



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

Walter Bruchhausen

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

Justitia et Pax Kongress

„Menschenrechte unter Druck – Kulturelle Traditionen als Brücken zu einer menschenrechtskonformen Politik?“ Berlin, 9./10.12.2016

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:

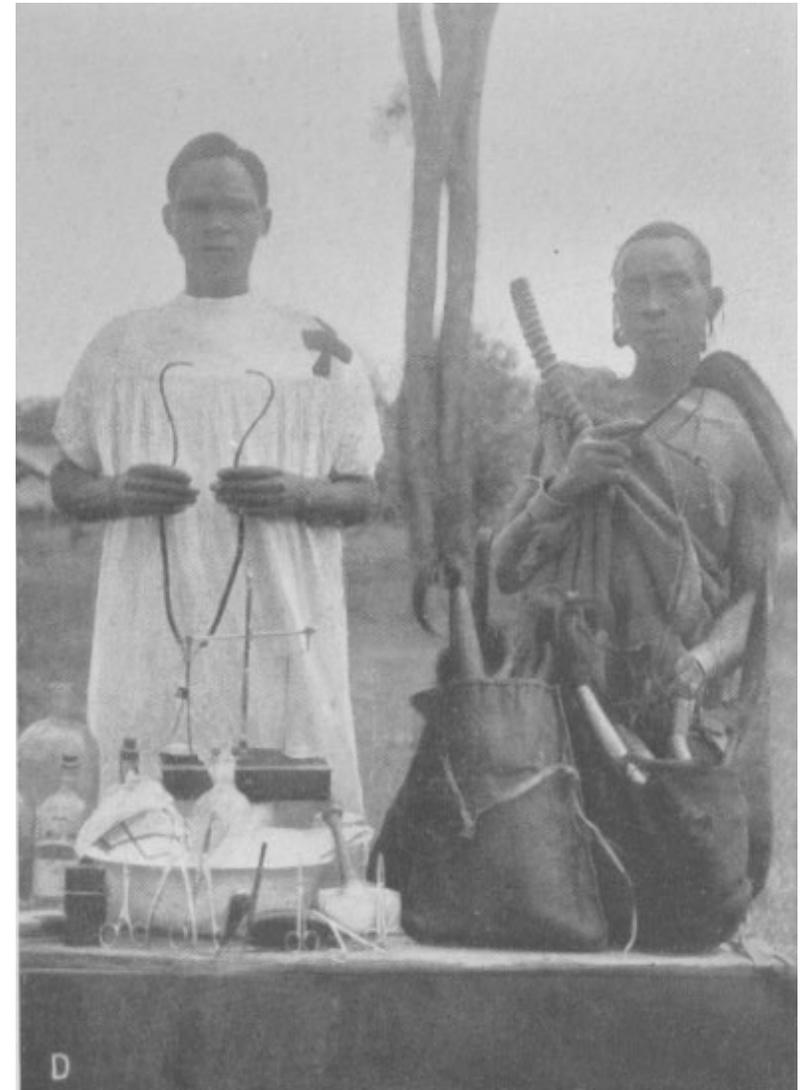
It gives to marginalised/deprived groups and peoples

- 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:

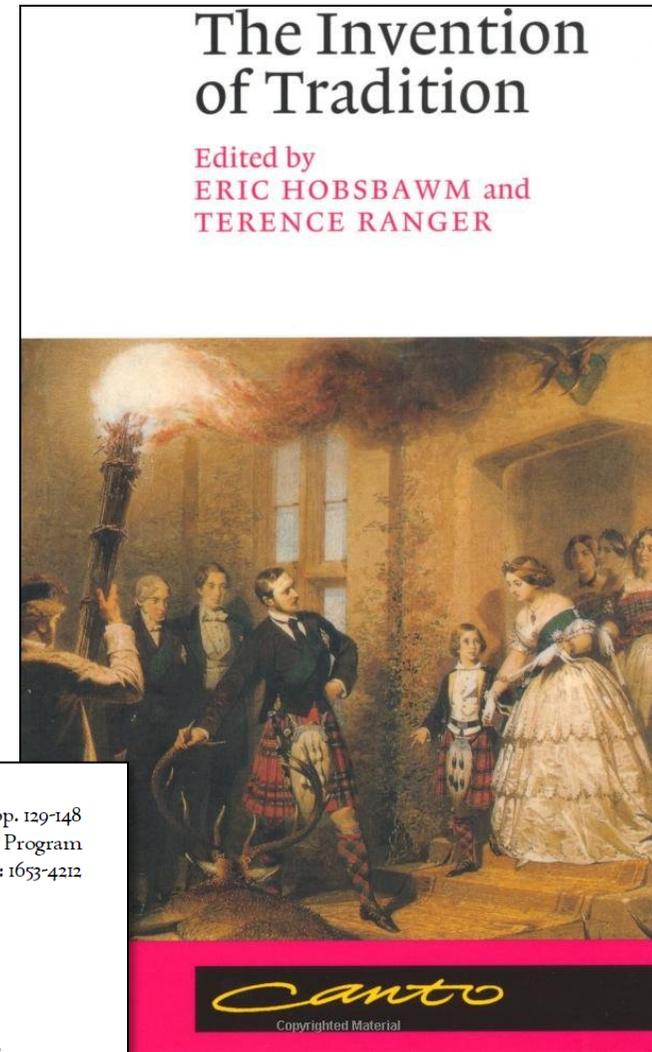
Outside the written traditions (e.g. China, India, Arab-speaking countries, Iran) healing before colonialism was not „medicine“ since

