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# **al Initiative for Traditional Systems (GIFTS) of Health**



## **Information Kit**

**Prepared by Catherine L.M. Hill**

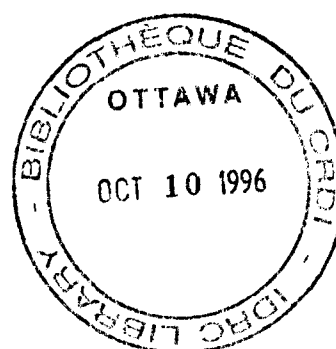
**International Development Research Centre  
Ottawa, 1993**

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## **GIFTS INFORMATION KIT**

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## **GIFTS INFORMATION KIT**

The following information kit is intended to provide a guide to some of the key policy issues, references, and current conferences, workshops, and meetings in areas related to traditional health systems. Further, it includes some of the key organisations and indigenous knowledge centres working in the area of traditional health systems and international donors who are either supporting such activities or can be reached for funding information.

This kit is by no means exhaustive. It is the culmination of several IDRC data base searches, as well as discussions with several institutions and researchers close to the centre of traditional health research and activities. It is meant as a starting point from which one can highlight areas of interest through the sections on Selected References and Annotated Bibliographies or contact regional Indigenous Knowledge Research Centres for information about further projects or research.

As of the middle of November, 1993, the Centre for International Research and Advisory Networks (CIRAN/NUFFIC) was in the middle of creating a database of some 2500 organisations working in traditional or indigenous knowledge. It was suggested that the list would be ready by the spring of 1994. CIRAN/NUFFIC can be reached at PO Box 90734, 2509 LS The Hague, the Netherlands, tel: +31-70-4260321, fax: +31-70-4260329.

Another excellent source describing the activities of the many centres for indigenous knowledge as well as the key issues in the field was supported by the Non-Governmental Organisation Division of the Canadian Partnership Branch of the Canadian International Development Agency. Entitled, Culture Based Knowledge Systems in Development: Securing the Foundations for a Sustainable Future, it was produced by Onake, Akwesasne, with the research and general report prepared by Raymond Obomsawin with assistance by Rene Rodriguez.

Used together, these sources will provide an effective base from which to organise the GIFTS initiative.

## Acknowledgements

Many thanks go to the following organisations for their support and planning efforts: International Development Research Centre (IDRC), Canada; the National Museum of Health and Medicine, USA; World Council of Indigenous Peoples (WCIP); Native Physicians Association of Canada; Canadian Museum of Nature - Centre for Traditional Knowledge; The Green College Centre for Environmental Understanding and Policy, Oxford University; Ethnobiology Foundation, Oxford; Pan American Health Organisation (PAHO); World Bank; the National Institutes of Health, Office of Alternative Medicine; Oxford Forestry Institute; the University of Nigeria, Pharmacognosy Department; the British Research Council on Complementary Medicine; the National Institute for Health Communication; Columbia University, School of Medicine.

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the World Health Organization for permission to reproduce the following documents:

"Traditional medicine and modern health care." Progress report by the Director-General. Geneva, World Health Organization, 1991 (unpublished document A44/10), and

"Primary Health Care." Report of the International Conference on Primary Health Care, Alma-Ata 1978. Geneva, World Health Organization, 1978, ("Health for All" Series No. 1);

the World Council of Indigenous Peoples for the "Draft Declaration as Agreed upon by the Members of the Working Group at its Eleventh Session";

and finally thank you to the International Women's Tribune Centre for their constant willingness to share information with people and for '95 Preview, No. 1, April 1993.

## **II Policy Issues in Traditional Health Studies**

## **Biological and Cultural Diversity**

The interest in biological and cultural diversity issues has been fuelled in part by countless studies and documents including the Brundtland Commission as well as the (pharmaceutical industry-promoted) race to "identify" botanical properties with potential for the provision of biomedical medicines. Biological diversity is critical to humanity for many needs including food, shelter, and medicine. In turn, cultural biodiversity is critical to the maintenance of biological diversity as it is the women and men in the many local communities who hold the knowledge of healing medicines and practices.

Interestingly enough, the regions of greatest biodiversity are also those regions with the highest levels of (structural) poverty. As governments and trans-national corporations look to benefit from the knowledge and innovations of local communities, the potential for destroying the very fabric of the society - and, in turn, the culture itself-increases.

In exploring the potential of traditional health systems, care must be taken to ensure the protection of both cultural and biological diversity. Trans-national corporations and researchers protect themselves through intellectual property rights (IPR) and patents. Local communities must also protect themselves from big business interests and exploitation; and governments eager to unload their debts by selling off their biodiversity.

Issues of relevance to local users and practitioners include the local conservation and sustainable management of plants and animals used in traditional medicine as well as the related issues of accessible, potable water and fertile soils. Other issues that need to be addressed are the technical, economic, and legal barriers to sustainable local use of traditional medicines.



## **Intellectual Property Rights**

"Intellectual Property Rights" (IPR) is a concept which encompasses a number of mechanisms for granting "patent" or "ownership" rights for genetic (or sometimes whole plant) material to individuals and/or businesses. Developed under the dominant western paradigm of knowledge and science, IPR is situated in a dominant global community that values free (monetary) markets, competition, property ownership, knowledge as commodity, and profit.

IPR is often a foreign concept to many cultures who view knowledge as an entity to be shared<sup>1</sup>, not protected. How can cultures continue to share their knowledge with each other and outsiders without being exploited by those eager to patent yet another living organism, cell, or gene? Further, how does one protect the so-called "spiritual property rights" of a community and its healing practices?

Member nations of the European Community, the United States, and other western countries are pushing for a global patent regime through a multilateral trade forum, the General Agreement on Tariffs and Trade (GATT), threatening indigenous communities' very survival. While the FAO has discussed the potential for Farmers' Rights to counter this movement and ensure equal access to resources for small farmers and compensation for their innovations, little effective work has been done to date.

Important precedents have been set in community-company agreements including the cases of the National Institutes of Health, Shaman Pharmaceuticals, and the now renowned Merck-InBio Agreement. It has been suggested that these may have far more influence at the local level than GATT.

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<sup>1</sup> However, perceiving medicine and healing practices as sacred and powerful, some communities share healing knowledge only with people who are "mature" enough to manage, or are prepared for, the responsibilities of healing and medicinal use. Many communities are concerned that this knowledge will fall into the hands of ill-prepared people.

## **Certification, Training, and Legitimation**

Various models profile the relationship between traditional healing practices and formal national health care systems. They include:

- Tolerant systems where traditional healers are free to practice on condition that they not claim to be medical doctors. These healers are not officially recognized (various countries in Africa);
- Parallel systems where practitioners of both formal and traditional systems are officially recognized (India);
- Integrated systems where formal and traditional healing practices merge in medical education and are jointly practised (China, Nicaragua emerging).

The challenge for national and international health systems is to move beyond an institutionalized acceptance of formal, biomedical practices to acknowledge and officially recognize the value of traditional health practices. However, in efforts to formally legitimize traditional healing through certification, regulation, and training, care must be taken to avoid disempowering healers who, for many reasons including political, spiritual, cultural, and economic, reasons decide not to, or cannot afford to, participate in the formally recognized system.

In many cases, alternatives to formal recognition might need to be considered. Communities necessarily need to decide what type of recognition, training, and regulation best suits their needs and interests. Furthermore, cultural and social healing practices, including those of women and elders, must be considered in any regulation efforts or training programme and these programmes and regulations should not be developed based on western concepts, except where appropriate.

Finally, it must be noted that to formally accept local knowledge as valuable or legitimate is to directly challenge the dominant system and brings up the question of political repression of such systems and the possible threat to a community should practices be "brought to the surface" for national and international viewing.

## **Gender and Traditional Health**

Approximately 80% of all healing across the globe is carried out by women. In regions such as Africa, women provide approximately 80% of all rural labour. Clearly women are central to the maintenance of human and animal health, and are engaged in activities associated with the continued health of the natural, physical, and social environment. Women are responsible for the maintenance of the health of their communities and environment on a daily basis and also for preventive or curative "healing" practices.

While both men and women are engaged in knowledge production, innovation, and transference related to systemic health, women's knowledge and practices have been marginalized, or rendered invisible in broader development efforts. In an effort to more broadly understand and recognize health initiatives, it is important to recognize gender-disaggregated knowledge and practices that sustain communities in, and with, their environment as well as the critical relationships between men and women; and the structures of class, race, age, etc.

On the other hand, it is necessary to ensure that women's healing knowledge (and all knowledge) is not treated as yet another "artifact" to be catalogued and co-opted by western science. It must be recognized as a valuable body of knowledge embedded in a complex social and environmental milieu, evolving and changing in order to ensure a people's continued existence.

Gender issues must, of necessity, be considered in all areas of traditional health systems, both in practice and knowledge, and policy recommendations. Issues such as biodiversity, certification, training, and intellectual property rights will, without question, hold different consequences for men and women both throughout their labour divisions, and with respect to class, age, ethnicity, and other socially-constructed expectations in their local, national, and international community.

## **Equitable and Sustainable Development for Health**

Traditional health systems do not exist in isolation, but rather they are embedded in complex social and environmental contexts tied to larger regional, national, and international commerce, trade, and politics. In order to ensure that traditional health systems are sustained, it is essential to address health within this broader context.

Traditional healing practices depend on wild and domesticated biodiversity which, in turn, are directly linked to global forces in agriculture, forestry, and mining to name a few areas. Such areas must subsequently be examined in terms of sustainability. Clearly, monocropping and the green revolution have been destructive to indigenous breeds of plants. Alternative methods which support sustainable indigenous innovations in agriculture should be supported. Likewise with sustainable indigenous innovations in community-based forestry.

Importantly, the needs and interests of traditional healers (men and women) and their communities must be incorporated into the decision-making process. Ideally, this would include actual healers partaking in the decision-making and planning processes. It must be recognized however, that the formal institutions of several countries have rejected the value of traditional healing practices and indigenous knowledge in general and healers have subsequently been subjected to threats, banning of their practices, and imprisonment.

Debate and discussion of the value of non-western science and knowledge including traditional health practices and the acknowledgement of the holistic perspective of indigenous knowledge in general is sorely needed. A move away from reductionistic western science to a more inclusive science that values both western and non-western experimentation, explanation, and action would provide a more sustainable and equitable science for all involved and would, undoubtedly, lead to a more comprehensive understanding of health and healing practices for all.

### **III Key Documents and Conventions**

# DECLARATION

# OF ALMA-ATA

The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following Declaration:

## I

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

• • •

## II

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

## III

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and pro-

tection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.

## IV

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

## V

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

## VI

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of indi-

viduals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

## VII

Primary health care:

1. reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
2. addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;
3. includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
4. involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;
5. requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;

6. should be sustained by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;

7. relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

## VIII

All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

## IX

All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

## X

An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente and disarmament could and should release additional resources

that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share.

\* \* \*

The International Conference on Primary Health Care calls for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with a New International Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, non-governmental organizations, funding agencies, all health workers and the whole world community to support national and international commitment to primary health care and to channel increased technical and financial support to it, particularly in developing countries. The Conference calls on all the aforementioned to collaborate in introducing, developing and maintaining primary health care in accordance with the spirit and content of this Declaration.

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FORTY-FOURTH WORLD HEALTH ASSEMBLY

Provisional agenda item 17.2

TRADITIONAL MEDICINE AND MODERN HEALTH CARE

Progress report by the Director-General

This report is presented for review in response to resolution WHA42.43 and describes the progress and current status of the traditional medicine programme. It presents the policy basis of the programme and the background to its development. The programme's five major areas of concern are covered and a brief description is given of the activities undertaken in each one: national programme development; health systems and operational research; clinical and scientific investigations; education and training; and exchange of information. The programme's future directions are then outlined in the areas of national policies, medicinal plants and acupuncture.

An earlier version of this document was submitted to the Executive Board at its eighty-seventh session as document EB87/11. The Executive Board adopted resolution EB87.R24 recommending a draft resolution for adoption by the Forty-fourth World Health Assembly.

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I. BACKGROUND

1. The WHO Eighth General Programme of Work, covering the period 1990-1995, defines traditional medicine, which is widespread throughout the world, as comprising therapeutic practices that have been in existence, often for hundreds of years, before the development and spread of modern scientific medicine, and are still in use today. These practices vary widely, in keeping with the social and cultural heritage of different countries.

2. Over the past decade interest has revived in the study and use of traditional systems of medicine in different cultural settings. As a result, countries have sought cooperation from WHO in identifying and using the safe and positive elements of traditional medicine in national health systems.

3. WHO is aware that many elements of traditional medicine are beneficial, but others are not, and some are definitely harmful. In this respect, the Organization encourages and supports countries to identify and provide safe and effective remedies and practices for use in the public and private health services. However, this does not amount to a blind endorsement of all forms of traditional medicine. WHO's role is to ensure that traditional medicine is examined critically and with an open mind.

4. Both WHO and many of its Member States have sought to foster a realistic and pragmatic approach to the subject. This has assured progress in the programme's primary objective of linking proven, useful traditional practices and modern scientific medicine within the national health system.

5. The policy of the traditional medicine programme is based on a number of resolutions adopted by the World Health Assembly and the regional committees. These draw attention to the fact that: (1) most of the world's population depends on traditional medicine for primary health care; (2) the work force represented by practitioners of traditional medicine is a potentially important resource for the delivery of health care; and (3) medicinal plants are of great importance to the health of individuals and communities. Moreover, the Declaration of Alma-Ata in 1978 provided for, inter alia, the accommodation of proven traditional remedies in national drug policies and regulatory measures.

6. In May 1988 the Forty-first World Health Assembly drew attention to the Chiang Mai Declaration, "Saving lives by saving plants", and, in resolution WHA41.19, endorsed the call for international cooperation and coordination to establish a basis for the conservation of medicinal plants and to ensure that adequate quantities are available for future generations.

7. Resolution WHA42.43, adopted in 1989, recalled earlier resolutions on traditional medicine<sup>1</sup> and affirmed that together they constituted a comprehensive approach to the study and utilization of medicinal plants in health services. This resolution requested the Director-General to prepare a progress report for consideration by the Forty-fourth World Health Assembly.

8. The activities in traditional medicine that WHO undertakes, in response to requests from Member States, are those that support Member States in their efforts to formulate national policies on traditional medicine; to study the potential usefulness of traditional medicine, including evaluation of practices and investigation of the safety and efficacy of remedies; to upgrade the knowledge and skills of traditional and modern health practitioners; and to educate and inform the community about proven traditional health practices.

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<sup>1</sup> Resolutions WHA29.72, WHA30.49, WHA40.33; WHA31.33, WHA41.19; in addition, a resolution was adopted in 1969 on pharmaceutical production in developing countries (resolution WHA22.54).

9. The traditional medicine programme draws guidance and support from the members of the Expert Advisory Panel on Traditional Medicine and from individuals and institutions that are active in the field. Technical links are maintained with UNIDO, UNDP, UNESCO and the World Bank, as these agencies and other funding and development bodies are financing traditional medicine activities at country level. A recent link has been forged with the World Federation of Proprietary Medicine Manufacturers (WFPMM), a nongovernmental organization in official relations with WHO.

10. The activities of the programme have immediate and potential benefits for many of WHO's technical programme areas; for example, the use of traditional remedies in infectious and noncommunicable disease control; the use of medicinal plants for fertility regulation and cancer; the role of traditional health practitioners, especially traditional midwives, in maternal and child health and in the Expanded Programme on Immunization; the development of culture-based mental health services; and the role of traditional health practitioners as health educators in their respective communities. The programme also plays a role in AIDS prevention and control at country level, especially in the African Region where traditional health practitioners are used in health education, counselling and family support activities. Another area is the investigation of traditional remedies and drugs considered to have anti-viral or immunity-enhancing properties or to be useful against opportunistic infections.

11. Since 1985 the programme has received financial support from DANIDA; as from 1989 it has been working closely with WFPMM to implement some of its activities. A major effort is under way to secure additional extrabudgetary support for this important programme.

12. A brief account of the current status of the programme and of its future directions is given below in response to resolution WHA42.43 on traditional medicine and modern health care. Further details of activities are available in documents issued by the programme.

## II. PROGRAMME STATUS

13. WHO's priorities in traditional medicine are reflected in the activities listed in the medium-term programme for 1990-1995.<sup>1</sup> These are grouped into five main areas of concern: national programme development, health systems and operational research, clinical and scientific investigations, education and training, and exchange of information.

### National programme development

14. In the area of national programme development, WHO collaborates with its Member States in the review of national policies, legislation and decisions on the nature and extent of the use of traditional medicine in their health systems. Activities include cooperation with ministries of health in establishing policies and appropriate mechanisms for introducing traditional remedies and practices into primary health care programmes. Bhutan, Botswana, Cuba, Lesotho, Nicaragua and Sudan are examples of countries that have initiated national activities in traditional medicine in recent times.

15. The primary health care approach calls for, among other things, increased intersectoral planning, programming and delivery, and for a common approach in solving health problems as part of general socioeconomic development. It also emphasizes the need to make maximum use of all available resources. This is why the International Conference on Primary Health Care, in Alma-Ata in 1978, recommended that governments give high priority to the utilization of traditional medicine and the incorporation of proven traditional remedies into national drug policies and regulations. This is the most

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<sup>1</sup> Document TRM/MTP/87.1.

'appropriate way for governments to ensure that indigenous medicinal plants of value contribute to the availability of safe and efficient medicines for simple therapeutic indications at the primary health care level. The recent decision to make the traditional medicine programme part of the global programme concerned with drug management and policies recognizes the importance of plants as sources of products of medicinal value, and the need for an adequate technological infrastructure to realize this potential.

16. Most developing countries have a wealth of medicinal plants that are used in traditional medicine. However, only a few have taken steps to make a systematic assessment of these resources with a view to using them in their health services. The reasons for this are several and include the lack of a comprehensive national policy on the utilization of endemic medicinal plants and their derivatives, and inadequate coordination and collaboration between health authorities and other bodies working in this field.

17. An example of attempts to strengthen the use of traditional medicine in the health services is a recent meeting of experts from developing countries on traditional medicinal plants that was co-sponsored by WHO (Arusha, 1990). The group explored all practical ways of strengthening overall South-South cooperation on the rational utilization of medicinal plants in the health services. Among other things, the meeting helped to reinforce the recognition of traditional medicinal plant remedies as an important component of primary health care programmes in the countries of the South.

18. Only a fraction of the world's plants has been studied. Yet, from this, humanity has reaped enormous benefits. Thus, the large number of plants that have not been studied constitute a rich resource potential for the world to explore. This is where modern technology can play a useful role. The specific technology needed is found in the pharmaceutical industry. Therefore, it makes good economic sense, where countries are in the process of building up such an industry, to exploit to their fullest potential the natural resources that they possess in the form of medicinal plants. This is why the recent collaboration with WFPMM is so crucial to the development of essential medicinal plant drugs that could reduce the heavy economic burden that Member States, especially developing countries, face in the provision of essential drugs for their teeming populations.

19. It took several decades for most, if not all, drugs derived from plants to pass from initial, pre-clinical studies to introduction into the medical armamentarium. Today's technology can speed up the process tremendously. The application of modern scientific methods in the cultivation, selection, manufacture and clinical trials of herbal medicines is the most appropriate way to transform traditional practices and trade into a modern industrial process. In this connection, the Chinese and Japanese models, along with other models, are being considered by other countries when developing their own systems.

20. The WHO traditional medicine programme has outlined two basic strategies for the agro-industrial production and use of medicinal plants of standardized pharmacologically active constituents: (1) the application of known and effective technology to the cultivation, processing and manufacture of herbal medicines for use in public and private health services in order to meet the health needs of the population in accordance with the objectives of self-reliance and cultural acceptability. In addition, known pharmacologically active products (for example tincture of atropine) derived from local plants, as well as pharmaceutical aids (such as starch, which can be locally produced) should be manufactured as import substitutes and used as part of the national essential drug programme; (2) the distribution of seeds, seedlings and/or saplings to individuals and communities to be cultivated in home gardens and consumed as infusions. For example, plants with proven antimalarial properties could be distributed to communities during the malaria transmission season.

21. Industrial production would require the adoption of suitable agro-industrial technology in order to obtain adequate quantities of medicinal plants of standard physical and chemical quality. There is thus a need to cultivate such plants on a large scale and to devote attention to their genetic improvement. At UNIDO's Third Consultation on the Pharmaceutical Industry (1987), WHO and UNIDO agreed to:

- cooperate with developing countries in conducting pharmacological and clinical trials on plant-derived products to ensure regulatory requirements for safety and quality standards;
- conduct special educational programmes to publicize the proper use of plant-derived herbal medicine; and
- organize consultations at regional level on various facets of the medicinal plant industry, stressing quality standards and safety, with a view to promoting the wider use and acceptability of herbal medicines.

