national or subnational health systems, as committed to in the Political Declaration of the High-level Meeting on Universal Health Coverage.

WHO aims to provide policy and technical guidance to Member States; promote the safe and effective use of traditional and complementary medicine through appropriate regulation of products, practices and practitioners; and support Member States in harnessing the contribution of traditional and complementary medicine to people-centred health care in implementing the *WHO Traditional Medicine Strategy 2014–2023*.

Setting norms and standards is a unique function of WHO. The normative work is driven by needs and could be translated into real impact in relevant countries through appropriate policy options. This series of benchmarks, covering various systems and interventions of traditional, complementary and integrative medicine, aims to provide a reference point to which actual practice and practitioners can be evaluated.

I am very pleased to introduce this series to policy-makers, health workers and the general public, and I firmly believe it will serve its purpose.



Zsuzsanna Jakab  
Deputy Director-General  
World Health Organization

# Preface

Integrated health services are essential for the World Health Organization (WHO) in the implementation of its 13th General Programme of Work, which aims to support countries in achieving universal health coverage and the health-related Sustainable Development Goals. The overarching mission for the Department of Integrated Health Services is to accelerate equitable access to quality health services that are integrated and people-centred, and that can be monitored and evaluated.

WHO is unique in its mandate to provide independent normative guidance. Its normative products encompass a wide range of global public health goods, including norms and standards. It is therefore the primary role of the Department of Integrated Health Services to generate and produce relevant global goods. Key to improving its work in this area is ensuring global public health goods are driven by country needs and can deliver tangible impacts at the country level.

As of 2018, when 88% of WHO Member States acknowledged the use of traditional and complementary medicine, WHO's support in evaluating the safety, quality and effectiveness of traditional and complementary medicine has continuously ranked in the top areas of need, according to the *WHO global report on traditional and complementary medicine 2019*.

WHO prioritizes normative products based on an assessment of demands. To address increasing needs and to drive impact in countries, this series of benchmarks captures the main systems and interventions of traditional, complementary and integrative medicine by setting up required norms and standards on training and practice.

WHO's guiding principles and quality assurance procedures have been strictly followed in designing and formulating these benchmarks. WHO will not only assess the quality of these normative products but also streamline systems and plans for monitoring and evaluation.

I am pleased to present this series of benchmarks and invite you to join us in measuring and documenting their impact.



Edward Kelley

Director  
Department of Integrated Health Services  
World Health Organization

# Acknowledgements

The World Health Organization (WHO) acknowledges the technical support of the National Administration of Traditional Chinese Medicine, China, without which the production of this document would not have been possible.

Thanks are due to the China Association of Acupuncture-Moxibustion and Hubei University of Chinese Medicine, China, which kindly provided logistic support to the WHO working group meeting on this document.

Special thanks go to Baoyan Liu, Hua Wang, Fengxia Liang and Nicola Robinson, who have actively and diligently contributed to the drafting and editing of this document. WHO is indebted to all experts who have provided their inputs to the WHO working group meeting and the peer review process.

Qi Zhang and Qin Liu undertook revision work under the guidance of Edward Kelley. Colleagues within the WHO headquarters team for traditional, complementary and integrative medicine provided secretarial support.

# Glossary

## **Basic requirements**

The fundamental level of knowledge and skills needed for people with various backgrounds who are aiming to provide a limited acupuncture service, which will be combined as part of their treatment options.

## **Advanced requirements**

The higher level of knowledge and skills (in addition to that under the basic requirements) needed for people with various backgrounds who are aiming to provide a comprehensive acupuncture service, which will enable them to become a specialized acupuncture practitioner.

## **Full training**

The acupuncture training programme designed for people without a previous medical background. It includes complete learning modules for acupuncture, traditional Chinese medicine, conventional medical knowledge and other relevant areas to satisfy both basic and advanced requirements.

## **Adapted training**

The acupuncture training programme designed for people with a traditional or conventional medical background. It includes adjusted learning modules for acupuncture, traditional Chinese medicine, conventional medical knowledge and other relevant areas to satisfy both basic and advanced requirements.

