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Representing plural epistemologies in a global health information platform: knowledge organization of the WHO Traditional Medicine Global Library

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Abstract

Traditional knowledge contributes to global health systems but remains challenging to organize within biomedical information infrastructures due to its epistemological diversity and cultural embeddedness. This study examines, from a Knowledge Organization (KO) perspective, how the World Health Organization Traditional Medicine Global Library structures and represents knowledge related to Traditional, Complementary and Integrative Medicine (TCIM) within a global digital information environment. It is a qualitative case study grounded in Knowledge Organization (KO) theory, specifically domain analysis and critical/social KO. The analysis focuses on four dimensions: (1) epistemological and domain foundations, (2) conceptual organization systems, (3) metadata and knowledge representation, and (4) information retrieval. The results indicate that the library operates as a domain-oriented knowledge organization platform integrating heterogeneous knowledge sources. The system combines conventional biomedical frameworks with specialized Traditional, Complementary and Integrative Medicine (TCIM) classifications, a federated information architecture, and controlled vocabularies designed to support semantic representation and retrieval of traditional medicine resources. The Library illustrates the emergence of multidimensional digital knowledge infrastructures capable of integrating diverse medical knowledge systems within global health information environments. The platform is designed to support information retrieval, research, and evidence-informed policymaking.

1.0 Introduction

Traditional knowledge (TK) is increasingly recognized as a contributor to science, health and sustainable development (Maina 2012). International initiatives addressing intellectual property, biodiversity and Indigenous rights have emphasized the need to protect and preserve traditional knowledge systems and health practices (WIPO 2017; United Nations 2007). Within this broader field, traditional medicine (TM) represents a major knowledge domain that is formally recognized within global and national health systems: it underpins primary health care in many low- and middle-income countries, is integrated into national health services through established medical traditions such as the AYUSH systems in India and Traditional Chinese Medicine, and has been incorporated into international health information standards through the Traditional Medicine chapter of the ICD-11 (WHO 2019). In these contexts, TM contributes to health care, pharmaceutical and natural-products research, biodiversity conservation, and community well-being; its use is substantial in both developed and developing countries (Kuruvilla et al. 2025; Goel et al. 2025; Bodeker and Kronenberg 2002).

Traditional knowledge refers to knowledge, practices and skills that communities develop and transmit across generations and that form part of their cultural and environmental identity. Within this broad spectrum, TM knowledge represents one of the most significant domains, contributing to health-care systems, pharmaceutical research, biodiversity conservation and public health strategies across different regions and historical periods (Goel et al. 2025; WIPO 2023).

According to the World Health Organization (WHO 2025a, under “What is traditional medicine?”), traditional medicine refers to:

> “the codified or non-codified systems for health care and well-being, comprising practices, skills, knowledge and philosophies originating in different historical and cultural contexts, which are distinct from and pre-date biomedicine, evolving with science for current use from an experience-based origin. Traditional medicine emphasizes nature-based remedies and holistic, personalized approaches to restore balance of mind, body and environment.”

Traditional medicine remains in wide use: billions of people rely on it as their main or preferred source of care, and it is widely used for chronic conditions such as hypertension and diabetes, frequently in parallel with conventional treatment (Kuruvilla et al. 2025; Sulola et al. 2025). Population surveys report 12-month prevalence ranging from roughly 24% in Switzerland to over 70% in the Republic of Korea, with close to half the adult population reporting use in India (Klein et al. 2015 and Baek et al. 2013, cited in Houghton et al. 2025). Traditional medicine has also influenced conventional medicine: across nearly four decades of drug approvals, a large share of small-molecule drugs originated in or were inspired by natural products (Newman and Cragg 2020). Yet less than 1% of global health research funding is allocated to traditional medicine (Kuruvilla et al. 2025).

Despite its relevance to health care, research, and well-being, organizing traditional medicine within biomedical information infrastructures presents important challenges.