These proposed activities stem from resolution WHA22.54 on pharmaceutical production in developing countries adopted by the World Health Assembly in 1969.

22. As a follow-up to the recommendations made at the UNIDO consultation, a UNIDO Interregional Meeting on Cooperation among Developing Countries on the Development of the Pharmaceutical Industry was held (New Delhi, 1990) to consider the industrial utilization of medicinal plants, including herbal remedies, and ways to promote technical cooperation among developing countries for the development of the plant-derived pharmaceutical industry.

23. There is no doubt that many commercial enterprises have taken advantage of WHO's call to Member States to pay more attention to their traditional forms of medicine, especially medicinal plants. This is evidenced by the ever-growing numbers of pharmaceutical companies in developed and developing countries that are marketing "traditional" remedies for different conditions, with claims that are unverified and without adequate provision for the safety of their products. The only way to minimize charlatanry and to ensure that manufactured medicinal plant products are available for therapeutic indications at the primary health care level, and at a price that people can afford, is for governments to take the initiative, with or without the collaboration of industry, to produce and market safe and effective traditional plant remedies.

24. At the Fourth International Conference of Drug Regulatory Authorities, co-sponsored by the Ministry of Health and Welfare of Japan and WHO (Tokyo, 1986), a workshop was held on traditional herbal medicines. It was acknowledged that in many countries, developed as well as developing, these medicines play an important part in health care. It was noted that truly traditional practices are more amenable to influence through education and training than to statutory control. The workshop also concentrated on the exploitation of traditional medicine through over-the-counter sales of labelled products on a commercial basis and addressed the need for legislation, quality standards and information. Countries are being supported in their efforts to formulate and introduce appropriate national policies, regulations and control measures to ensure the safety of remedies. This was also the subject of a workshop at the Fifth International Conference of Drug Regulatory Authorities (Paris, 1989), which will be followed up by a series of meetings and consultations to draw up guidelines for adaptation by countries.

25. With the great increase in the use of acupuncture that has occurred throughout the world in recent years, the need for a common language - a standard reference nomenclature - has become evident and pressing. WHO has therefore taken the initiative to meet this need, thus facilitating the international exchange of information on the subject. A WHO Scientific Group on a Standard Acupuncture Nomenclature (Geneva, 1989) brought together, for the first time, medical and traditional acupuncturists.<sup>1</sup> The Scientific Group made the following recommendations:

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<sup>1</sup> See A proposed standard international acupuncture nomenclature: report of a WHO Scientific Group. Geneva, World Health Organization, 1991.

- . wide distribution of the standard international acupuncture nomenclature;
- . standardization of the nomenclature of auricular acupuncture and of the basic technical terms used in acupuncture;
- . preparation of guidelines on the following subjects:
  - the regulation of acupuncture by health authorities;
  - basic training in acupuncture
  - safety in acupuncture practice
  - acupuncture research and clinical trials;
- . promotion of information exchange on acupuncture.

A Working Group on Auricular Acupuncture Nomenclature met in Lyons, France, in November 1990 to review and complete the work that had been initiated by a regional working group (Seoul, 1987) on the standardization of auricular acupuncture nomenclature.

26. In October 1990 WHO and the Council of Europe co-sponsored a workshop in Rome on comparative analysis and harmonization of acupuncture training in Europe. The workshop reviewed the result of a survey on the present state of acupuncture training in Europe, the place of traditional medicine, particularly acupuncture, in health policies in Europe, and the accomplishments of acupuncture research. It also outlined approaches and strategies for implementing postgraduate training of physicians in acupuncture.

#### Health systems and operational research

27. Research is a broad area of endeavour that includes health systems research besides clinical and scientific research. Health systems and operational research involves studies on the potential and limitations of the use of traditional health practitioners in primary health care in district health systems; surveys of traditional medical practices; and inventories of medicinal plants and other natural substances. Comparative studies of modern and traditional medicine evaluate the relative advantages of the two systems, such as clinical efficacy and cost-effectiveness, as well as their cultural acceptability to consumers.

28. After a presentation of the traditional medicine programme to the board of WFPMM in 1989, WHO and WFPMM agreed to intensify cooperation in traditional medicines over the next several years. The suggested areas of collaborative work are: medicinal plants in health care, standardization of medicinal plant remedies, and the use of manufactured medicinal plants in self-medication. A survey of the current status of the use of medicinal plants in selected countries is being undertaken by WFPMM on behalf of WHO. The preliminary results show that the number of individuals using medicinal plant remedies is large and on the increase, especially among younger people. The population studied uses traditional remedies responsibly for common therapeutic indications such as colds, insomnia, indigestion, loss of appetite and nervous tension.

29. There are 27 collaborating centres for traditional medicine: five in the African Region, three in the Region of the Americas, one in the Eastern Mediterranean Region, three in the European Region, three in the South-East Asia Region, and 12 in the Western Pacific Region. The meeting of Directors of WHO Collaborating Centres for Traditional Medicine (Beijing, 1987) recommended that a concerted effort be made to orient research efforts and studies to provide solutions to public health problems, particularly at the primary health care level.

#### Clinical and scientific investigations

30. Clinical and scientific investigations are needed to ensure the safety and efficacy of traditional medicines in the same way as they are for modern medicaments, especially for manufactured products moving in international commerce. Within the context of an overall health research strategy, national research establishments are continuing to investigate the safety and efficacy of many of the remedies used by traditional health practitioners from the point of view of ethnobotany, medical anthropology, experimental pharmacology and clinical practice; they are also conducting epidemiological studies on their use. They also endeavour to standardize and improve traditional formulations such as tablets, capsules, and syrups destined for pharmaceutical production.

31. For viral diseases or syndromes, such as AIDS, for which no vaccines are available, therapeutic agents capable of selectively blocking the replication cycle of the virus are clearly needed. One recent development in the traditional medicine programme is the investigation of traditional medicinal plants considered to have anti-viral properties or activity against opportunistic infections occurring in patients with AIDS.

32. A number of natural products have demonstrated an anti-HIV or anti-reverse transcriptase activity in vitro; for example, castanospermine, derived from the Australian chestnut tree, and glycyrrhizin, derived from liquorice. Such natural products have been tested in limited clinical trials in some countries. A meeting was organized, in collaboration with the biomedical research unit of the WHO Global Programme on AIDS, to consider the systematic and scientific assessment of potential anti-HIV activity for further clinical evaluation.

33. Medicinal plants that have been used as anti-infective agents in the prevailing system(s) of traditional medicine in different geographical areas are being systematically collected in order to evaluate their anti-HIV potential. This is a collaborative project with the WHO Collaborating Centre for Traditional Medicine at the University of Illinois, which has been designated as the coordinator for the preparation of primary extracts for bioassay. The extracts are then sent to the WHO Collaborating Centre for AIDS at the National Bacteriological Laboratory in Stockholm for anti-HIV testing in vitro. Some 36 extracts representing 18 plant species have so far been submitted to this laboratory for evaluation. Extracts from two species have been found to be active and of great interest because of their low toxicity. Two actives in eighteen samples represent a high "hit-rate". Considering the initial project goal of collecting 200 samples by the end of 1990, a projected total of about 11 to 12 active plant species can be expected to serve as candidates for bioassay-directed fractionation and eventual isolation of active principles. It is WHO's policy to ensure that the benefits from the development of drugs as a result of collaborative efforts like this one are, as far as possible, made widely available on an equitable basis.

34. As a further step in the collaboration between the traditional medicine programme and the Global Programme on AIDS, a joint meeting on Traditional Medicine and AIDS: Clinical Evaluation of Traditional Medicines and Natural Products was held in Geneva in September 1990. The meeting elaborated guidelines and protocols for the clinical evaluation of safety and efficacy of traditional remedies. The protocols will provide guidance for the conduct of clinical studies on medicinal plants and serve as a framework for comparison of clinical trial results within and between countries.

#### Education and training

35. In the area of education and training, WHO promotes the acquisition of new knowledge and skills by all health personnel, including traditional health practitioners. In advocating the training of traditional health practitioners, WHO emphasizes the further development of their competence and skills within the framework of primary health care so as to afford them an opportunity to share their experiences with other health workers. Countries are incorporating elements of traditional medicine into training schemes for modern health workers and communities are being provided with educational material about valid traditional health practices.



36. A consultation on AIDS and Traditional Medicine: Prospects for Involvement of Traditional Health Practitioners was held in July 1990 in Francistown, Botswana. The consultation explored the best ways of involving traditional health practitioners in the prevention and control of AIDS in Africa; drafted guidelines on approaches that countries could use to secure the involvement and continued participation of traditional health practitioners; and examined the need for health services operational research in traditional medicine which is relevant to the formulation and implementation of strategies for AIDS prevention and control and other public health measures. The recommendations of the consultation were brought to the attention of the Regional Committee for Africa at its fortieth session in order to emphasize the need for rapid action in this area.

37. As part of the Organization's efforts to establish the safety of medicinal plants, WHO/DANIDA intercountry workshops on appropriate methodology for selection and use of traditional remedies in national primary health care programmes were held (Bangkok, 1985; Kadoma, Zimbabwe, 1989). The objective of these workshops was to enable the participants to acquire the methodology needed for the introduction and utilization of natural substances in health services. The workshops addressed problems of safety and efficacy of traditional remedies, including related issues of standards, stability and dosage formulation.

#### Exchange of information

38. The exchange of information is an area in which WHO plays a vital role, not only in traditional medicine but also in virtually every aspect of public health. In fulfilling this role it is ably supported by a number of national reference centres and by WHO collaborating centres. The International Traditional Medicine Newsletter, published by the Collaborating Centre for Traditional Medicine of the University of Illinois, provides an opportunity for exchange of information on the subject, reporting both on the work of other collaborating centres and on country experiences. This newsletter has been providing individuals and institutions with a valuable means of keeping in touch with developments in other parts of the world.

39. NAPRALERT is the acronym for Natural Product Alert. This is a computerized database on medicinal uses of natural products and includes ethnomedical, pharmacological and phytochemical profiles. Information is available on request and, in the case of scientists from developing countries, without charge, through special arrangements made between the traditional medicine programme and the University of Illinois at Chicago.

40. In 1990 WHO participated in the International Garden and Greenery Exposition - EXPO '90 - in Osaka, Japan, where a WHO herb garden was on permanent display from 1 April to 30 September. Attention was given to the controlled cultivation of certain medicinal plants and their sustainable use, as well as their conservation in natural habitats, so that they may be preserved unthreatened for future generations in accordance with the theme of the Chiang Mai Declaration, "Saving lives by saving plants". A booklet describing the plants in the WHO Herb Garden and their medicinal and culinary properties was prepared for distribution to people visiting the garden and to the general public in Japan.

41. As a follow-up to the workshop on acupuncture training in Europe (see paragraph 26), WHO and the Council of Europe co-sponsored a forum on the role of non-conventional medicines in European health policy at the approach of the year 1993, held in Rome in October 1990. The purpose of this meeting was to allow a multidisciplinary group of experts to exchange freely information, ideas and opinions on all forms of therapeutic practices extraneous to modern scientific medicine.

42. In recent years there has been a surge of public interest in the use of traditional remedies and practices, especially herbs and other plants. The subject has received extensive coverage in the press and lay publications, much of it uncritical and unverified, and some even dangerous. Therefore, ensuring safety, in the use of medicinal plants and the remedies derived from them, requires not only control measures but also a

substantial effort in public information and professional education. In all countries, developed and developing, the public and health professionals need to be provided with up-to-date and authoritative information on the beneficial properties and possible harmful effect of traditional remedies and practices.

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43. The activities that have been described here have only touched on some aspects of WHO's traditional medicine programme. There are, of course, many other activities going on in different countries. However, the activities described indicate the need for a comprehensive national policy and for the formulation and application of criteria for selecting traditional remedies and practices in the treatment of common ailments in primary health care. The application of selection criteria would significantly reduce expenditure on imported drugs and promote self-reliance in accordance with cultural acceptability.

44. Despite its range of activities, there are limits to the scope of the WHO traditional medicine programme. It receives innumerable requests which, if acted upon, would involve it in activities for which it is not prepared, or which are contrary to its objectives. WHO is often asked to sanction all kinds of traditional and alternative medicine approaches, many of which are of highly dubious value and some of which are outright dangerous. These requests are redirected to the relevant health authorities. The decision to incorporate any form of therapy within national health services is the exclusive prerogative of individual Member States.

45. Researchers approach WHO seeking financial support for their studies. These investigators are directed to specific national institutions that are already actively involved in and collaborating with the programme, with the advice that they should discuss their ideas with these groups in order to ensure that their interest is part of a national research programme in traditional medicine. This prevents any tendency to "reinvent the wheel" and provoke costly duplication of efforts. The programme maintains a list of investigators and institutions, and encourages an active exchange of information. This, too, can only be done to a limited extent, given the scarce resources currently available. The provision of information, free of charge to researchers in developing countries, through arrangements with NAPRALERT, has already been mentioned in paragraph 39.

### III. FUTURE DIRECTIONS

46. The Programme's future directions will focus on three main areas of activity: national policies, medicinal plants and acupuncture.

#### National policies

47. Some countries have already integrated traditional forms of medicine into their national health systems. However, the situation in traditional medicine is not static, and it is necessary to involve other countries making use of traditional forms of medicine in their health systems, or those that are considering doing so, to the greatest extent possible.

48. An interregional seminar held in China (1985) gave national health policy makers an opportunity to see how traditional medicine is used in the delivery of primary health care. As a result, many countries have introduced measures to make better use of traditional medicine in their health systems. The success of this activity has been instrumental in the decision to plan another seminar, to be held in 1992 in a country where traditional medicine is widely used in the health services. This activity will give those responsible for health policy at national level an opportunity to exchange views and experiences on the utilization of traditional medicine in primary health care, and to discuss and examine the possibility of adopting comparable approaches in the provision of health services in their own countries. This experience will make a

valuable contribution to the formulation of national policies on traditional medicine in other countries.

49. Several countries have requested the collaboration of WHO in organizing and conducting workshops to elaborate national policies on traditional medicine, followed by the promulgation of legislation that defines and standardizes basic elements of traditional practices and remedies. These activities will be carried out within the next few years.

#### Medicinal plants

50. To follow up the series of WHO/DANIDA workshops on appropriate methodology for selection and use of traditional remedies in national primary health care programmes (see paragraph 37), other workshops are being planned for English- and French-speaking countries of the African and Eastern Mediterranean Regions in 1991, and for participants from countries of Latin America in 1992. These workshops are intended for national health officers who are directly involved in selecting medicinal plants with a high degree of predictable safety, for use in primary health care. The objectives of the workshops will be to identify the current state and future prospects of the utilization and registration of medicinal plant remedies; to give participants practical experience in methods of accessing and assessing local, national and global information needed for the selection of medicinal plants and other natural products for use in primary health care; and to create a model for the decision-making process in evaluating the safety of traditional remedies.

#### Acupuncture

51. Although traditional methods of treatment are usually specific to national situations, some of them, such as acupuncture, are used throughout the world. Where acupuncture forms part of the cultural heritage of countries, its use in integrated modern and traditional medicine presents no difficulty. However, in countries where modern medicine is the foundation of medical care, the ethical use of acupuncture requires objective evidence of its efficacy under controlled clinical conditions.

52. A series of working groups will be held to prepare an authoritative statement on the proven and well-established clinical indications of acupuncture in the major branches of modern clinical medicine. These working groups will be held in close collaboration with the WHO Regional Office for the Western Pacific which has played such an important role in promoting the adoption of the standard acupuncture nomenclature mentioned in paragraph 25 and its recommendation for international use. Efforts will also be made to implement the recommendations made by the scientific group on a standard international acupuncture nomenclature.

#### IV. CONCLUSION

53. The full and proper use of traditional medicine makes an important and clear contribution to countries' efforts to achieve health for all by the year 2000. The economic crises confronting many developing countries have led to a severe shortage of modern drugs at the primary health care level. This situation has prompted more people to turn to the use of traditional medicine, whether or not this is government policy. In the worst of situations, this has meant an increase in quackery and charlatanry. But where governments intimately link traditional medicine with the essential elements of primary health care, these negative consequences are forestalled to some extent, or at least minimized. Where such links do not exist, economic conditions have created a pattern of health care utilization actually detrimental to the health of the population the national health services are trying to protect.

54. The WHO traditional medicine programme will make a special effort to collaborate closely with countries that are introducing measures to utilize proven traditional remedies and practices to achieve a greater coverage of their populations with basic and

essential health care. However, the resources available under the WHO regular budget are not sufficient to cover all the activities heeded. Extrabudgetary resources will therefore, have to be sought and obtained if collaboration with Member States in this field is to be successful. The limited resources available from the regular budget will be used largely in a catalytic way.

55. The activities required to implement a cohesive traditional medicine programme in countries have been described above. Additional extrabudgetary resources will be required for their completion, and Member States will need to seek financial support from international and multinational agencies and nongovernmental organizations committed to the achievement of health for all through primary health care.

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Convention 169

**CONVENTION CONCERNING INDIGENOUS AND TRIBAL PEOPLES IN  
INDEPENDENT COUNTRIES**

The General Conference of the International Labour Organisation,  
Having been convened at Geneva by the Governing Body of the International  
Labour Office, and having met in its 76th Session on 7 June 1989, and  
Noting the international standards contained in the Indigenous and Tribal  
Populations Convention and Recommendation, 1957, and

Recalling the terms of the Universal Declaration of Human Rights, the  
International Covenant on Economic, Social and Cultural Rights, the  
International Covenant on Civil and Political Rights, and the many  
international instruments on the prevention of discrimination, and

Considering that the developments which have taken place in international law  
since 1957, as well as developments in the situation of indigenous and tribal  
peoples in all regions of the world, have made it appropriate to adopt new  
international standards on the subject with a view to removing the  
assimilationist orientation of the earlier standards, and

Recognising the aspirations of these peoples to exercise control over their own  
institutions, ways of life and economic development and to maintain and  
develop their identities, languages and religions, within the framework of  
the States in which they live, and

Noting that in many parts of the world these peoples are unable to enjoy their  
fundamental human rights to the same degree as the rest of the population  
of the States within which they live, and that their laws, values, customs and  
perspectives have often been eroded, and

Calling attention to the distinctive contributions of indigenous and tribal  
peoples to the cultural diversity and social and ecological harmony of  
humankind and to international co-operation and understanding, and

Noting that the following provisions have been framed with the co-operation of  
the United Nations, the Food and Agriculture Organisation of the United  
Nations, the United Nations Educational, Scientific and Cultural  
Organisation and the World Health Organisation, as well as of the Inter-  
American Indian Institute, at appropriate levels and in their respective  
fields, and that it is proposed to continue this co-operation in promoting and  
securing the application of these provisions, and

Having decided upon the adoption of certain proposals with regard to the  
partial revision of the Indigenous and Tribal Populations Convention, 1957  
(No. 107), which is the fourth item on the agenda of the session, and

Having determined that these proposals shall take the form of an international  
Convention revising the Indigenous and Tribal Populations Convention,  
1957;

adopts this twenty-seventh day of June of the year one thousand nine hundred and  
eighty-nine the following Convention, which may be cited as the Indigenous and  
Tribal Peoples Convention, 1989:

PART I. GENERAL POLICY

*Article 1*

1. This Convention applies to:

- (a) tribal peoples in independent countries whose social, cultural and economic conditions distinguish them from other sections of the national community, and whose status is regulated wholly or partially by their own customs or traditions or by special laws or regulations;
- (b) peoples in independent countries who are regarded as indigenous on account of their descent from the populations which inhabited the country, or a geographical region to which the country belongs, at the time of conquest or colonisation or the establishment of present state boundaries and who, irrespective of their legal status, retain some or all of their own social, economic, cultural and political institutions.

2. Self-identification as indigenous or tribal shall be regarded as a fundamental criterion for determining the groups to which the provisions of this Convention apply.

3. The use of the term "peoples" in this Convention shall not be construed as having any implications as regards the rights which may attach to the term under international law.

*Article 2*

1. Governments shall have the responsibility for developing, with the participation of the peoples concerned, co-ordinated and systematic action to protect the rights of these peoples and to guarantee respect for their integrity.

2. Such action shall include measures for:

- (a) ensuring that members of these peoples benefit on an equal footing from the rights and opportunities which national laws and regulations grant to other members of the population;
- (b) promoting the full realisation of the social, economic and cultural rights of these peoples with respect for their social and cultural identity, their customs and traditions and their institutions;
- (c) assisting the members of the peoples concerned to eliminate socio-economic gaps that may exist between indigenous and other members of the national community, in a manner compatible with their aspirations and ways of life.

*Article 3*

1. Indigenous and tribal peoples shall enjoy the full measure of human rights and fundamental freedoms without hindrance or discrimination. The provisions of the Convention shall be applied without discrimination to male and female members of these peoples.