# Executive summary

## Why this benchmark?

In 1999, the World Health Organization (WHO) published the *Guidelines on basic training and safety in acupuncture*. This presented what professional experts and health regulators considered to be appropriate training programmes for acupuncture practitioners.<sup>1</sup>

Various backgrounds of acupuncture service providers were addressed inadequately in this document, however, and there is a lack of a defined career pathway for acupuncture providers.

Based on the needs of Member States, the updated benchmarks aim to reduce the gaps by setting up required learning modules for each category of acupuncture service providers at different levels, so that individual practices and practitioners can be compared, evaluated and accredited.

This document will join the benchmarks for the practice of acupuncture to form an integral part of the serial benchmarks, targeting key modalities of traditional medicine intervention and contributing to the establishment of a reference toolkit for countries.

## How was this benchmark prepared?

Three drafts were prepared during the development of this benchmark document, with intensive technical support from an expert group based in China. A WHO working group meeting and an online consultation were organized to facilitate the production of these drafts. This process has collectively involved dozens of experts in relevant areas worldwide.

In line with WHO established principles and processes for benchmark development, the WHO Secretariat made the planning proposal and clarified the scope of work. The first draft was prepared by selected leading experts based on the framework provided by WHO. This draft was presented to the working group meeting for discussion.

Twenty-nine experts from 12 countries across the WHO regions joined the working group meeting. After two days of intensive discussion on the scope, structure and content of the draft document, the meeting was concluded with consensus and advice on further improvement, which guided production of the second draft. This draft was then ready for online consultation.

Seventeen experts from nine countries across the WHO regions joined the next consultation, reviewed the progress made since the last working group meeting, and contributed to the development of the third draft. This draft marked the conclusion of the consulting process and became the last technical version of the benchmark before formatting and printing.

---

<sup>1</sup> See: [https://apps.who.int/iris/bitstream/handle/10665/66007/WHO\\_EDM\\_TRM\\_99.1.pdf](https://apps.who.int/iris/bitstream/handle/10665/66007/WHO_EDM_TRM_99.1.pdf)

## What does this benchmark cover?

This document is structured in five parts:

- Introduction: gives a short briefing on the background and objectives of the document.
- Categories of training: provides training options applicable for a wide range of acupuncture service providers.
- Levels of training: defines general expertise and possible career pathways for acupuncture service providers.
- Components and requirements for full training: presents learning modules at different levels for people without a medical background.
- Components and requirements for adapted training: presents principles of adaptation in terms of learning modules for people with a traditional or conventional medical background.

These five parts constitute a complete set of benchmarks for the training of acupuncture.

## Who is this benchmark for?

By setting norms and standards, this document helps to address the issues related to minimum training requirements for quality acupuncture services. It offers a useful reference point to evaluate acupuncture service providers, which will benefit policy-makers, health workers, education providers and the public in general.



Qi Zhang

Head  
Unit of Traditional, Complementary and Integrative Medicine  
Department of Integrated Health Services  
World Health Organization



# 1 Introduction



With its use acknowledged in 113 Member States, acupuncture remains the most common form of traditional medicine practice according to the *WHO global report on traditional and complementary medicine 2019 (1)*. With the growing popularity of acupuncture worldwide, there has been a need for more countries to regulate its practice and practitioners for appropriate integration into health systems.

In 1999, the World Health Organization (WHO) published the *Guidelines on basic training and safety in acupuncture (2)*. These guidelines presented what professional experts and health regulators considered to be appropriate training programmes for acupuncture practitioners, as well as physicians and primary health personnel who wish to provide acupuncture treatment.

Various backgrounds of acupuncture service providers were inadequately addressed in this document, however, and there is a lack of defined career pathways for acupuncture providers.

Based on the needs of Member States, these updated benchmarks try to reduce the gaps by setting up required learning modules for each category of acupuncture service providers at different levels, so that individual practices and practitioners can be compared, evaluated and accredited.

In addition to the introduction, this document incorporates four essential components – categories of training, levels of training, components and requirements for full training, and components and requirements for adapted training – to constitute a complete set of benchmarks for the training of acupuncture.



