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## UN: Potential of traditional medicine should be fostered, economic and social council president told panel

Fearing Misuse of Traditional Medicines, Resources as Demand Grew, Experts

Urged Preserving Traditional Knowledge, Protecting Intellectual Property Rights

"We cannot ignore the potential of traditional medicine" in the race to achieve the Millennium Development Goals and renew primary health care for those who lacked access to it, Economic and Social Council President Sylvie Lucas stressed today as she launched the 54-member body's first panel discussion in connection with its upcoming 2009 Annual Ministerial Review theme.

The discussion, on "The contribution of traditional medicine to the realization of international development objectives related to global public health", featured four experts: Xiaorui Zhang, Coordinator for Traditional Medicine, Department of Essential Medicine and Pharmaceutical Policies, World Health Organization (WHO), Geneva; Antony Taubman, Director and Head of the Global Intellectual Property Issues and Life Sciences Program, World Intellectual Property Organization, Geneva; Myriam Conejo, Coordinator of the Centro de Salud Jambi Huasi, Quito, Ecuador; and S. Rama Rao, Officer-in-Charge, World Intellectual Property Organization (WIPO), New York.

Ms. Lucas (Luxembourg) said traditional medicine was a field in which the knowledge and know-how of developing countries was "enormous" — and that was a source of hope for improving the world's health-care situation. Interestingly, industrialized countries could gain from experience of developing nations, not the other way around. In some Asian and African countries, for example, 80 per cent of the population depended on traditional medicine as the main source of care. In Europe and North America, traditional medicine was most often used by middle and upper classes and had fast become a growth industry.

Using the benefits of traditional medicine to improve health outcomes required a clear vision and determination to translate that idea into "public policies that work", she said. This year's Ministerial Review — set to take place during the Council's July substantive session, held this year in Geneva -- aimed to identify promising policies. If a link between tradition and innovation was to be established, local populations had to be protected from the unauthorized use of their knowledge and plants. Intellectual property rights could be used to that end, and United Nations bodies were working to shape a framework for the use of traditional medicine for development.

Taking the floor first, Ms. Zhang said that, to achieve the health-related Millennium Goals, several things were needed: universal coverage reforms, to improve health equally; service delivery reforms, to make health systems "people-centred"; leadership reforms, to make health authorities more reliable; and public policy reforms, to promote the health of the community.

She explained that the term "traditional medicine" covered therapies and practices that varied greatly from country to country and region to region, adding that traditional medicine and its practitioners played an important role in treating chronic illness. Traditional

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medicine was used by more than 50 per cent of the population in countries including Uganda, Tanzania and Rwanda, Myanmar, Mali and Ethiopia. Total sales of herbal medicines in Europe in 2003 reached €3.7 billion. In China, in 2005, sales revenue from traditional Chinese medicines totalled \$14 billion, a 23.8 per cent increase over the previous year.

Describing countries' progress in the field of traditional medicine, she said that, before 1990, only five Member States had a traditional medicine policy, a number that had increased to 48 by 2007. In 1970, only 12 countries had a national research institute for traditional medicine; by 2007, the number had jumped to 62.

She said WHO had organized the first Congress on Traditional Medicine last November in China, and a resolution adopted by the agency on 26 January 2009 had emphasized the need to preserve and communicate knowledge of traditional medicine; formulate national policies, regulations and standards; integrate traditional medicine into national health systems; develop research and innovation and to establish qualifications and licensed practice; and strengthen communication between conventional and traditional medicine providers. In closing, she said integrating traditional medicine into national health systems must be patient centred.

Speaking next, Mr. Tabuman said the difficult issues surrounding traditional medicine had arisen from a lack of respect for traditional knowledge systems -- including communities. Indigenous peoples were custodians of traditional medicines, and a failure to respect that carried legal and practical implications. The basic issue boiled down to ensuring that the originator of intellectual property was recognized and appropriately rewarded.

The nature of the traditional medicine debate highlighted a double-edge sword: growing demand from strong economies brought with it concerns about misappropriation. Traditional knowledge systems were not just "facts"; they formed the cultural identity of indigenous peoples, and mishandling by others could be seen as an assault on the cultural identity of a community. Describing the core issues, he noted the growing call for recognizing indigenous peoples' rights; viewing traditional medical knowledge systems as "living" systems to be preserved; ensuring regulatory systems and safeguards against the commercial misappropriation of traditional medical knowledge.

Further, it was important to distinguish between the two broad themes in the debate: preservation and protection, he said. "Preservation" required ensuring that traditional medical knowledge did not disappear, while "protection" worked to ensure against illegitimate use. "Positive protection" was recognition that traditional knowledge holders had a positive right over their knowledge. "Defensive protection" encompassed legal and practical measures to reduce the likelihood that illegitimate intellectual property rights were granted on traditional knowledge. WIPO focused on both types.

He said prior informed consent of traditional knowledge holders must be obtained prior to its use. As such, there was a growing focus on how to prevent misappropriation. WIPO was focusing on draft provisions to protect traditional knowledge; "gap analysis" which examined gaps in international law to be filled; legislative options for protection; as well as guidelines and measures to pre-empt the inappropriate patenting of traditional knowledge.

