What is the (potential) importance of "traditional medicine" for human rights?

Walter Bruchhausen

Workshop „Traditionelle Medizin“ – Indigene Praxis für Menschenrechte „bottom up“?

1. What is 'traditional medicine' and what is it not? (also summary of the section in November 2015)

2. WHO and traditional medicine: Healers or treatments?

3. Traditional medicine and the human right to health: weaknesses and strengths, threats and opportunities (SWOT)
1. What is „traditional medicine“?

Social function:

It gives to marginalised/deprived groups and peoples

• A part of their desired identity

• Something to be proud of (as allegedly equal to Western medicine)

• A culturally acceptable and proven means of dealing with affliction
Social reality:

Outside the written traditions (e.g. China, India, Arab-speaking countries, Iran) healing before colonialism was not „medicine“ since

• there were no full-time experts

• the practice was mixed with non-medical tasks

• knowledge was not widely shared but often ideosyncratic
Invented Traditionen (1983)

National Identity and Invented Tradition: The Rehabilitation of Traditional Medicine in Post-Soviet Uzbekistan

Sophie Hohmann
Medical Ethnography with Makonde healers in Tanzania (2000-2002)

Strategic Resource

10. Traditionelle Medizin als strategische Ressource in Ecuador. Indianische Heilkunde im Kontext

Michael Knipper
2. WHO, the right to health and „traditional medicine“

Traditional healers or traditional medicine - What is the resource WHO wants?

Traditional practitioners as additional staff:

- Integration into national health systems
- Short biomedical training
Traditional healers as Village health workers:

High desertion rates since
- Village(r)s did not pay them
- lowest rank in the governmental health care hierarchy instead of previous local authority
- temptation to curative instead of preventive services

A village health worker administers tetanus “shots”, WHO Photo P. Harrison
"Traditional medicine" as medical treatment

- Medicinal herbs
- China: Acupuncture
- India: Ayurveda
- Rituals?
Traditional medicine policies – a threat to global health (equity)?

Enhancing the role of traditional medicine in health systems: A strategy for the African Region

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Traditional medicine (TM) is the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.¹ Traditional medicine is commonly used by various populations in the world. In Europe, its use ranges from 42% of the population in Belgium to 90% in the United Kingdom. In Africa, the range extends from 70% in Benin to 90% in Burundi and Ethiopia.²

Situation analysis of Member States adopted the full range of national policy components.

Although TM facilities for the provision of health services are required to enhance collaboration and complementarity between practitioners of the two systems of medicine, only Ghana has succeeded in establishing traditional medicine clinics in as many as nine regional hospital settings. In some countries, the traditional medicine policies and implementation plans were not in line with national health policies and strategic plans and were not implemented, due to inability to formalize implementation and coordination mechanisms and the inadequacy of...
3. „Traditional medicine“ and human rights

3.1 The spiritual dimension

3.2 Anti-discrimination

3.3 The attainment of the highest possible standard of health:

A short SWOT analysis
3.1 The spiritual dimension

Proposal for the WHO constitution:

“Health is a dynamic state of complete physical, mental, **spiritual** and social well-being ....”

3.2 Traditional medicine and the prohibition of cultural discrimination

(c) Acceptability. All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities

SUBSTANTIVE ISSUES ARISING IN THE IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

General Comment No. 14 (2000)

The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights)
Non-discrimination: Healers can

• better reflect and express than ordinary people that local practices are not superstition, but potentially helpful and rational measures

• address political bodies in the case of discrimination for cultural reasons

• identify “black sheep” of fraudulent practitioners in their own circles
3.3 Attainment of the highest possible state of health: What can healers contribute?

Weaknesses:
Healers cannot (by their own means)

- Cure children with severe pneumonia and extreme dehydration
- Save mothers with obstetric emergencies
- Prolong the survival with HIV/AIDS or TB

(Millennium development goals 4, 5, 6)
Threads:
„Traditional medicine“ looses the importance in international health it had gained since the late 1970s because of its

- Minor importance for infectious diseases
- Minor impact on mortality of vulnerable groups (mothers, children, elderly)

After the reports by World Bank (1993) and WHO (2001) on investment in health such vertical programs were favoured
Strenghts:

„Traditional medicine“ may regain some importance with

• The acknowledgement of mental health as a major global health issue since this is a domain of traditional medicine

• The rise of attention to Non-communicable diseases (NCDs) caused by life-style factors as much traditional medicine concerns health nutrition (Ayurveda) and physical exercises (Yoga, Tai Chi)
**Strengths:**

**Healers can**

- Spread biomedical knowledge, e.g. of oral rehydration therapy against high child mortality from diarrhoea

- Refer pregnant women and infants with life-threatening complications early

- Support the adherence of HIV/AIDS patients to ART

- Secure the psycho-social requirements of treatment which concern more than half of the doctor-patient-interactions

Healers sending biomedical messages to the local population
Opportunities:
What is necessary?

• Differentiating: Which health problem needs which approach (biomedical vs. traditional, preventive vs. curative, vertical vs. horizontal)

• Advocacy by local healers: Pointing to neglected health issues of a community (endemic and epidemic diseases)

• Salutogenesis: Spiritual resources as factors of resilience

Healers sending messages of the local population to political and medical bodies