# 2 Categories of training



## 2.1 Training for people without a medical background

The training programme designed for people with little or no previous medical education or experience, who have completed secondary education, and who wish to qualify as acupuncture service providers subject to the recognition and accreditation imposed by local authorities, is referred to as full training in terms of basic or advanced requirements for complete learning modules, consisting of acupuncture, traditional Chinese medicine, conventional medical knowledge and other relevant areas.

## 2.2 Training for people with a traditional medical background

The training programme designed for people with previous traditional medicine education, who have already gained experience in providing certain forms of traditional medicine practice, and who wish to include acupuncture in their treatment options or improve their knowledge and skills of acupuncture, is referred to as adapted training in terms of basic or advanced requirements for adjusted learning modules according to their actual situation, consisting of acupuncture, traditional Chinese medicine, conventional medical knowledge and other relevant areas.

## 2.3 Training for people with a conventional medical background

The training programme designed for people with previous conventional medical education, who have already gained experience in their role as a physician or other health professional, and who wish to include acupuncture in their clinical practice, is referred to as adapted training in terms of basic or advanced requirements for adjusted learning modules according to their actual situation, consisting of acupuncture, traditional Chinese medicine, conventional medical knowledge and other relevant areas.



# 3 Levels of training



## 3.1 Basic requirements

With reference to the learning modules for providing an acupuncture service, the basic requirements are as follows:

- Brief history of acupuncture; understanding of selected meridians and acupoints (3); basic techniques of needling manipulation; ability to determine acupuncture prescriptions and give acupuncture treatment.
- Fundamental theory of traditional Chinese medicine; main methods of diagnosis.
- Essentials of anatomy, physiology and biochemistry of the human body; basic knowledge of diagnostic procedures, their uses and limitations from a conventional medical perspective; principles of hygiene and patient safety (4,5).
- Laws and regulations related to acupuncture practice, ethical considerations and professionalism.

## 3.2 Advanced requirements

In addition to the basic requirements, the advanced requirements can be further elaborated in terms of learning modules as follows.

- Trends in acupuncture development; in-depth understanding of the extended meridian system and acupoints (3); comprehensive techniques of needling manipulations; ability to make and apply well-informed decisions of acupuncture treatment based on a comprehensive analysis of a patient's condition.
- Knowledge of aetiology and pathology of traditional Chinese medicine; ability to establish a therapeutic principle based on the pattern differentiation.
- Knowledge of aetiology and pathology from a conventional medical perspective; knowledge of conditions that require urgent treatment or referral.
- Knowledge of best practice and research of acupuncture.



# 4 Learning modules for full training



## 4.1 Basic requirements

### 4.1.1 Learning module for acupuncture

- Briefing on acupuncture:
  - history of acupuncture;
  - origin and development of acupuncture.
- Theory of meridians and acupoints (3):
  - distribution, functions and relative disorders of the 14 meridians, the eight extraordinary meridians and the 15 collaterals;
  - names, codes, locations and classifications of selected acupoints for basic training, and direction and depth of needle insertion, actions and indications.
- Skills and techniques of safe acupuncture practice (6):
  - basic needling and assisting manipulations;
  - procedures of acupuncture treatment;
  - settings and facilities required for acupuncture treatment;
  - precautions and contraindications of acupuncture treatment;
  - infection prevention and control during acupuncture treatment;
  - incident management during acupuncture treatment.
- Clinical application of acupuncture:
  - ability to determine disorders that can be treated by acupuncture;
  - ability to establish therapeutic principles and determine acupuncture prescriptions according to the theory of meridians and acupoints;
  - ability to locate selected acupoints, insert acupuncture needles and apply basic needling manipulations;
  - ability to combine acupuncture with moxibustion, cupping and scraping, as appropriate;
  - ability to recognize the limitations of acupuncture treatment and refer to other health-care professionals as appropriate.

### 4.1.2 Learning module for traditional Chinese medicine (7)

- Concept of Yin/Yang and the Five Elements.
- Individual function and interactive relationship of Qi, Blood, Essence and Fluid.
- Physiological functions of the Organ system and their interrelationships.
- Basic four methods of diagnosis, including inspection, auscultation and olfaction, enquiry, palpation and pulse-taking.

