

The **second WHO Global Summit on Traditional Medicine**, held in New Delhi, India, on 17–19 December 2025, has the theme of “Restoring balance: The science and practice of health and well-being”. The Summit aligns with the [Global Traditional Medicine Strategy 2025–2034](#), which recognizes Traditional Medicine as a living science that contributes to universal health coverage, health equity and sustainability. The Summit serves as a global platform to accelerate implementation of the new strategy, foster partnerships, and translate pledges and commitments into concrete action.



For more information, contact: tmcentre@who.int

Parallel session 4.A

Standards, data and information systems – the foundation for progress

Plenary 4 and associated parallel sessions will focus on how data, technology and ancestral knowledge can work in balance to establish the standards, ethical frameworks and mechanisms needed for tracking progress, ensuring accountability and operationalizing the future of Traditional Medicine.

This parallel session explores how WHO tools enable standardized, interoperable Traditional Medicine data to strengthen measurement, accountability and governance. The session will introduce the Traditional Medicine Data Pathway, linking the International Classification of Diseases 11th Revision (ICD-11) and International Classification of Health Interventions (ICHI) coding systems, the WHO Minimum Data Set for Traditional Medicine (MDS-TM-RHIS), the World Health Survey Plus (WHS+) Traditional Medicine module and Traditional Medicine health expenditure tracking to demonstrate how harmonized data can inform evidence-based policymaking and transparent resource allocation. It will also examine how this data initiative ultimately connects to the WHO Traditional Medicine Data Network (TMDN) led by the WHO Global Traditional Medicine Centre to showcase global value. Embodying the Summit’s theme of restoring balance, it connects scientific rigour with the holistic principles of Traditional Medicine, integrating traditional knowledge into health information systems to promote individual, societal and environmental balance.

Rationale

The lack of reliable, comparable and interoperable Traditional Medicine data remains a major gap for countries striving to strengthen governance, quality, financing and accountability in Traditional Medicine (1,2). Member States consistently request tools that allow Traditional Medicine services, diagnoses and interventions to be recorded in ways that are clinically meaningful, digitally compatible and aligned with broader health information systems (3). The Global Traditional Medicine Strategy 2025–2034 underscores this need, calling for global standards, strengthened evidence generation and improved data governance to guide safe, effective and equitable integration of Traditional Medicine (3).

This session is the culmination of the Summit’s through line on “what to measure” and “how to use it” by operationalizing standardized, coded Traditional Medicine data for clinical decision-making, service management, policymaking and accountability (3). It highlights how embedding global standards, such as ICD-11 and ICHI, ensures aggregation and comparability of Traditional Medicine data within and across Member States, while establishing the structured, computable data foundation required to develop, validate and govern responsible artificial intelligence for Traditional Medicine (6,7). Indeed, the use of real-world data from routine health systems offers critical opportunities and challenges for advancing such evidence (8). The session will illustrate how routine Traditional Medicine visits can be transformed into analysable indicators that inform national dashboards and the WHO TMDN, accelerating evidence generation that advises policy, financing and equitable access to Traditional Medicine products and practices. The session further demonstrates how meaningful interoperability and digitization can be enabled through integration of Traditional Medicine data into electronic medical record systems and digital health architecture blueprints (9). Population-based data from surveys such as the WHS+ provide essential, representative insights into health behaviours, risk factors and service coverage, enabling evidence-based policy decisions and monitoring of health inequalities (10). Finally, the session addresses Member States’ demand for trusted, comparable Traditional Medicine data by offering structured pathways from pilot to scale and by aligning with global

frameworks such as the System of Health Accounts (SHA) (11,12) to identify and understand financing inequities and strengthen financial transparency and accountability for Traditional Medicine within national health systems. Unlocking the value of health data requires aggregation and interoperability, as large-scale, high-quality datasets enable comparative analysis, reveal hidden inequities and drive evidence-based decisions that individual data points alone cannot achieve (13). Ultimately, these data initiatives gain amplified value when connected through a global data network, fostering cross-country comparability, accelerating evidence synthesis, and supporting coordinated policy responses to achieve universal health coverage and the Sustainable Development Goals (14).

Objectives

- **Demonstrate how WHO tools** (ICD-11, ICHI, MDS-TM-RHIS, WHS+ Traditional Medicine module and Traditional Medicine health expenditure tracking) enable standardized and interoperable Traditional Medicine data to strengthen measurement, accountability and evidence-based policymaking.
- **Share lessons learned** from first-wave MDS-TM-RHIS pilot countries on the validity, utility and feasibility of WHO's Traditional Medicine data standards across paper, hybrid and electronic systems.
- **Explore scalable approaches for national implementation and integration**, including ICD-11 APIs, embedded coding tools and minimal facility readiness requirements for interoperability.
- **Discuss policy and financing implications** of standardized Traditional Medicine data for equitable resource allocation and inclusion of Traditional Medicine services within national health systems.
- **Foster collaboration and consensus** among Member States, WHO technical programmes and partners to expand pilots, test the WHS+ Traditional Medicine module and strengthen linkages to the WHO TMDN.

