



**National Policy on
Integrative and
Complementary
Practices of the
Unified Health
System**



巴西统一医疗体系(SUS)的
国家全人和
辅助疗法政策(PNPIC)





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National Policy on Integrative and Complementary Practices of the Unified Health System

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APRESENTAÇÃO

1. INTRODUCTION

The field of Integrative and Complementary Practices contemplates complex medical systems and therapeutic resources, which are also denominated by the World Health Organization (WHO) as Traditional and Complementary/Alternative Medicine (TM/CAM), according to WHO, 2002. Such systems and resources involve approaches which stimulate the natural mechanisms of injury prevention and recovery of health through effective and safe technologies, with emphasis in the sheltering listening, in the development of therapeutic bond and in the integration of the human being with the environment and society.

In Brazil, the legitimating and institutionalization of those approaches of health attention started in the 80s, especially after the institution of the Unified Health System. With decentralization and popular participation, the states and municipalities had more autonomy in the definition of their policies and actions in health, coming to establish pioneering experiences.

A survey done together with the states and municipalities in 2004 showed the structuring of some practices observed in the policies in 26 states, in a total of 19 capitals and 232 municipalities. This policy, therefore, assists to the guidelines of WHO and it seeks improvement towards the institutionalization of Integrative and Complementary Practices in the scope of the Unified Health System.

1.1 TRADITIONAL CHINESE MEDICINE - ACUPUNCTURE

The Traditional Chinese Medicine is characterized by an essential medical system, originated thousands of years ago in China. It uses language that portrays symbolically the laws of the nature and that it values the harmonic interrelation among the parts seeking integrality. Having Yin-Yang as the fundamental basis, the division of the world in two forces of fundamental principles, interpreting all phenomena in complementary opposites. The objective of this knowledge is to obtain means of balancing such duality. It also includes the theory of the five movements that attributes all things and phenomena in nature as well as in the body, one of the five energies (wood, fire, earth, metal, and water). The Traditional Chinese Medicine uses in its several treatment modalities (acupuncture, medicinal plants, diet therapy, corporal and mental practices), elements of anamnesis, palpation of the pulse, and the observation of the face and of the language.

Acupuncture is a health intervention technology that approaches in an integral and dynamic way the health-disease process in the human being, and could be used alone or in an integrated way with other therapeutic resources. Original of the Traditional Chinese Medicine (TCM), acupuncture

comprises a group of procedures which allows the necessary stimulus of specific anatomical places through the insertion of threadlike metallic needles for the promotion, maintenance and recovery of health, as well as for the prevention of injuries and diseases.

Archeological findings allow us to suppose that this knowledge source remounts from at least 3,000 years. The Chinese denomination zhen jiu, which means needle (zhen) and heat (jiu) was adapted in the reports brought by the Jesuits in the 17th century, resulting in the word acupuncture (derived from the Latin words acus, needle and punctio, puncture). The therapeutic effect of the stimulation of neuro-reactive areas or "acupuncture points" was first described and explained in a language of time, symbolic and analogical, consonant with the Chinese classic philosophy.

In the western societies, starting from the second half of the 20th century, acupuncture was assimilated by the contemporary medicine, and thanks to the scientific researches undertaken at several countries both eastern and western, their therapeutic effects were recognized and they have been explained gradually in scientific works published in respected scientific magazines. It is now admitted that the stimulation of acupuncture points provokes the release, in the Central Nervous System, of neurotransmitters and other substances responsible for the responses of pain relieve promotion, restoration of organic functions and immunity modulation.

WHO recommends acupuncture to their state-members, producing several publications about its effectiveness and safety, professional training, as well as research methods and evaluation of the therapeutic results of the complementary and traditional medicines. The consensus of the United States National Health Institute attests the indication of acupuncture whether used alone or as a supporting procedure in several diseases and health injuries, such as postoperative dental pain, adult post-chemotherapy or surgery nausea and vomits, chemical dependence, rehabilitation after cerebral vascular injury, dysmenorrheal, migraine, epicondylitis, fibromialgy, miofascial pain, osteo-arthritis, back pain, and asthma, among others.

