

# The Protection of Indigenous Knowledge for Peoples Health

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## Introduction

Indigenous knowledge (IK) has recently been regarded as an important commodity in global health development. Although recommendations by the World Health Organisation in the Health for All Declaration (1978) highlighted the need to include local people, their traditions and practices in Primary Health Care (PHC), this was largely ignored. Evidence suggests that up until recently IK and Traditional Medical Practice (TMP) was largely seen as a barrier to modernization and progress. This case study will discuss these changes and identify both positive and negative aspects of these trends.

## Indigenous Knowledge

Most simply IK is knowledge that is locally situated and related to a more or less set of common values, beliefs, experiences and practices held by a particular tribal group, kinship or indigenous community. It is also referred to as “traditional knowledge”, “folk knowledge”, “ancient wisdom” or “ethno science”. Woyek & Gorjestani (1998:iv) include the following traits that they suggest distinguish IK from scientific or western knowledge (SK).

- Unique to a particular culture and society
- Basis for local decision making in agriculture; health; national resource management
- Embedded in community practices, institutions, relations and rituals
- Essentially tacit knowledge based on; oral forms of communication; experiential learning.

Whilst IK is currently seen as an important facet of both local and global development this, however, has not always been the case.

## The Exclusion of IK in Health Development

Development statistics are a useful starting point for identifying areas and forms of inequalities and therefore social exclusion. These statistics, however, cannot show how people have been excluded from development processes by their very nature, in terms of who they are and what they represent. It cannot identify the historical and contemporary globalizing practices which have excluded or silenced people and their history, values and knowledge. (Freire 1985; Napoleon 1997; Shiva 1997)

Communities and groups who adhered to traditional belief systems and local knowledge in health and development practices were often represented as ill educated, backward, even un-civilised. (Kolawole 2001) Shrestra (2002:107) wrote of how “*missionaries mocked our local medical practices, and made us feel ashamed of them*”. Yet as Gesler (1984:72) reminds us that before the Europeans came to Uganda “*the Buganda people had developed a complex and effective medical system*”. Indigenous systems of health knowledge and healing practices have had to meet the needs of the local communities over many centuries and continue to do so. Nevertheless, there has been a clear assumption from a global perspective that “west is best”, and all peoples of the world at some stage, if they want to survive and indeed progress, must succumb to the universal western values of health and development.

## **From Exclusion to Inclusion of IK in Global Development**

Global development strategies have changed in recent years. People's participation and inclusion is now high on the development agenda, including IK is the latest trend in this change. Although it was once seen as a barrier to development, IK is now firmly accepted by most lead development organizations, including WHO, the United Nations Development Programme (UNDP) even the World Bank. (WHO 1996; 2003; World Bank 1998) This increasing acceptance has both a local and global dimension to it.

## **The Local Use of IK in Development Programmes**

Brokensha et al (1980) recognised IK as a useful tool in community development. Something as complementary to western knowledge, which encouraged participation, emphasised local need and resources, and enhanced local pride<sup>1</sup>. Not least from an outsiders position the inclusion of IK in local development dialogue would seem to be a common courtesy. Ho et al (2003) alongside researchers such as Chambers (1983; 1994) and Sillitoe et al (2002) consider IK as an important yet under-utilised component of global knowledge for development.

Although still under-utilised IK is no longer excluded. IK is utilized in local sustainable development activities, especially environmental protection and agriculture. It is increasingly used in palliative health care for HIV and Aid's sufferers in Asia and Africa. (Bodeker 2001; Morris 2001; Marco & Kananurak 2002) The use of IK for local development is largely seen as unproblematic, something long overdue. The use of IK in the global health market, however, can be viewed as something more challenging to local level development.

## **The Globalization and Exploitation of IK**

The most profound interest in IK has taken place amongst the large Multinational Pharmaceutical Corporations (MNPC's) and their intrepid scientists. Advances in biotechnology have increased the exploitation of IK particularly with reference to medicinal plants and the genetic resources they harbour. Utilization of this knowledge by the global health industry is evident with MNPC's as ever in competition to find the next "cure" or "magic bullet" for a whole series of modern diseases and ailments. A key question is who will benefit the most from this exploitation? Some suggest that benefits to the local communities and source of the IK are negligible. (Shiva 1997; Seneviratne 2000) Another set of concerns regards the protection and sustainability of IK, as some view the globalization of IK as a further threat to the worlds' cultural, linguistic and biological diversity.

