GIFTS Organising Committee

Minutes

Wednesday, November 26, 1993
10:30 a.m. - 12:30 p.m.
Room 838

Attendees

Mr. Rodrigo Contreras, World Council of Indigenous Peoples
Dr. Vincent Tookeny, Native Physicians Association of Canada

Shahid Akhtar, Information Sciences (IS)
Angie Anton, Administrative Services (ADMN)
Catherine Hill, Corporate Affairs & Initiatives Division (CAID)
Anwar Islam, Health Sciences (HS)
Lyse LaVictoire, ADMN
Danna Leaman, Environment & Natural Resources (ENR)
Bertha Mo, HS
Hutoxi Noble, HS
Rosina Wiltshire, CAID

Regrets: Joachim Voss, ENR

The meeting opened with informal introductions between IDRC and external members of the Organising Committee.

Anwar Islam noted that the dates for the Ottawa Workshop are fixed for February 23, 24, and 25, 1994. It was suggested that between 100 and 150 participants would attend the workshop. Participating organisations will help to identify potential participants.

Objectives of the Workshop

Anwar distributed a draft of proposed objectives for the Ottawa Workshop (see attached). As effective discussion emerged, it was decided that the objectives be reworked to better reflect the workshop schedule (3 days). It was suggested that Objectives 1 and 8 be combined to create one stronger objective. Objective 3 was considered critical as health is
also a spiritual healing and requires a recognition of the oppression of people. Feedback on
the other objectives was invited and it was suggested that comments also be made in writing.

**IDRC's Commitment**

It was noted that IDRC is currently committed to GIFTS up to, and not beyond, the Ottawa
Workshop. The question of what IDRC wants to achieve as a corporate entity was posed.

**Collaboration**

It was strongly stressed that GIFTS is a collaborative effort and not an exclusive IDRC
activity. Dr. Tookenay (NPAC) and Mr. Contreras (WCIP) expressed their unequivocal
support for the Workshop and strongly emphasized the need for collaboration in the
Workshop and further regional GIFTS conferences.

**Preliminary Workshop Agenda**

It was suggested that a preliminary workshop agenda include the following concerns:

1. Background conceptualization and contextualization of traditional health systems to
   include history and evolution;

2. Barriers to traditional health systems, e.g. attitude of formal health system; policy;
   etc. Identified a need for empowerment of traditional health practitioners;

3. Gender and traditional health systems;

4. Emerging research and policy gaps.

It was proposed that practitioners speak about health from within their framework, with the
intention of building a dialogue between policy and traditional health. The need to look at
collaborative systems between "traditional" and "western" or "formal" systems was
identified.

It was also recommended that the workshop be a facilitative process in order to promote a
range of ideas, experiences, and recommendations.
Workshop Facilities and Organisation

It was suggested that we finalize the numbers of workshop attendees preferably by the third week of December so that the Facilities group can arrange for rooms at IDRC.

Other concerns were noted and the group was asked to comment on these early on in the process:

1. Should there be a Workshop publication, Robert Charbonneau needs to be involved in the organising process;

2. As there will likely be a Ceremonial Opening, the Organising Committee should be aware of this in planning the agenda and the facilities;

3. Given the expressed need for a facilitative process, rapporteurs and facilitators must be organised;

4. Should there be an assessment of the Workshop, the Evaluation Unit needs to be notified.

5. Translation services - The suggested primary Workshop room has the facilities for translation into one other language. It has been suggested that a "buddy system" be organised for other needed translation services.

6. Workshop Brochure - If one is to be produced, who will do it?

7. Other - as some people might not have travelled before, arrival assistance (and extra warm clothing) will be required.

8. It was noted that IDRC’s facilities can provide lunches in the same room for up to 60 people. Should the list of attendees rise above this number, other arrangements will need to be made for lunches.

Teleconference

It was agreed that Rosina Wiltshire and Anwar Islam would organize a teleconference with partners in Washington in the first week of December.
Next Meeting

It was proposed that an internal IDRC Organising Committee meeting be scheduled for the first week of December, to be followed by a full Organising Committee meeting during the second week of December.

Adjournment

The meeting was adjourned at 12:30 p.m.
WORKSHOP
ON TRADITIONAL HEALTH SYSTEMS AND PUBLIC POLICY
OTTAWA, ONTARIO
February 23 - 25, 1993

Proposed Objectives

1. To explore the possibility of creating an international forum or use an existing institutional framework e.g. WHO, for bringing into focus the diverse policy models that currently exist in the area of traditional health systems and national health care in developing countries.

2. To explore the relationship between indigenous knowledge, gender and traditional health practices and products.

3. To examine the history, evolution and conceptual foundations of major traditional health systems and identify and debate the tensions between various systems of health care.

4. To identify both promising and problematic policy approaches with respect to production/distribution, utilization, effectiveness, conceptual integrity and official support for traditional health systems.

5. To identify specific areas in which both national and international policy development should be promoted with special focus on local production/manufacture of traditional health products, biodiversity and intellectual property rights.

6. To identify priority research areas pertaining to traditional health systems.

7. To make widely available information resulting from the conference, so that it may serve as a stimulus and a reference document in policy formation in developing countries, international bodies and funding organizations.

8. To explore the interest on the part of traditional health practitioners/representatives in establishing an international body (e.g. a World Council of Traditional Health Systems) specifically designed to provide an international policy forum and representative base for traditional health systems and their custodians.

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