TCM includes also corporal practices (lian gong, chi gong, tui-na, tai-chi-chuan); mental practices (meditation); diet orientation; and the use of medicinal plants (Traditional Chinese Phytotherapy), related to the prevention of injuries and diseases, health promotion and recovery.

In Brazil, acupuncture was introduced about 40 years ago. In 1988, through the Resolution no. 5/88 of the Planning and Coordination Interministerial Commission (Ciplan), acupuncture had their norms established for the service in the public health service.

Several Health Professional Councils recognize acupuncture as a specialty in our country, and training courses are available in several states. In 1999, the Ministry of Health placed in the Ambulatory Information System (SIA/SUS)

template of the Unified Health System the medical consultation in acupuncture (code 0701234), that allowed the evolution attendance of the consultations by area and in the entire country. The data from SIA/SUS demonstrate a growth of acupuncture medical consultations in all regions. In 2003, there were 181,983 consultations, with a larger concentration of acupuncture doctors in the Southeast region (213 out of 376 doctors registered in the system).

According to the insert diagnosis of MNPC in the services rendered by the Unified Health System and the data of SIA/SUS, it is verified that acupuncture is present in 19 states, distributed in 107 municipalities and 17 capitals.

As explained before, it is necessary to rethink, in the light of the attention model proposed by the Ministry of Health, the insertion of such practice in the Unified Health System, considering the need of capillarity increase to assure the principle of universality.

1.2. HOMEOPATHY

Homoeopathy, a complex medical system bases on holistic and vital principle and in the use of the natural law of healing was enunciated by Hippocrates in the 6th century b.C. It was developed by Samuel Hahnemann in the 18th century. After studies and reflections based on clinical observation and in experiments accomplished at the time, Hahnemann systematized the philosophical principles and doctrinaire of homeopathy in his works *Organon of the Art of Healing and Chronic Diseases*. Since then, this medical thinking has experienced great expansion in different places of the world, and today it is firmly established at several countries of Europe, America and Asia. In Brazil, homeopathy was introduced by Benoit Mure in 1840, and has become a new treatment option.

In 2003, the Unified Health System information system and the diagnosis data done by the Ministry of Health in 2004 showed that homeopathy is present in the public health network in 20 states, 16 capitals, 150 municipalities, counting with 457 homeopathy medical professionals registered.

Homeopathy is present in at least 10 public universities, in teaching, research or attention activities, and counts with courses of homeopathy specialized training in 12 states. It also counts with the training of homeopathy doctors by the National Commission of Medical Residence.

1.3. MEDICINAL PLANTS AND PHYTOTHERAPY

Phytotherapy is a "therapeutic process characterized by the use of medicinal plants in their different pharmaceutical forms, without the use of isolated

active substances, although of vegetable origin". The use of medicinal plants in the art of healing is an ancient form of treatment, related to the origins of the medicine and based in the accumulation of information by successive generations. Along the centuries, products of vegetable origins constituted the basis for treatment of different diseases.

Brazil possesses great potential for the development of such therapeutics, as the country with the largest vegetable diversity in the world, wide social diversity, the use of medicinal plants linked to the traditional knowledge and technology to scientifically validate such knowledge.

Nowadays, there are state and municipal programs of phytotherapy, from those with therapeutic memento and specific regulation for the service, implemented more than 10 years ago, to those recently started or with pretension of implantation. In a survey done by the Ministry of Health in 2004, it was verified that in all Brazilian municipalities phytotherapy is present in 116 municipalities, contemplating 22 states.

1.4. SOCIAL THERMALISM/CRENOTHERAPY

The use of mineral water in the treatment of health is a very ancient procedure, used from the time of the Greek Empire. It was described by Herodotus (450 B.C.), the author of the first scientific publication on thermalism.