Major policy issues also must be considered, he said, highlighting, first, the need for a binding definition of "traditional knowledge". WIPO was required to move towards an outcome by September, he said. Debate centred on what type of outcome could be achieved: some had called for a binding treaty, while others noted that more time would be needed before that was achievable. There was sufficient political interest to ensure that there was at least a commitment to respect of traditional knowledge.

Ms. Conejo described the successful use of traditional medicine alongside Western medicine in the rural, multicultural community of Otavalo, Ecuador, near the border with Colombia. For over 20 years, health care for the region's 100,000 inhabitants -- which comprised three major ethnic groups: the indigenous Kichwas, the mixed-race Mestizos and the Afro-Ecuadorians -- had been provided by the Jambi Huasi clinic, established in 1984. The clinic was originally created to provide free health care to indigenous people exclusively, but its doors were later opened to people of mixed-race and to the Afro-Ecuadorian community.

Of the clinic's 10 staff members, she said, some individuals practiced traditional medicine, including the "yachak" (wise man) and the "pakarichik mamam" (midwife), who worked beside Western-trained doctors such as the clinic's general practitioner, psychologist and dentist. The clinic was located on sacred ground; one traditional healer had chosen an office on the first floor because he had wanted to be directly in touch with the ground.

She said the clinic was instrumental in countering widespread prejudice towards traditional medicine, where traditional midwives and healers were sometimes portrayed as quacks in local newspapers. Based on statistics collected since 1984, a majority of patients seeking care from the "wise man" were mixed-race, while equal numbers of mixed-race and indigenous people regularly sought help from the midwife.

She said about half of the patients seeking care at Jambi Hausi had sought previous treatment in Western-style facilities without success, including one individual who suffered back pain for 12 years. A health professional at the Jambi Hausi determined that the problem was psychosomatic and provided the appropriate care. Another patient suffered a persistent stomach upset for three years, and was treated successfully by a traditional healer who discovered that her illness was triggered by stress brought upon by marital difficulties. Her health was restored through the use of the appropriate herbs, after receiving psychological care.

Trade in traditional medicine at the international level was a topic touched on by Mr. Rao, who spoke on legal protection and mainstreaming of traditional medicines, which was being attempted by the Government of India with the aid of its "traditional knowledge digital library". The digital library -- a database containing 30 million pages of scientific formulas derived from traditional medicinal substances -- was created by an Indian doctor who believed that, without it, traditional medicine would be consigned as the poor person's medicine and not be used to its full potential.

The library's creator further believed that traditional medicines would be prone to misappropriation by third parties if they were not properly codified, Mr. Rao said. Moreover, he believed that a central database would engender wider use of the medicines contained within it, while helping to preserve the attendant knowledge and skills associated with producing those medicines. The scientific

formulas contained in the digital library were comparable to modern medical formulations, and were based on information gleaned from old texts. The library was the product of several hundred scientists.

He said the digital library was now being used to facilitate international trade negotiations between India and other countries. So far, the Indian Government had reached an agreement with the European Patent Office so that herbal medicines originating from India could not be patented in Europe without first referring to the database. Negotiations on a similar arrangement with the United States Trademark and Patent Office were currently ongoing.

He also said that access to information from the digital library was helping to lower the cost of producing medicines -- for example, medicine to treat psoriasis was being produced at a cost of \$50 per patient per year, as compared to \$20,000 per patient through conventional means. The concept of a digital library for traditional knowledge was currently under consideration by authorities in South Africa, Tanzania, Thailand, Nigeria, Malaysia as well as countries of the Middle East.

In the ensuing interactive discussion, representatives described national traditional knowledge systems and measures to protect intellectual property, and asked questions on various issues, including how to effectively mainstream traditional medicine into health-care services. Was work under way to promote the study of different medicinal plants in Latin America? Why was traditional medicine thriving in some countries despite efforts to promote conventional treatment?

The representative of Brazil noted the need to move faster in promoting universal regimes dealing with traditional medicine, saying that the United Nations should issue a political statement to that effect. Also, he wondered whether traditional medicine should be promoted as a public good, or if countries were willing to accept that, for it to be mainstreamed, it would become a part of proprietary Western medicine. The answer was not obvious.

Another delegate wondered whether WIPO would introduce its draft principles during its General Assembly in September.

Responding, Ms. Zhang said improving research was important. Indeed, WHO supported countries and regions in developing their own monographs, and would like to work with Latin American countries.

Mr. Taubman, focusing first on the entry of traditional knowledge into the mainstream, said that, in the recent past, traditional medical knowledge had been considered "background noise" in the patent system. That had changed fundamentally, and, today, there was recognition that traditional knowledge must be considered on the same level as that produced by a Western pharmacologist.

On the need for a system-wide approach, he said WIPO had "tremendous" cooperation with partners in the United Nations system, which could be enhanced. It was unlikely that WIPO's draft principles would be "wrapped up" in the course of its current mandate in September. They provided an informal guide for what international principles might resemble, and he was optimistic about seeing progress in the coming years.

Ms. Conejo said Ecuador's Ministry of Health was working on certification for traditional healers and midwives working at the local level. Techniques used by traditional healers should be examined. She urged gathering morbidity and mortality statistics for traditional medicine, and comparing them to those for Western medicine.

Also speaking today were the representatives of China, Bolivia, Congo, Kenya, Kazakhstan and India.

The Economic and Social Council will reconvene at a time and date to be announced.

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