- 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)



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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 Kontext¹**

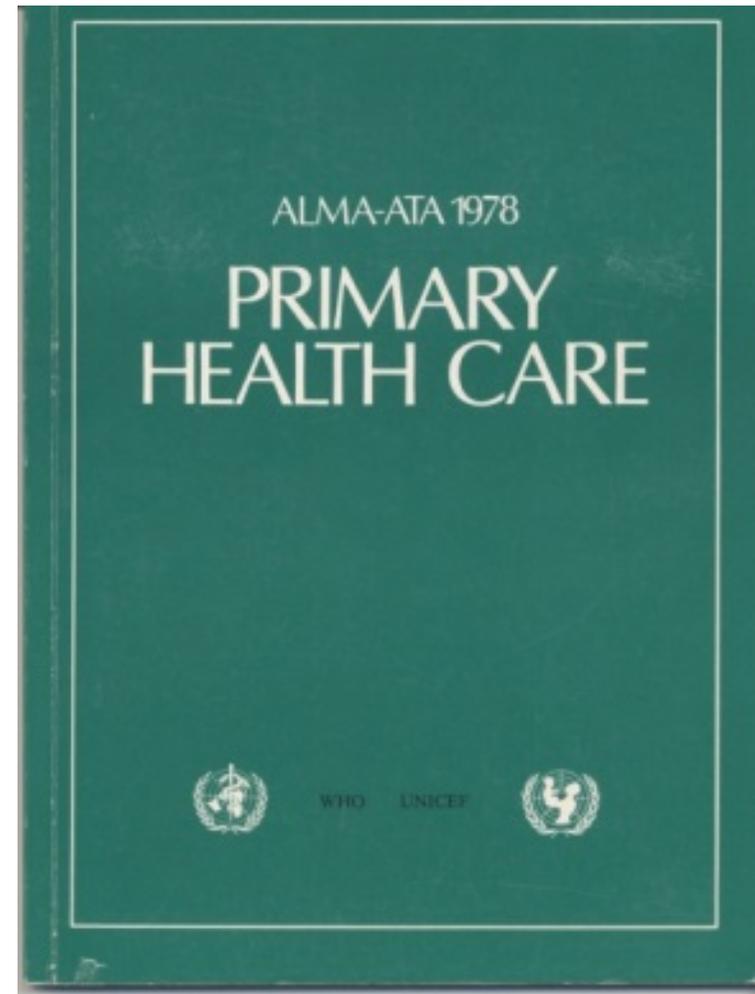
Michael Knipper

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?

Gemeinsam helfen – Gemeinsam heilen

BASISGESUNDHEITSDIENSTE

Im Kampf um's Überleben sind die Chancen für die Menschen in der Welt ungleich verteilt:

- jeder zweite bekommt nie eine ausgebildete medizinische Fachkraft zu sehen
- jeder dritte lebt ohne sauberes Trinkwasser
- jeder vierte ist unzureichend ernährt

Jährlich sterben 5 Millionen Kinder unter fünf Jahren an Durchfall; allein in Afrika kostet Malaria jährlich eine Million Menschen das Leben. Diese und andere tödliche Krankheiten sind vermeidbar. Ärzte und Krankenhäuser bringen Behandlung für wenige. Was aber die Überlebenschancen wirklich verändern kann, ist ein Bündel von Maßnahmen, bekannt als „primary health care“ (PHC), auf deutsch „Basisgesundheitsdienst“ oder „Primäre Gesundheitsversorgung“.