Thermalism constitutes the different ways of mineral water use and its application in health treatments.

Crenotherapy consists of the prescription and use of mineral water with therapeutic purposes in a complementary way to other health treatments.

2. OBJECTIVES

2.1. To incorporate and to implement the Integrative and Complementary Practices in the Unified Health System, in the perspective of injury prevention and the promotion and recovery of health, with emphasis in the basic attention, for the continuous humanized and integral health care.

2.2. To contribute for the increase of the System resolubility and broader access to the Integrative and Complementary Practices, ensuring quality, effectiveness, efficiency and safety in its use.

2.3. To promote the rationalization of health actions, stimulating innovative and socially contributive alternatives to the sustainable development of the communities.

2.4. To stimulate actions regarding the social control/participation, promoting the responsible and continuous involvement of the users, managers and professionals in the different instances of health policies effectiveness.

3. GUIDELINES

3.1. Structuring and empowerment of the attention in Integrative and Complementary Practices in the Unified Health System, by:

- Incentive to the insertion of Integrative and Complementary Practices in all levels of attention, with emphasis in the basic attention;
- Development of the Integrative and Complementary Practices in a multi professional manner for the professional categories present in the Unified Health System, and in consonance with the level of attention;
- Implantation and implementation of actions and empowerment of existent initiatives;
- Establishment of financing mechanisms;
- Elaboration of technical and operational norms for implantation and development of those approaches in the Unified Health System; and
- Articulation between the National Policy of Health Attention to Indigenous People and other policies of the Ministry of Health.

3.2. Development of qualification strategies in Integrative and Complementary Practices for professionals in the Unified Health System, in accordance with the principles and guidelines established for permanent education;

3.3. Popularization and information of basic knowledge of Integrative and Complementary Practices for health professionals, managers and users of the Unified Health System, considering the participatory methodologies and the popular and traditional knowledge;

- Technical and financial support to professional qualification to act in areas of information, communication and popular education in Integrative and Complementary Practices that act in the strategy of Family Health and Program of Community Health Agents.
- Elaboration of information material such as posters, booklets, pamphlets and videos, seeking to the promotion of Integrative and Complementary Practices information and popularization actions, respecting the regional and cultural specificities of the country and addressed to professionals, managers, health counselors, as well as health educators and students and the community in general.

- Inclusion of Integrative and Complementary Practices in the agenda of social communication activities of the Unified Health System;
- Support and empowerment of information and popularization innovative actions on Integrative and Complementary Practices in different cultural languages, such as jester, hip hop, theater, songs, pamphlet literature and other manifestation forms.
- Identification, articulation and support to experiences of popular education, information and communication in Integrative and Complementary Practices.

3.4. Empowerment of the social participation

3.5. Providing access in the sanitary regulation of homeopathic and herbal medicine in the perspective of the increase of public production, assuring the specificities of the pharmaceutical assistance in those areas.

- Elaboration of the National List of Medicinal Plants and of the National List of Herbal Medicines.
- Promotion of the rational use of medicinal plants and herbal medicines in the Unified Health System.
- Fulfillment of the quality, effectiveness, efficiency and safety criteria in the use of medicinal plants and herbal medicines.
- Fulfillment of the best manufacturing practices, in agreement with the legislation in force.

3.6. Guarantee of access of other strategic input products of Integrative and Complementary Practices, with quality and safety of actions.

3.7. Incentive to research in Integrative and Complementary Practices for the refinement of health attention, evaluating efficiency, effectiveness, effectivity and safety of the rendered cares.

3.8. Development of follow-up and evaluation actions of the Integrative and Complementary Practices, for instrumentalization of management processes.

3.9. Promotion of national and international cooperation of the experiences in Integrative and Complementary Practices in the areas of attention, permanent education and health research.

- Establishment of technical-scientific exchange seeking to the knowledge and information exchange of the experiences in the field of health attention, training, permanent education and research between the states and countries where Integrative and Complementary Practices are integrated into the public health service.

