Refocusing Health

Newsletter 7 (Summer 2026)

Editorial

As the Refocusing Health project enters its final phase, the focus is shifting from exploring specific themes towards generating some useful end-of-project recommendations, based on the evidence presented in the quarterly newsletters as well as other inputs obtained through events and experts inputs during the project implementation period.
The objective of the final two newsletters is therefore to revisit some of the focal areas of previous editions and confirm the breadth and value of scientific work undertaken in the realm of TCIH, covering already familiar territory as well as some unexplored angles.

As always, it is hoped that the content will be of engaging to a wide audience interested in the intersection between TCIH and One Health, and in making progress towards the integration of TCIH into European health systems where its holistic and inclusive philosophy and modalities can add concrete value to patients and healthcare professionals.

EUROCAM Secretariat

When Carers Need Care: Supporting Healthcare Workforce Wellness

The problem of poor workforce health is particularly acute at a time when severe professional shortages and other resource and operational constraints are placing a huge burden on healthcare professionals, especially nurses and physicians.

A new project undertaken by Voigt and colleagues at Charité – Universitätsmedizin Berlin, “Healthy Care Cares for Health” aims to develop, implement and evaluate a TCIH-based programme for the benefit of nursing staff working in long-term care facilities. A needs assessment performed in the frame of the project reveals key challenges including stressors, physical and psychological strain, and unhealthy lifestyle habits, against which staff developed various resilience strategies. The needs assessment provides the basis for a future participatory, resource-efficient workplace health programme involving different TCIM approaches to enhance nursing staff health in long-term care.

Source: Voigt, F., Czakert, J., Stritter, W., Yap, SST, Seifert, G. and Kessler, CS. Qualitative participatory needs assessment in long-term care facilities: groundwork for a workplace health promotion program based on traditional, complementary and integrative medicine (TCIM). Front. Med. 12.1671029.

Read more about the project

Beyond Resistance: Integrative Solutions to the AMR Crisis

With the ongoing antimicrobial crisis soon to gain public attention again as we approach Antimicrobial Resistance Day / World Antibiotic Awareness Week in November, the urgent need to effectively reduce antibiotic use at a population level will once again be high on the policy agenda. As policymakers' search for sustainable One Health-aligned solutions, the question whether homeopathy can meaningfully contribute to this reduction, with symptom control and equitable access, cannot be ignored. This new article by Esther van der Werf describes the work undertaken and progress achieved by the ENHANCE (rEsearch programme oN Homeopathy and Antimicrobial resistaNCE) international collaborative programme, situated within the One Health and global AMR policy contexts. ENHANCE was established in 2023 to systematically evaluate homeopathy's role in antimicrobial stewardship (AMS) through five integrated workstreams (population studies, AMR literature monitoring, condition-specific systematic reviews, core outcome set development, primary evidence generation).

The Programme's completed work to date has identified promising though inconclusive evidence in acute otitis media, produced the first internationally agreed Core Outcome Set for that condition, and documented significant TCIM use across diverse socioeconomic groups. It has also surfaced a structural equity concern that demands explicit attention. The next phase involves ongoing systematic reviews, forthcoming primary care trials, and real-world evidence studies aligned with WHO- and One Health AMR and AMS strategies.

Source: van der Werf E (2026) ENHANCE: a global collaborative research programme investigating the role of homeopathy in antimicrobial stewardship. Front. Antibiot. 5:1892945. doi:

Read more about the programme

Value-Based Cancer Care: The Economic Case for Integrative Oncology

Responding to a lack of comprehensive economic evidence, this systematic review undertaken by key EUROCAM members and partners presents an initial synthesis of cost-effectiveness analyses of Integrative Oncology (IO) interventions and evaluates their implications for sustainable cancer care within the WHO Traditional, Complementary and Integrative Medicine framework. IO combines evidence-informed complementary and traditional modalities with standard cancer care to improve symptom control, quality of life, and patient-centred outcomes.

Overall, IO approaches showed favourable or dominant cost-effectiveness with phytotherapeutic and mind–body interventions revealing the most favourable economic results, followed by rehabilitative and psychological programmes. The findings indicate a consistent trend towards cost-effectiveness, while generalisability across all IO approaches remains to be established. They align with the priorities of the WHO Global Traditional Medicine Strategy 2025–2034 and suggest that IO

may support patient-centred, sustainable, and culturally sensitive cancer care, potentially supporting its value-based integration into national reimbursement frameworks and health system policies.