2. No form of force or coercion shall be used in violation of the human rights and fundamental freedoms of the peoples concerned, including the rights contained in this Convention.

*Article 4*

1. Special measures shall be adopted as appropriate for safeguarding the persons, institutions, property, labour, cultures and environment of the peoples concerned.

2. Such special measures shall not be contrary to the freely-expressed wishes of the peoples concerned.

3. Enjoyment of the general rights of citizenship, without discrimination, shall not be prejudiced in any way by such special measures.

*Article 5*

In applying the provisions of this Convention:

- (a) the social, cultural, religious and spiritual values and practices of these peoples shall be recognised and protected, and due account shall be taken of the nature of the problems which face them both as groups and as individuals;
- (b) the integrity of the values, practices and institutions of these peoples shall be respected;
- (c) policies aimed at mitigating the difficulties experienced by these peoples in facing new conditions of life and work shall be adopted, with the participation and co-operation of the peoples affected.

*Article 6*

1. In applying the provisions of this Convention, governments shall:

- (a) consult the peoples concerned, through appropriate procedures and in particular through their representative institutions, whenever consideration is being given to legislative or administrative measures which may affect them directly;
- (b) establish means by which these peoples can freely participate, to at least the same extent as other sectors of the population, at all levels of decision-making in elective institutions and administrative and other bodies responsible for policies and programmes which concern them;
- (c) establish means for the full development of these peoples' own institutions and initiatives, and in appropriate cases provide the resources necessary for this purpose.

2. The consultations carried out in application of this Convention shall be undertaken, in good faith and in a form appropriate to the circumstances, with the objective of achieving agreement or consent to the proposed measures.

*Article 7*

1. The peoples concerned shall have the right to decide their own priorities for the process of development as it affects their lives, beliefs, institutions and spiritual well-being and the lands they occupy or otherwise use, and to exercise control, to the extent possible, over their own economic, social and cultural development. In addition, they shall participate in the formulation, implementation and evaluation of plans and programmes for national and regional development which may affect them directly.

2. The improvement of the conditions of life and work and levels of health and education of the peoples concerned, with their participation and co-operation, shall be a matter of priority in plans for the overall economic development of areas they inhabit. Special projects for development of the areas in question shall also be so designed as to promote such improvement.

3. Governments shall ensure that, whenever appropriate, studies are carried out, in co-operation with the peoples concerned, to assess the social, spiritual, cultural and environmental impact on them of planned development activities. The

results of these studies shall be considered as fundamental criteria for the implementation of these activities.

4. Governments shall take measures, in co-operation with the peoples concerned, to protect and preserve the environment of the territories they inhabit.

#### *Article 8*

1. In applying national laws and regulations to the peoples concerned, due regard shall be had to their customs or customary laws.

2. These peoples shall have the right to retain their own customs and institutions, where these are not incompatible with fundamental rights defined by the national legal system and with internationally recognised human rights. Procedures shall be established, whenever necessary, to resolve conflicts which may arise in the application of this principle.

3. The application of paragraphs 1 and 2 of this Article shall not prevent members of these peoples from exercising the rights granted to all citizens and from assuming the corresponding duties.

#### *Article 9*

1. To the extent compatible with the national legal system and internationally recognised human rights, the methods customarily practised by the peoples concerned for dealing with offences committed by their members shall be respected.

2. The customs of these peoples in regard to penal matters shall be taken into consideration by the authorities and courts dealing with such cases.

#### *Article 10*

1. In imposing penalties laid down by general law on members of these peoples, account shall be taken of their economic, social and cultural characteristics.

2. Preference shall be given to methods of punishment other than confinement in prison.

#### *Article 11*

The exaction from members of the peoples concerned of compulsory personal services in any form, whether paid or unpaid, shall be prohibited and punishable by law, except in cases prescribed by law for all citizens.

#### *Article 12*

The peoples concerned shall be safeguarded against the abuse of their rights and shall be able to take legal proceedings, either individually or through their representative bodies, for the effective protection of these rights. Measures shall be taken to ensure that members of these peoples can understand and be understood in legal proceedings, where necessary through the provision of interpretation or by other effective means.

### **PART II. LAND**

#### *Article 13*

1. In applying the provisions of this Part of the Convention governments shall respect the special importance for the cultures and spiritual values of the peoples

concerned of their relationship with the lands or territories, or both as applicable, which they occupy or otherwise use, and in particular the collective aspects of this relationship.

2. The use of the term "lands" in Articles 15 and 16 shall include the concept of territories, which covers the total environment of the areas which the peoples concerned occupy or otherwise use.

#### *Article 14*

1. The rights of ownership and possession of the peoples concerned over the lands which they traditionally occupy shall be recognised. In addition, measures shall be taken in appropriate cases to safeguard the right of the peoples concerned to use lands not exclusively occupied by them, but to which they have traditionally had access for their subsistence and traditional activities. Particular attention shall be paid to the situation of nomadic peoples and shifting cultivators in this respect.

2. Governments shall take steps as necessary to identify the lands which the peoples concerned traditionally occupy, and to guarantee effective protection of their rights of ownership and possession.

3. Adequate procedures shall be established within the national legal system to resolve land claims by the peoples concerned.

#### *Article 15*

1. The rights of the peoples concerned to the natural resources pertaining to their lands shall be specially safeguarded. These rights include the right of these peoples to participate in the use, management and conservation of these resources.

2. In cases in which the State retains the ownership of mineral or sub-surface resources or rights to other resources pertaining to lands, governments shall establish or maintain procedures through which they shall consult these peoples, with a view to ascertaining whether and to what degree their interests would be prejudiced, before undertaking or permitting any programmes for the exploration or exploitation of such resources pertaining to their lands. The peoples concerned shall wherever possible participate in the benefits of such activities, and shall receive fair compensation for any damages which they may sustain as a result of such activities.

#### *Article 16*

1. Subject to the following paragraphs of this Article, the peoples concerned shall not be removed from the lands which they occupy.

2. Where the relocation of these peoples is considered necessary as an exceptional measure, such relocation shall take place only with their free and informed consent. Where their consent cannot be obtained, such relocation shall take place only following appropriate procedures established by national laws and regulations, including public inquiries where appropriate, which provide the opportunity for effective representation of the peoples concerned.

3. Whenever possible, these peoples shall have the right to return to their traditional lands, as soon as the grounds for relocation cease to exist.

4. When such return is not possible, as determined by agreement or, in the absence of such agreement, through appropriate procedures, these peoples shall be provided in all possible cases with lands of quality and legal status at least equal to



of the lands previously occupied by them, suitable to provide for their present needs and future development. Where the peoples concerned express a preference for compensation in money or in kind, they shall be so compensated under appropriate guarantees.

5. Persons thus relocated shall be fully compensated for any resulting loss or injury.

#### *Article 17*

1. Procedures established by the peoples concerned for the transmission of land rights among members of these peoples shall be respected.

2. The peoples concerned shall be consulted whenever consideration is being given to their capacity to alienate their lands or otherwise transmit their rights outside their own community.

3. Persons not belonging to these peoples shall be prevented from taking advantage of their customs or of lack of understanding of the laws on the part of their members to secure the ownership, possession or use of land belonging to them.

#### *Article 18*

Adequate penalties shall be established by law for unauthorised intrusion upon, or use of, the lands of the peoples concerned, and governments shall take measures to prevent such offences.

#### *Article 19*

National agrarian programmes shall secure to the peoples concerned treatment equivalent to that accorded to other sectors of the population with regard to:

- a) the provision of more land for these peoples when they have not the area necessary for providing the essentials of a normal existence, or for any possible increase in their numbers;
- b) the provision of the means required to promote the development of the lands which these peoples already possess.

### *PART III. RECRUITMENT AND CONDITIONS OF EMPLOYMENT*

#### *Article 20*

1. Governments shall, within the framework of national laws and regulations, and in co-operation with the peoples concerned, adopt special measures to ensure effective protection with regard to recruitment and conditions of employment of workers belonging to these peoples, to the extent that they are not effectively protected by laws applicable to workers in general.

2. Governments shall do everything possible to prevent any discrimination between workers belonging to the peoples concerned and other workers, in particular as regards:

- a) admission to employment, including skilled employment, as well as measures for promotion and advancement;
- b) equal remuneration for work of equal value;
- c) medical and social assistance, occupational safety and health, all social security benefits and any other occupationally related benefits, and housing;

- (d) the right of association and freedom for all lawful trade union activities, and the right to conclude collective agreements with employers or employers' organisations.

3. The measures taken shall include measures to ensure:

- (a) that workers belonging to the peoples concerned, including seasonal, casual and migrant workers in agricultural and other employment, as well as those employed by labour contractors, enjoy the protection afforded by national law and practice to other such workers in the same sectors, and that they are fully informed of their rights under labour legislation and of the means of redress available to them;
- (b) that workers belonging to these peoples are not subjected to working conditions hazardous to their health, in particular through exposure to pesticides or other toxic substances;
- (c) that workers belonging to these peoples are not subjected to coercive recruitment systems, including bonded labour and other forms of debt servitude;
- (d) that workers belonging to these peoples enjoy equal opportunities and equal treatment in employment for men and women, and protection from sexual harassment.

4. Particular attention shall be paid to the establishment of adequate labour inspection services in areas where workers belonging to the peoples concerned undertake wage employment, in order to ensure compliance with the provisions of this Part of this Convention.

### *PART IV. VOCATIONAL TRAINING, HANDICRAFTS AND RURAL INDUSTRIES*

#### *Article 21*

Members of the peoples concerned shall enjoy opportunities at least equal to those of other citizens in respect of vocational training measures.

#### *Article 22*

1. Measures shall be taken to promote the voluntary participation of members of the peoples concerned in vocational training programmes of general application.

2. Whenever existing programmes of vocational training of general application do not meet the special needs of the peoples concerned, governments shall, with the participation of these peoples, ensure the provision of special training programmes and facilities.

3. Any special training programmes shall be based on the economic environment, social and cultural conditions and practical needs of the peoples concerned. Any studies made in this connection shall be carried out in co-operation with these peoples, who shall be consulted on the organisation and operation of such programmes. Where feasible, these peoples shall progressively assume responsibility for the organisation and operation of such special training programmes, if they so decide.

#### *Article 23*

1. Handicrafts, rural and community-based industries, and subsistence economy and traditional activities of the peoples concerned, such as hunting, fishing, trapping and gathering, shall be recognised as important factors in the

maintenance of their cultures and in their economic self-reliance and development. Governments shall, with the participation of these people and whenever appropriate, ensure that these activities are strengthened and promoted.

2. Upon the request of the peoples concerned, appropriate technical and financial assistance shall be provided wherever possible, taking into account the traditional technologies and cultural characteristics of these peoples, as well as the importance of sustainable and equitable development.

#### PART V. SOCIAL SECURITY AND HEALTH

##### *Article 24*

Social security schemes shall be extended progressively to cover the peoples concerned, and applied without discrimination against them.

##### *Article 25*

1. Governments shall ensure that adequate health services are made available to the peoples concerned, or shall provide them with resources to allow them to design and deliver such services under their own responsibility and control, so that they may enjoy the highest attainable standard of physical and mental health.

2. Health services shall, to the extent possible, be community-based. These services shall be planned and administered in co-operation with the peoples concerned and take into account their economic, geographic, social and cultural conditions as well as their traditional preventive care, healing practices and medicines.

3. The health care system shall give preference to the training and employment of local community health workers, and focus on primary health care while maintaining strong links with other levels of health care services.

4. The provision of such health services shall be co-ordinated with other social, economic and cultural measures in the country.

#### PART VI. EDUCATION AND MEANS OF COMMUNICATION

##### *Article 26*

Measures shall be taken to ensure that members of the peoples concerned have the opportunity to acquire education at all levels on at least an equal footing with the rest of the national community.

##### *Article 27*

1. Education programmes and services for the peoples concerned shall be developed and implemented in co-operation with them to address their special needs, and shall incorporate their histories, their knowledge and technologies, their value systems and their further social, economic and cultural aspirations.

2. The competent authority shall ensure the training of members of these peoples and their involvement in the formulation and implementation of education programmes, with a view to the progressive transfer of responsibility for the conduct of these programmes to these peoples as appropriate.

3. In addition, governments shall recognise the right of these peoples to establish their own educational institutions and facilities, provided that such institutions meet minimum standards established by the competent authority in consultation with these peoples. Appropriate resources shall be provided for this purpose.

##### *Article 28*

1. Children belonging to the peoples concerned shall, wherever practicable, be taught to read and write in their own indigenous language or in the language most commonly used by the group to which they belong. When this is not practicable, the competent authorities shall undertake consultations with these peoples with a view to the adoption of measures to achieve this objective.

2. Adequate measures shall be taken to ensure that these peoples have the opportunity to attain fluency in the national language or in one of the official languages of the country.

3. Measures shall be taken to preserve and promote the development and practice of the indigenous languages of the peoples concerned.

##### *Article 29*

The imparting of general knowledge and skills that will help children belonging to the peoples concerned to participate fully and on an equal footing in their own community and in the national community shall be an aim of education for these peoples.

##### *Article 30*

1. Governments shall adopt measures appropriate to the traditions and cultures of the peoples concerned, to make known to them their rights and duties, especially in regard to labour, economic opportunities, education and health matters, social welfare and their rights deriving from this Convention.

2. If necessary, this shall be done by means of written translations and through the use of mass communications in the languages of these peoples.

##### *Article 31*

Educational measures shall be taken among all sections of the national community, and particularly among those that are in most direct contact with the peoples concerned, with the object of eliminating prejudices that they may harbour in respect of these peoples. To this end, efforts shall be made to ensure that history textbooks and other educational materials provide a fair, accurate and informative portrayal of the societies and cultures of these peoples.

#### PART VII. CONTACTS AND CO-OPERATION ACROSS BORDERS

##### *Article 32*

Governments shall take appropriate measures, including by means of international agreements, to facilitate contacts and co-operation between indigenous and tribal peoples across borders, including activities in the economic, social, cultural, spiritual and environmental fields.

PART VIII. ADMINISTRATION

Article 33

1. The governmental authority responsible for the matters covered in this Convention shall ensure that agencies or other appropriate mechanisms exist to administer the programmes affecting the peoples concerned, and shall ensure that they have the means necessary for the proper fulfilment of the functions assigned to them.

2. These programmes shall include:

- (a) the planning, co-ordination, execution and evaluation, in co-operation with the peoples concerned, of the measures provided for in this Convention;
- (b) the proposing of legislative and other measures to the competent authorities and supervision of the application of the measures taken, in co-operation with the peoples concerned.

PART IX. GENERAL PROVISIONS

Article 34

The nature and scope of the measures to be taken to give effect to this Convention shall be determined in a flexible manner, having regard to the conditions characteristic of each country.

Article 35

The application of the provisions of this Convention shall not adversely affect rights and benefits of the peoples concerned pursuant to other Conventions and Recommendations, international instruments, treaties, or national laws, awards, custom or agreements.

PART X. FINAL PROVISIONS

Article 36

This Convention revises the Indigenous and Tribal Populations Convention, 1957.

Article 37

The formal ratifications of this Convention shall be communicated to the Director-General of the International Labour Office for registration.

Article 38

1. This Convention shall be binding only upon those Members of the International Labour Organisation whose ratifications have been registered with the Director-General.

2. It shall come into force twelve months after the date on which the ratifications of two Members have been registered with the Director-General.

3. Thereafter, this Convention shall come into force for any Member twelve months after the date on which its ratification has been registered.

Article 39

1. A Member which has ratified this Convention may denounce it after the expiration of ten years from the date on which the Convention first comes into force, by an act communicated to the Director-General of the International Labour Office for registration. Such denunciation shall not take effect until one year after the date on which it is registered.

2. Each Member which has ratified this Convention and which does not, within the year following the expiration of the period of ten years mentioned in the preceding paragraph, exercise the right of denunciation provided for in this Article, will be bound for another period of ten years and, thereafter, may denounce this Convention at the expiration of each period of ten years under the terms provided for in this Article.

Article 40

1. The Director-General of the International Labour Office shall notify all Members of the International Labour Organisation of the registration of all ratifications and denunciations communicated to him by the Members of the Organisation.

2. When notifying the Members of the Organisation of the registration of the second ratification communicated to him, the Director-General shall draw the attention of the Members of the Organisation to the date upon which the Convention will come into force.

Article 41

The Director-General of the International Labour Office shall communicate to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations full particulars of all ratifications and acts of denunciation registered by him in accordance with the provisions of the preceding Articles.

Article 42

At such times as it may consider necessary the Governing Body of the International Labour Office shall present to the General Conference a report on the working of this Convention and shall examine the desirability of placing on the agenda of the Conference the question of its revision in whole or in part.

Article 43

1. Should the Conference adopt a new Convention revising this Convention in whole or in part, then, unless the new Convention otherwise provides—

- (a) the ratification by a Member of the new revising Convention shall *ipso jure* involve the immediate denunciation of this Convention, notwithstanding the provisions of Article 39 above, if and when the new revising Convention shall have come into force;
- (b) as from the date when the new revising Convention comes into force this Convention shall cease to be open to ratification by the Members.

2. This Convention shall in any case remain in force in its actual form and content for those Members which have ratified it but have not ratified the revising Convention.

Article 44

The English and French versions of the text of this Convention are equally authoritative.



**CONVENTION CONCERNING THE PROTECTION  
AND INTEGRATION OF INDIGENOUS AND OTHER TRIBAL  
AND SEMI-TRIBAL POPULATIONS IN INDEPENDENT COUNTRIES**

The General Conference of the International Labour Organisation,  
Having been convened at Geneva by the Governing Body of the  
International Labour Office, and having met in its Fortieth Session  
on 5 June 1957, and

Having decided upon the adoption of certain proposals with regard to  
the protection and integration of indigenous and other tribal and  
semi-tribal populations in independent countries, which is the sixth  
item on the agenda of the session, and

Having determined that these proposals shall take the form of an  
international Convention, and

Considering that the Declaration of Philadelphia affirms that all  
human beings have the right to pursue both their material well-  
being and their spiritual development in conditions of freedom and  
dignity, of economic security and equal opportunity, and

Considering that there exist in various independent countries indigenous  
and other tribal and semi-tribal populations which are not yet  
integrated into the national community and whose social, economic  
or cultural situation hinders them from benefiting fully from the  
rights and advantages enjoyed by other elements of the population,  
and

Considering it desirable both for humanitarian reasons and in the  
interest of the countries concerned to promote continued action to  
improve the living and working conditions of these populations by  
simultaneous action in respect of all the factors which have hitherto  
prevented them from sharing fully in the progress of the national  
community of which they form part, and

Considering that the adoption of general international standards on the  
subject will facilitate action to assure the protection of the popu-  
lations concerned, their progressive integration into their respective  
national communities, and the improvement of their living and  
working conditions, and

Noting that these standards have been framed with the co-operation of  
the United Nations, the Food and Agriculture Organisation of the  
United Nations, the United Nations Educational, Scientific and  
Cultural Organisation and the World Health Organisation, at

appropriate levels and in their respective fields, and that it is proposed to seek their continuing co-operation in promoting and securing the application of these standards,

adopts this twenty-sixth day of June of the year one thousand nine hundred and fifty-seven the following Convention, which may be cited as the Indigenous and Tribal Populations Convention, 1957 :

## PART I. GENERAL POLICY

### Article 1

1. This Convention applies to—

- a) members of tribal or semi-tribal populations in independent countries whose social and economic conditions are at a less advanced stage than the stage reached by the other sections of the national community, and whose status is regulated wholly or partially by their own customs or traditions or by special laws or regulations ;
- b) members of tribal or semi-tribal populations in independent countries which are regarded as indigenous on account of their descent from the populations which inhabited the country, or a geographical region to which the country belongs, at the time of conquest or colonisation and which, irrespective of their legal status, live more in conformity with the social, economic and cultural institutions of that time than with the institutions of the nation to which they belong.

2. For the purposes of this Convention, the term "semi-tribal" includes groups and persons who, although they are in the process of losing their tribal characteristics, are not yet integrated into the national community.

3. The indigenous and other tribal or semi-tribal populations mentioned in paragraphs 1 and 2 of this Article are referred to hereinafter as the populations concerned".

### Article 2

1. Governments shall have the primary responsibility for developing co-ordinated and systematic action for the protection of the populations concerned and their progressive integration into the life of their respective countries.

2. Such action shall include measures for—

- a) enabling the said populations to benefit on an equal footing from the rights and opportunities which national laws or regulations grant to the other elements of the population ;
- b) promoting the social, economic and cultural development of these populations and raising their standard of living ;
- c) creating possibilities of national integration to the exclusion of measures tending towards the artificial assimilation of these populations.