3.10. Assurance of monitoring the quality of herbal medicines by the National System of Sanitary Surveillance.

4. IMPLEMENTATION OF THE GUIDELINES

4.1. IN THE TRADITIONAL CHINESE MEDICINE - ACUPUNCTURE

Premise: Development of the Chinese Traditional Medicine - acupuncture in a multi professional level, for the professional categories present in the Unified Health System, and in consonance with the level of attention.

Guideline TCM/A 1

Structuring and empowerment of the attention in TCM-acupuncture in the Unified Health System, with incentive to the insertion of TCM-acupuncture in all levels of the system with emphasis in basic attention.

1. Family Health Strategy

Mechanisms should be prioritized to assure the insertion of health professionals with regulation in acupuncture within support, participation and co-responsibility reasoning with family health strategy.

2. Specialized Centers

Acupuncture health professionals inserted in the specialized medium and high complexity ambulatory services should participate in the reference/counter-reference system, acting in a resolute manner in the process of permanent education.

Acupuncture health professionals inserted in the hospital network of the Unified Health System.

For every insertion of professionals who work with acupuncture in the Unified Health System it will be necessary the title of specialist.

Guideline TCM/A 2

Development of qualification strategies in TCM-acupuncture for the Unified Health System professionals, consonant to the principles and guidelines for the Unified Health System permanent education.

1. Incentive for training so the health team can develop actions of injury prevention, promotion and education in health - both individual and collective - in the logic of TCM, once such training should involve basic concepts of TCM and corporal and meditative practices. Example: Tui-Na, Tai Chi Chuan, Lian Gong, Chi Gong and others that comprise the health attention in TCM.
2. Incentive of a database formation related to training schools.
3. Articulation with other areas seeking to enlarge the formal insertion of TCM-acupuncture in the undergraduate and graduate courses for health professionals.

Guideline TCM/A 3

Popularization and information of the basic knowledge of TCM-acupuncture for users, health professionals and managers of the Unified Health System.

Guideline TCM/A 4

Guarantee of access to the strategic input products for TCM-acupuncture in the perspective of warranty of quality and safety of actions.

1. Establishment of norms related to the necessary input product for the practice of TCM-acupuncture with quality and safety: filiform disposable needles of varied sizes and calibers; moxa (coal and/or artemisia); vegetable sphere for earlobe acupuncture; metallic sphere for earlobe acupuncture; sucker glasses; equipment for electro-acupuncture; maps of acupuncture points.
2. Establishment of a National Price List for those products.

Guideline TCM/A 5

Development of follow up and evaluation actions for TCM-acupuncture.

For the development of follow up and evaluation actions, codes of procedures should be created, stated as followed for the composition of the indicators.

Establishment of criteria for the implementation and implantation follow-up of TCM-acupuncture, such as: acupuncture consultation coverage; rate of procedures related to TCM-acupuncture; rate of educational actions related to TCM-acupuncture; rate of procedures related to corporal practices - TCM-acupuncture, among others.

Guideline TCM/A 6

Integration of TCM-acupuncture actions with similar health policies.

Because of this integration, it should be established within all areas of the Ministry of Health, for the construction of partnerships that shall propitiate the integral development of actions.

Guideline TCM /A 7

Incentive to research lines in TCM-acupuncture that:

- To improve its practice and evaluate its effectiveness, safety, and economical aspects, in a pragmatic context, associated or not to other procedures and complementary health practices, and successful experiences (services and municipalities).
- Identify more effective, permanent, safe and efficient techniques and conducts for problem solving of health of a given population;
- Point out strategies for optimization of the treatment effectiveness by acupuncture and complementary practices; and
- To establish technical-scientific exchange seeking knowledge and exchange of information deriving from the experiences in the field of training, permanent education and research among countries where TCM-acupuncture is integrated into the public health service.

It shall be observed, in the case of clinical research, the development of studies which follow the norms of CONEP/CNS.