Source: Schad F, Thronicke A, Reinhold T, Oei SL, Boujnah H, Baldini E, Szőke H, Fuller-Shavel N and Seifert G (2026) Cost-effectiveness of integrative oncology for sustainable and patient-centred cancer care: a systematic review in the context of the WHO global traditional medicine strategy 2025–2034. Front. Public Health 14:1773455. doi: 10.3389/fpubh.2026.1773455

Read the review

Beyond Stereotypes: What Research Shows About TCIH and Migration

It is sometimes assumed that TCIH is more widely used or accepted among populations with migrant backgrounds, who are potentially more accustomed to traditional or integrative medical approaches or resulting from different belief systems. These studies carried out in Germany by a team of collaborating researchers refute this notion, instead concluding that TCIH use among primary care patients displayed little association with migration background or religious orientation despite higher self-declared religiosity among migrant participants. The second study even found that native participants tended to use certain TCIM approaches more frequently, although these were norms or practices (homeopathy, dietary supplements, mindfulness) enjoying a comparatively high level of popularity in the country.
While clearly, more research is required to evaluate the specific health and wellbeing preferences and needs of different migrant populations living in Europe, the authors' findings support the notion that TCIH use is a personal choice, regardless of origin, and that intervention approaches designed to promote patient activation and TCIH use should focus on education, practical implementation skills, and cultural sensitivity.

Source:

- Ciarlo, G., Buentzel, J., Grüll, S. et al. Social and cultural determinants of traditional, complementary and integrative medicine (TCIM) use in primary care: the role of migration, health literacy, and religious orientation. BMC Public Health 26, 2452 (2026) and
- Grüll, S., Huebner, J. & Ciarlo, G. Comparing TCIM use and patient satisfaction in Germany: impact of health self-management across migration backgrounds. J Health Popul Nutr 45, 195 (2026).

Read the study Ciarlo et al.

Read the study Grüll et al.

Rethinking Evidence: Modern Guideline Development for Integrative Health

Addressing the challenges of evidence-informed decision-making (EIDM) in an evolving TCIH sector, this updated review examines how recent internationally and nationally endorsed consensus statements on guideline development and policy briefs, along with TCIH-specific recommendations, can support decision-makers, particularly when the evidence of clinical benefits or harms is insufficient, uncertain, or absent.

The findings affirm the importance of transparent and inclusive decision-making, ensuring the scope and framing of the problem are sensitive to TCIH contexts, applying a whole of evidence approach, and centering equity, including epistemic equity, throughout the process. Today, guideline developers are increasingly proposing strategies for systematically incorporating multiple evidence sources to inform clinical decisions. Importantly, many developments build upon and adapt biomedical EIDM models to incorporate traditional knowledge, multisource evidence, and context-specific considerations.

Source: Jennifer Hunter, Matthew Leach, Dennis Chang, Myeong Soo Lee, Yutong Fei, Jianping Liu, Navigating uncertainty in evidence-informed decision-making for traditional, complementary and integrative medicine: An updated critical interpretive review, Integrative Medicine Research, Volume 15, Issue 1, 2026, 101231, ISSN 2213-4220

Read the review

Supporting Patient Choice: TCIH Integration in Cancer Care

Revisiting the topic of integrative medicine in cancer care, this meta-analysis undertaken by Toniolo et al. aimed to provide an updated estimate of TCIM use among adults with cancer in hospital or clinical settings and to explore variations by region, income level, cancer type, and sex. Having examined forty-five studies including nearly 25,000 patients from 28 countries, the authors found that pooled prevalence of TCIH was 51%, with the highest user rates in the Americas and the lowest in Europe.

However, prevalence estimates ranged from 18% to 91% across studies, indicating substantial heterogeneity and inconsistency. Biologically based practices were the most commonly reported modalities, including medicinal plants (e.g., mistletoe) and supplements (vitamins, honey). Traditional Chinese Medicine was also frequently reported, e.g. for symptom control and quality-of-life improvement. Despite evidence demonstrating the benefits of certain modalities like acupuncture or yoga for symptoms including pain, fatigue, and anxiety, the authors, overall the researchers conclude that the evidence remains very mixed, not least due to different clinical populations, cultural contexts, and methodological approaches. TCIH use underscores the need for systematic screening, patient–clinician dialogue, and evidence-informed integration of safe practices into supportive oncology care.