Traditional and Indigenous knowledge systems often rely on culturally specific conceptual structures that do not align easily with dominant biomedical classifications and terminologies. As a result, these knowledge traditions have historically been unevenly represented and often marginalized in knowledge organization systems such as classification schemes, thesauri and other controlled vocabularies used for subject representation and indexing (Barité and Rauch 2024).

From a Knowledge Organization (KO) perspective, this raises the question of how heterogeneous medical knowledge systems can be represented within digital information infrastructures. Knowledge organization systems structure access to information through conceptual models, classification frameworks, controlled vocabularies, and metadata practices (Hjørland 2008; Hjørland 2016). These systems influence not only retrieval but also the visibility and legitimacy of knowledge domains.

The representation of traditional medicine in global health information infrastructures has been pursued through different classification, indexing, and conceptualization initiatives. The World Health Organization incorporated *26 Supplementary Chapter Traditional Medicine Conditions* into the International Classification of Diseases 11th Revision (ICD-11), which allows their integration into health information systems and epidemiological reporting (WHO 2019). Biomedical indexing systems such as Medical Subject Headings (MeSH) also include descriptors related to complementary and integrative medicine. In addition, conceptual frameworks have been proposed to better structure the heterogeneous field of Traditional, Complementary and Integrative Medicine (TCIM), including recent typologies aimed at improving the conceptual classification of these systems (Ijaz 2026). Within health information infrastructures, BIREME/PAHO/WHO introduced a specific terminological category for TCIM in the Health Sciences Descriptors (DeCS) vocabulary, designed to improve the representation and retrieval of traditional and complementary medicine knowledge within digital health information systems (BIREME/PAHO/WHO 2022).

However, the TCIM field remains conceptually heterogeneous, encompassing codified medical traditions, Indigenous healing systems, community practices, and integrative health approaches. No single classification framework fully captures this diversity (Ijaz 2026). The development of digital knowledge infrastructures capable of organizing plural medical knowledge systems therefore appears to be an increasingly relevant response to this problem.

The World Health Organization Traditional Medicine Global Library (WHO TMGL) was developed as a global digital platform to organize and disseminate knowledge related to traditional medicine. The term platform is used here deliberately rather than catalog or metacatalog: whereas a (meta)catalog primarily aggregates and provides access to bibliographic records, the WHO TMGL couples resource aggregation with a federated information architecture, multiple navigation layers (thematic, regional and country-level), curated content, a controlled-vocabulary indexing framework and a unified retrieval interface. It thus operates as a domain-oriented knowledge infrastructure that structures, contextualizes and mediates access to heterogeneous knowledge, rather than solely as an

aggregation of resources. Coordinated by the WHO Global Traditional Medicine Centre with technical leadership from BIREME/PAHO/WHO, the platform integrates scientific literature, policy documents, educational materials, and institutional resources related to TCIM (WHO 2025b; Souza 2026).

The WHO TMGL therefore offers a relevant case for examining how traditional medicine knowledge can be represented within a global information infrastructure. This study investigates how the knowledge organization framework of the WHO TMGL structures and represents TCIM knowledge within a digital environment designed to support information retrieval, research, and policymaking.

2.0 Methodology

This is a qualitative case study grounded in Knowledge Organization (KO) theory, specifically domain analysis (Hjørland 2008, 2016; Guimarães and Tognoli 2024) and critical/social KO (Ibekwe 2024; Moura 2024). It examines how TCIM knowledge is structured and represented within the WHO Traditional Medicine Global Library through document analysis and structural examination of the platform.

The analysis draws on domain analysis and contemporary KO literature that conceptualizes knowledge organization systems as socio-technical structures shaped by disciplinary, institutional and epistemic contexts (Hjørland 2008, 2016; Guimarães and Tognoli 2024). Perspectives from critical KO are also used to examine how classification and representation practices influence the visibility of diverse knowledge traditions (Ibekwe 2024; Moura 2024).