Guideline TCM/A 8

Financing warranties for the acts of TCM-acupuncture.

To make possible the financing of the model of attention, measures should be adopted related to:

- The insert of codes of procedures with the objective of increasing the information on TCM-acupuncture in the system and to promote the financing of the accomplished interventions;
- The warranty of specific financing for information and information of TCM-acupuncture basic knowledge for health professionals, managers and users of the Unified Health System, considering the participatory methodologies and popular and traditional knowledge.

Consideration: there should be done quarterly evaluations of the increment of the actions accomplished starting for the first year, with views the adjustments in the financing by performance and agreement.

巴西统一医疗体系(SUS)的 国家全人和 辅助疗法政策(PNPIC)

扩大获得服务的措施

卫生部部令GM 971号，2006年五月3日

巴西统一医疗体系(SUS)内的国家全人和辅助疗法政策(PNPIC)

1. 前言

国家全人和辅助疗法政策（PNPIC）的范围包括多个复杂医疗体系和治疗资源，世界卫生组织（WHO）称之为传统医学和辅助或代替医学（MT/MCA）（WHO，2002）。这些体系和资源所包含的方面包括鼓励透过有效和安全的技术使用预防疾病和恢复健康的自然机制，重点在于悉心聆听的照料、诊疗的发展以及将人、环境与社会结合在一起。在此领域所包含的其它重点层面是能在健康/疾病相互间的过程拥有一个更宽广的视野以及全面的人文照顾方式，特别是自我照料。

在巴西，这些健康照料的方式的合法性和制度化自80年代开始，主要是自统一医疗制度（SUS）的创办之后。以着分层负责和大众参与制，各州市在医疗政策与行动方面获得了更多的自主权，就使得这些先锋经验得以落实。

卫生部因着有了解在各州市公共医疗制度推广这方面的经验的必要，所以采取策略进行全国诊疗调查，包括了在统一医疗制度（SUS）已有的理性化的医疗，特别是中国传统医学的针灸、同种疗法、草药疗法和意念医疗，尚有其它辅助健康的疗法。

这项调查已由卫生部基层保健司基层保健局负责展开，自2004年三月至六月之间，透过发给各州市相关管理部门的5560份问卷。

共回收1340份问卷，其中在各州市医疗体系的全人和辅助疗法诊疗情况调查结果显示出已在232个市，其中巴西全国26州其中19个州首府，建立了这些实践当中部分疗法结构的形成。

1.1. 中国传统医学- 针灸

中国传统医学的特征是整合式的医学体系，源于中国有数千年的历史。将自然法则以着象征方式表达，并采用各部分和谐的相互关系着重于合一。其基础，根据阴阳五行的理论，将世界分为两种力量或两个基本原则，将所有的现象用相对互补来解释。此学说的目的是取得平衡两极的方法。五行则是将所有自然事物，也包括人体，都有着五种能量之一（木、火、土、金、水）。此种医学将诊断、把脉、察颜观色和看舌头运用在多种疗法（针灸、草药、食疗、身体和精神方面的诊疗实践）。

复杂医疗体系是指着在MNPIC领域内对于健康/疾病、诊断和疗法过程拥有其本身的一套理论。LUZ.T.M著作，《集体健康制度的新知和诊疗实践》（Novos Saberes e Práticas em Saúde Coletiva），圣保罗，Hucitec出版社，2003年。

治疗资源是指着在不同的复杂医疗体系内的工具。

针灸是一种全人健康与疾病过程的动态整合方式干预健康的技术，可以单独的或和其它诊疗资源并用。源自于中医，针灸包括一系列的程序，能使得在人体精确的定点部位施金属材料的针以刺激穴道，用以促进、保养和恢复健康，亦可预防身体不适和疾病。

