



Policy Brief

Legal Recognition of Traditional Health Practitioners

This policy brief is about advocating legal recognition of Traditional Health Practitioners by their governments and recommends massive public investment in successful models of promoting traditional medical practices. Traditional Health Practitioners (THPs) have a key role in primary health care, treating diseases like HIV/AIDS, malaria and other parasitic conditions, diarrhoea, and several chronic and lifestyle diseases. Cultural sensitivity and intercultural dialogue are crucial if THPs are to reach their full potential.

Summary

Traditional Health Practitioners (THPs) across the world provide access to health care service in remote and rural areas. Traditional health practices form an oral and non-institutionalised evolving body of knowledge. THPs are self-reliant and supported only by the local community. Encouraging examples exist in which patients report complete relief from primary health conditions such as abdominal pains, diarrhoea and jaundice. An 80-90 percent decrease in the incidence of malaria can be achieved by taking traditional plant-based preventive medicine.

Support is needed to:

- generate more evidence
- ensure autonomy of healers' associations
- employ education strategies, also aimed at young people
- conserve biodiversity and healing environments such as sacred sites
- conserve natural areas in and around farms and farming landscapes
- ensure benefit sharing in line with communities' biocultural values

Successful pilot models warrant massive investments from national governments and international bodies. As a first step, national governments should fully legalise THPs at the appropriate level of the health system.



Home herbal garden in India

Healers' voices

To be a fully-fledged Siddha practitioner, a student spends over two decades to understand and practise the subject. At the touch of pulse, he can diagnose the disease.

Vaidhyar KP Arjunan, Tamil Nadu Parambariya Siddha Vaidya, Maha Sangam, General Secretary

Our knowledge needs to be recognised and we need to collaborate with modern science on an equal footing. Otherwise, the younger generation will not see the relevance of traditional medicine. I might be the last person in my tradition.

Daya Gamaga, a snake bite healer from Sri Lanka

www.healertextchange.org



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GLOBAL INITIATIVE FOR TRADITIONAL SYSTEMS OF HEALTH
GIFTS OF HEALTH

Policy Brief

Background

Over 400 million traditional healers across the world provide access to health care services in remote and rural regions, especially in the area of reproductive health. High per capita presence of healers, accessibility, cost-effectiveness, mental wellbeing and cultural familiarity are some of the major reasons that clients seek health through such healers. In rural communities healers also play additional health sector roles such as those of caregivers, health educators, family counsellors or community therapists. They often fulfil wider community functions as priests, ritual specialists, diviners, teachers, moral and ethical guides and community leaders. This oral and non-institutionalised evolving body of knowledge is self-reliant and supported only by the local community.

Traditional systems of health care have enormous potential to improve health and ecology, and reduce poverty at lower cost. The World Health Organization (WHO) stated at the 2008 World Congress on Traditional



Chile

Medicine held in China: "Governments should establish systems for the qualification, accreditation or licensing of traditional medicine practitioners. Traditional medicine practitioners should upgrade their knowledge and skills based on national requirements." From a pragmatic view, the first task for governments would be to recognise the contributions by Traditional Health Practitioners.

Gaps in existing policies

Although certain international and national policies for preserving and promoting traditional medicine have been introduced in recent decades, the progress of their implementation has been slow. Additionally, these policies fall short of adequately addressing concerns such as safety, efficacy, quality, rational use, sustainable use of natural resources and assuring equity in transactions at various levels (WHO 2002, Bodeker et al. 2007).

Success model 1: Intercultural hospital in Chile

In 2006, the Chilean government started to reform the health system. One of the priorities is to develop a multicultural approach to health. Hospitals and health centres are now allowed to have two medical systems working together, for example the traditional Mapuche and the western biomedical. In the Nueva Imperial hospital near Temuco patients can be attended by Western trained doctors and Mapuche healers, herbalists or spiritual leaders in the same building. A number of illnesses are indigenous to the Mapuche culture, caused by spiritual, mental and social imbalance. Traditional doctors know how to diagnose and treat these complaints. At present there are three such hospitals in Chile, with different models of integration, cross-referencing and administration.

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Evidence

There are encouraging examples of cooperation between traditional healers and national laboratories. In Uganda, the Ministry of Health started to promote research and conservation of medicinal plants already in 1963 with the establishment of the Natural Chemo-therapeutics Research Laboratory. There is a need for more countries to support academic research, from both the social and natural sciences, on Traditional Health Practitioners' knowledge. The challenge is to find new participatory ways of generating evidence about the safety, quality and efficacy of traditional health practices and clarify the theories, without distorting their holistic approaches.