2.1 Data sources and selection criteria

The analysis combined documentary sources with a structural examination of the platform. Documentary sources comprised publicly available institutional materials describing the WHO TMGL (e.g., WHO and BIREME/PAHO/WHO technical documentation, the TMGL's "about" and country pages, and published descriptions of its development). The structural examination covered the platform's observable architecture (navigation layers and thematic and geographic entry points), its metadata structures, and its subject-representation mechanisms (controlled-vocabulary and indexing practices). Sources were selected according to three criteria: (i) official or institutional provenance; (ii) direct relevance to how TCIM knowledge is organized, represented and retrieved; and (iii) public accessibility at the time of analysis (as consulted between January and March 2025). Sources without institutional provenance or without a direct bearing on knowledge organization were not included.

Table 1 Analytical dimensions to guide the study

Analytical Dimension	Indicators	Components of analysis
Epistemological and domain foundations (Hjørland 2021; Ibekwe 2024; Moura 2024)	Coverage of TM systems; representation of therapeutic modalities and coverage of research areas	extent to which the platform reflects the conceptual diversity of TCIM systems and traditions.
Conceptual organization systems (Hjørland 2016; Guimarães and Tognoli 2024; Milani et al. 2024)	Multilevel knowledge organization; conceptual classification through TM domain	presence of taxonomies, thematic hierarchies, and domain-oriented conceptual structures.
Metadata and knowledge representation (Smiraglia 2014; Hjørland 2016)	Metadata schema and descriptive structure; subject representation mechanisms; controlled vocabulary application; indexing practices and semantic consistency.	metadata schema, controlled vocabulary use, indexing practices, and semantic consistency.
Information retrieval (Smiraglia 2014; Hjørland 2021)	Retrieval through controlled vocabularies; Integration of heterogeneous information resources; Contextual retrieval through thematic and geographic entry points; User-oriented discovery mechanisms	retrieval pathways enabling access to TCIM resources. Extent to which the search and retrieval mechanisms rely on controlled vocabularies (e.g., DeCS/MeSH descriptors).

These dimensions allow the WHO TMGL to be analyzed as both a digital information infrastructure and a knowledge organization environment designed to articulate heterogeneous knowledge systems.

2.2 Coding and analytical procedure

The analytical procedure was a deductive (directed) qualitative content analysis. The analytical framework was defined a priori from KO theory and operationalized as the four analytical dimensions and their indicators presented in Table 1 (epistemological and domain foundations; conceptual organization systems; metadata and knowledge representation; and information retrieval). Each source was examined against these dimensions: observed features of the platform and its documentation were assigned to the corresponding dimension and indicator and then interpreted in light of the KO literature underpinning each category. No additional categories were generated inductively; the dimensions in Table 1 therefore functioned as the coding frame for the analysis.

2.3 Research team and reflexivity

Following the reflexivity criteria of COREQ (Tong et al. 2007), adapted here for documentary analysis, the research team's position is stated explicitly. The authors are information professionals affiliated with BIREME/PAHO/WHO, the institution responsible for the development of the WHO TMGL. This proximity provided detailed knowledge of the platform's architecture and documentation, but it also introduced a risk of confirmation bias, since the object of analysis was developed within the authors' own institutional context. To mitigate this, the analysis was anchored in an explicit, theory-derived coding frame applied consistently across all sources (Table 1); interpretive claims were restricted to features directly observable in the platform and its documentation; and coding was reviewed by more than one author. The findings should nonetheless be interpreted in light of this positionality.