考古挖掘的物证显示这种学问的来源至少可追溯三千年之久。中国人称之为针灸，是针（zhen）和热（jiu）之意，现称之为acupuntura的字眼是根据十七世纪耶稣会传教士的文献演变而来（拉丁原文“acus”是针之意，“punctio”是冲孔之意）。刺激称之为“穴道”的具有神经反应的部位所获得的疗效，在该文献中以着当时的象征和类推字眼叙述和解释，符合中国古典哲学。

在西方，自廿世纪的下半叶，针灸获得现代医学的接受，归功于东西方许多国家的科学研究，终于其疗效获得肯定，并也渐渐地有口碑的科学专业刊物刊登科学论文阐释。现在已能接受在穴道上用针刺刺激中枢神经会释放神经递素和其它物质，引起止痛反应、恢复有机功能和免疫调节等作用。

世界卫生组织建议各成员国使用针灸，出版了许多关于其效能、安全、专业人员培训，以及辅助医学和传统医学的疗效研究法和评价的刊物。美国国家各卫生研究单位的共识认可推荐单独使用针灸或在治疗许多威胁健康的疾病作为辅助医疗，例如：手术后的牙疼、化疗或成人手术后的头晕和呕吐、毒瘾、脑溢血后的复健治疗，停经、偏头痛、上髌炎、肌肉酸痛、筋膜疼痛综合征、骨关节炎、背痛和哮喘等病症。

中国传统医学还包括身体的锻炼（练功、气功、推拿、太极拳等）、思考的锻炼（冥想）、食疗指导和采用草药疗法（中国传统医学的草药）等预防疾病和恢复健康的诊疗方式。

针灸引进巴西已有约四十年之久。在1988年，透过跨部委计划和协调委员会（Ciplan）所颁布的第5/88号决议案，确定了将其置入公共健康体系的规范。

多个正规的医疗委会接纳针灸成为巴西医学的专业之一，在巴西多个联邦州别能找到针灸培训班。

在1999年，卫生部已将针灸门诊栏（代号：0701234）加入巴西统一医疗体系的门诊信息系统（SIA/SUS）表里，便于在巴西全国和各个地区进行诊疗进展的追踪。数据显示，各地区针灸门诊都有着显著的增长。在2003年，已达181,983门诊人次，针灸医师主要集中在东南部（在本系统注册的376名有213名在此地区）。

参照39、40和41页的术语表

按照在巴西统一医疗体系（SUS）的自然医学与辅助疗法（MNPC）加入统一医疗体系的门诊信息系统（SIA/SUS）的数据，可了解到针灸已在巴西19州的107市展开诊疗活动，其中17个市是州首府。

按照前面所述，需要重新思考，根据卫生部所提出来的模式，将此实践加入巴西统一医疗体系（SUS），须增加地区性实践以保障达到普遍性。

1.2. 同种疗法

根据希波克拉底（Hippocrates）在第四世纪提出的生机论学说和比例理论，同种医疗是一种复杂的整体性质的医疗系统，经过十八世纪萨穆尔·哈内曼（Samuel Hahnemann）当时多次的实验和临床经验发展出一套理论，哈内曼将哲学原理和同种学说系统化，载于其著作“治疗艺术的推理法和慢性病”。

根据2003年统一医疗体系（SUS）的信息系统和2004年巴西卫生部的诊断数据显示，在20州、16个州的首府、158市的公共卫生体系共有457名采用同种医疗法的医师。

现有起码十家巴西公家大学进行针灸教学、研究或援助工作，在十二州有同种医学的专业人员课程。同种医学本科的课程已获得全国实习医生委会批准。

1.3. 药用植物和草药疗法

草药疗法是“使用药用植物的不同形式药物的疗法，而不用提炼出来的活性物质，就算是植物来源亦是如此”，使用药用植物的治疗艺术源远流长，可远溯至医学的起源，根据世代所累积的信息作为基础。数十个世纪以来，以植物来源的产品成为多种不同疾病的治疗基础。