3. The primary objective of all such action shall be the fostering of individual dignity, and the advancement of individual usefulness and initiative.

4. Recourse to force or coercion as a means of promoting the integration of these populations into the national community shall be excluded.

### Article 3

1. So long as the social, economic and cultural conditions of the populations concerned prevent them from enjoying the benefits of the general laws of the country to which they belong, special measures shall be adopted for the protection of the institutions, persons, property and labour of these populations.

2. Care shall be taken to ensure that such special measures of protection—

- (a) are not used as a means of creating or prolonging a state of segregation ; and
- (b) will be continued only so long as there is need for special protection and only to the extent that such protection is necessary.

3. Enjoyment of the general rights of citizenship, without discrimination, shall not be prejudiced in any way by such special measures of protection.

### Article 4

In applying the provisions of this Convention relating to the integration of the populations concerned—

- (a) due account shall be taken of the cultural and religious values and of the forms of social control existing among these populations, and of the nature of the problems which face them both as groups and as individuals when they undergo social and economic change ;
- (b) the danger involved in disrupting the values and institutions of the said populations unless they can be replaced by appropriate substitutes which the groups concerned are willing to accept shall be recognised ;
- (c) policies aimed at mitigating the difficulties experienced by these populations in adjusting themselves to new conditions of life and work shall be adopted.

### Article 5

In applying the provisions of this Convention relating to the protection and integration of the populations concerned, governments shall—

- (a) seek the collaboration of these populations and of their representatives ;
- (b) provide these populations with opportunities for the full development of their initiative ;
- (c) stimulate by all possible means the development among these populations of civil liberties and the establishment of or participation in elective institutions.

### *Article 6*

The improvement of the conditions of life and work and level of education of the populations concerned shall be given high priority in plans for the over-all economic development of areas inhabited by these populations. Special projects for economic development of the areas in question shall also be so designed as to promote such improvement.

### *Article 7*

1. In defining the rights and duties of the populations concerned regard shall be had to their customary laws.

2. These populations shall be allowed to retain their own customs and institutions where these are not incompatible with the national legal system or the objectives of integration programmes.

3. The application of the preceding paragraphs of this Article shall not prevent members of these populations from exercising, according to their individual capacity, the rights granted to all citizens and from assuming the corresponding duties.

### *Article 8*

To the extent consistent with the interests of the national community and with the national legal system—

- (a) the methods of social control practised by the populations concerned shall be used as far as possible for dealing with crimes or offences committed by members of these populations ;
- (b) where use of such methods of social control is not feasible, the customs of these populations in regard to penal matters shall be borne in mind by the authorities and courts dealing with such cases.

### *Article 9*

Except in cases prescribed by law for all citizens the exaction from the members of the populations concerned of compulsory personal services in any form, whether paid or unpaid, shall be prohibited and punishable by law.

### *Article 10*

1. Persons belonging to the populations concerned shall be specially safeguarded against the improper application of preventive detention and shall be able to take legal proceedings for the effective protection of their fundamental rights.

2. In imposing penalties laid down by general law on members of these populations account shall be taken of the degree of cultural development of the populations concerned.

3. Preference shall be given to methods of rehabilitation rather than confinement in prison.

## **PART II. LAND**

### *Article 11*

The right of ownership, collective or individual, of the members of the populations concerned over the lands which these populations traditionally occupy shall be recognised.

### *Article 12*

1. The populations concerned shall not be removed without their free consent from their habitual territories except in accordance with national laws and regulations for reasons relating to national security, or in the interest of national economic development or of the health of the said populations.

2. When in such cases removal of these populations is necessary as an exceptional measure, they shall be provided with lands of quality at least equal to that of the lands previously occupied by them, suitable to provide for their present needs and future development. In cases where chances of alternative employment exist and where the populations concerned prefer to have compensation in money or in kind, they shall be so compensated under appropriate guarantees.

3. Persons thus removed shall be fully compensated for any resulting loss or injury.

### *Article 13*

1. Procedures for the transmission of rights of ownership and use of land which are established by the customs of the populations concerned shall be respected, within the framework of national laws and regulations, in so far as they satisfy the needs of these populations and do not hinder their economic and social development.

2. Arrangements shall be made to prevent persons who are not members of the populations concerned from taking advantage of these customs or of lack of understanding of the laws on the part of the members of these populations to secure the ownership or use of the lands belonging to such members.

### *Article 14*

National agrarian programmes shall secure to the populations concerned treatment equivalent to that accorded to other sections of the national community with regard to—

- (a) the provision of more land for these populations when they have not the area necessary for providing the essentials of a normal existence, or for any possible increase in their numbers ;
- (b) the provision of the means required to promote the development of the lands which these populations already possess.

### PART III. RECRUITMENT AND CONDITIONS OF EMPLOYMENT

#### Article 15

1. Each Member shall, within the framework of national laws and regulations, adopt special measures to ensure the effective protection with regard to recruitment and conditions of employment of workers belonging to the populations concerned so long as they are not in a position to enjoy the protection granted by law to workers in general.

2. Each Member shall do everything possible to prevent all discrimination between workers belonging to the populations concerned and other workers, in particular as regards—

- (a) admission to employment, including skilled employment ;
- (b) equal remuneration for work of equal value ;
- (c) medical and social assistance, the prevention of employment injuries, workmen's compensation, industrial hygiene and housing ;
- (d) the right of association and freedom for all lawful trade union activities, and the right to conclude collective agreements with employers or employers' organisations.

### PART IV. VOCATIONAL TRAINING, HANDICRAFTS AND RURAL INDUSTRIES

#### Article 16

Persons belonging to the populations concerned shall enjoy the same opportunities as other citizens in respect of vocational training facilities.

#### Article 17

1. Whenever programmes of vocational training of general application do not meet the special needs of persons belonging to the populations concerned governments shall provide special training facilities for such persons.

2. These special training facilities shall be based on a careful study of the economic environment, stage of cultural development and practical needs of the various occupational groups among the said populations ; they shall, in particular, enable the persons concerned to receive the training necessary for occupations for which these populations have traditionally shown aptitude.

3. These special training facilities shall be provided only so long as the stage of cultural development of the populations concerned requires them ; with the advance of the process of integration they shall be replaced by the facilities provided for other citizens.

#### Article 18

1. Handicrafts and rural industries shall be encouraged as factors in the economic development of the populations concerned in a manner which will enable these populations to raise their standard of living and adjust themselves to modern methods of production and marketing.

2. Handicrafts and rural industries shall be developed in a manner which preserves the cultural heritage of these populations and improve their artistic values and particular modes of cultural expression.

### PART V. SOCIAL SECURITY AND HEALTH

#### Article 19

Existing social security schemes shall be extended progressively, where practicable, to cover—

- (a) wage earners belonging to the populations concerned ;
- (b) other persons belonging to these populations.

#### Article 20

1. Governments shall assume the responsibility for providing adequate health services for the populations concerned.

2. The organisation of such services shall be based on systematic studies of the social, economic and cultural conditions of the populations concerned.

3. The development of such services shall be co-ordinated with general measures of social, economic and cultural development.

### PART VI. EDUCATION AND MEANS OF COMMUNICATION

#### Article 21

Measures shall be taken to ensure that members of the populations concerned have the opportunity to acquire education at all levels on an equal footing with the rest of the national community.

#### Article 22

1. Education programmes for the populations concerned shall be adapted, as regards methods and techniques, to the stage these populations have reached in the process of social, economic and cultural integration into the national community.

2. The formulation of such programmes shall normally be preceded by ethnological surveys.

#### Article 23

1. Children belonging to the populations concerned shall be taught to read and write in their mother tongue or, where this is not practicable, in the language most commonly used by the group to which they belong.

2. Provision shall be made for a progressive transition from the mother tongue or the vernacular language to the national language or to one of the official languages of the country.



3. Appropriate measures shall, as far as possible, be taken to preserve the mother tongue or the vernacular language.

#### *Article 24*

The imparting of general knowledge and skills that will help children become integrated into the national community shall be an aim of primary education for the populations concerned.

#### *Article 25*

Educational measures shall be taken among other sections of the national community and particularly among those that are in most direct contact with the populations concerned with the object of eliminating prejudices that they may harbour in respect of these populations.

#### *Article 26*

1. Governments shall adopt measures, appropriate to the social and cultural characteristics of the populations concerned, to make known to them their rights and duties, especially in regard to labour and social welfare.

2. If necessary this shall be done by means of written translations and through the use of media of mass communication in the languages of these populations.

### PART VII. ADMINISTRATION

#### *Article 27*

1. The governmental authority responsible for the matters covered by this Convention shall create or develop agencies to administer the programmes involved.

2. These programmes shall include—

- a) planning, co-ordination and execution of appropriate measures for the social, economic and cultural development of the populations concerned;
- b) proposing of legislative and other measures to the competent authorities;
- c) supervision of the application of these measures.

### PART VIII. GENERAL PROVISIONS

#### *Article 28*

The nature and the scope of the measures to be taken to give effect to this Convention shall be determined in a flexible manner, having regard to the conditions characteristic of each country.

#### *Article 29*

The application of the provisions of this Convention shall not affect benefits conferred on the populations concerned in pursuance of other Conventions and Recommendations.

#### *Article 30*

The formal ratifications of this Convention shall be communicated to the Director-General of the International Labour Office for registration.

#### *Article 31*

1. This Convention shall be binding only upon those Members of the International Labour Organisation whose ratifications have been registered with the Director-General.

2. It shall come into force twelve months after the date on which the ratifications of two Members have been registered with the Director-General.

3. Thereafter, this Convention shall come into force for any Member twelve months after the date on which its ratification has been registered.

#### *Article 32*

1. A Member which has ratified this Convention may denounce it after the expiration of ten years from the date on which the Convention first comes into force, by an act communicated to the Director-General of the International Labour Office for registration. Such denunciation shall not take effect until one year after the date on which it is registered.

2. Each Member which has ratified this Convention and which does not, within the year following the expiration of the period of ten years mentioned in the preceding paragraph, exercise the right of denunciation provided for in this Article, will be bound for another period of ten years and, thereafter, may denounce this Convention at the expiration of each period of ten years under the terms provided for in this Article.

#### *Article 33*

1. The Director-General of the International Labour Office shall notify all Members of the International Labour Organisation of the registration of all ratifications and denunciations communicated to him by the Members of the Organisation.

2. When notifying the Members of the Organisation of the registration of the second ratification communicated to him, the Director-General shall draw the attention of the Members of the Organisation to the date upon which the Convention will come into force.

#### *Article 34*

The Director-General of the International Labour Office shall communicate to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations full particulars of all ratifications and acts of denunciation registered by him in accordance with the provisions of the preceding Articles.

*Article 35*

**At such times as it may consider necessary the Governing Body of the International Labour Office shall present to the General Conference a report on the working of this Convention and shall examine the desirability of placing on the agenda of the Conference the question of its revision in whole or in part.**

*Article 36*

1. Should the Conference adopt a new Convention revising this Convention in whole or in part, then, unless the new Convention otherwise provides—

- (a) the ratification by a Member of the new revising Convention shall *ipso jure* involve the immediate denunciation of this Convention, notwithstanding the provisions of Article 32 above, if and when the new revising Convention shall have come into force ;
- (b) as from the date when the new revising Convention comes into force this Convention shall cease to be open to ratification by the Members.

2. This Convention shall in any case remain in force in its actual form and content for those Members which have ratified it but have not ratified the revising Convention.

*Article 37*

The English and French versions of the text of this Convention are equally authoritative.



Annex I

DRAFT DECLARATION AS AGREED UPON BY THE MEMBERS  
OF THE WORKING GROUP AT ITS ELEVENTH SESSION

Affirming that indigenous peoples are equal in dignity and rights to all other peoples, while recognizing the right of all peoples to be different, to consider themselves different, and to be respected as such,

Affirming also that all peoples contribute to the diversity and richness of civilizations and cultures, which constitute the common heritage of humankind,

Affirming further that all doctrines, policies and practices based on or advocating superiority of peoples or individuals on the basis of national origin, racial, religious, ethnic or cultural differences are racist, scientifically false, legally invalid, morally condemnable and socially unjust,

Reaffirming also that indigenous peoples, in the exercise of their rights, should be free from discrimination of any kind,

Concerned that indigenous peoples have been deprived of their human rights and fundamental freedoms, resulting, inter alia, in their colonization and dispossession of their lands, territories and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests,

Recognizing the urgent need to respect and promote the inherent rights and characteristics of indigenous peoples, especially their rights to their lands, territories and resources, which derive from their political, economic and social structures and from their cultures, spiritual traditions, histories and philosophies,

Welcoming the fact that indigenous peoples are organizing themselves for political, economic, social and cultural enhancement and in order to bring an end to all forms of discrimination and oppression wherever they occur,

Convinced that control by indigenous peoples over developments affecting them and their lands, territories and resources will enable them to maintain and strengthen their institutions, cultures and traditions, and to promote their development in accordance with their aspirations and needs,

Recognizing also that respect for indigenous knowledge, cultures and traditional practices contributes to sustainable and equitable development and proper management of the environment,

Emphasizing the need for demilitarization of the lands and territories of indigenous peoples, which will contribute to peace, economic and social progress and development, understanding and friendly relations among nations and peoples of the world,

Recognizing in particular the right of indigenous families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children,

Recognizing also that indigenous peoples have the right freely to determine their relationships with States in a spirit of coexistence, mutual benefit and full respect,

Considering that treaties, agreements and other arrangements between States and indigenous peoples are properly matters of international concern and responsibility,

Acknowledging that the Charter of the United Nations, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights affirm the fundamental importance of the right of self-determination of all peoples, by virtue of which they freely determine their political status and freely pursue their economic, social and cultural development,

Bearing in mind that nothing in this Declaration may be used to deny any peoples their right of self-determination,

Encouraging States to comply with and effectively implement all international instruments, in particular those related to human rights, as they apply to indigenous peoples, in consultation and cooperation with the peoples concerned,

Emphasizing that the United Nations has an important and continuing role to play in promoting and protecting the rights of indigenous peoples,

Believing that this Declaration is a further important step forward for the recognition, promotion and protection of the rights and freedoms of indigenous peoples and in the development of relevant activities of the United Nations system in this field.

Solemnly proclaims the following United Nations Declaration on the Rights of Indigenous Peoples:

#### PART I

##### Article 1

Indigenous peoples have the right to the full and effective enjoyment of all human rights and fundamental freedoms recognized in the Charter of the United Nations, the Universal Declaration of Human Rights and international human rights law.

##### Article 2

Indigenous individuals and peoples are free and equal to all other individuals and peoples in dignity and rights, and have the right to be free from any kind of adverse discrimination, in particular that based on their indigenous origin or identity.

Article 3

Indigenous peoples have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.

Article 4

Indigenous peoples have the right to maintain and strengthen their distinct political, economic, social and cultural characteristics, as well as their legal systems, while retaining their rights to participate fully, if they so choose, in the political, economic, social and cultural life of the State.

Article 5

Every indigenous individual has the right to a nationality.

PART II

Article 6

Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and to full guarantees against genocide or any other act of violence, including the removal of indigenous children from their families and communities under any pretext.

/ In addition, they have the individual rights to life, physical and mental integrity, liberty and security of person.

Article 7

Indigenous peoples have the collective and individual right not to be subjected to ethnocide and cultural genocide, including prevention of and redress for:

(a) Any action which has the aim or effect of depriving them of their integrity as distinct peoples, or of their cultural values or ethnic identities;

(b) Any action which has the aim or effect of dispossessing them of their lands, territories or resources;

(c) Any form of population transfer which has the aim or effect of violating or undermining any of their rights;

(d) Any form of assimilation or integration by other cultures or ways of life imposed on them by legislative, administrative or other measures;

(e) Any form of propaganda directed against them.

Article 8

Indigenous peoples have the collective and individual right to maintain and develop their distinct identities and characteristics, including the right to identify themselves as indigenous and to be recognized as such.

Article 9

Indigenous peoples and individuals have the right to belong to an indigenous community or nation, in accordance with the traditions and customs of the community or nation concerned. No disadvantage of any kind may arise from the exercise of such a right.

Article 10

Indigenous peoples shall not be forcibly removed from their lands or territories. No relocation shall take place without the free and informed consent of the indigenous peoples concerned and after agreement on just and fair compensation and, where possible, with the option of return.

Article 11

Indigenous peoples have the right to special protection and security in periods of armed conflict.

States shall observe international standards, in particular the Fourth Geneva Convention of 1949, for the protection of civilian populations in circumstances of emergency and armed conflict, and shall not:

- (a) Recruit indigenous individuals against their will into the armed forces and, in particular, for use against other indigenous peoples;
- (b) Recruit indigenous children into the armed forces under any circumstances;
- (c) Force indigenous individuals to abandon their lands, territories or means of subsistence, or relocate them in special centres for military purposes;
- (d) Force indigenous individuals to work for military purposes under any discriminatory conditions.

PART III

Article 12

Indigenous peoples have the right to practise and revitalize their cultural traditions and customs. This includes the right to maintain, protect and develop the past, present and future manifestations of their cultures, such as archaeological and historical sites, artifacts, designs, ceremonies, technologies and visual and performing arts and literature, as well as the right to the restitution of cultural,

intellectual, religious and spiritual property taken without their free and informed consent or in violation of their laws, traditions and customs.

#### Article 13

Indigenous peoples have the right to manifest, practise, develop and teach their spiritual and religious traditions, customs and ceremonies; the right to maintain, protect, and have access in privacy to their religious and cultural sites; the right to the use and control of ceremonial objects; and the right to the repatriation of human remains.

States shall take effective measures, in conjunction with the indigenous peoples concerned, to ensure that indigenous sacred places, including burial sites, be preserved, respected and protected.

#### Article 14

Indigenous peoples have the right to revitalize, use, develop and transmit to future generations their histories, languages, oral traditions, philosophies, writing systems and literatures, and to designate and retain their own names for communities, places and persons.

States shall take effective measures, whenever any right of indigenous peoples may be threatened, to ensure this right is protected and also to ensure that they can understand and be understood in political, legal and administrative proceedings, where necessary through the provision of interpretation or by other appropriate means.

### PART IV

#### Article 15

Indigenous children have the right to all levels and forms of education of the State. All indigenous peoples also have this right and the right to establish and control their educational systems and institutions providing education in their own languages, in a manner appropriate to their cultural methods of teaching and learning.

Indigenous children living outside their communities have the right to be provided access to education in their own culture and language.

States shall take effective measures to provide appropriate resources for these purposes.

#### Article 16

Indigenous peoples have the right to have the dignity and diversity of their cultures, traditions, histories and aspirations appropriately reflected in all forms of education and public information.



States shall take effective measures, in consultation with the indigenous peoples concerned, to eliminate prejudice and discrimination and to promote tolerance, understanding and good relations among indigenous peoples and all segments of society.

Article 17

Indigenous peoples have the right to establish their own media in their own languages. They also have the right to equal access to all forms of non-indigenous media.

States shall take effective measures to ensure that State-owned media duly reflect indigenous cultural diversity.

Article 18

Indigenous peoples have the right to enjoy fully all rights established under international labour law and national labour legislation.

Indigenous individuals have the right not to be subjected to any discriminatory conditions of labour, employment or salary.

PART V

Article 19

Indigenous peoples have the right to participate fully, if they so choose, at all levels of decision-making in matters which may affect their rights, lives and destinies through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.

Article 20

Indigenous peoples have the right to participate fully, if they so choose, through procedures determined by them, in devising legislative or administrative measures that may affect them.

States shall obtain the free and informed consent of the peoples concerned before adopting and implementing such measures.

Article 21

Indigenous peoples have the right to maintain and develop their political, economic and social systems, to be secure in the enjoyment of their own means of subsistence and development, and to engage freely in all their traditional and other economic activities. Indigenous peoples who have been deprived of their means of subsistence and development are entitled to just and fair compensation.

Article 22

Indigenous peoples have the right to special measures for the immediate, effective and continuing improvement of their economic and social conditions, including in the areas of employment, vocational training and retraining, housing, sanitation, health and social security.

Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and disabled persons.

Article 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to determine and develop all health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24

Indigenous peoples have the right to their traditional medicines and health practices, including the right to the protection of vital medicinal plants, animals and minerals.

They also have the right to access, without any discrimination, to all medical institutions, health services and medical care.

PART VI

Article 25

Indigenous peoples have the right to maintain and strengthen their distinctive spiritual and material relationship with the lands, territories, waters and coastal seas and other resources which they have traditionally owned or otherwise occupied or used, and to uphold their responsibilities to future generations in this regard.

Article 26

Indigenous peoples have the right to own, develop, control and use the lands and territories, including the total environment of the lands, air, waters, coastal seas, sea-ice, flora and fauna and other resources which they have traditionally owned or otherwise occupied or used. This includes the right to the full recognition of their laws, traditions and customs, land-tenure systems and institutions for the development and management of resources, and the right to effective measures by States to prevent any interference with, alienation of or encroachment upon these rights.