3.0 Results and discussion

The WHO Traditional Medicine Global Library was designed as an inclusive digital infrastructure for organizing and disseminating knowledge on TCIM (WHO 2025b; Souza 2026). Inclusiveness here operates on three levels. First, in terms of audience: the WHO TMGL is intended for researchers, health professionals, policymakers, educators and the wider public, supporting information retrieval, research, and evidence-informed policymaking. Second, in terms of language: built on the Virtual Health Library (VHL) model and the LILACS methodology, the platform provides content in the languages of the VHL network (notably English, Spanish and Portuguese), combining specialized biomedical terminology (through the DeCS/MeSH controlled vocabulary) with locally and culturally grounded designations preserved at the country level (e.g., Práticas Integrativas e Complementares em Saúde - PICS; Partería Tradicional en las Américas). Third, in terms of epistemic coverage: it integrates multiple types of resources (scientific publications, clinical studies, policy documents, educational materials and multimedia content), which reflect the plurality of TCIM knowledge rather than a single biomedical standard.

3.1 Epistemological and domain foundations

The WHO TMGL platform covers a broad set of themes related to TCIM, including therapeutic practices, research and evidence, health systems, education and policy. This thematic diversity reflects the epistemological plurality of this knowledge domain, in which biomedical research, traditional healing practices, public health policies and Indigenous knowledge systems coexist.

This epistemological plurality poses a challenge that extends beyond the inclusion of heterogeneous resources. From a KO perspective, the presence of diverse knowledge

traditions within the same information environment does not in itself guarantee their equivalent conceptual representation.

For the development team, this coexistence was both an organizational and an epistemic challenge. The WHO TMGL gathers the biomedical evidence produced about TCIM - clinical studies, systematic reviews and pharmacological research indexed through DeCS/MeSH - alongside traditional, community and Indigenous knowledge organized through curated, domain-driven pathways, and positions the two as complementary registers rather than subordinating one to the other.

Nevertheless, their coexistence within the same infrastructure should not be interpreted as evidence of equivalent representational conditions. The degree to which different traditions can be named, differentiated, related and retrieved depends on the conceptual granularity and semantic structure available within the knowledge organization systems supporting the platform.

TMGL's content is organized according to clusters of traditional medicine systems and complementary therapeutic approaches. This organization reflects the internal structure of the TCIM domain rather than imposing exclusively biomedical disciplinary categories: content is grouped by medical systems and traditional knowledge, such as Traditional Chinese Medicine, Ayurveda, Kampo, and Unani, rather than by biomedical specialties such as cardiology, oncology, or neurology.

At the national level (country pages), additional conceptual diversity emerges. Country pages may reflect local policy frameworks and culturally specific health traditions, which illustrates the need to balance standardized global structures with local epistemological contexts. The Brazil Country Page is an example: for its launch in December 2025, the page curated content around four major TCIM knowledge groups: Integrative and Complementary Health Practices (PICS), Indigenous Peoples' Health Knowledge, Afro-Brazilian Healing Knowledge, and Popular Knowledge of Care. These categories reflect Brazil's diverse traditional knowledge cosmovision, in which resources on biomedical, Indigenous, Afro-diasporic and community-based healing systems coexist.

The country-level organization therefore has a contextualizing function in the platform: it can preserve distinctions that may be less visible within a global controlled vocabulary. This relationship between global standardization and local conceptual specificity is particularly relevant for traditional medicine, where culturally situated categories may not correspond directly to the concepts available in biomedical terminologies.

3.2 Conceptual organization systems

The conceptual organization of the WHO Traditional Medicine Global Library operates through multiple complementary layers that combine thematic, geographic, institutional and terminological structures. Users can navigate TCIM knowledge through WHO regions and country pages, thematic collections, the eight Dimensions of Traditional Medicine, and

subject representation based on DeCS/MeSH. TMGL therefore functions as a multilayered knowledge organization environment rather than relying on a single taxonomy.

At the terminological level, the dedicated DeCS TCIM category (MT), developed collaboratively by BIREME/PAHO/WHO and the TCIM Network in the Americas, established four main branches: Medicine, Traditional (MT1); Complex Medical Systems, Non-Traditional (MT2); Complementary Therapeutic Methods (MT3); and Integrative Medicine (MT4) (BIREME/PAHO/WHO 2022). From a KO perspective, this structure both establishes TCIM as an identifiable domain and reveals its conceptual heterogeneity, since medical systems, therapeutic modalities, cultural-geographic traditions and integrative approaches coexist within the hierarchy.

