

INFORMATION SHEET: HEALTH POLICY

POLICY AREA / POLICY ISSUE

Other Sectors / Health

ISSUES TO CONSIDER

The Convention does not mention healing practices in the list of domains of ICH (Article 2.2), but is widely interpreted to include these in the definition of ICH. Indeed, a number of healing practices have been inscribed on the Lists of the Convention.¹ The UNDRIP says that indigenous people have the ‘right to practise and revitalize their cultural traditions and customs’, and to ‘the dignity and diversity of their cultures, traditions, histories and aspirations’ including traditional medicines.²

One of the key issues concerning traditional medicine in the context of ICH safeguarding is how to protect community IP rights over their traditional healing practices (OD 104). This is covered in the fact sheet on IP. Another key issue is the question of traditional healing practices (such as divining) that are illegal for various reasons under national law or human rights provisions – these are covered in the fact sheet on ‘human rights’. In this fact sheet, we consider in what ways health policies affect legal forms of traditional medical practice and practitioners thereof.

In many States, policies support mainstream (often western) forms of medicine but many people go to traditional medical practitioners for advice and therapy as well. Some States wish to promote traditional medical practices, and perhaps also benefit (or help communities to benefit) from the associated IP. Of course, in many cases the relationship between the State, mainstream medical approaches and traditional practices may not be conducive to such policies and approaches. Traditional medicine is often ignored by State policies because it is considered ineffective or even dangerous, and as discussed above, some practices may be banned on grounds of health or human rights, or regulated in a way that does not encourage their use.

There are a number of ways in which health policies and other measures could support the safeguarding of ICH practices related to health within the spirit of the Convention:

- Raising awareness of the contribution of traditional medical practitioners to the wellness of communities;
- Recognizing the organizations of traditional medical practitioners;
- Supporting the training of traditional medical practitioners (through formal or non-formal education, as appropriate to the safeguarding of the practice);
- Supporting (ethical) research on traditional medicine, with the consent of practitioners and communities concerned;
- Integration of traditional medical practices into public health systems and public health campaigns, as appropriate; and
- Ensuring the availability of wild plants and other resources for traditional medicine, for example through biosphere reserves, while preserving biodiversity.

1. For example, ‘Acupuncture and moxibustion of traditional Chinese medicine’ (China, RL 2010) <http://www.unesco.org/culture/ich/index.php?lg=en&pg=00011&RL=00425>

2. See <http://undesadspd.org/IndigenousPeoples/DeclarationontheRightsofIndigenousPeoples.aspx>

The World Health Organization (WHO) has recognized the importance of supporting traditional medicine. It has implemented a Traditional Medicine Strategy (2014–2023) to support Member States in developing proactive policies and implementing action plans to help strengthen the role of traditional medicine in society. This strategy places new emphasis on appropriate integration of traditional medicine into health services and systems, working with traditional practitioners to share information about their practices where they wish to do so.³ Where regulation of traditional medicine and its practitioners or products is set out in health policies, care should be taken to ensure that this supports rather than interferes with the practice of traditional medicine, while promoting good health and sustainable development.

WHAT THE CONVENTION AND ITS TEXTS SAY

The Convention

Article 2.1 excludes from its definition of ICH, any element that is not compatible with the requirements of international human rights instruments and sustainable development.

Article 2.2 mentions five domains of ICH that include ‘knowledge and practices concerning nature and the universe’.

Article 13(d)(ii) ‘To ensure the safeguarding, development and promotion of the intangible cultural heritage present in its territory, each State Party shall endeavour to ... adopt appropriate legal, technical, administrative and financial measures aimed at ... ensuring access to the intangible cultural heritage while respecting customary practices governing access to specific aspects of such heritage.’

Article 14(c) encourages States Parties to ‘promote education for the protection of natural spaces ... whose existence is necessary for expressing the intangible cultural heritage’.

Operational Directives

OD 177: ‘States Parties are encouraged to recognize that inclusive social development comprehends issues such as sustainable food security, quality health care, quality education for all, gender equality and access to safe water and sanitation, and that these goals should be underpinned by inclusive governance and the freedom for people to choose their own value systems.’