巴西拥有草药疗法的巨大潜力，拥有全球最多种类的植物和社会多样性，药用植物的使用和传统知识以及采用科学方法来确认这种疗法。

现今，在巴西许多州和市已有草药疗法的方案，有的只是在开端，有的对于此疗法已有专有的规范十年之久，还有的地方正策划设置。2004年卫生部在全巴西所有的市进行了调查，查出在巴西22州的116市使用草药疗法。

参照42页的术语表

1.4. 社会温泉疗法 (Social Thermalism) / 矿泉疗法 (Crenotherapy)

将矿泉用于治疗是一种极为古老的医疗法，可远溯自希腊帝国。首次温泉疗法的科学文献是由Herodoto所著（公元前450年）。

温泉疗法是将矿泉水以补贴的方式应用于恢复健康的治疗。

矿泉疗法是将矿泉水应用于补充其他的健康治疗法。

1.5. 意念医疗 (Anthroposophic Medicine)

意念医疗引进巴西约有六十年，是一种辅助医疗方式，以生机论学说为理论基础，其令人注目的跨学科模式寻求全人方式保健。

2. PNPIC方案的目标

2.1. 将国家全人和辅助疗法政策（PNPIC）方案融入统一医疗体系（SUS），以期预防疾病、改善保健和恢复健康，重点在于注意基本工作，针对持续、人性和一体的健康照料。

2.2. 为增加本系统解决方案和更多人能进入PNPIC、保障质量、效益、效率和使用安全。

2.3 为推动保健活动的合理化，促进提供给社区更多创新和贡献社会可持续发展的选择。

2.4. 促进关于社会管制/参与的活动，推动使用者、管理人员和职工在卫生政策落实的各个不同的有效时刻进行负责和持续的参与。

3. PNPIC的方针

3.1. 在统一医疗体系（SUS）的全人和辅助疗法（PIC）的组织和加强是透过：

- 鼓励将国家全人和辅助疗法政策（PNPIC）放入各层次的治疗，特别是针对基层保健

- 国家全人和辅助疗法政策（PNPIC）以着多专业性在统一医疗体系（SUS）发展现有的各个专业，并且和保健程度达成一致；
- 设置与落实行动和加强现有的主动；
- 设置融资的机制；
- 为在统一医疗体系（SUS）落实和发展保健措施而制作技术和运行标；
- 与巴西国家印第安民族保健政策和其它卫生部的政策关联。

3.2. 为统一医疗体系（SUS）的专业人员进行全人和辅助疗法（PIC）的资格策略的发展，以符合持续教育所厘定的原则和方针。

3.3. 对统一医疗体系（SUS）的专业人员、管理人员和使用者推广和提供全人和辅助疗法（PIC）的基本常识的信息，考虑到参与方法和民众的常识和传统。

- 对在着重家庭健康策略和社区健康人员计划方面的全人和辅助疗法（PIC）的工作人员提供技术和财务方面的支援，提高其信息、通信和民众教育的专业资格。
- 制作宣传材料，例如，海报、宣传单、单张和录像，以宣传全人和辅助疗法（PIC）和推广信息，尊重到地区性和文化的差异；以劳动者、管理人员、保健指导人员，还有卫生方面的老师和学生，以及一般社区群众为对象。
- 将国家全人和辅助疗法政策（PNPIC）加入统一医疗体系（SUS）的社会传播活动的日程表。
- 支持和加强关于国家全人和辅助疗法政策（PNPIC）的信息创新行动和推广，配合各种文化表达方式，例如：jogral、hip hop街舞、剧场、歌曲、cordel巴西风土文学，以及其它艺术表达方式。
- 对于与全人和辅助疗法（PIC）有关联的民众教育、信息和沟通进行识别、连接和支持。

3.4. 鼓励行业间的活动，寻求伙伴关系以进行整合行动的发展。

3.5. 加强社会参与。

3.6. 预期在公共医疗体系供应药物增加，方便同种医疗和草药疗法药物的取得，并在卫生法规方面保障这些药品的供应。

- 制作全国药性植物名册和全国草药名册。
- 推广在统一医疗体系（SUS）合理的使用药性植物和草药。
- 符合质量的标准、效力、效率和使用的安全。
- 依法符合优良制药规范。