### 4.1.3 Learning module for conventional medical knowledge

- Essentials of anatomy (including anatomical location of acupoints), physiology and biochemistry.
- Ability to collect and integrate the patient's clinical manifestations, physical examinations, laboratory findings and diagnostic imaging from a conventional medical perspective.
- Principles of hygiene and patient safety (4,5).

#### **4.1.4 Other learning modules**

- Ability to recognize and comply with laws and regulations related to an acupuncture service.
- Ability to recognize and comply with principles of medical ethics and professionalism.

## **4.2 Advanced requirements**

### **4.2.1 Learning module for acupuncture**

- Briefing on acupuncture:
  - current trends of acupuncture practice;
  - current trends of acupuncture research.
- Theory of Meridians and acupoints (3):
  - distribution, functions and relative disorders of the extended meridian system, including the 12 meridian divergences, the 12 cutaneous regions and the 12 meridian sinews;
  - names, codes, locations and classifications of 361 classical points and 48 extraordinary points, and direction and depth of needle insertion, actions and indications for each of them.
- Skills and techniques of safe acupuncture practice:
  - comprehensive needling manipulations, including reinforcing and reducing;
  - knowledge of microsystems acupuncture, including but not limited to scalp acupuncture and auricular acupuncture;
  - knowledge of special acupuncture techniques, including but not limited to electroacupuncture, laser acupuncture, acupoint pressing and acupoint pasting.
- Clinical application of acupuncture:
  - ability to make an informed decision on acupuncture treatment based on comprehensive analysis of the patient's condition;
  - ability to locate all classical and extraordinary acupoints according to international acupuncture nomenclature;
  - ability to perform comprehensive needling manipulations for a variety of diseases;
  - ability to apply microsystems acupuncture and special acupuncture techniques.

### **4.2.2 Learning module for traditional Chinese medicine (7)**

- Pattern differentiation according to the theory of Eight principles, the theory of Qi, Blood, Essence and Fluid, the theory of Organ system, and the theory of meridians and collaterals.
- Ability to analyse and synthesize clinical data to determine appropriate pattern differentiation and establish therapeutic principles accordingly.

### **4.2.3 Learning module for conventional medical knowledge**

- Ability to achieve an appropriate diagnosis and a reasonable assessment from a conventional medical perspective.
- Ability to recognize a serious condition and administer first aid or refer to other health-care professionals as appropriate in emergency situations.

### **4.2.4 Other learning modules**

- Ability to interpret the best evidence of acupuncture practice.
- Ability to apply the current knowledge of acupuncture research.

# 5 Learning modules for adapted training



## 5.1 Adapted training for people with a traditional medical background

### 5.1.1 Basic requirements

- adapted requirements for 4.1.1 according to actual situation;
- adapted requirements for 4.1.2 according to actual situation;
- full requirements for 4.1.3;
- full requirements for 4.1.4.

### 5.1.2 Advanced requirements

- adapted requirements for 4.2.1 according to actual situation;
- adapted requirements for 4.2.2 according to actual situation;
- full requirements for 4.2.3;
- full requirements for 4.2.4.

## 5.2 Adapted training for people with a conventional medical background

### 5.2.1 Basic requirements

- full requirements for 4.1.1;
- full requirements for 4.1.2;
- adapted requirements for 4.1.3 according to actual situation;
- adapted requirements for 4.1.4 according to actual situation.

### 5.2.2 Advanced requirements

- full requirements for 4.2.1;
- full requirements for 4.2.2;
- adapted requirements for 4.2.3 according to actual situation;
- adapted requirements for 4.2.4 according to actual situation.

# References

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2. Guidelines on basic training and safety in acupuncture. Geneva: World Health Organization; 1999 ([https://apps.who.int/iris/bitstream/handle/10665/66007/WHO\\_EDM\\_TRM\\_99.1.pdf](https://apps.who.int/iris/bitstream/handle/10665/66007/WHO_EDM_TRM_99.1.pdf), accessed 28 July 2020).
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5. Patient safety curriculum guide. Geneva: World Health Organization; 2011 ([https://apps.who.int/iris/bitstream/handle/10665/44641/9789241501958\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/44641/9789241501958_eng.pdf), accessed 28 July 2020).
6. WHO benchmarks for the practice of acupuncture. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/bitstream/handle/10665/340838/9789240016880-eng.pdf>, accessed 17 May 2021).
7. International classification of diseases, 11th revision. Geneva: World Health Organization; 2018 (<https://icd.who.int/dev11/l-m/en>, accessed 28 July 2020).