Guiding questions

1. **Embedding Traditional Medicine data:** What are the most effective strategies and biggest challenges in embedding Traditional Medicine data into national health information systems?
2. **Learning from implementation:** What are the key lessons from countries that have pioneered the rollout of ICD-11 Traditional Medicine modules?
3. **Developing the minimum data set:** How can we develop and deploy a comprehensive MDS for tracking Traditional Medicine that is aligned with existing health information systems?
4. **Leveraging population-based data insights:** How can the WHS+ Traditional Medicine module be integrated to generate representative, population-based data that informs equity, service coverage and health outcomes?
5. **Traditional Medicine health expenditure tracking within SHA11:** What mechanisms are needed to systematically track Traditional Medicine-related health expenditure and ensure financial transparency and accountability within national health systems?
6. **Ensuring data quality and interoperability:** What are the technical requirements for data validation, interoperability and standardization to ensure data is reliable and usable?
7. **Data use and accountability:** How can clinical data networks and governance dashboards be used to automate the monitoring of Traditional Medicine indicators and support decision-making?
8. **Identifying gaps and next steps:** What gaps remain in our national and global data frameworks, and what are the priority actions to address them?

Session format

The proposed session format will begin with brief remarks framing why standardized, interoperable data are essential for accountability in Traditional Medicine. The first part of the session will focus on “Better data for better Traditional Medicine”, presenting WHO tools used to create a unified Traditional Medicine data ecosystem, including short presentations on the practical applications of the WHO tools. The second part of the session will feature a roundtable sharing country experiences piloting the MDS-TM-RHIS, including representatives from different regions. The final part of the session will feature an interactive Q&A, inviting both in-person and online participants to engage directly with presenters and country experts. Presenters and country experts will be asked to conclude with one or two actionable recommendations on adopting and integrating WHO Traditional Medicine data standards and

tools within national health insurance systems and institutionalizing the governance and use of data on Traditional Medicine.

References

1. Houghton N, Nababan H, Bascolo E. Data on the use of traditional and complementary medicine, WHO Region of the Americas. *Bull World Health Organ.* 2025;103:730–737. doi:10.2471/BLT.25.293411.
2. Wong YM, Ahn S, Bana A, Kumar Dua P, Eggers R, Kuruvilla S et al. Policy implications of WHO's global traditional medicine strategy 2025–2034. *Bull World Health Organ.* 2025;103:715–721. doi:10.2471/BLT.25.293414.
3. Global traditional medicine strategy 2025–2034. Geneva: World Health Organization; 2025 (Health Systems Performance Assessment (HSPA) toolkit for universal health coverage).
4. Ng JY, Wieland LS, Lee MS, Liu J, Witt CM, Moher D et al. Open science practices in traditional, complementary, and integrative medicine research: A path to enhanced transparency and collaboration. *Integr Med Res.* 2024;13:101047. doi:10.1016/j.imr.2024.101047.
5. Lee Y-S, Huang Y, Wardle J, Witt C, Soo Lee M. International Statistical Classification of Diseases and data gaps in traditional medicine. *Bull World Health Organ.* 2025;103:744–746. doi:10.2471/BLT.25.293540.
6. Reddy B, Fan AY. Incorporation of complementary and traditional medicine in ICD-11. *BMC Med Inform Decis Mak.* 2022;21:381. doi:10.1186/s12911-022-01913-7.
7. World Health Organization. ICD-11 implementation or transition guide. Geneva: WHO; 2019 (https://icd.who.int/en/docs/ICD-11%20Implementation%20or%20Transition%20Guide_v105.pdf).
8. Liu F, Panagiotakos D. Real-world data: a brief review of the methods, applications, challenges and opportunities. *BMC Med Res Methodol.* 2022;22:287. doi:10.1186/s12874-022-01768-6.
9. Torab-Miandoab A, Samad-Soltani T, Jodati A, Rezaei-Hachesu P. Interoperability of heterogeneous health information systems: a systematic literature review. *BMC Med Inform Decis Mak.* 2023;23:18. doi:10.1186/s12911-023-02115-5.
10. World Health Organization. Reimagining health data collection: The role and future of population-based health surveys. Geneva: WHO; 2025 (https://cdn.who.int/media/docs/default-source/world-health-data-platform/reimagining-health-data-collection-the-future-of-population-based-health-surveys_concept-note_19may2025.pdf?sfvrsn=33f8f708_1).
11. Framework for assessing maturity of health accounts institutionalization. Geneva: World Health Organization; 2023 (<https://iris.who.int/server/api/core/bitstreams/3f8594b3-4e8b-4ed1-9645-14e3bd00663c/content>).
12. OECD, Eurostat, World Health Organization. A system of health accounts 2011: Revised edition. Paris: OECD; 2017. doi:10.1787/9789264270985-en.
13. World Health Organization. WHO public health goods: Technical products on norms/standards, data and research. Geneva: WHO; 2021 ([https://cdn.who.int/media/docs/default-source/dco/whopublichealthgoods_tp-guide_may2021-\(3\).pdf?sfvrsn=d3cebceb_3](https://cdn.who.int/media/docs/default-source/dco/whopublichealthgoods_tp-guide_may2021-(3).pdf?sfvrsn=d3cebceb_3)).
14. World Health Organization. Health data as a global public good – a call for health data governance 30 September [web site]. Geneva: WHO; 2021 (<https://www.who.int/news-room/articles-detail/health-data-as-a-global-public-good-a-call-for-health-data-governance-30-september>).