This multidimensionality is also reflected in polyhierarchical concepts such as Qigong, Electroacupuncture and Cupping Therapy, which occur in more than one hierarchical context, connecting particular practices with both medical traditions and therapeutic modalities. These cases show that a single hierarchical position may be insufficient to represent the multiple meanings and relationships of TCIM concepts.

3.3 Metadata and knowledge representation

Information resources in the WHO TMGL are described through a structured metadata framework derived from the Virtual Health Library model and the LILACS methodology developed by BIREME/PAHO/WHO (BIREME/PAHO/WHO 2023). This methodology establishes standardized procedures for the selection, description and indexing of health information resources.

Subject representation in the WHO TMGL is implemented through the DeCS/MeSH controlled vocabulary (https://decs.bvsalud.org/en/). DeCS extends the Medical Subject Headings (MeSH) by incorporating terminology relevant to the health contexts of Latin America and the Caribbean, while maintaining compatibility with international biomedical indexing standards (Rio-Branco et al. 2025). To address the conceptual diversity of TCIM, the WHO TMGL adopts a dedicated TCIM terminological category within DeCS, developed by BIREME through a collaborative initiative with the TCIM Network in the Americas (BIREME/PAHO/WHO 2022).

To address the diversity of traditional medicine knowledge, the platform adopts a specific TCIM category within DeCS (code MT). This taxonomy includes conceptual groups such as Traditional Medicine Systems, Complementary Therapeutic Methods, and Integrative Medicine.

Through this taxonomy, the WHO TMGL supports semantic subject representation of Traditional Medicine systems and complementary therapeutic practices across diverse cultural and medical traditions, including a dedicated Homeopathy descriptor. The controlled vocabulary enables consistent indexing and facilitates conceptual retrieval across heterogeneous information resources. Additional metadata tagging supports navigation by region, country, theme and resource type. These tags function as faceted

metadata attributes that complement controlled vocabulary indexing and enable flexible filtering of content.

At the same time, the application of DeCS/MeSH within TMGL has revealed representational gaps that can inform the future evolution of the vocabulary. Some traditional medicine systems remain represented only through broader categories and may require greater conceptual differentiation. The case of Traditional Birth Attendants (TBA) illustrates such gaps. The development of the TMGL thematic domain on Traditional Birth Attendance exposed the limitations of representing these knowledge holders through terminology associated with professional midwifery, since their knowledge may derive from community experience, intergenerational transmission and culturally situated apprenticeship rather than formal professional training. This requirement contributed to the recognition of Traditional Birth Attendants as a distinct MeSH descriptor, creating an opportunity for corresponding alignment and semantic positioning within future versions of the DeCS TCIM structure. From a critical/social KO perspective, the case demonstrates how gaps identified through domain organization and retrieval can inform vocabulary governance toward epistemic justice, by making culturally situated knowledge holders independently nameable, distinguishable and retrievable rather than subsuming them under categories that do not fully represent their epistemic context.

3.4 Information retrieval

The WHO TMGL search interface (https://search.tmgl.org/tmgl/) provides an integrated access point to the entire collection of information sources, regardless of document type, enabling users to retrieve bibliographic records, technical documents, multimedia resources and specialized collections within a single digital interface. This unified interface reflects a commitment to interoperability and domain integration, in which heterogeneous resources are made accessible through a common retrieval layer. Search results are presented in a single list, which enhances usability while maintaining the conceptual coherence of the TCIM domain.