# Annex 1. Suggested subjects and learning hours for full training at basic and advanced levels

Key subjects for each learning module are suggested below with corresponding numbers of learning hours to reflect the components and requirements for full training at basic and advanced levels.

It is recognized that training should be competency-based, and adaptation will be applied in consideration of the trainee's individual background and previous knowledge and skills.

Learning modules	Key subjects	Basic level (hours)	Advanced level (hours)
Acupuncture	Introduction to acupuncture	16	32
	Meridians and acupoints	128	144
	Acupuncture skills and techniques	128	144
	Acupuncture therapeutics	208	256
	Microsystems acupuncture	–	48
	Special acupuncture techniques	–	96
	Specialized acupuncture treatment	–	144
<i>Subtotal</i>		<i>480</i>	<i>864</i>
Traditional Chinese medicine	Basic theory of traditional Chinese medicine	96	128
	Traditional Chinese medicine diagnostics	96	128
	Clinical essentials of traditional Chinese medicine	–	176
<i>Subtotal</i>		<i>192</i>	<i>432</i>
Conventional medical knowledge	Anatomy	128	144
	Physiology	64	64
	Pathology	64	64
	Biochemistry	64	64
	Diagnostics	96	96
	Clinical essentials	–	64
	First aid	–	32
<i>Subtotal</i>		<i>416</i>	<i>528</i>
Other relevant areas	Medical laws and regulations	48	48
	Medical ethics	32	32
	Evidence-based medicine	–	32
	Research methodology	–	32
<i>Subtotal</i>		<i>80</i>	<i>144</i>
Supervised clinical practice		400	500
<i>Total</i>		<i>1568</i>	<i>2468</i>

# Annex 2. Working group meeting

## Participants

### WHO African Region

Samuel Osei Kwarteng, Ghana Health Service/Ghana Police Hospital, Ghana

Anastasia Michaelina Yirenkyi, Acting Director, Traditional and Alternative Medicine, Ministry of Health, Ghana

### WHO Region of the Americas

Boyd R. Buser, Chair, Nominations Committee, Osteopathic International Alliance, United States of America

Iva Lloyd, President, World Naturopathic Federation, Canada

### WHO Eastern Mediterranean Region

Amir Hooman Kazemi, Traditional Medicine Faculty, Tehran University of Medical Sciences, Islamic Republic of Iran

### WHO European Region

Mehmet Zafer Kalayci, Head, Traditional and Complementary Medicine Department, Ministry of Health, Turkey

Hedwig Luxenburger, President, International Council of Medical Acupuncture and Related Techniques, Germany

### WHO South-East Asia Region

Panita Kasomson, Huachiew Traditional Chinese Medicine Clinic, Thailand

Drungtsho Tharpala, Department of Traditional Medicine Services, Ministry of Health, Bhutan

### WHO Western Pacific Region

Yihuang Gu, Dean, Second Clinical Medical College, Nanjing University of Chinese Medicine, China

Yi Guo, Dean, College of Clinical Medicine, Tianjin University of Traditional Chinese Medicine, China

Longxiang Huang, Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences, China

Hidenori Ito, Oriental Medicine Research Center, Kitasato University, Japan

Yong-Suk Kim, Chief, Department of Acupuncture and Moxibustion, Hospital of Korean Medicine, Kyung Hee University, Republic of Korea

Lixing Lao, Director, School of Chinese Medicine, University of Hong Kong, Hong Kong Special Administrative Region, China

Yachan Li, Director, WHO Collaborating Centre for Traditional Medicine, Health Bureau, Macao Special Administrative Region, China

Zhengyu Li, Director, Tuina Therapeutic Section, School of Acupuncture-Moxibustion and Tuina, Shanghai University of Traditional Chinese Medicine, China

Fengxia Liang, Vice Dean, College of Acupuncture and Orthopedics, Hubei University of Chinese Medicine, China