Autonomy

For centuries traditional health systems have worked in an autonomous, decentralised manner with local community support. It is important that traditional healers have their skills assessed according to the highest contextual standards of their tradition and are oriented through healers' associations, peer networks and formal coun-

cils. Healers and their associations have to work with governments and NGOs, but NOT become dependent on them. This will cripple their evolving knowledge base. The challenge is to find ways in which healers' associations can relate to governments without distorting their community roots and autonomy.

Education

Unlike institutionalised medicine such as western biomedicine or Ayurveda (**as practiced today**) in India, traditional health practice is primarily healer or physician centred. Healers and carers in the family have subtle skills and utilise ways of knowing and validation which have evolved from traditions. Due to the erosion of the health knowledge of traditional healers and community elders, the local value systems relating to social care and health are also changing at a rapid pace. It is important to prevent this erosion through the introduction of their concepts in formal educational curricula, in informal learning and in community learning. A specific challenge is to disseminate traditional knowledge to the younger generation. Governments

Success model 2: Linking healers and researchers in South Africa

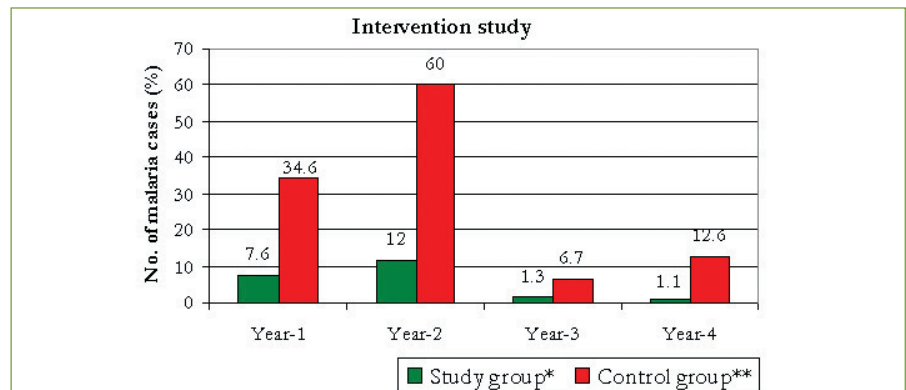
Traditional healers are the primary and often the only medical carers for 85% of the African population in South Africa. While national health policy recognises them, it focuses more on registering and regulating them than on learning from them or giving support for quality assurance. Specific natural remedies that have been used by healers for generations have recently been recognised as efficacious in boosting the immune system and alleviating symptoms of some AIDS-related illnesses. South Africa has had a Research Chair of Indigenous Health Care Systems at the University of KwaZulu-Natal (UKZN) since 2009. This chair is funded by Department of Science and Technology (DST) and administered by the National Research Foundation (NRF). An African Traditional Medicine Laboratory is being constructed to promote African traditional medicine through excellence in research. The first 600 Traditional Medical Practitioners graduated in 2009 from a course in HIV and AIDS prevention and management.

More information: www.aids.org.za

should design educational programmes that allow for inclusion of traditional health knowledge in school and university curricula and also create space for oral transmission processes. In addition, the current situation calls for a paradigm shift among researchers, often trained only in conventional biomedical research techniques. Studying traditional health systems using only reductionist research methods that neglect spirituality and consciousness is a direct threat to their survival. Science, spirituality and healing are complementary, and need to be harmonised so that both the material and non-material aspects of health are better understood and respected. For some therapies, audio-visual methods of documentation may be required alongside written methods.

Medicinal plant diversity

Traditional medicine is highly dependent on biodiversity and there is increasing demand for plants, animal and mineral resources. While many medicinal plants have been domesticated, numerous key species remain wild grown. Traditional Health Practitioners encourage their communities to conserve natural habitats and ecological



Success model 3: Traditional Antimalarials

In Orissa and Andhra Pradesh, India, an experimental study done by FRLHT from 2005-2008 with 250 persons in a study group (following traditional plant-based preventive medicine) and 250 in a control group (not following any malaria prophylactic medicine) shows a 5-10 times reduction of the number of malaria cases in the study group (FRLHT, forthcoming).

unsustainable harvesting practices or environmental degradation. It is estimated that in India 95 % of medicinal resources are harvested from the wild, **buffer areas and common lands** through unsustainable collection methods. There is still no global overview of medicinal plant diversity and trade data in terms of domestic and export demand. There is also insufficient information on cultivating medicinal

strengthens their efforts to provide primary health care services at the community level. The process involves a meeting of the different stakeholders related to health in a village or community. This includes traditional healers, community members, community leaders and one qualified medical practitioner each from allopathic, Ayurvedic, Siddha and Unani systems of medicine. The meeting is facilitated by members of FRLHT. Pressing health problems within a community are identified; the remedies given by the traditional healers are noted and assessed by the other practitioners and community members. Through this process, the relevant and effective practices and knowledge of the traditional healers are validated and gain standing among community members. In order to promote the use of positively assessed local health practices

Growing 15 herbs in a garden improves health and reduces health expenses by 80%

communities in and around farms and farm landscapes where such wild medicinal plants can grow. Protection of medicinal plants has provided a strong incentive for farmers to incorporate such minimally disturbed areas fully in their land-use and management strategies. These informal habitat networks generate important ecological and social co-benefits, such as conservation of other associated wild species, protection of beneficial insects helping to control agricultural pests, and patches and riparian strips of permanent vegetative cover that protect watershed functions (McNeely and Scherr, 2003).