A central feature of the interface is the organization of results through clusters (faceted filters), which allow users to refine retrieval dynamically. Beyond their technical function, these clusters embody different knowledge organization logics. On the one hand, clusters based on metadata and controlled vocabularies - such as DeCS/MeSH descriptors, study types, and data sources - support standardized retrieval aligned with biomedical information systems. On the other hand, clusters derived from curated search strategies - such as Traditional Medicines, Complementary Medicines, and Therapeutic Methods - reflect a domain-driven and semantically expanded approach to TCIM knowledge representation.

From a KO perspective, retrieval constitutes the operational consequence of representation; conceptual distinctions encoded in the KOS determine which knowledge can be explicitly searched, grouped and made visible to users. A concept that lacks

sufficient terminological representation may therefore be present at the documentary level while remaining difficult to retrieve as a distinct knowledge entity.

The cluster “TCIM Regions & Countries” illustrates the multilayered organization of the WHO TMGL. This cluster is generated through search strategies that associate TCIM content with countries and regions, while also incorporating the WHO regional structure (e.g., AFRO, AMRO, EMRO). It reflects a knowledge organization model that integrates thematic, geopolitical, and institutional dimensions. Users can thus retrieve and interpret TCIM knowledge by geographical context as well as by subject, which supports the view that knowledge organization in TMGL is shaped by both epistemic and institutional frameworks.

Retrieval in the WHO TMGL should therefore be understood not simply as document matching, but as the intersection of several organizational logics. Controlled vocabulary, curated search strategies, geographic metadata, resource typologies and thematic structures operate together to produce different pathways into the TCIM domain.

The coexistence of these clustering models creates a hybrid retrieval system that supports pluriepistemic access through multiple pathways. It combines standardized metadata and controlled vocabularies with domain-driven search strategies. This architecture helps accommodate differences in terminological granularity and enables access to traditional medical systems, Indigenous practices and culturally situated knowledge that may not be fully represented within a single classificatory structure. However, retrievability does not necessarily imply adequate conceptual representation: search expansion can improve access to documents but cannot provide the same epistemic visibility as an explicitly represented concept with appropriate labels, scope and semantic relationships. This distinction between documentary retrieval and conceptual representation is therefore central to assessing the epistemic adequacy of TMGL.

4.0 Conclusions

This study analyzed the WHO Traditional Medicine Global Library from a Knowledge Organization perspective and showed how a global digital infrastructure can organize heterogeneous scientific, institutional and traditional medicine knowledge through interconnected terminological, thematic, geographic and metadata structures. TMGL operates between two complementary requirements: semantic interoperability at the global level and contextual specificity sufficient to make culturally situated knowledge visible and retrievable.

The analysis also shows that inclusion alone does not ensure adequate representation. From a critical KO perspective, representational coverage must be distinguished from epistemic adequacy; a knowledge tradition may be present in the platform while remaining insufficiently differentiated in the underlying KOS. Conceptual granularity, culturally appropriate terminology and semantic relationships therefore affect not only indexing and retrieval, but also whose knowledge becomes independently visible and distinguishable within the information infrastructure.

The WHO TMGL illustrates a shift from knowledge aggregation toward a pluriepistemic knowledge infrastructure, in which DeCS/MeSH-based metadata, thematic structures and multiple retrieval pathways operate together. At the same time, gaps identified through domain curation and use can inform the continued evolution of controlled vocabularies and their governance. Advancing from representational coverage toward epistemic adequacy therefore requires an iterative relationship between information infrastructures, KOS development and the knowledge communities represented, so that interoperability can be pursued without erasing epistemic and cultural difference.

AI Usage Statement: During the preparation of this work, the authors used two large language models as assistive tools: ChatGPT Business (OpenAI) and Claude (Opus 4.8, Anthropic). Their use was limited to language refinement, organization of ideas, editing and revision of the English-language writing, applied to text originally drafted by the authors. The tools were not used to collect or analyse data, nor to generate the study's original findings, interpretations, or conclusions and they are not listed as authors. In accordance with COPE guidance, the authors disclose this use and take full responsibility for the entire content of the manuscript, including any parts refined with AI assistance.

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