## **IK: Protection, Sustainability and Rights**

These core concerns were first raised internationally at the Earth Summit at Rio in 1993 with the subsequent production of the International Convention on Biological Diversity. The three main goals of the convention as cited by Cox (2000) are:

1. Respect, preserve and maintain traditional knowledge

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<sup>1</sup> To understand the extent of how local knowledge and beliefs have been eroded by western approaches see the work of Napoleon (1997)

2. Promote wider application of traditional knowledge
3. Encourage equitable sharing of benefits from traditional knowledge

The convention is an important step in the protection of IK but there are concerns that it does not go far enough to protect IK from bio-piracy. (Takeshita 2001; Oxfam 2003) Unequal power relations in international relations and international law are clear obstacles to both justice and adequate protection in many cases.

Issues of rights and laws to protect IK, and ensure that the holders of the knowledge are rewarded equitably are currently under review (Swideska 2002; Ho et al 2003; Tobin 2004; WHO 2004). Timmermans (2003:751) talks of the importance of establishing links between *“commercial, conservational & developmental goals, and to formalize and, thus, reinforce, the (moral) rights of the holder over their knowledge”*. Swideska (2002:2) suggests a number of clauses to protect IK, and with specific reference to the ancestral rights of indigenous communities. He insists that the local community must decide how IK is used, with the state/technical experts as facilitators, and that local use is prioritised over commercial/scientific use.

One of the ironies in this area of health research and development as Earthwatch (1994:73) stated is that whilst *“one quarter of the worlds modern medicines are derived from or copy compounds found in tropical plants. Yet the cultures that collected such lore over generations are now in danger of forgetting it.”* Colonialism and approaches to development based on modernisation theory have, to some extent, been successful in educating, persuading or convincing people to regard their own local culture, beliefs, values and knowledge as redundant; something that is no longer required or needed for their own development and well-being, nor that of others. This new surge of interest in IK and traditional wisdom may come as a bit of a surprise to many. Tauli-Corpuz (2002:65) writing on behalf of the Indigenous Peoples' International Centre for Political Research and Education states that *“current forces of globalization continue to regard our rights, our political systems, our economic systems, and our culture and knowledge systems as backward, unrealistic and romantic”*. Yet this seems to be at odds with current developments in the exploitation of IK.

### **Health and Development: Universal Knowledge and Values**

It could be argued that no knowledge is or should be universal. With specific reference to IK, anthropologists warn about the dangers of abstracting what is after all situated knowledge. Giarelli (1995:) warns that IK systems *“cannot be reduced to the empirical knowledge they contain”*. Indeed indigenous health knowledge and TMP are usually part of a wider system of knowledge about health, illness and the relationship between humans and nature. (Lama 2000) Takeshita (2001:8) supports this with his concern over the use of IK as a *“biomedical utility”*; as if it were just matter of fact information rather than knowledge which is *“embedded in beliefs about life, death, disease, healing and ancestral heritage and are anchored in peoples cultural identity”*.

A more positive view of these globalizing tendencies however, would argue that the extraction of specific IK for global health medicine is surely a good

thing, something worthwhile and in the interest of all? This, however, must be balanced by the increasing lack of equity in global health research and development. The burden of disease still falls predominantly on the third world countries, yet resources are disproportionately skewed towards the health maintenance of the western world. (Baum 2001) The health transition promised by the WHO in the post war era initially and then again in 1978 has not happened nor is it likely to happen in the near future.

Also whilst WHO are making significant moves in the attempt to find a level playing field with regard to IK and its use for international health there are still many problems not appreciated at this level. The 10 members who make up the Commission on Intellectual Property Rights, Innovation and Public Health whilst international in spectrum, are all representatives from government, industry, law or research. (WHO 2004) There is no one to represent civil or political movements, no one from the numerous organisations or networks who represent the interests of these excluded groups and individuals, in other words no alternative voice or voices to challenge the dominant interests.

### **Conclusions**

Clearly indigenous knowledge, values and belief systems are important and surprisingly robust considering the history of western domination and exclusion. There is no point in romanticising IK as something, which will fundamentally bring about global health for all, for either the third world or the west. IK will have specific uses just like biomedicine, neither can be truly universal nor without problems. Questions arise as to whether the recent embrace of IK by the large development institutions and organisations are merely a smokescreen, another way of avoiding questions about or solutions to the gross inequalities that persist on a global scale. IK is not a panacea for development. It is something, which should be respected, protected and allowed to flourish in the communities it stems from.

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