3.7. 保证取得国家全人和辅助疗法政策（PNPIC）的其它战略性原材料，具有着质量和处理的安全。

3.8. 鼓励在全人和辅助疗法（PIC）进行研究，以期改善医疗服务、评估效力、效率、实践和安全。

3.9. 全人和辅助疗法（PIC）管理程序的跟进和评估。

3.10. 在巴西国内外推广全人和辅助疗法（PIC）在保健、持续教育和卫生研究等方面的经验。

- 与国家全人和辅助疗法政策（PNPIC）实施公共卫生服务的巴西各州和国家进行科技交流，以期在于疗法、培训人才、持续教育和研究等各领域的经验上有更多的认识和信息交换。

3.11. 保障国家卫生监管系统对于草药质量的监控。

●方针的落实

4.1. 中国传统医学- 针灸（MTCA）

前提：以着多专业性质在统一医疗体系（SUS）发展中国传统医学-针灸，并且和保健程度达成一致。

MTCA 1号方针

在统一医疗体系（SUS）发展中国传统医学-针灸的组织 and 加强，鼓励将中国传统医学-针灸的基本诊疗融入各层次的医疗体系，特别是基层保健。

1. 家庭健康策略

在合理的支持、参与以及和家庭保健小组人员共同负责之下，应优先设置能够保障置入具有针灸方面规范之卫生专业人员，

2. 专科中心

a) 将针灸专业人员安置在中、高复杂程度的专科门诊中心。应参与是例/非例系统，坚定地进行持续教育。

b) 将针灸医疗人员安置在统一医疗体系（SUS）网络内。

所有在统一医疗体系（SUS）安置的针灸专业人员皆须有专家的头衔。

MTCA 2号方针

进行在统一医疗体系（SUS）发展中国传统医学/针灸的专业人员资格的策略，和统一医疗体系的持续教育方针保持一致。

1. 鼓励医疗团队参与培训，发展预防疾病的活动，在中医的范畴内进行个人和集体的保健的推广和教育，此培训应包括中医基本概念和身体与冥思的锻炼。例如：推拿、太极拳、练功、气功等中医疗法。
2. 鼓励成立专业学院数据库。
3. 与其他专业关联，目的在于促进中国传统医学-针灸正式加入医疗专业本科和学士后的课程。

MTCA 3号方针

将中国传统医学/针灸的基本知识推广和传递信息给使用者、医疗专业人员以及统一医疗体系（SUS）的管理人员

MTCA 4号方针

保障中国传统医学/针灸能够取得策略性原材料，以期保证质量和活动安全。

1. 建立关于中国医学/针灸具有质量和安全的原材料相关的规条：各种尺寸的灭菌针、艾灸（炭和/或艾草）、耳针植物丸、耳针金属球、灸杯、电针灸设备、针灸图谱。
2. 制定这些产品的全国价格数据库

MTCA 5号方针

发展中国传统医学/针灸的追踪行动和审核。

为了发展追踪行动和审核，须建立遵循的程序规则（下面所示），以便组成指数。

对于正规化的专业人员将建立SAI/SUS遵循的程序规则，对针灸程序进行登记和融资。

建立追踪中国传统医学/针灸设立的准则，例如：针灸门诊的覆盖、与中医/针灸有关的程序、与中医/针灸有关的教育活动、与中医/针灸有关的身体锻炼等比例。

MTCA 6号方针

中国传统医学活动和医学政策的整合。

，需要和卫生部所有部门进行整合，以建立有利于一体化行动的伙伴关系。

MTCA 7号方针

鼓励在统一医疗制度的中国传统医学/针灸研究的补助，使之成为制度内的中心研究政策。

MTCA 8号方针

保障中国传统医学/针灸活动的融资。