NAHRUNG UND ERNÄHRUNG



Etwa zwei Drittel der Kinder unter fünf Jahren in der Dritten Welt sind unterernährt.

Basisgesundheitsdienste bedeutet: Sicherstellung einer ausreichenden und erschwinglichen Ernährung sowie einer ausgewogenen Zusammensetzung der Kost.

WASSER UND SANITÄRE EINRICHTUNGEN



80% der Krankheiten in der Welt hängen mit dem Fehlen von sauberem Trinkwasser und von sanitären Einrichtungen zusammen.

Basisgesundheitsdienste bedeutet: Sauberes Wasser und hygienische Fäkalienbeseitigung für alle.

SCHUTZIMPFUNGEN UND BEKÄMPFUNG VON KRANKHEITEN



Infolge von nur 6 gewöhnlichen Kinderkrankheiten sterben jährlich 5 Millionen Kinder und weitere 5 Millionen werden durch sie schwerbehindert.

Basisgesundheitsdienste bedeutet: Schutzimpfungen gegen Kinderkrankheiten und die Bekämpfung anderer Krankheiten wie Malaria.

GESUNDHEIT FÜR MUTTER UND KIND



Mehr als eine halbe Million Mütter sterben bei der Geburt eines Kindes und 10% der Neugeborenen sterben vor Vollendung ihres ersten Lebensjahres.

Basisgesundheitsdienste bedeutet: Einsatz ausgebildeter Geburtshelferinnen, Förderung der Familienplanung und Überwachung der Gesundheit von Kindern.

WICHTIGSTE ARZNEIMITTEL



Bis zu 50% der Gesundheitsausgaben werden für Arzneimittel verwendet.

Basisgesundheitsdienste bedeutet: Beschränkung auf die 240 wichtigsten Arzneimittel, die möglichst am Ort hergestellt und jedermann zu einem erschwinglichen Preis verfügbar sein sollen.

KRANKENBEHANDLUNG



Jährlich erkranken eine Milliarde Kinder unter fünf Jahren an akuter Diarrhoe (Durchfall). 33% der Weltbevölkerung sind vom Hakenwurm befallen.

Basisgesundheitsdienste bedeutet: Ausbildung von Dorfgesundheits Helfern in Erkennung und Behandlung üblicher Krankheiten und Verletzungen.

TRADITIONELLE HEILKUNDE



Traditionelle Hebammen helfen bei 60–80% der Entbindungen in den Entwicklungsländern.

Basisgesundheitsdienste bedeutet: die Erfassung traditioneller Heilkundiger, deren zusätzliche Ausbildung und die Anwendung traditioneller Medizin.

GESUNDHEITSERZIEHUNG



Die Vermeidung von Krankheiten ist abhängig von der Veränderung eigener und in der Gesellschaft verbreiteter Gewohnheiten.

Basisgesundheitsdienste bedeutet: Erziehung und Bildung der Menschen, damit diese die Ursachen schlechter Gesundheit verstehen können und mehr für ihre eigenen gesundheitlichen Bedürfnisse tun.

DIE TRÜMPFE AUF DER HAND

Diese acht Programmpunkte der Basisgesundheitsdienste geben jedermann – Kleinkindern und den Armen ganz besonders – die besten Chancen, den Lebenskampf zu gewinnen.

Die Kosten, die notwendig sind um Basisgesundheitsdienste weltweit zu verwirklichen, betragen zusätzlich 50 Milliarden US-Dollar pro Jahr: Nicht einmal zwei Drittel dessen, was weltweit für Zigaretten ausgegeben wird, oder nur ein Fünftel der jährlichen Militärausgaben.



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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SUMMARY—In line with Resolution AFR/RCSO/R3 (Promoting the role of traditional medicine in health systems: A strategy for the African Region, 2000), Member States took steps between 2001 and 2012 to promote traditional medicine by developing national policies and regulatory frameworks and by implementing some priority interventions. By 2012, a total of 40 countries had national policies, 19 had strategic plans and there were 28 national research institutes that conducted research on traditional medicine products used for malaria, HIV/AIDS, sickle-cell disease, diabetes and hypertension. In addition, seven countries included traditional medicine products into their national essential

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

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

Situation analysis

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”

52nd World Health Assembly, April 1999, Official Records A52/24, 'Amendments to the Constitution: Report by the Secretariat,' p.4.

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)

UNITED
NATIONS



Economic and Social
Council

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“ loses 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

Strengths:

„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)

Strenghts: 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