Article 27

Indigenous peoples have the right to the restitution of the lands, territories and resources which they have traditionally owned or otherwise occupied or used, and which have been confiscated, occupied, used or damaged

without their free and informed consent. Where this is not possible, they have the right to just and fair compensation. Unless otherwise freely agreed upon by the peoples concerned, compensation shall take the form of lands, territories and resources equal in quality, size and legal status.

#### Article 28

Indigenous peoples have the right to the conservation, restoration and protection of the total environment and the productive capacity of their lands, territories and resources, as well as to assistance for this purpose from States and through international cooperation. Military activities shall not take place in the lands and territories of indigenous peoples, unless otherwise freely agreed upon by the peoples concerned.

States shall take effective measures to ensure that no storage or disposal of hazardous materials shall take place in the lands and territories of indigenous peoples.

States shall also take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials, are duly implemented.

#### Article 29

Indigenous peoples are entitled to the recognition of the full ownership, control and protection of their cultural and intellectual property.

They have the right to special measures to control, develop and protect their sciences, technologies and cultural manifestations, including human and other genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs and visual and performing arts.

#### Article 30

Indigenous peoples have the right to determine and develop priorities and strategies for the development or use of their lands, territories and other resources, including the right to require that States obtain their free and informed consent prior to the approval of any project affecting their lands, territories and other resources, particularly in connection with the development, utilization or exploitation of mineral, water or other resources. Pursuant to agreement with the indigenous peoples concerned, just and fair compensation shall be provided for any such activities and measures taken to mitigate adverse environmental, economic, social, cultural or spiritual impact.

### PART VII

#### Article 31

Indigenous peoples, as a specific form of exercising their right to self-determination, have the right to autonomy or self-government in matters

relating to their internal and local affairs, including culture, religion, education, information, media, health, housing, employment, social welfare, economic activities, land and resources management, environment and entry by non-members, as well as ways and means for financing these autonomous functions.

#### Article 32

Indigenous peoples have the collective right to determine their own citizenship in accordance with their customs and traditions. Indigenous citizenship does not impair the right of indigenous individuals to obtain citizenship of the States in which they live.

Indigenous peoples have the right to determine the structures and to select the membership of their institutions in accordance with their own procedures.

#### Article 33

Indigenous peoples have the right to promote, develop and maintain their institutional structures and their distinctive juridical customs, traditions, procedures and practices, in accordance with internationally recognized human rights standards.

#### Article 34

Indigenous peoples have the collective right to determine the responsibilities of individuals to their communities.

#### Article 35

Indigenous peoples, in particular those divided by international borders, have the right to maintain and develop contacts, relations and cooperation, including activities for spiritual, cultural, political, economic and social purposes, with other peoples across borders.

States shall take effective measures to ensure the exercise and implementation of this right.

#### Article 36

Indigenous peoples have the right to the recognition, observance and enforcement of treaties, agreements and other constructive arrangements concluded with States or their successors, according to their original spirit and intent, and to have States honour and respect such treaties, agreements and other constructive arrangements. Conflicts and disputes which cannot otherwise be settled should be submitted to competent international bodies agreed to by all parties concerned.

PART VIII

Article 37

States shall take effective and appropriate measures, in consultation with the indigenous peoples concerned, to give full effect to the provisions of this Declaration. The rights recognized herein shall be adopted and included in national legislation in such a manner that indigenous peoples can avail themselves of such rights in practice.

Article 38

Indigenous peoples have the right to have access to adequate financial and technical assistance, from States and through international cooperation, to pursue freely their political, economic, social, cultural and spiritual development and for the enjoyment of the rights and freedoms recognized in this Declaration.

Article 39

Indigenous peoples have the right to have access to and prompt decision through mutually acceptable and fair procedures for the resolution of conflicts and disputes with States, as well as to effective remedies for all infringements of their individual and collective rights. Such a decision shall take into consideration the customs, traditions, rules and legal systems of the indigenous peoples concerned.

Article 40

The organs and specialized agencies of the United Nations system and other intergovernmental organizations shall contribute to the full realization of the provisions of this Declaration through the mobilization, inter alia, of financial cooperation and technical assistance. Ways and means of ensuring participation of indigenous peoples on issues affecting them shall be established.

Article 41

The United Nations shall take the necessary steps to ensure the implementation of this Declaration including the creation of a body at the highest level with special competence in this field and with the direct participation of indigenous peoples. All United Nations bodies shall promote respect for and full application of the provisions of this Declaration.

PART IX

Article 42

The rights recognized herein constitute the minimum standards for the survival, dignity and well-being of the indigenous peoples of the world.

Article 43

All the rights and freedoms recognized herein are equally guaranteed to male and female indigenous individuals.

Article 44

Nothing in this Declaration may be construed as diminishing or extinguishing existing or future rights indigenous peoples may have or acquire.

Article 45

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act contrary to the Charter of the United Nations.



## **IV Organisations Working in Traditional Health Systems**



**Centres of Indigenous Knowledge**

ORGANISATION	ADDRESS/FAX/PHONE	CONTACT
<b>ARCIK</b> <b>African Resource Centre for Indigenous Knowledge</b>	<b>ARCIK</b> <b>NISER</b> <b>PMB 5 - UI Post Office</b> <b>Ibadan</b> <b>Nigeria</b> <b>tel: +234-22-400500</b>	
<b>Benin Resource Centre for Indigenous Knowledge</b>	<b>Benin Resource Centre for Indigenous Knowledge</b> <b>Inter-Africa Council for Philosophy</b> <b>B.P. 1268</b> <b>Cotonou, Benin</b>	<b>Dr. Paulin Hountondji</b>
<b>BRARCIK</b> <b>Brasilian Resource Centre for Indigenous Knowledge</b>	<b>BRARCIK</b> <b>Depto de Biologia</b> <b>UNESP</b> <b>14870.000 Jaboticabal</b> <b>Brasil</b> <b>fax: 55-163-22-4275</b>	<b>Dr. Antonio Joao Cancian</b>
<b>BURCIK</b> <b>Burkino Faso Resource Centre for Indigenous Knowledge</b>	<b>BURCIK</b> <b>B.P. 7047</b> <b>Ouagadougou</b> <b>Burkina Faso</b> <b>tel: +226-362835</b> <b>fax: +226-336517</b>	<b>Dr. Basga E. Dialla (IRSSH),</b> <b>Director</b>

ORGANISATION	ADDRESS/FAX/PHONE	CONTACT
<b>CIKARD</b> <b>Centre for Indigenous Knowledge for Agriculture and Rural Development</b>	<b>CIKARD</b> 318 Curtiss Hall Iowa State University Ames, Iowa 50011 USA tel: +1-515-2940938 fax: +1-515-2941708	Dr. D. Michael Warren, Director
<b>CIRAN</b> <b>Centre for International Research and Advisory Networks</b>	Nuffic/CIRAN PO Box 90734 2509 LS The Hague The Netherlands tel: +31-70-4260321 fax: +31-70-4260329	Dr. G.W. von Liebenstein, Director
<b>Colombia Resource Centre for Indigenous Knowledge</b>	Colombia Resource Centre for Indigenous Knowledge Universidad de Los Andes A.A. 4976 Bogota, Colombia	Dr. Elizabeth Reichel
<b>GHARCIK</b> <b>Ghana Resource Centre for Indigenous Knowledge</b>	<b>GHARCIK</b> School of Agriculture University of Cape Coast Cape Coast Ghana tel: +233-42-2240-9/2480-9 telex: +233-42-2552 UCC GH	Dr. M. Bonsu, Interim Director

ORGANISATION	ADDRESS/FAX/PHONE	CONTACT
<b>INRIK</b> <b>Indonesian Resource Centre for</b> <b>Indigenous Knowledge</b>	<b>INRIK</b> <b>Dept. of Anthropology</b> <b>University of Padjadjaran</b> <b>Bandung 40132</b> <b>Indonesia</b> <b>tel: +62-22-81594/832728</b> <b>fax: +62-22-431938</b>	<b>Prof. Dr. Kusnaka</b> <b>Adimihardja, Director</b>
<b>KENRIK</b> <b>Kenya Resource Centre for</b> <b>Indigenous Knowledge</b>	<b>KENRIK</b> <b>The National Museums of Kenya</b> <b>P.O. Box 40658</b> <b>Nairobi</b> <b>Kenya</b> <b>tel: +254-2-742131</b> <b>fax: +254-2-741424</b>	<b>Dr. Mohamed Isahakia, Acting</b> <b>Director</b>
<b>LEAD</b> <b>Leiden Ethnosystems and</b> <b>Development Programme</b>	<b>LEAD</b> <b>Institute of Cultural and Social Studies</b> <b>University of Leiden</b> <b>PO Box 9555</b> <b>2300 RB Leiden</b> <b>The Netherlands</b> <b>tel: +31-71-273469/273472</b> <b>fax: +31-71-273619</b>	<b>Dr. L. Jan Slikkerveer,</b> <b>Director</b>
<b>Peru Resource Centre for Indigenous</b> <b>Knowledge</b>	<b>Peru Resource Centre for Indigenous Knowledge</b> <b>Fundacion Peruana para la Conservacion de la</b> <b>Naturaleza</b> <b>Chinchon 858-A - San Isidro</b> <b>Aptdo 18-1393, Lima, Peru</b>	<b>Mr. Alejandro Camino D.C.</b>

ORGANISATION	ADDRESS/FAX/PHONE	CONTACT
<b>PHIRCSDIK</b> <b>Philippine Resource Centre for Sustainable Development and Indigenous Knowledge</b>	<b>PHIRCSDIK</b> <b>Philippine Council for Agriculture, Forestry and Natural Resources Research and Development (PCARRD)</b> <b>Paseo de Valmayor</b> <b>PO Box 425</b> <b>Los Banos</b> <b>Laguna</b> <b>The Philippines</b> <b>tel: +63-94-50015 to 50020</b> <b>fax: +63-94-50016</b>	<b>Dr. Rogelio C. Serrano,</b> <b>National Coordinator</b>
<b>REPPIKA</b> <b>Regional Program for the Promotion of Indigenous Knowledge in Asia</b>	<b>International Institute of Rural Reconstruction (IIRR)</b> <b>Silang</b> <b>Cavite 4118</b> <b>The Philippines</b> <b>tel: +63-2-969-9451</b> <b>fax: +63-2-522-2494</b>	<b>Dr. Evelyn Mathias-Mundy,</b> <b>Coordinator</b>
<b>RIDSCA</b> <b>Mexian Research, Teaching and Service Network on Indigenous Knowledge</b>	<b>RIDSCA</b> <b>Colegio de Postrados</b> <b>CEICADAR</b> <b>Apartado Postal 1-12</b> <b>C.P. 72130</b> <b>Col. La Libertad</b> <b>Puebla, Pue</b> <b>Mexico</b> <b>tel: +52-22-480088/480978/480542</b> <b>fax: +52-22-493935</b>	<b>Dr. Antonio Macias-Lopez,</b> <b>Director</b>

ORGANISATION	ADDRESS/FAX/PHONE	CONTACT
<b>SARCIK</b> South African Resource Centre for Indigenous Knowledge	<b>SARCIK</b> The Institute for Indigenous Theory and Practice 110 Long Street 8001 Cape Town South Africa tel: +27-21-242012 fax; +27-21-262466	Prof. Morris H. Cohen, Co- Director
<b>SLARCIK</b> Sri Lanka Resource Centre for Indigenous Knowledge	<b>SLARCIK</b> University of Sri Jayewardenapura Department of Geography Nugegoda Sri Lanka tel: +94-1-852028 fax: +94-1-852604	Dr. Rohana Ulluwishewa
<b>Trans-Andean Centre for Indigenous Knowledge</b>	Escuela de Post Grado Universidad nacional Agraria La Molina, Apartado 456 La Molina, Lima, Peru	Dr. Luis Maezono
<b>VERSIK</b> Venezuelan Resource Secretariat for Indigenous Knowledge	<b>VERSIK</b> Centre for Tropical Alternative Agriculture and Sustainable Development (CATADI) University of The Andes, Nucleo 'Rafael Rangel' Apartado Postal #11 Trujillo 3102 Venezuela tel/fax: +58-73-33667	Dr. Consuelo Quiroz, National Coordinator

# ORGANISATIONS WORKING IN COMMUNITY ANIMAL HEALTH AND/OR PARAVETERINARY PRACTICES

ORGANISATION	ADDRESS/FAX/PHONE	ACTIVITIES	CONTACT
Centro de Estudios Indigenas	Universitarios Autonoma de Chiapas Felipe Flores No. 14 San Cristobal de las Casas Chiapas Mexico tel: +9678 0487 fax: +9678 3534	Runs a VAHC and ethnoveterinary project in Chiapas, Mexico. Connections with Guatemalan researchers working with sheep.	Dr. Raul Perezgrovas
Farm Africa	22 Gilbert Street London W1Y 1RJ England tel: +44 (0)71 629 1818 fax: +44 (0)71 499 8735	Livestock projects with community-based animal health components in Kenya, Tanzania and Ethiopia.	
Heifer Projects International	1015 S. Louisiana Little Rock Arkansas 72203 USA tel: 501-376-6836 fax: 501-376-8906	Runs livestock projects - with VAHC components in Afghanistan, Somalia, Cameroon, Tanzania, Kenya, Uganda, Philippines, etc.	<b>Dan Gudahl</b> , Director Africa and Middle East Region <b>Robert Pelant</b> , Asia Region <b>Beth Miller</b> , Veterinarian and Volunteer <b>Jennifer Schumacher</b> , Director of Evaluation Unit

ORGANISATION	ADDRESS/FAX/PHONE	ACTIVITIES	CONTACT
IT Kenya	22 Chiromo Access Rd. off Riverside Drive P.O. Box 39493 Nairobi Kenya tel: 254-2-442108/446243 fax: 254-2-445166	Supports local organizations to develop decentralized animal health services.	John Young
North-eastern Veterinary Research and Diagnostic Centre	The Phra Khon Kaen 40260 Thailand		
Oxfam UK	274 Banbury Road Oxford OX2 TDZ England fax: +44 (0)865 311311	VAHC projects in Chad, Uganda and Sudan	
United Mission to Nepal	Rural Development Centre PO Box 126 Thatapali Kathmandu Nepal		
Vet Aid	c/o Centre for Tropical Veterinary Medicine Easter Bush, Roslin Midlothian EH25 9RG Scotland fax: +44-31-445-5099	Livestock project with community animal health care components in Mozambique; VAHC projects in Afghanistan and Somalia	Dennis Fielding

ORGANISATION	ADDRESS/FAX/PHONE	ACTIVITIES	CONTACT
World Relief International	Cama-Pyramid PO Box 124 Wamena 99501 Indonesia	VAHC project in Thailand	



# **ORGANISATIONS WORKING IN ETHNOMEDICINE**

ORGANISATION	ADDRESS/FAX/PHONE	CONTACT
Centre for the Study of Medicinal Plants	c/o Institute for Medical Research and Medicinal Plant Studies B.P. 888 Yaounde Cameroon	Dr. Mbi Christiana Nso Senior Research Officer
Centro MesoAmericano de Estudios sobre Tecnologia Apropiada (CEMAT)	1a av. 32-21, Zona 12 Apartado Postal 1160 01012 Guatemala City Guatemala tel: 2-762 018 fax: 2-762-335	Dr. Edgardo Caceres Executive Director
Centro Internazionale per l'Avanzamento della Ricerca e dell'Educazione	Via Rivetti 61 13069 Vigliano Vellese Italy tel: 51-01-40	Dr. Enrico Pierangeli President
Insituto Caribe de Antropologia y Sociologia	Apartado 1930 Caracas 1010-A Venezuela tel: 782-8711 fax: 781-5732	Dr. Werner Wilber Director
Institute of Chinese Materia Medica	Shi Nan An Qu Huang Jiao Ya Chong Qing Sichuan People's Republic of China tel: +481615	Lu Ling En Director

ORGANISATION	ADDRESS/FAX/PHONE	CONTACT
Institute of Pharmacopoeia and Traditional Medicine (IPHAMETRA)	B.P. 100 Libreville Gabon tel: 70-38-78	
Kenya Medical Research Institute (KEMRI) Traditional Medicine and Drugs Research Centre	Mbagathi Rd. P.O. Box 54840 Nairobi Kenya tel: 722541/4 fax: 720030	Dr. David K. Koech, Director
National Institute for Scientific Research	B.P. 2240 Lome Togo tel: 21-01-39	Dr. Kounoutcho Sossah Director General
National Research Institute of Chinese Medicine	2 Lane 391, Pei - I Rd, Section 2 Hsientien Taipei Taiwan tel: (02) 911-1634	Kao-Chu Liu, Director

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ORGANISATION	ADDRESS/FAX/PHONE	ACTIVITIES	CONTACT
Centro de Estudios Indigenas	Universitarios Autonoma de Chiapas Felipe Flores No. 14 San Cristobal de las Casas Chiapas Mexico tel: +9678 0487 fax: +9678 3534	Runs a VAHC and ethnoveterinary project in Chiapas, Mexico. Connections with Guatemalan researchers working with sheep.	Dr. Raul Perezgrovas
Farm Africa	22 Gilbert Street London W1Y 1RJ England tel: +44 (0)71 629 1818 fax: +44 (0)71 499 8735	Livestock projects with community-based animal health components in Kenya, Tanzania and Ethiopia.	
Heifer Projects International	1015 S. Louisiana Little Rock Arkansas 72203 USA tel: 501-376-6836 fax: 501-376-8906	Runs livestock projects - with VAHC components in Afghanistan, Somalia, Cameroon, Tanzania, Kenya, Uganda, Philippines, etc.	Dan Gudahl, Director Africa and Middle East Region Robert Pelant, Asia Region Beth Miller, Veterinarian and Volunteer Jennifer Schumacher, Director of Evaluation Unit

ORGANISATION	ADDRESS/FAX/PHONE	ACTIVITIES	CONTACT
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North-eastern Veterinary Research and Diagnostic Centre	The Phra Khon Kaen 40260 Thailand		
Oxfam UK	274 Banbury Road Oxford OX2 TDZ England fax: +44 (0)865 311311	VAHC projects in Chad, Uganda and Sudan	
United Mission to Nepal	Rural Development Centre PO Box 126 Thatapali Kathmandu Nepal		
Vet Aid	c/o Centre for Tropical Veterinary Medicine Easter Bush, Roslin Midlothian EH25 9RG Scotland fax: +44-31-445-5099	Livestock project with community animal health care components in Mozambique; VAHC projects in Afghanistan and Somalia	Dennis Fielding

ORGANISATION	ADDRESS/FAX/PHONE	ACTIVITIES	CONTACT
World Relief International	Cama-Pyramid PO Box 124 Wamena 99501 Indonesia	VAHC project in Thailand	



## **V International Donors - Funding Health Projects**

# INTERNATIONAL FUNDING AGENCIES AND RESEARCH BODIES

Organisation	Activities	Contact
Canadian International Development Agency (CIDA)		200 Promenade du Portage Quebec, Hull Canada K1A 0G4 Tel: (819 997-5456
African Development Bank		Avenue Joseph Anoma B.P. 1387 Abidjan 01 Cote d'Ivoire Tel: (225) 204444-204171 Fax: 227839 Tx: 22202 Secretary General: Kofi Dei-Anang



Organisation	Activities	Contact
Andean Development Corporation	<p>In 1982, The Andean Development Corporation signed an agreement with IFAD, thereby establishing a general framework for cooperation that would facilitate the achievements of common goals among the member countries of both institutions. Their participation as a cooperative institution includes, among other activities, the administration and supervision of loans granted by IFAD to the countries of the subregion.</p> <p>During 1992, the Andean Dev't Corp. signed an agreement to manage a US\$ 2.0 million donation by IFAD for the direct benefit of the indigenous groups in the Amazon. The project's general goal is to strengthen the productive and organisational capacity of the indigenous people from Bolivia, Brazil, Colombia, and Venezuela. At the same time, the programme intends to develop activities in the areas of education and health adapted to cultural and environmental conditions.</p>	<p>Edificio Torre Central Transversal, Piso 4 al 10 Caracas, Venezuela Tel: (02) 285-558 MASTER Fax: 00582-284-5754 Tx: 27418 Cafesve Exec. President: Dr. Luis Enrique Garcia</p> <p>Re: specific project Dr. Flavio Tamayo Avenida Arce, Pasaje Esmeralda No. 4, La Paz, Bolivia tel: 5912 36-39-34 fax: 5912-30-10-32</p>
Arab Fund for Economic and Social Development (BADEA)		<p>P.O. Box 21923 Safat, 13080, Kuwait Tel: (973) 536578 Fax: 536583 Director General: Akdlatif Y. al-Hamad</p>