Baoyan Liu, President, World Federation of Acupuncture-Moxibustion Societies, China

Mingjun Liu, Dean, College of Acupuncture and Moxibustion, Changchun University of Chinese Medicine, China

Byung-Cheul Shin, School of Korean Medicine, Pusan National University, Republic of Korea

Hua Wang, Former President, Hubei University of Chinese Medicine, China

Jingui Wang, Vice President, First Teaching Hospital of Tianjin University of Traditional Chinese Medicine, China

Zhihong Wang, Former President, Changchun University of Chinese Medicine, China

Shan Wu, Director, Department of Tuina, Guangdong Hospital of Traditional Chinese Medicine, China

Christopher Zaslowski, Discipline Leader, Chinese Medicine, School of Life Sciences, University of Technology Sydney, Australia

Hong Zhao, Vice President, Acupuncture and Moxibustion Hospital, China Academy of Chinese Medical Sciences, China

## Observers

Namwoo Lee, Jaseng Korean Medicine Hospital, Republic of Korea

Salih Mollahaliloglu, Ankara Yildirim Beyazit University, Turkey

## WHO Secretariat

Qi Zhang, Coordinator, Traditional, Complementary and Integrative Medicine, Service Delivery and Safety, WHO, Switzerland

Qin Liu, Technical Officer, Traditional, Complementary and Integrative Medicine, Service Delivery and Safety, WHO, Switzerland

## Local Secretariat

Xin Zhang, Changchun University of Chinese Medicine, China

Jingzhi Wang, Hubei University of Chinese Medicine, China

Xuqiang Wei, China Academy of Chinese Medical Sciences, China

# Annex 3. Online consultation

## Participants

### WHO African Region

Anastasia Michaelina Yirenyki, Acting Director, Traditional and Alternative Medicine, Ministry of Health, Ghana

### WHO Region of the Americas

Iva Lloyd, President, World Naturopathic Federation, Canada

### WHO Eastern Mediterranean Region

Amir Hooman Kazemi, Traditional Medicine Faculty, Tehran University of Medical Sciences, Islamic Republic of Iran

### WHO European Region

Mehmet Zafer Kalayci, Head, Traditional and Complementary Medicine Department, Ministry of Health, Turkey

Hedwig Luxenburger, President, International Council of Medical Acupuncture and Related Techniques, Germany

### WHO South-East Asia Region

Panita Kasomson, Huachiew Traditional Chinese Medicine Clinic, Thailand

### WHO Western Pacific Region

Yi Guo, Dean, College of Clinical Medicine, Tianjin University of Traditional Chinese Medicine, China

Longxiang Huang, Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences, China

Yong-Suk Kim, Chief, Department of Acupuncture and Moxibustion, Hospital of Korean Medicine, Kyung Hee University, Republic of Korea

Lixing Lao, Director, School of Chinese Medicine, University of Hong Kong, Hong Kong Special Administrative Region, China

Yachan Li, Director, WHO Collaborating Centre for Traditional Medicine, Health Bureau, Macao Special Administrative Region, China

Fengxia Liang, Vice Dean, College of Acupuncture and Orthopedics, Hubei University of Chinese Medicine, China

Baoyan Liu, President, World Federation of Acupuncture-Moxibustion Societies, China

Hua Wang, Former President, Hubei University of Chinese Medicine, China

Christopher Zaslowski, Discipline Leader, Chinese Medicine, School of Life Sciences, University of Technology Sydney, Australia

Hong Zhao, Vice President, Acupuncture and Moxibustion Hospital, China Academy of Chinese Medical Sciences, China

## **Observer**

Salih Mollahaliloglu, Ankara Yildirim Beyazit University, Turkey

## **WHO Secretariat**

Qi Zhang, Coordinator, Traditional, Complementary and Integrative Medicine, Service Delivery and Safety, WHO, Switzerland

Qin Liu, Technical Officer, Traditional, Complementary and Integrative Medicine, Service Delivery and Safety, WHO, Switzerland



**World Health  
Organization**

Department of Integrated Health Services  
World Health Organization (WHO)  
Avenue Appia 20 – CH-1211 Geneva 27 – Switzerland