Source: Jean Toniolo, Faustine Dessi, Blaise Choki, Caroline Adou, Alexis Parenté, Véronique Blanquet, Zina Bakiri, Etienne Herault, Andrea Erazo, Emilie Auditeau, Jeremy Jost, Thibaut Gelle,

Edgard Brice Ngoungou, Elodie Marcellaud, Marion Vergonjeanne, Pascale Beloni, Global use of traditional, complementary and integrative medicine among adults with cancer in hospital and clinical settings: A systematic review and meta-analysis, European Journal of Integrative Medicine, Volume 86, 2026, 102698, ISSN 1876-3820,

Read the meta-analysis

Whole Person, Whole System: Transforming Chronic Disease Care

In this article, the authors connect TCIH with a Transdisciplinary Integrative Health Approach to reframe chronic conditions in Brazil's universal health system, with the objective to expand and complement the biomedical model. This approach invites chronic conditions to be seen as complex, biographical and relational processes rather than static diagnostic labels. It creates space for dialogue among different forms of knowledge and care (conventional medicine, TCIH practices, community-based resources, nature-based approaches) positioning them as complementary resources acting at different dimensions and levels of causation.

Cohrs and Bignardi note that when chronic conditions are treated mainly as static diagnostic labels and as the end result, systems tend to respond with fragmented interventions that focus on parameter control and individual responsibility, without taking into account the social, ecological and existential roots of suffering. The approach proposed has implications for training family health teams, designing lines of care and using epidemiological segmentation to plan responses centred on the person and the territory that are clinically effective, culturally resonant and ecologically responsible.

Source: Cohrs FM and Bignardi FAC (2026) Traditional, complementary and integrative health within universal systems: a transdisciplinary integrative approach to chronic conditions in the Brazilian SUS. Front. Public Health 14:1757824.

Read the article

Co-Creating Communication Tools for Integrative Healthcare: Best practise example in the Netherlands

The importance of co-creating communication messages and narratives is central to the Refocusing Health concept, not least to remove some of the inherent complexity from the One Health concept and establish tangible links with TCIH.
This article by Mulder and colleagues explores co-creation from a slightly different angle, namely how it can successfully foster regional collaboration between members of RBCZ (the Dutch registry for complementary and alternative healthcare practitioners) and conventional healthcare practitioners. The aim of the study was to further develop and extend an evidence-based communication toolkit through an iterative and co-creation process with conventional and

complementary HCPs together. Content, quality and how to work with the tools were discussed in focus groups, and 6 indications were chosen for the evidence-based recommendations.

Five themes emerged from group discussions with regards to communication between healthcare professionals: different perspectives and working methods, patient-centred approach, ways of communication, networking and evidence of complementary care. A pragmatic evidence-based decision aid for the respective complementary care modalities was developed. The communication toolkit will be made available to 23 professional associations covering over 9.500 complementary healthcare practitioners in the Netherlands.

Source: Louise T.C. Mulder, Martine Busch, Armelle Demmers, Herman A van Wietmarschen, Co-creation of an evidence-based toolkit to facilitate communication on complementary medicine between conventional and complementary healthcare practitioners in the Netherlands, European Journal of Integrative Medicine, Volume 78, 2025, 102550, ISSN 1876-3820.

Find out more

Healthcare Burnout Requires Systemic Change, Not Just Individual Resilience

Healthcare burnout is a pervasive and global problem affecting both professionals and patients. The problem is amplified for healthcare teams practicing in underserved areas who are often in dire need of effective resilience strategies. This US article describes the development and pilot testing of a curriculum innovation developed as part of California Area Health Education Centers' (CA AHEC) resilience training programme. The later involved taking a whole-person approach to resilience for health professionals, trainees, and other healthcare workers in medically underserved areas, including seven Train-the-Trainer video conferences and one in-person workshop. Mindfulness, mind/body approaches, community support, and system change were rated as the most impactful curricular aspects. While the curriculum was greatly appreciated by attendees, working conditions and burnout remained unchanged, suggesting a need for programmes that address underlying systemic stressors.

Source: Justice, C., McWilliams, J., Brown, R., Fowkes, V., Kamimoto, J. D., Price, I., Gomez, I., Poplau, S., & Linzer, M. (2026). Healing from the Heart: A Burnout Prevention and Resilience Curriculum Innovation for Health Professionals in Underserved Areas. Healthcare, 14(17), 2735.

Read the article

We encourage you to share this newsletter within your own network to spread the word of the Refocusing Health project.