Organisation	Activities	Contact
United Nations International Research and Training for the Advancement of Women (INSTRAW)	While not directly involved in the development of health programmes, INSTRAW has pursued research in health-related areas. One of INSTRAW's core programmes for the 1992-1993 biennium is <u>Incorporating Gender in Environment and Sustainable Development</u> . Also involved in developing modular training package on Women, Water Supply, and Sanitation and women and waste management. Next year, another module on women, environment, and sustainable development is expected to be finalized.	Ms. Margaret Shields, Director INSTRAW Calle Cesar Nicholas Pension No. 102-A, Santo Domingo, D.N. Dominican Republic Tel: 1-809-685-2111 Fax: 1-809-685-2117
Inter-American Development Bank		1300 New York Avenue, N.W. Washington, D.C. 20577 USA Tel: (202) 623-1000 Fax: 789-2835 Tx: 64141 President: Enrique V. Iglesias
International Bank for Reconstruction and Development (World Bank)		1818 H. Street, N.W. Washington, D.C. 20433, USA Tel: (202) 477-1234 Fax: 477-6391 President: Lewis Preston

Organisation	Activities	Contact
International Fund for Agricultural Development (IFAD)	<p>As an organisation mandated to address the alleviation of poverty through agricultural development projects, IFAD projects deal, in one way or another, with the improvement of human and animal health. thus, there is always either a project component or an activity relating to one or all of these aspects, depending on the project framework. The training in IFAD projects related directly or indirectly to health, is not to medical paraprofessionals per se, but to national rural staff involved in agricultural/livestock extension, training, and sensibilisation of rural communities regarding animal and human health. If there is a rural development project involving for example, livestock, a component would be included in the understanding of traditional health methods and the training of extension workers on the means of better transferring animal health information to farmers and herders.</p>	<p>Via del Serafico 107 I-00142 Rome, Italy Tel: (06) 54591 Fax: 5043463 Tx: 620330 President: Idriss Jazairy</p>
Islamic Development Bank Headquarters		<p>P.O. Box 5925 Jeddah 21423 Saudi Arabia Tel: (926) 2 6361400 Fax: 6366871 Tx: 601137 President: Ahmad Mohammad Ali</p>

Organisation	Activities	Contact
<p>Organization for Economic Cooperation and Development (OECD) Secretariat</p>	<p>OECD has no involvement in the funding and support of traditional health projects; its analytic work is confined to the general analysis of trends in health care systems.</p>	<p>Chateau de la Nuette 2 rue Andre-Pascal F-75775 Paris Cedex 16 France Tel: (01) 4524 8200 Fax: 45248500 - 45248176 Sec'y General: Jean-Claude Paye</p>
<p>OPEC Fund for International Development</p>	<p>The OPEC Fund is an intergovernmental development agency which cooperates with developing countries to help promote economic and social advancement. OPEC's involvement in health matters is confined to specific projects and programs designed and presented for funding by beneficiary governments and institutions. OPEC does not participate in funding of traditional health initiatives per se.</p>	<p>P.O. Box 995 A-1011 Vienna Austria Tel: (1) 51564-0 Fax: 5139238 Tx: 1-31734 Director General: Y. Seyyid Abdulai</p>
<p>International Labour Office (ILO)</p>	<p>ILO is involved in projects and programmes that cover training of indigenous workers in general. Parts IV, V, and VI of Convention 169 deal with issues such as Vocational Training, Social Security, Health, and Education.</p>	<p>International Labour Office 4 route des Morillons CH-1211 Geneve 22 Switzerland tel: (41 22) 799 6111 fax: (41 22) 798 8685 Chief of Workers' Education Branch Bureau for Workers' Activities: Giuseppe Querenghi</p>

Organisation	Activities	Contact
<p>United Nations Development Program (UNDP)</p>	<p>UNDP's regular health programme constitutes a very small component of the overall expenditures of the UNDP. Within this relatively small programme commitment, UNDP emphasizes training of health personnel and improvement of management capacity. Furthermore, the promotion of primary health care, health system infrastructure development, disease prevention and control, provision of clean drinking water and adequate sanitation are of central importance to UNDP's health programme input in both rural and urban areas.</p> <p>No particular focus on indigenous or traditional health projects per se.</p>	<p>One United Nations Plaza New York, NY 10017 USA Administrator: James Gustave Speth</p>

Organisation	Activities	Contact
<p>United Nations Industrial Development Organisation (UNIDO)</p>	<p>UNIDO has been delivering technical assistance in the area of industrial utilisation of medicinal and aromatic plants for the past two decades. Production, quality, and formulation of traditional medicines have been improved. Domestication of wild species and systematic cultivation have also been carried out in some projects. The funds have mainly come from UNDP with a few projects funded by donor countries and UNIDO regular budget funds. Technologies for production and new formulations of traditional medicines have been transferred. Development of quality specifications and certification procedures have been introduced. Biodiversity conservation and introduction of GMP are main features in all projects. Training of personnel in aspects of cultivation, processing, R&amp;D and marketing of plant-based products.</p>	<p>P.O. Box 300  Vienna International Centre  A-1400 Vienna  Austria  Tel: (431) 211310  Fax: 232156  Tx: 135612  Director General: Domingo L. Siazon, Jr.</p>

Organisation	Activities	Contact
World Health Organisation (WHO)	<p>In a progress report by the Director-General, WHO notes that its priorities in traditional medicine are grouped into five main areas of concern: national programme development, health systems and operational research, clinical and scientific investigation, education and training, and exchange of information. There exists an Expert Panel on Traditional Medicine. Technical links are maintained with UNIDO, UNDP, UNESCO, and the World Bank, as these agencies and others finance traditional medicine activities at the country level. A recent link has been forged with the World Federation of Proprietary Medicine Manufacturers (WFPMM), an NGO in official relations with WHO. Key resolutions: WHA42.43 (1989), WHA29.72, WHA30.40, WHA40.33, WHA31.33, WHA41.19 and WHA22.54 (adopted in 1969 on pharmaceutical production in developing countries).</p>	<p>World Health Organisation WHO Geneva Switzerland fax: (41 22) 791 0746</p>
United Nations University/INTECH	<p>UNU/INTECH is not involved in technical training for paraprofessional health workers. the Institute deals with new technologies and does not have any involvement with traditional health programmes.</p>	<p>UNU/INTECH Kapoenstraat 23 6211 KV Maastricht The Netherlands tel: (043) 210884 fax: (043) 252922 Contact: Prof. Swasti Mitter</p>

Organisation	Activities	Contact
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)	GTZ's response notes that there is little they can contribute in the way of information on support of traditional health systems. However, they do mention that with the "renewed interest in the rational use of traditional herbs and plants", there is a GTZ book on "Pharmacopoeia of Medicinal Plants - Niger". Perhaps this suggests some involvement in traditional health practices.	6236 Eschborne 1 Dag-Hammarskjöld-WEC-1-Z Germany Tel: 011 49 6196790 Fax: 011 49-619679115 Director: Gerold Dieke Head of Division - Health, Population, Nutrition Division: Dr med Rolf Korte DTPH Dr med Georg Nachtigal, MSc
The Ford Foundation	While the Ford Foundation does not, at this time, have a program focusing expressly on health services or medical care, they do support several organisations working in areas related to health including community development, agriculture, etc. Their 1992 report mentions the upgrading of skills for traditional birth attendants.	320 East 43rd Street New York, NY 10017, USA Tel: (212) 573-5000 Fax: (212) 599-4584 Tx: 224048 Chair: Edson W. Spenser President: Franklin A. Thomas Assistant Sec'y: Diane L. Galloway-May
W.K. Kellogg Foundation	In accordance with the W.K. Kellogg Foundation's current programming goals, support in the health field is for projects in the area of Problem-Focused, Community-Based Health Services. The Foundation does not have any specific efforts targeted in specialty areas, such as technical training for paraprofessional human and animal health workers.	One Michigan Ave. East Battle Creek Michigan 49017-4058 USA Tel: (616) 968-1611 Fax: 968-0413 Tx: 4953028 President: Norman A. Brown



Organisation	Activities	Contact
Islamic Foundation for Science Technology and Development		P.O. Box 9833 Jeddah, Saudi Arabia 21423 Tel: (966 2) 6322291 Fax: 6322274 Tx: 604081 Director General: Dr. Arafat R. Altamemi
European Development Fund		c/o European Communities Rue de la Loi 200 B-1049 Bruxelles, Belgium Tel: (322) 235 1111 Fax: (322) 236 2725 Tx: 21877 Contact: Dominique David
Commonwealth Development Corporation	Under the terms of the CDC Act, investment in projects in the sectors of health and education are not permitted. these sectors are dealt with by the British aid initiative under the auspices of the Overseas Development Administration, and British NGO's.	One Bessborough Gardens London SW1V2JQ United Kingdom Tel: (44) 71 828-4488 Fax: 8286505 Tx: 5121431/25849 Chief Executive: John Eccles

Organisation	Activities	Contact
<p>United States Agency for International Development (USAID)</p>	<p>Examples of Support: The Quality Assurance Project develops methodologies and training materials that are suitable for application to services delivered by traditional healers.</p> <p>The MotherCare Project has been involved in training and upgrading the skills of traditional birth attendants in Guatemala, Indonesia, and Nigeria in safe delivery as well as the recognition of complications and the referral to the appropriate health facility. This is seen as an integral part of the establishment of a comprehensive approach to maternal and neonatal health.</p> <p>The HEALTHCOM Project has worked extensively with traditional birth attendants in Malawi to design educational materials and reporting forms appropriate to their needs. This allows them to become more involved in a broader range of health care activities and to keep accurate and useful records.</p> <p>The PRITECH II Project conducted a systematic program in Uganda to recruit and train traditional healers in oral rehydration therapy. The experiences of this training are available in a publication that can be obtained through USAID</p>	<p>320 21st Street NW Washington, D.C. 20523 USA Tel: (202) 647-9620 Fax: 647-0148 Administrator: Ronald Roskens</p>

Organisation	Activities	Contact
Minister of Development Cooperation		P.O. Box 20061 2500 EB The Hague The Netherlands Tel: 70 3486486 Fax: 70 3484848 Mr. Jan P. Pronk
Norwegian Agency for International Development (NORAD)		P.O. Box 8142 Dep. 0033 Oslo 1 Norway Tel: (47) 2 31 40 55 Director: Per O. Crimstad
Swedish International Development Authority		S-105 25 Stockholm Sweden Tel: 08-150100 Fax: 08-322141 Director General: Mr. Carl Tham
Swedish Agency for Research Cooperation with Developing Countries (SAREC)		P.O. Box 16140 S-103 23 Stockholm Sweden Tel: 46 8 791-21-00 Director General: Mr. Anders Wijkman

Organisation	Activities	Contact
Japan International Cooperation Agency (JICA)		P.O. Box 216 Shinjuku Mitsui Building 1-1, 2-chome, Nishi-Shinjuku Shinjuku-ku Tokyo 163 Japan Tel: 03 3346-5311 President: Kensuke Yanagiya



## **VI Selected Conferences, Workshops, and Meetings**

### **World Intellectual Property Organisation (WIPO)**

Date: July 12-30, 1993  
Brief: Diplomatic conference for the conclusion of a treaty supplementing the Paris convention as far as patents are concerned. Second part.  
Contact: WIPO, 34 chemin des Colombettes, Case postale 18, CH-1211, Geneve 20, Switzerland  
Tel: (4122) 7309111  
Fax: (4122) 7335428

### **World Intellectual Property Organisation**

Date: September 20-29, 1993  
Brief: Governing Bodies Meeting  
Contact: as above

### **General Agreement on Tariffs and Trade (GATT)**

Date: November 29-December 10, 1993  
Brief: Meeting  
Contact: GATT, Centre William Rappard, rue de Lausanne, 154, CH-1211 Geneve 21, Switzerland  
Tel: (41-22) 739 51 11  
Fax: (41-22) 731 42 06

### **International Symposium and National Conference on Sustainable Agriculture**

Date: December 1-4, 1993  
Brief: Conference  
Contact: CEICADAR, Km. 125.5 Carretera Federal Mexico-Puebla. Postal I-12 Colonia La Libertad, C.P. 72130 Puebla, Pue. Mexico. Attention: M.C.J. Francisco Escobedo Castillo, M.C. Filemon Parra Inzunza  
Tel: (91 22) 43 00 88 or 48 09 78 or 48 05 42  
Fax: (91 22) 49 39 95

**Conservation through sustainable use of wildlife: a public forum on the use of biological resources for conservation and sustainable development.**

Date: February 8 - 11, 1994  
Site: University of Queensland, Australia  
Organizer: Centre for Conservation Biology, University of Queensland, QLD 4072  
Tel: (07) 365 2527  
Fax: (07) 365 1655

**GIS'94 Symposium on Natural Resource Management - Decision making with GIS: The Fourth Dimension.**

Site: Vancouver, British Columbia, Canada  
Brief: Topic areas are as follows: Decision support and decision making systems in: forest management, wildlife management, environmental applications, natural resource management, technologies, methodologies, and techniques in GIS, land information systems.  
Tel: (604) 688 0188  
Fax: (604) 688 1573  
Toll free fax: 1-800-661-0044  
Via Internet: send electronic mail to [gis@unixg.ubc.ca](mailto:gis@unixg.ubc.ca)

**Society of Ethnobiology 17th Annual Conference**

Date: March 16-19, 1994  
Site: Victoria, British Columbia, Canada  
Brief: Sponsored by Environmental Studies Program, University of Victoria and the Royal British Columbia Museum. Conference theme will be "Traditional Land and Resource Management Strategies." Indigenous people and students in ethnobiology are encouraged to attend and participate in this conference.  
Contact: Pat McGuire, Conference Management, University of Victoria, Box 3030, Victoria, B.C. V8W 3N6  
Tel: (604)721-8470  
Via Internet: send electronic mail to [pmcguire@postoffice.uvic.ca](mailto:pmcguire@postoffice.uvic.ca)



### **Biological Diversity: Exploring the Complexities**

**Date:** March 25-27, 1994  
**Site:** Tucson, Arizona  
**Brief:** Attendance at the conference will be restricted to invitees. It is anticipated that 125 invited national and international policymakers, biological and social scientists from a wide range of disciplines, lawyers, and industry representatives will be present.  
**Contact:** Director, National Energy Law and Policy Institute Professor of Law, University of Tulsa, College of Law 3120, East 4th Place Tulsa, Oklahoma 74104  
**Tel:** (918) 631-2431  
**Fax:** (918) 631-3556  
**Via Internet:** send electronic mail to law\_ldg@utulsa.edu

### **World Traditional Healers Congress**

**Date:** March 25-27, 1994  
**Site:** Kaye Rive Educational Institution, Pretoria, South Africa  
**Region:** Global  
**Organizer:** Kaye Rive Educational Institute, Kaye Rive, 259 Soutpansberg Road, Rietondale, Pretoria 0084, South Africa  
**Tel:** (012) 329-4218  
**Fax:** (012) 329-4220

### **2nd Latin-American Congress of Alternative Medicines**

**Date:** May 16-20, 1994  
**Site:** Pabexpo, Havana, Cuba  
**Region:** Caribbean, Latin America  
**Organizer:** Palacio de la Convenciones, Apartado 16046, Havana, Cuba  
**Tel:** 22-6011  
**Fax:** 22-8382

## **Ecosystem monitoring and protected areas: The Second International Conference on Science and the Management of Protected Areas**

Date: May 16-20, 1994  
Site: Dalhousie University, Halifax, Nova Scotia, Canada  
Brief: The conference is endorsed by the World Conservation for Nature (IUCN), World Wildlife Fund (Canada), Man and Biosphere Program (Canada), The George Wright Society, Science and the Management of Protected Areas Association, Parks Canada and Environment Canada, Science and the Management of Protected Areas  
Contact: Neil Munro by e-mail: [kcossey@web.apc.org](mailto:kcossey@web.apc.org)

## **1st International Symposium on Ecosystem Health and Medicine: New Goals for Environmental Management**

Date: June 19-22, 1994  
Site: Ottawa Congress Centre, Ottawa, Canada  
Region: International  
Organizer: The International Society of Ecosystem Health and Medicine and the University of Guelph  
c/o Mr. Remo Petrongolo, Symposium Manager,  
Office of Continuing Education, 159 Johnston  
Hall, University of Guelph, Guelph, Ontario,  
Canada, N1G 2W1  
Tel: (519) 824-4120 ext. 3064  
Fax: (519) 767-0758  
by Internet: [rpetrong@oac.uoguelph.ca](mailto:rpetrong@oac.uoguelph.ca)

## **International Sustainable Agriculture Conference**

Date: June 20-24, 1994  
Brief: UNDP/UNEP/International Alliance for Sustainable Agriculture, Environmental Liaison Centre International, Institute for Global Communications, Pesticides Action Network involved  
Contact: IASA, The Newman Centre, University of Minnesota, 1701 University Avenue SE, Room 202, Minneapolis, MN 55414, USA  
Tel: (612) 331 1099  
Fax: (612) 379 1527

**Cities and sustainable development: global forum '94**

Date: June 24 - July 3, 1994  
Site: Manchester, Great Britain  
Brief: Organised with assistance from the International Institute for Environment and Development in London, the UN Commission on Sustainable Development, etc. This conference will include key sectoral meetings on: women, youth, citizen groups, business and industry and local authorities.  
  
Contact: Global Forum '94, Eastgate, Castle Street, Manchester, M3 4LZ, UK  
Tel: (44 61) 234 3741  
Fax: (44 61) 234 3743  
Via Internet: send electronic mail to [gf94-centre@mcr1.geonet.de](mailto:gf94-centre@mcr1.geonet.de)

**49th Congress of the International Homeopathic Medical League**

Date: September, 1994  
Site: New Delhi, India  
Region: International  
Organizer: International Homeopathic Medical League, Dr. Ulrich D. Fisher, German Society, Herrenstrasse 51, 7800 Freiburg (im Breisgau), Germany  
  
Tel: 761 34831  
Fax: 761 30960

**Forest canopies: Ecology, biodiversity, and conservation**

Date: November 8-10, 1994  
Site: Sarasota, Florida  
Contact: Dr. Meg Lowman, Director of Research, Selby Botanical Gardens, 811 South Palm Avenue, Sarasota, FL 34236 USA

### **General Agreement on Tariffs and Trade (GATT)**

Date: November 28 - December 9, 1994  
Brief: Meeting  
Contact: GATT, Centre William Rappard, rue de Lausanne 154, CH-1211 Geneve 21, Switzerland.  
Tel: (41-22) 739 51 11  
Fax: (41-22) 731 42 06

### **5th International Rangeland Congress**

Date: July 23-28, 1995  
Site: Salt Lake, Utah, USA  
Contact: General Secretary, 5th IRC, PO Box 11637, Salt Lake City, UT, USA 84147

### **World Veterinary Association**

Date: September 3-9, 1995  
Site: To be announced, Japan  
Brief: Quadrennial Congress  
Contact: Japan Veterinary Medical Association, 23rd Floor, Nishi-kan, Shin Aoyama Building, 1-1-1 Mianmi Aoyama, Minato-ku, Tokyo, 107, Japan

### **General Agreement on Tariffs and Trade (GATT)**

Date: November 27 - December 8, 1995  
Brief: Meeting  
Contact: GATT, Centre William Rappard, rue de Lausanne 154, CH-1211 Geneve 21, Switzerland  
Tel: (41-22) 739 51 11  
Fax: (41-22) 731 42 06

### **General Agreement on Tariffs and Trade (GATT)**

Date: December 2-13, 1996  
Brief: Meeting  
Contact: As above



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**Aboriginal Nurses Association of Canada. "Traditional Medicine and Primary Health Care Among Canadian Aboriginal People." Discussion paper with Annotated Bibliography. Ottawa: Aboriginal Nurses Association of Canada, 1993.**

This discussion paper, written as an initial effort to understand the use of traditional medicine in a Primary Health Care approach, provides an excellent overview of many of the general issues, concepts, and philosophies underpinning many of the traditional (or First Nations) health systems in Canada. While the focus lies within Canadian boundaries, the discussion speaks to many of the areas of concern aired by indigenous peoples in other regions. Working from within a Primary Health Care perspective, the paper outlines the possibilities of building PHC programs on traditional health beliefs. Several models for integrating traditional health with PHC are discussed and problem areas identified.

The discussion concludes that two questions need to be addressed: 1) how can traditional and "western" medicine co-exist within a PHC approach, and 2) how can traditional Aboriginal health beliefs and, in particular, health promotive beliefs be developed and encouraged within this context.

Following the discussion is an excellent Annotated Bibliography looking at Health Policy for 1st Nations People, Primary Health Care, and Traditional Medicine.