Certain forms of traditional treatment depend on specific sacred sites or other healing environments. Customary laws and taboos may not always be sufficient to protect these sites and additional measures might be required.

On the other hand, many important medicinal plants are endangered due to

plants. The WHO has prepared guidelines on good agricultural practices, but the implementation of this has also been low.

Variation in active ingredients in plants collected from different locations is a reality. However, despite conservation efforts of medicinal flora and fauna, research on dealing with varied active ingredients remain abysmally low and confounded by a lack of transparency.

Documentation and assessment

The Foundation for Revitalization of Local Health Traditions (FRLHT), a not-for-profit organisation working on traditional health and medicinal plant conservation in India, has developed a tool called 'Documentation and Assessment of Local Health Traditions', (DALHT). This tool validates local health practices of traditional healers within a community and

South Africa



among households, a Home Herbal Garden (HHG) programme was developed.

Cost saving

An impact study of the Home Herbal Garden programme was done in 2004 among 871 adopting and non-adopting households in Karnataka, Kerala and Tamil Nadu, which had been involved

Policy Brief

in the HHG programme since 1997. The average costs of a home herbal garden package containing 15-20 medicinal plant saplings works out at Indian Rupees 100 and maintenance costs of Rupees 50-60 per year (USD 3.50). This includes the costs of raising and supplying the plants to the households, training and the administrative costs of the CBO or NGO. The health expenditure of non-adopters was 5 times greater than that of adopters. The majority of the HHG adopters belong to the poorest of the poor: landless, marginal- and small landholders. 72% of the adopters were affiliated to Women Self-Help Groups (Hariramamurthi et al., 2007).

Legal recognition

The success models indicate that traditional health care systems need to be recognised in their entirety and the practices of THPs need to be fully legalised at an appropriate level of the health system. In India, this can take the form of 'Gram Vaidya', village level healers. Governments can establish task forces to regulate the legal recognition of THPs, to develop guidelines for self-regulation of all THPs, including midwives and orthopaedic physicians, and to establish autonomous accreditation councils of healers' associations. At community level, Biocultural Community Protocols (BCPs) are an

important new tool to regulate the access and benefits related to those who conserve traditional knowledge and those who use it. The knowledge, innovations and practices of indigenous and local communities are a manifestation of a complex interplay between cultural and spiritual values of these communities and their landscapes (Suneetha and Pisupati, 2009). BCPs articulate community values based on the complex relations between their lands, their culture and their spirituality. BCPs are a set of regulations developed by communities that regulate non-traditional access to their knowledge. Governments can support capacity building at community level on BCPs.

Benefit sharing needs to be understood at both the national and the local community level, such that all research projects conducted by foreign students and academics are required to make at least a small contribution to the revitalisation of traditional health care systems within the targeted rural or urban area. As a minimum, a summary of research findings should be translated into the local vernacular language and returned to community leaders.

Conclusion

Traditional systems of health care have enormous potential for social econom-

ic, and political transformation processes to improve health and also address the current ecological and economic crises. Successful pilot models of promoting traditional systems of health exist across the world, building on the evolving knowledge of over 400 million Traditional Health Practitioners. The pilot models warrant massive investments from national governments and international bodies.

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INTERNATIONAL HEALERS CONFERENCE BANGALORE, INDIA, 19-20 NOVEMBER 2009

Over 200 delegates, representing Traditional Health Practitioners and supporters of traditional systems of health care from 18 countries met during an international conference in Bangalore, India on 19-20 November 2009. The conference affirmed the fundamental right of all citizens to choose their own health care providers; to use safe and effective treatments of their own choice; and to maintain traditional wellness practices according to their own beliefs.

A Declaration was drawn up, stating that studying traditional health systems with reductionist research methods only, which neglect spirituality and consciousness, is a direct threat to their survival. Science, spirituality and healing are seen to be complementary, and need to be harmonised so that both the material and non-material aspects of health are better understood and respected. The conference participants greatly appreciated the advances made in revitalisation and promotion of traditional medicine in India. Follow-up proposals were developed to allow other countries to learn from India through technical support programmes. The Declaration calls for legal recognition of THPs, to promote self-regulation of healers' associations and to establish a Permanent Forum on Traditional Health Practices at the United Nations to work closely with the Permanent Forum on Indigenous Issues (UNPFII).

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