Ethical Principles

Ethical Principle 5: ‘Access of communities, groups and individuals to the instruments, objects, artefacts, cultural and natural spaces and places of memory whose existence is necessary for expressing the intangible cultural heritage should be ensured, including in situations of armed conflict. Customary practices governing access to intangible cultural heritage should be fully respected, even where these may limit broader public access.’

Ethical Principle 6: ‘Each community, group or individual should assess the value of its own intangible cultural heritage and this intangible cultural heritage should not be subject to external judgements of value or worth.’

Ethical Principle 7: ‘The communities, groups and individuals who create intangible cultural heritage should benefit from the protection of the moral and material interests resulting from such heritage, and particularly from its use, research, documentation, promotion or adaptation by members of the communities or others.’

3. See also World Health Assembly resolution on traditional medicine WHA67.18, 2014 http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R18-en.pdf?ua=1

OTHER RELEVANT LEGAL INSTRUMENTS

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007).⁴

Convention on Biological Diversity (1993).⁵

EXAMPLES

- Research into traditional medicine promoted: In Ethiopia, Regional Cultural and Tourism Agencies conduct research on traditional medicinal knowledge.⁶
- Regulation of traditional medical practitioners: In South Africa, traditional healers are regulated under the Traditional Health Practitioners Act, 2007. In 2014, this act started to be implemented through the establishment of an Interim Traditional Health Practitioners Council of South Africa and a regulatory framework 'so as to ensure the efficacy, safety and quality of traditional health care services'.⁷
- Traditional medicine acknowledged in ICH projects: The Peruvian ICH inventory is organized according to the domains set out in Peruvian legislation, including ethno-medicine and ethno-botany.⁸

RELEVANT CASE STUDIES IN THE CAPACITY-BUILDING MATERIALS

Case Study 9. Community involvement in the documentation of traditional knowledge in the Philippines

CS9-v1.0: [English](#)|[French](#)|[Spanish](#)|[Russian](#)|[Arabic](#)

Case Study 18. The commercialization of traditional knowledge about an appetite suppressant in South Africa and Namibia

CS18-v1.0: [English](#)|[French](#)|[Spanish](#)|[Russian](#)|[Arabic](#)

FURTHER INFORMATION

World Health Assembly resolutions on traditional medicine.⁹

WHO Traditional Medicine Strategy 2014–2023.¹⁰

Lefèvre, G. "Can External Interventions in the Field of Traditional Medicine Help Conserve Natural Resources and Enhance Ancestral Heritage?" *Health, Culture and Society* 7.1 (2014). <http://hcs.pitt.edu/ojs/index.php/hcs/article/viewFile/161/221>

Armijos, Chabaco, Iuliana Cota, and Silvia González. "Traditional medicine applied by the Saraguro yachakkuna: a preliminary approach to the use of sacred and psychoactive plant species in the southern region of Ecuador." *Journal of ethnobiology and ethnomedicine* 10.1 (2014). <http://ethnobiomed.biomedcentral.com/articles/10.1186/1746-4269-10-26>

Xu, Qihe, et al. "The quest for modernisation of traditional Chinese medicine." *BMC complementary and alternative medicine* 13.1 (2013). <https://bmccomplementalmed.biomedcentral.com/articles/10.1186/1472-6882-13-132>

4. http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

5. <https://www.cbd.int/>

6. Examination of the reports of States Parties 2013, ITH/13/8.COM/6.a, para 37.

7. 'South Africa: Sections of the Traditional Health Practitioners Act Commence' <http://allafrica.com/stories/201405050122.html>

8. Examination of the reports of States Parties 2012, ITH/12/7.COM/6, para 31.

9. http://www.who.int/medicines/areas/traditional/trm_assembly_doc/en/

10. http://who.int/medicines/publications/traditional/trm_strategy14_23/en/

QUESTIONS TO CONSIDER

- What policies are already in place within the health sector that could promote or hamper the practice of traditional medicine as ICH?
- How are traditional medical practitioners recognized, regulated and/or supported, if at all?
- Are there any public health concerns raised about specific ICH practices? By what means could these concerns best be addressed?
- How is research and data about traditional medicine regulated or used in the State, if at all?
- How does the work done on traditional medicine within the health sector intersect, if at all, with research in the field of traditional knowledge, and inventories of ICH?