**Appropriate Technology. Special edition on Innovations in Animal Health, Vol. 19, No. 4, March 1993.**

This issue of Appropriate Technology provides an excellent overview to some of the key concerns facing traditional health practitioners, village animal health care workers, paraveterinarians, and others. It provides many "on the ground" examples of current animal health programs with good representation from all regions of the earth. Policy and planning concerns are outlined in discussions such as the one on decentralized animal health care in Indonesia. Methodologies and project approaches are also discussed in projects from Kenya and Sudan as well as Nepal.

The back page of the journal provides an excellent resource list of organisations working in publications in the areas of village animal health care, animal disease, livestock development, and methodology.

**Bishaw, Makonnen. "Promoting Traditional Medicine in Ethiopia: A Brief Historical Review of Government Policy." Social Science and Medicine, Vol. 33, No. 2, 1991., pp. 193-200.**

Bishaw presents an excellent account of one country's experiences of both "formal" and "traditional" or local health systems. Conducting a historical review of the changes in attitudes towards traditional health systems, Bishaw notes the key turning points for change in policy. Interestingly, in 1980, a first national symposium on traditional medicine, in which representatives of both traditional and formal medicine participated, was held in Addis Ababa. Ethiopia's intention to include traditional medicine was incorporated into the National Ten-Year Perspective Plan (1984-94) based on a number of reasons including: cultural history; efficacy; cost; resource constraints of "western" health-care services; and struggle for self-sufficiency.

Bishaw concludes that while there was often much ambivalence on behalf of policy makers towards traditional medicine, the attitude is becoming more positive. While government policy promotes eventual integration of traditional medicine on the one hand, traditional healers have often been harassed and persecuted. Further, there are **many** traditional health systems in Ethiopia. Finally, Bishaw argues that while arguments have supported the empirical contributions of traditional medicine, they have ignored or often ridiculed the "spiritual" aspects which are inseparably connected for many people.

**Chen, Paul C.Y. "Traditional and modern Medicine in Malaysia." Social Science and Medicine, Vol. 15A, 1981, pp. 127-136.**

Chen provides an overview of a very complex medical system which exists in Malaysia. In fact, due to the wide ethnic diversity, there are really many traditional medical systems which can be divided into four broad categories: traditional "native"; traditional Chinese; traditional Indian; and "modern" medicine. While modern medicine is the accepted dominant system, the traditional systems are firmly entrenched and widely used. Patients tend to move between the systems and many medical practitioners now employ several practices.

**Honeybee, all issues.**

Honeybee is an informal quarterly newsletter "produced" by the Indian Institute of Management in Vastrapur, Ahmedabad, India. It serves to document innovations produced by farmers, artisans, and farm workers and works for sustainable alternatives based on people's knowledge systems. Having grown to include fifty eight countries, Honey Bee is produced in several local languages such as Marathi and Malayalam.

One particular issue discusses such issues as: attracting birds for the control of crop pests; the use of milk for virus control; indigenous potato processing; a survey of farmers' innovations in Gujarat; book reviews; and lecture notes.



**McCorkle, Constance M. "Agropastoral Systems Research in the SR-CRSP Sociology Project." In Plants, Animals and People: Agropastoral Systems Research. Ed. C.M. McCorkle. Oxford: Westview Press, 1992.**

This article, drawn from the larger collection of papers on agropastoral systems research, highlights the need for a broader, more encompassing view of issues beyond our western, artificial scientific constructs which have been "created for a delimited scientific purpose and a highly abstract level of analysis." In turn, McCorkle points out that at the farm level, these disciplinary boundaries become blurred as life becomes a complex reality of intertwined, interconnected, and interdependent plants, animals, and people.

While the discussion focuses on production systems, it provides lessons for traditional health research in that, while in the west, we delineate health and illness in highly reductionistic terms of disease causation and treatment, other cultures often see health as integrally related within the system that is life. Healthy crops and healthy animals mean healthy people. They are inseparable.

**Mshiu, E.N., R.P.Y. Muhondwa, J.Z.J. Killewo, I.A.J. Semali, D.M. Do Amsi, and R. Mpembeni. "Technical Report on the Knowledge and Attitudes of Traditional Healers Towards Modern Medical Practice and Utilization of Traditional Medicine in Two Regions of Tanzania Mainland." Ottawa: International Development Research Centre, 1990.**

This study, on the knowledge and attitudes of traditional healers towards modern medical practice and utilization of traditional medicine in Tanzania, which was sponsored by the International Development Research Centre and carried out jointly by the departments of Behavioural Sciences, Biostatistics/Epidemiology and Traditional Medicine Research Unit (University of Dar Es Salaam?), was carried out between 1984 and 1986. Its three objectives were to: determine the attitudes and knowledge of traditional healers and birth attendants on modern health care workers; to determine the attitudes of people living in rural Tanzania towards traditional medicine; and to determine the utilization pattern of traditional medicine and birth attendants by the rural population of Tanzania.

The authors provide an interesting cross-section of attitudes and beliefs both from the so-called "traditional" and "modern" medical practitioners' perspectives. It is particularly significant in considering national and international health policy and the place of "traditional" practices within the formal health sector.

**Rapport, David J. "What Constitutes Ecosystem Health," Perspectives in Biology and Medicine, Vol. 33, No. 1, Autumn 1989, pp. 120-133.**

Rapport argues that ecosystem health is a viable concept, and while difficult to "pin down", ecosystems ("open systems with important linkages to neighbouring systems") can have their and should, have their health status determined. While Rapport notes that the health of an ecosystem is a fairly relative concept depending on the human values applied, there are definitely boundaries which can be drawn. He poses the example of an impaired ecosystem, while possibly remaining economically viable in the short run, "runs down in natural capital". After some time, no matter how many additives or fertilizers are added, or fish restocked, there is long-term deterioration of an ecosystem.

Rapport suggests that for the purposes of health assessments, it is necessary to screen for all symptoms of ecosystem distress rather than a single indicator, the reason being that ecosystem distress may appear quite late in the development of ecosystem pathology.

This article presents an excellent background and context within which to debate the need to focus on more sustainable alternatives to current livelihoods and practices which bring about the ill health of an ecosystem.

**Reid, Walter V. et al. Biodiversity Prospecting: Using Genetic Resources for Sustainable Development. Washington: World Resources Institute, 1993.**

This collection of essays addresses the various aspects of biodiversity prospecting. Starting from a point of guiding principles and landmark documents (Merck-INBio Agreement and the Convention on Biodiversity), the papers look at the role of organisation and countries in preserving biodiversity; company-collector contracts; intellectual property rights; legal guarantees to indigenous peoples; technology policy; and an extensive discussion on international agreements.

Reid et al provide an excellent base on which to build an understanding of biodiversity issues both alone and in relation to traditional health systems and livelihoods.

**Suter, Glenn W. "A Critique of Ecosystem Health Concepts and Indexes." Environmental Toxicology and Chemistry, Vol. 12, 1993, pp. 1533,-1539.**

Suter argues that because people "wish to preserve their health...(they wish to) do something equivalent for ecosystems" and thus the so-called "metaphor" of ecosystem health is created. He argues that ecosystems are not organisms and therefore neither behave like organisms nor have organism properties such as health.

Suter maintains that if health is not a "scalar operational property", but rather an abstraction or a subjective state of well-being, then ecosystems do not have subjective states to be conveyed.

He concludes that the terms, "sustainability" and "quality" better reflect the state of the environment because they do not imply a "false ecosystem paradigm". He suggests that "ecosystem health" raises expectations that ecosystems can be either maintained or restored to a healthy state or pristine condition.

The author presents a provocative paper which invites debate as we look for broader conceptualizations of "health".



## **VIII      Selected IDRC Projects in Traditional Health**

### **Medicinal plant Species (Mali)**

One of the components of primary health care policy in Mali is the exploitation of the resources of traditional medicine, stressing phytotherapy (plant therapy) and the systematic laboratory study of the main pharmaceuticals used by traditional healers. This project explores the feasibility of medicinal plant cultivation at a level which provides continuous production and takes into account participation, marketing, collection, etc.

Recipient: Institut d'économie rurale (IER), B.P. 258, Bamako, Mali

Researcher: Quattara, Saidou

IDRC Unit - AFNS - Forestry - Forest Management and Production

### **Ethnoveterinary Practices (Nigeria)**

In general, the ethnoveterinary practices of many societies have been overlooked and a recognition of their contribution to livestock health neglected. This project seeks to collect data on the prevalence and pattern of livestock diseases and the traditional methods for controlling them.

Recipient: National Animal Production Research Institute, Ahmadu Bello University, PMB 1096, Zaria, Nigeria

Researcher: Gefu, Jerome O. Dr.

IDRC Unit: Animal Production Systems - Systems Components (AFNS)

### **Drepanocytic Anaemia and Traditional Medicine - ASAFED Publications**

It is estimated that about 150 million Africans are affected by the genetically transmitted disease called drepanocytosis. While some traditional medicine has provided positive results, some practices have brought further harm to the afflicted. This project seeks to spread knowledge on effective use of known remedies by supporting the production of two special issues of "Famille and Developpement" dedicated to the subject.

Recipient: Association africaine d'éducation pour le développement (ASAFED), B.P. 3907, Lomé, Togo

Researcher: Attignon, Koffi Prof

IDRC Unit: IS COMM - Socioeconomic Information -- Health and Social Issues

### **Indigenous Culture and Health Services Utilization Among Indian Migrants (Guatemala)**

This project is intended to provide governmental and non-governmental agencies with basic information to develop special programs to ameliorate the precarious health situation of the Indian family and the use made of health services for children. Information is collected on the actual health services offered and the factors hindering their use. Includes a workshop, training courses, brochure, and video.

Recipient: Universidad del Valle de Guatemala, Apartado Postal No. 82, 01901 Guatemala, Guatemala.

Researcher: Mendez-Dominguez, Alfredo Dr.

IDRC Unit: SS - Population, Education and Society

### **Mass Media and Oral Health (Kenya)**

Working from a previous "Chewsticks" program, this project disseminates the findings of the study to rural and periurban populations. The study itself showed that chewsticks were as effective as toothbrushes for maintaining dental health.

Recipient: Mazingira Institute, P.O. Box 14550, Nairobi, Kenya

Researcher: Lamba, Davinder Mr.

HS-COMM - Health and the Community/Dissemination, Methods and Systems Unit

### **Traditional Fertility Regulation (Nigeria)**

This project seeks to explore ways in which traditional medical practitioners can promote effective family-planning among the rural Yoruba of southern Nigeria. It looks at the knowledge of and attitude of traditional practitioners to biomedical contraceptive methods, and formulates ways of using traditional practitioners in the implementation of effective family-planning programs.

Recipient: Obafemi Awolowo University, Ile-Ife, Nigeria

Researcher: Jinadu, M.K. Mr.

IDRC Unit: HS - Health and the Community/Maternal and Child Health

### **Documentation and Application of Traditional Environmental Knowledge**

The challenge facing both state resource managers and indigenous people is how to design a system of co-management that recognizes the strengths and the limitations of both paradigms, and is just in its distribution of authority. The project provides a forum for researchers to evaluate methodologies for the documentation and application of oral traditional environmental knowledge in the context of natural resource management and local education.

Recipient: Dene/Metis Cultural Institute, P.O. Box 207, Yellowknife, North West Territories, Canada

Researcher: Johnson, Martha Ms.  
SS - Environmental Policy Program

### **Ethno-Medicine and Health Care (Kenya)**

Although Kenya has adopted the concept of primary health care as the best approach to deliver health services, most rural Kenyans look to traditional practitioners for health care. Collaboration between the professional and traditional health sectors has been advocated by health authorities, but remains at a rather elementary level. Research looks at the accessibility and availability of mainstream and traditional health services and organisational medical practices of traditional practitioners.

Recipient: Moi University, P.O. Box 3900, Eldoret, Kenya

Researcher: Sindiga, Isaac Dr.

HS SS - Health Systems Research/Health Systems/Population and Development Research

### **Information on Public Health and Traditional Medicine (Cameroon)**

This project helps expand the services of a documentation centre on traditional and biomedical medicine located at a research institute for the study of medicine and medicinal plants.

Recipient: Institut de recherches medicales et d'etude de plantes medicinales, Ministere de l'enseignement superieur et de la recherche scientifique, Yaounde, Cameroon

Researcher: Abondo Antoine, Mr.

IDRC Unit: IS - Socioeconomic Information - Human Environment, Health and Population Information



### **Health Care in Gezira**

Research seeks to develop policy recommendations on health care delivery in to rural areas of the country. Particular emphasis is placed on culturally appropriate and affordable primary health care for mental illness, involving collaboration between the formal and traditional health sectors.

Recipient: Traditional Medicine Research Institute, The National Council for Research, P.O. Box 1304, Khartoum, Sudan.

Researcher: Hassan, Amir Ali Dr.

IDRC Unit: HS - Health Systems Research/ Health Systems

### **Health Seeking Behaviour in Machang District (Malaysia)**

This project seeks to identify and describe the determinants of health-seeking behaviour of households in the Machang district, where Western and traditional healers are both readily available.

Recipient: University of Science, Malaysia, Minden, Penang, Malaysia

Researcher: Shripati Upadhyaya Dr.

IDRC Unit: HS - Health Systems Research

### **Communal Titling (Philippines)**

This project aims to develop a system of land tenure that will allow communal titles to the land to be awarded to the indigenous people, to ensure their right to it as a group.

Recipient: Philippine Association for Intercultural Development (PAFID), 541 Retiro St., Sta Mesa Heights, Quezon City 3008, Philippines

Researcher: Fernandez, Richard Mr.

IDRC Unit: SO SPA

### **Organisation of Primary Health Care Services (Haiti)**

This study looks at the organisation of health care delivery in two Haitian communities and looks at how western and traditional health can work together to deliver primary health care.

Recipient: Centre de recherches en sciences humaines et sociales, 7, Bourdon, 2e, ruelle Herard, Port-au-Prince, Haiti

Researcher: Romain, Jean-Baptiste Dr.

IDRC Unit: HS - Health Systems Research

### **Traditional and Professional Healers (Philippines)**

Traditional medicine is interwoven into Filipino society. This project seeks to compare the health beliefs and practices of traditional and professional healers in the Province of Iloilo. Findings will be of value in integrating traditional medicine into the national health plan.

Recipient: College of Nursing, Central Philippine University, Iloilo City, Philippines  
Researcher: Badrina, Grace Ms.  
IDRC Unit - HS - Health Systems Research

### **Traditional Medicine (Tanzania)**

The government of Tanzania has officially recognized the potential contribution of traditional healers, and has established a Traditional Medicine Research Unit within the University of Dar es Salaam. The project looks at the relationship between the traditional and formal health systems by looking at the knowledge and attitudes of traditional healers towards formal medicine and the attitudes of rural people towards traditional medicine and traditional medical practitioners.

Recipient: Muhimbili Medical Centre, Traditional Medicine Research Unit, P.O. Box 65001, Dar Es Salaam, Tanzania  
Researcher: Mshiu, E.N. Dr.  
IDRC Unit - HS - Health Systems Research/ Health Systems

### **Psychiatric Villages (Senegal)**

Mental health problems are increasing as a result of the impact of urbanization and changing value systems. Psychiatric villages allow patients to live in the village with his or her family and draw upon the traditional as well as the formal systems of health.

Recipient: Faculte Mixte de Medicine et de Pharmacie, Clinique Neuro-Psychiatrique, universite de Dakar, Dakar, Senegal  
Researcher: Collomb, Henri Dr.  
IDRC Unit - HS - Maternal and Child Health

### **Traditional Medicine (Ecuador)**

Ecuador has two parallel health systems serving the population, the formal one and the traditional one. The majority of the population use the traditional system because of a distrust of formal medicine and a lack of facilities in rural areas. The research seeks to strengthen both systems and improve the contact between them.

Recipient: Fundacion Ciencia para el Estudio del Hombre y la Naturaleza, Edificio Torres de la Colon, Oficina No. 9, AVDA, Colon 1346, Quito, Ecuador

Researcher: Paredes, Mario Dr.

Ortiz, Gonzalo Dr.

IDRC Unit - HS - Maternal and Child Health

### **Traditional Medicine (Zaire)**

The project seeks to do an analysis of traditional medicine in rural and urban settings in an effort to provide a base for integrating traditional medicine with other health services.

Recipient: Institut de Recherche Scientifique (IRS), B.P. 3474, Kinshasa 1, Kinshasa, Zaire.

Researcher: Iteke Fefe Bochoa, Prof.

IDRC Unit - HS - Maternal and Child Health

### **Rural Health Care (Egypt)**

In rural areas of Egypt, health services are provided by both western practitioners and traditional healers. Cooperation of these personnel is essential in communicating information to villagers about health services and obtaining information about deliveries occurring in the community. This project seeks to identify the components and the relationships between the various western health care personnel, traditional healers and the villagers.

Recipient: University of Al Azhar, Department of Obstetrics and Gynaecology, Cairo, Egypt.

Researcher: Hefnawi, Fouad Dr.

IDRC Unit - HS - Maternal and Child Health

**Traditional Healers (Indonesia)**

This project seeks to analyze the background, training and objectives of traditional healers in order to determine the role that they play in delivering health care and thereby provide policy makers with a basis for assessing the possibility of training them for use in formal health care systems.

Recipient: North Sumatra University, Medical School, Medan, Indonesia

Researcher: Ginting, Bachtiar Dr.

IDRC Unit - HS - Maternal and Child Health



## **IX Moving Forward to Beijing**



# '95 Preview

An occasional bulletin of the International Women's Tribune Centre to cover plans and preparations for the NGO Forum and Fourth World Conference on Women to be held in Beijing, September 1995.

No. 1. April 1993

## Why '95 Preview?

Who remembers International Women's Year (1975)? What is the FLS? When was the UN Decade for Women? We were a bit startled to find, in an informal poll of people passing through the Tribune Centre office, that less than 20% knew anything about these things. Why do we find this worrying? It is our belief that if we women do not acknowledge the hard work and achievements of those who have gone before us, then we will be less effective in fighting for our rights in the future.

In 1995, the United Nations is convening a Fourth World Conference on Women. Concurrent to that will be a non-governmental event known as the NGO Forum for Women. **'95 Preview** will be an occasional bulletin coming out six times during the three years leading up to these important world meetings in 1995. In it, we will be reporting briefly on who is doing what with regard to plans and preparations for not only these momentous meetings, but also on plans for the preparatory activities that will be taking place in the regions.

In this first issue, we try to also bridge the gap between 1985 and 1995, and to provide some answers to what we find are the most frequently asked questions regarding the 1995 world meetings. In the next issue of *The Tribune*, due out in May, we will be able to elaborate on some of the background, the process, and the events, and to capture much more of the flavour, especially of the NGO Forum.

We would like this bulletin to be a useful channel of information about **all** the activities planned, so please let us know what you and/or your group are planning with regard to preparations for 1995. Maybe you are planning to be involved in activities that will take place at a regional preparatory meeting. Or perhaps your group is planning to organize an event concerning issues that specifically relate to the women in your country. Let us know what you are doing. We will share and exchange information as we find out about it.

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### Please Note:

People who already receive *The Tribune* will also receive **'95 Preview**. For all others, ordering information is on p.16, and an Order Form is provided.

Issue No.1 of **'95 Preview** was prepared by Vicki J. Semler and Anne S. Walker of IWTC.



# WOMEN MOVING...

The UN World Conferences for Women

From..

**MEXICO CITY and  
INTERNATIONAL  
WOMEN'S  
YEAR  
1975**

To a..

**DECADE  
FOR  
WOMEN  
1976-1985**

and..

**COPENHAGEN and  
the  
MID-DECADE  
CONFERENCE  
1980**

and..

**NAIROBI and the  
END-OF-DECADE  
CONFERENCE  
1985**

Now on to..

**BEIJING and the  
FOURTH WORLD  
WOMEN'S  
CONFERENCE  
1995**

- By proclamation of the UN General Assembly, 1975 was designated as International Women's Year (IWY).

- From June 16-July 2, 1975, the first intergovernmental conference on women was convened in Mexico City. Themes for the **IWY World Conference** were equality, development and peace, and two documents emerged from the deliberations of 2,000 government delegates. These were the :

**Declaration of Mexico on the Equality of Women and their  
Contribution to Development and Peace  
and the  
World Plan of Action for the Implementation of the Objectives of  
International Women's Year.**

- In October, 1975 the United Nations declared 1976-1985 a **Decade for Women**

- From July 14-29, 1980, the UN convened a second World Conference on women in Copenhagen, Denmark, to assess progress made since the first World Conference, and to outline actions to be taken during the second half of the Decade for Women (1976-1985). The **World Conference of the UN Decade for Women: Equality, Development and Peace**, added three sub-themes to the agenda: education, employment and health. The document adopted at the World Conference was the:

**Programme of Action.**

- From July 15-26, 1985, the UN convened a final Decade for Women World Conference. With equality, development and peace as the primary themes and education, employment and health as the sub-themes, the 2,000 government delegates attending the **World Conference to Review and Appraise the Achievement of the UN Decade for Women** adopted the:

**Forward-Looking Strategies for the Advancement of Women to the Year 2000.**

From 4-15 September 1995, the UN will convene the **Fourth World Conference on Women: Action for Equality, Development and Peace** in Beijing, China. The major documents to be placed before the World Conference will be:

**World Survey on the Role of Women in Development  
and the  
Platform for Action:**



# ...TOWARDS THE YEAR 2000

## and the parallel NGO Forums

The proposal to have an **International Women's Year (IWY)** was first put before the UN General Assembly by a women's non-governmental organization, the Women's International Democratic Federation. And NGOs have been at the forefront of activities throughout IWY and the **Decade for Women** that followed.

