CAMbrella Roadmap
The Advisory Board’s view

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CAMbrella Final Conference
Brussels 29.11.2012
The Experts of the Advisory Board

- Association of Natural Medicine in Europe (ANME), Nora Laubstein
- European Central Council of Homeopaths (ECCH), Stephen Gordon
- European Coalition on Homeopathic and Anthroposophic Medicinal Products (ECHAMP), Nand de Herdt
- European Committee for Homeopathy (ECH), Ton Nicolai
- European Council of Doctors for Plurality in medicine (ECPM), Robert Kempenich
- European Forum for Complementary and Alternative Medicine (EFCAM), Seamus Connolly
- European Information Centre for CAM (EICCAM), Robert Jütte
- European Herbal & Traditional Medicine Practitioners’ Association, (EHTPA), Michael McIntyre
- European Public Health Alliance (EPHA), Sascha Marschang
- International Council of Medical Acupuncture and Related techniques, (ICMART), Walburg Maric–Oehler
- International Federation of Anthroposophic Medical Associations (IVAA), Peter Zimmermann
- Kneipp–Bund e.v. (KB), Marion Caspers–Merk
The model

CAM–Stakeholders

- Interest in CAM as providers, users, pharmacist or health policy experts
- Empirical knowledge in the field of CAM
- Emphasis on issues of recognition, regulation, access and training in CAM
- Networking in professional organisations and bodies
- Empirical approach

CAMbrella Consortium

- Interest in CAM as research objective
- Expertise in CAM research
- Methodological skills addressing the complex interventions and objectives that are inherent in CAM modalities
- Networking in research communities and universities
- Academic approach

Trustful Networking

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In general, the CAM–Stakeholders in the Advisory Board call on politicians and health–policy decision makers to take up the recommendations of the CAMbrella project on the funding of future research into CAM in Europe.
Here the Advisory Board's call is that the definition of CAM should address the basic and distinguishing characteristics of CAM as a medical or health system as such and the range of CAM–methods practised in Europe.
Stakeholders’ call for action with regard to:

- Equitable access to CAM
- Integration of information about CAM into public health information systems
- Harmonization of information on CAM
- Facilitate cross-border use by citizens using CAM modalities
- Initiatives like the CAM Interest Group in the EU Parliament
Goal 3: Gathering valid information about the safety and the risk–benefit of CAM treatments

The CAM–Stakeholders´ call is to

- establish systems for the qualification, accreditation or licensing of CAM providers
- ensure freedom of movement and establishment and freedom to provide services for providers of CAM.
- ensure appropriate, safe and effective use of CAM and equitable access to it by citizens
- ensure freedom of access to medicines commonly used by CAM practitioners and modalities
- integrate CAM into conventional medical education curricula at all the different professional medical levels
- explore the actual standards of CAM–education in the private health sector for the development of CAM–education in the public health system
Here the Advisory Board members´ call is to

- include CAM in community actions at European and member state level dealing with prevention, health education and promotion, and treatment of chronic disease and other challenging illness.

- ensure that the management of the programmes of the Commission – such as Health for Growth and Horizon 2020, gives equal opportunity to CAM projects to participate in the development and provision of its programmes.

- ensure that future CAM research priorities are based on their potential relevance to the major health priorities as they arise.
Concerning research methodology the Advisory Board supports the CAMbrella recommendations:

- to evaluate CAM as an optional add-on to conventional care... but the Advisory Board advises to enlarge this recommendation to the sector of prevention, health promotion and health maintenance.
- to address medium and long-term effects of CAM in chronic diseases...
- to address medium and long-term effects of CAM in chronic diseases... and to evaluate the cost-effectiveness ratio of a given CAM treatment... but the Advisory Board advises to enlarge the scope to include the long-term effects of the preventative capacities of CAM.
Methodological considerations for CAM research (2)

- CAMbrella recommendations...
  - *to involve stakeholders*... In addition we recommend that stakeholders should be involved from very early stages of projects starting with the decisions on research priorities and appropriate research design.
  - *to emphasize (CER) in future research into CAM*... . The Advisory Board advises not to restrict this recommendation to CER research but the whole spectrum of research methodologies that can contribute to providing evidence on the complex interventions that are characteristic of CAM.

- In addition, the CAM–Stakeholders call for increased investment and support for basic research into the various CAM modalities´s mode of action and the adoption of appropriate methodology to address the cultural and anthropological aspects of CAM.
Finally

- The Advisory Board members lend their full support to the CAMbrella call for
  - building research networks
  - attracting experienced researchers
  - offering fellowships at junior research
  - developing structures that allow the dissemination of high quality reliable and trustworthy information about the evidence for and against CAM.

- In addition, the CAM–Stakeholders recommend that familiarisation and training of researchers in the CAM modalities themselves is essential.
CAM for our future...

Thank you for your attention!