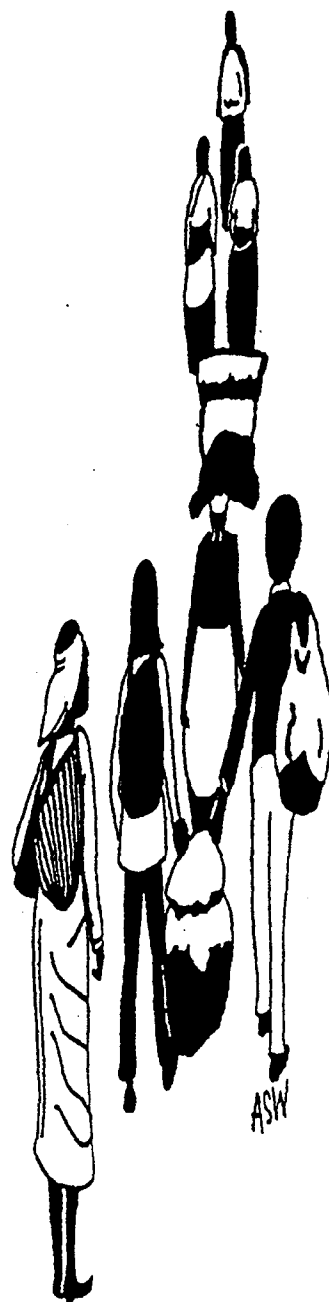
- **From June 16-July 2, 1975 in Mexico City**, 6000 women (and a few men) participated in the **IWY Tribune**, the parallel non-governmental meeting organized by an NGO Planning Committee. The three themes of IWY—equality, development, and peace—served as the focal point for daily plenary sessions. In addition, workshops were held - 100 planned by the committee, 100 spontaneous- covering a multitude of issues, ranging from rural women's small businesses to the training of women astronauts. In keeping with its original intentions, the **IWY Tribune** did not issue any declarations. It did, however, open up new possibilities for action and gave birth to new programmes and organizations.

- **From July 14-28, 1980 in Copenhagen**, concurrent to the convening of the UN World Conference, 8,000 women and again some men attended a parallel **NGO Forum**. The forum's themes were the same as those of the World Conference, but participants also discussed countless other issues, e.g., female sexual slavery, wages for housework, feminism, appropriate technology, women's studies and much more. As with the 1975 **IWY Tribune**, the **NGO Forum** did not issue declarations, but did contribute to a growing international women's movement and to the development of new networks worldwide.

- **From July 10-19, 1985**, the parallel meeting to the UN World Conference in Nairobi, **Forum 85**, was held at the University of Nairobi. An estimated 15,000 took part in plenary sessions, workshops (this time more than 1,400), demonstrations, exhibitions and discussion groups that included such special events as Tech and Tools, an International Film and Video Festival, a Peace Tent and a Crafts Bazaar. Issues at the **Forum 85** included those on the agenda at the UN World Conference, but were greatly expanded to include many more, including women, law and development, lesbian rights and research issues, and women in arts and music.

**Forum 85** did not issue formal declarations, but did provide the stimulus for dozens of new organizations and networks, and gave an international platform for feminist perspectives and women's approaches to a variety of issues.

- **From 31 August to 12 September, 1995**, another **NGO Forum** is to be held in Beijing, China. Planning for this Forum is underway.



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# QUESTIONS AND

SOME OF THE THINGS YOU ALWAYS WANTED

## GLOBAL GLOSSARY!

### World Conference:

This is a United Nations meeting of all Member States of the UN, UN Specialized Agencies and Departments, and International Organizations. World Conferences are convened to focus on one specific issue, and to give direction to the United Nations and its Member States on actions and policies to be undertaken around that issue.

### Regional Commissions:

The United Nations has established Economic (and in some cases Social) Commissions in the following regions:

**Economic and Social Commission for Asia and the Pacific (ESCAP)**  
Bangkok, Thailand

**Economic Commission for Africa (ECA)**  
Addis Ababa, Ethiopia

**Economic Commission for Latin America and the Caribbean (ECLAC)**  
Santiago, Chile

**Economic and Social Commission for Western Asia (ESCWA)**  
Amman, Jordan,

**Economic Commission for Europe (ECE)**  
Geneva, Switzerland

## 1. Who plans the 4th World Women's Conference?

The UN Commission on the Status of Women (UN/CSW) functions as the Preparatory Committee for the Fourth World Women's Conference. UN/CSW reviews preparations undertaken by the Conference Secretariat, now set up in New York under Secretary General Gertrude Mongella of Tanzania, and makes recommendations and resolutions as part of the preparatory process.

During the years immediately prior to the World Conference, UN/CSW meets for extended sessions. Sessions are held in March each year, and an inter-sessionary meeting has been planned for January 1994 to work on the Platform for Action, the major document of the 1995 World Conference.

Decisions made by the UN/CSW regarding plans for the World Conference are referred to the Economic and Social Council of the United Nations (ECOSOC) and the UN General Assembly for final approval.

### Planning at Regional Level:

UN Regional Commissions will be convening inter-governmental regional preparatory meetings during 1994 in preparation for the Fourth World Conference on Women in Beijing, 1995. Meetings are planned by: ECLAC, in Argentina, where the emphasis will be on political participation and violence against women; ESCAP, in Thailand, where the emphasis will be on legal literacy and development planning; ECA, in Senegal, with entrepreneurship the major theme; and ESCWA, in a country yet to be decided, with the emphasis on the effects of restructuring economies. ECE, the Regional Commission for Europe and North America, yet to decide whether or not to hold a regional preparatory meeting.

For further information about these meetings, contact the Regional Commission in your region. For addresses, see page 15.

# ANSWERS

TO KNOW, BUT DIDN'T KNOW WHO TO ASK!

????

## 2. Who plans the N.G.O. Forum?

An NGO Planning Committee\* under the auspices of the Conference of Non-Governmental Organizations in Consultative Status with ECOSOC (CONGO) will plan the NGO Forum in Beijing. Sixty three international organizations are represented on the Planning Committee, plus the All-China Women's Federation (ACWF). While most of these organizations are also active on one of the three NGO Standing Committees on the Status of Women that meet regularly in Geneva, Vienna and New York, (even when no NGO Forum is planned), participation is open to all interested organizations. Once a year, the Planning Committee gathers for a two-day Consultation immediately prior to the UN Commission on the Status of Women. The next NGO Consultation will be held in New York in March 1994.

The NGO Planning Committee has established a Facilitating Committee to set the framework for both the NGO activities at the regional preparatory meetings being held throughout 1994, and the NGO Forum in 1995. The Facilitating Committee oversees the planning for:

- pre-meeting consultations
- plenary sessions on World Conference themes
- daily briefings on the UN World Conference
- a daily newspaper
- facilities for activities of groups and individuals
- simultaneous translation facilities in English, French and Spanish
- global information programme

The NGO Planning Committee has appointed a Coordinator, Marlene Parenzan, who represents the World Association of Girl Guides and Girl Scouts (WAGGGS) on the Planning Committee. Her primary tasks include: contact with the host country (China), facilitation of information flow worldwide, and the establishment of systems for workshop requests and registration. A small staff will be appointed to assist the Coordinator. To serve as the spokeswoman for the NGO Planning Committee, a Convenor will be appointed who will represent the Committee in dealing with the UN, with governments, and with funders.

\*A complete list of NGOs on the Planning Committee will appear in *The Tribune* #51, the first of the special issues of *The Tribune* that will be dedicated to plans and preparations for 1995

### FYI\*

#### CONGO:

The Conference of Non-Governmental Organizations in Consultative Status with ECOSOC, A co-operating group of some 200 international NGOs: CONGO began in the late 40s. It works on special interest areas of its member groups and has organized many NGO Forums parallel to UN World Conferences.

\*For your interest





# MORE QUESTIONS

## Global Glossary

### **ECOSOC:**

The Economic and Social Council of the United Nations. The UN Commission on the Status of Women (UN/CSW) comes under ECOSOC, and all resolutions and recommendations from UN/CSW go before the Council.

### **INSTRAW:**

The United Nations International Institute for Research and Training for Women. Based in the Dominican Republic, INSTRAW was set up following International Women's Year (1975), and is a research and training institute for women worldwide.

### **UN/CSW:**

The United Nations Commission on the Status of Women. The first session of the UN/CSW was held in February 1947. It has convened annually in Vienna since 1979, but will convene in New York from 1994 on. There are 45 Member States on the Commission with another 43 Member States participating as Observers.

### **UN/DAW:**

The United Nations Division for the Advancement of Women is based in Vienna, Austria. As part of the restructuring of the UN, it is expected to move to New York in July 1993.

### **UNIFEM:**

United Nations Development Fund for Women. UNIFEM was set up following International Women's Year (1975) as a fund for women's development projects worldwide.

## 3. Who participates in the World Conference?

Only Member States of the United Nations can participate as full voting delegates to a World Conference. As of April 12, 1993, there were 181 Member States of the United Nations.

## 4. What NGOs participate at Conferences?

NGOs which have "consultative status with ECOSOC, can send Observers to World Conferences.

Efforts are being made by both Member States and NGOs who have consultative status, to develop formulas by which those NGOs without consultative status can be accredited to participate in the Fourth World Conference on Women and in the regional preparatory meetings as Observers.

As part of this effort, the UN Commission on the Status of Women at its 37th Session in Vienna, March 1993:

- Invited Governments to include, whenever possible, NGOs in their delegations;
- Requested the Secretary General of the Conference to propose to the Regional Commissions a formula to define eligibility for the participation of NGOs without consultative status, based on which those NGOs that participate in preparatory activities and/or regional meetings will be eligible to apply for participation in the World Conference.

NGOs should make contact with the United Nations Regional Commission in their region and/or the NGO regional focal point (see addresses on page 15) to get more information on ways to get involved in preparatory activities at national and regional level.

# AND ANSWERS

## 5. Who participates in the NGO Forum?

The NGO Forum to be held in Beijing, 1995 is planned as an event that is OPEN TO ALL, as were the previous NGO Forums for Women in Mexico City (1975), Copenhagen (1980) and Nairobi (1985).

At the previous NGO Forums, some participants represented their organization, while others came as individuals not specifically representing any group. Some participants received funding from their organizations or from foundations and agencies, while many paid their own way.

## 6. Where are NGO Forums held?

NGO Forums take place alongside World Conferences, either at the same time or very close to the same time. Ideally, they are situated close to the World Conference venue, so that there can be much coming and going between the two.

World Conference delegates often want to keep in touch with what is happening at the NGO Forum just as much as NGO representatives want to keep in touch with what is happening at the World Conference! It is therefore important that the Forum and World Conference be in close proximity.

The **IWY Tribune** in 1975 was convened at the Medical Centre in downtown Mexico City. This venue provided three large auditoriums, and many smaller rooms for workshops.

The **NGO Forum** in 1980 was held at Amager University in Copenhagen, a large sprawling building with courtyards, cafeterias, large and small classrooms, ideal for an event that attracted 10,000 people.

**Forum 85** was held at the University of Nairobi, a beautiful campus of classrooms, auditoriums, sportsgrounds, and a central grassy area to cope with the 15,000 who participated.

## FYI\*

6,000 people participated in the IWY Tribune, 1975, Mexico City

10,000 people participated in the NGO Forum, Copenhagen, 1980

15,000 people participated in Forum 85, Nairobi, Kenya

\*For your information



# FOURTH WORLD CONFERENCE ON WOMEN

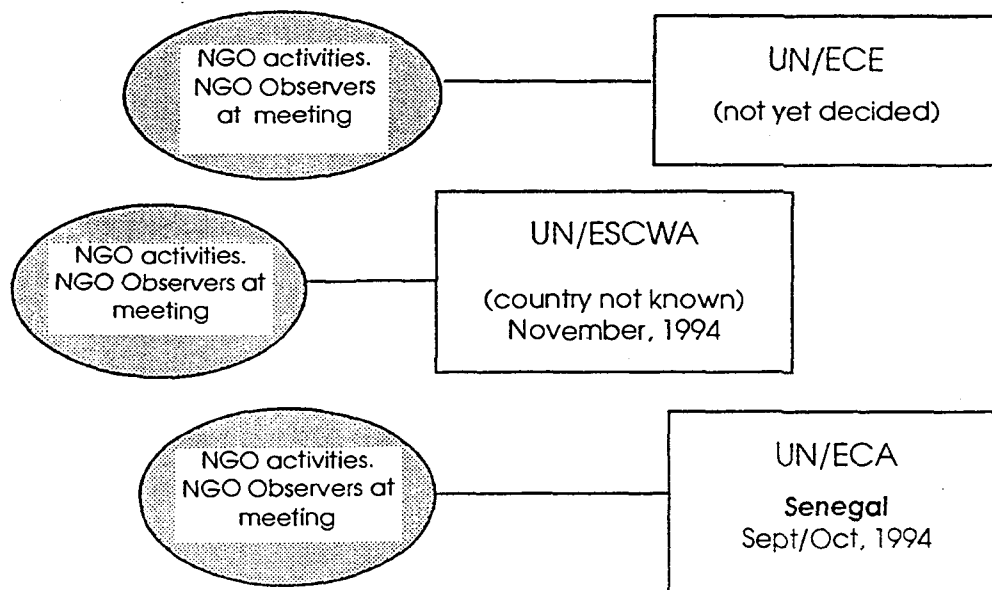
TIM

**March 1992:** UN Commission on the Status of Women (UN/CSW) adds *Preparations for the Fourth World Women's Conference* to the regular agenda. (Vienna)

**March 1993:** UN/CSW continues preparations for the **Fourth World Women's Conference**. An outline for a **Platform for Action** is established, and the decision made to hold an Inter-Sessionary meeting in January 1994. Global themes reviewed were: Increased awareness by women of their rights, including legal literacy; women in extreme poverty; integration of women's concerns in national development planning; and women and the peace process. (Vienna)

**January 1994:** Inter-Sessionary meeting of the UN/CSW to work on the **Platform for Action**. (New York)

**March 1994:** UN/CSW to continue preparations for the **Fourth World Women's Conference**. Global themes to be reviewed are: Equal pay for work of equal value, including methodologies for measurement of pay inequities and work in the informal sector; women in urban areas, nutrition and health factors for women in development, including migration, drug consumption and AIDS; and measures to eradicate violence against women in the family and in society. (New York)



REGIONAL

**March 1995:**

UN/CSW reviews reports from the regional preparatory meetings. Final working session on the **Platform for Action** in preparation for the World Conference. Global themes to be reviewed: Equality in economic decision-making; promotion of literacy, education and training, including technological skills; women in international decision-making. (New York)

FOURTH WORLD CONFERENCE ON WOMEN

# LINE

## NGO FORUM OF WOMEN

92

**March 1992:** NGO Planning Committee Consultation convenes. Representatives of International NGOs in Consultative Status with UN/ECOSOC participate, and discussions cover initial planning needs for NGO activities at each regional preparatory meeting throughout 1994 and at the World Conference in 1995. A coordinator for the Planning Committee is approved. (Vienna)

93

**March 1993:** NGO Planning Committee Consultation convenes. Reports from the three Committees on the Status of Women in New York, Vienna and Geneva, and from regional focal points are reviewed and discussed. The focus is on preparations for NGO activities at each of the UN regional preparatory meetings during 1994. A proposal for an expanded Facilitating Committee is received. (Vienna)

94

**March 1994:** NGO Planning Committee Consultation to be convened. Final planning for NGO activities at regional preparatory meetings will be discussed. Working groups for the various subject areas will meet for more focused planning sessions, both for the regional activities and the NGO Forum in Beijing. (New York)

PREPARATORY  
MEETINGS



UN/ESCAP  
Indonesia  
May, 1994

NGO activities.  
NGO Observers at  
meeting

UN/ECLAC  
Argentina  
September, 1994

NGO activities.  
NGO Observers at  
meeting

95  
ING

**March 1995:** Reports from NGO parallel activities at regional preparatory meetings will be discussed and incorporated into the final planning for the NGO Forum in Beijing. (New York)

NGO FORUM OF WOMEN

# PREPARATIONS FOR THE

## FYI\*

Previous documents from the International Women's Year (1975) and the Decade for Women (1976-1985) include:

- The Plan of Action, (1975)
- The Programme of Action (1980)
- The Forward-Looking Strategies to the Year 2000 (1985)

\* For your information

The UN Commission on the Status of Women (UN/CSW) at its 35th Session, Vienna, March 1991...

...recommended convening the Fourth World Women's Conference in 1995. The recommendation was forwarded to the UN Economic and Social Council (ECOSOC), and then to the General Assembly where it was formally approved in October, 1991.

The UN Commission on the Status of Women (UN/CSW) at its 36th Session, Vienna, March 1992...

...dealt with the specific work themes that had been identified (see chart below) and began discussions regarding preparations for the **Fourth World Women's Conference**. Recommendations for items to be on the World Conference agenda included:

- a second review and appraisal of progress made in the implementation of the Forward-Looking Strategies
- a Platform for Action, a new policy document that would be more concrete and quantifiable than the previous UN documents
- main conclusions and recommendations of regional preparatory conferences
- institutional arrangements for the implementation of the Platform for Action.

## UN/CSW WORK THEMES

OBJECTIVE	YEAR	THEME
EQUALITY	1993	Increased awareness by women of their rights, inc. legal literacy
	1994	Equal pay for work of equal value, including methodologies for measurement, pay inequities and work in the informal sector
	1995	Equality in economic decision-making
DEVELOPMENT	1993	Women in extreme poverty; integration of women's concerns in national planning
	1994	Women in urban areas, nutrition and health factors for women in development, including migration, drug consumption and AIDS
	1995	Promotion of literacy, education and training, including technological skills
PEACE	1993	Women and the peace process
	1994	Measures to eradicate violence against women in the family and in society
	1995	Women in international decision-making



# 1995 WORLD CONFERENCE

## **The UN Commission on the Status of Women (UN/CSW) at its 36th Session, Vienna, March 1992 (continued)**

In addition, the Commission urged governments to designate national focal points or establish national committees in cooperation with NGOs to coordinate and promote action at the national level. Each region has designated the following special themes for their regional preparatory meetings:

- Asia and the Pacific:  
legal literacy and development planning;
- Latin America and the Caribbean  
political participation and violence against women;
- Africa:  
entrepreneurship;
- Western Asia:  
the effects of restructuring economies.

## **The UN Commission on the Status of Women (UN/CSW) at its 37th Session, Vienna, March 1993...**

...discussed specific themes, and draft resolutions were introduced concerning violence, legal literacy, environment, UN restructuring, women and development, women living in extreme poverty, women in the peace process, and communications to the Commission. Regarding preparations for the **Fourth World Women's Conference**, the Commission asked the Secretary-General of the Conference to propose to the regional commissions a formula to define eligibility for participation in the UN World Conference by NGOs without consultative status with ECOSOC.

**The UN Commission on the Status of Women (UN/CSW), will convene an inter-sessionary meeting in New York, January 1994...**

..to work on the Platform for Action

## **The UN Commission on the Status of Women (UN/CSW) 38th Session, will take place in New York, March 1994.**

The UN Division for the Advancement of Women (UN/DAW) which serves as the secretariat for the CSW, will have moved to New York by then, as part of the re-structuring of the UN.

## **FYI\***

**UN/CSW work themes for each year leading up to the Fourth World Conference on Women (1995)**

### **1993:**

- Increased awareness by women of their rights, including legal literacy
- Women in extreme poverty; integration of women's concerns in national development planning
- Women and the peace process

### **1994:**

- Equal pay for work of equal value, including methodologies for measurement of pay inequities and work in the informal sector
- Women in urban areas, nutrition and health factors for women in development, including migration, drug consumption and AIDS
- Measures to eradicate violence against women in the family and in society

### **1995:**

- Equality in economic decision-making.
- Promotion of literacy, education and training, including technological skills
- Women in international decision-making

\* For your information

# WORLD CONFERENCE (continued)

## Understanding How Everything Fits Together:

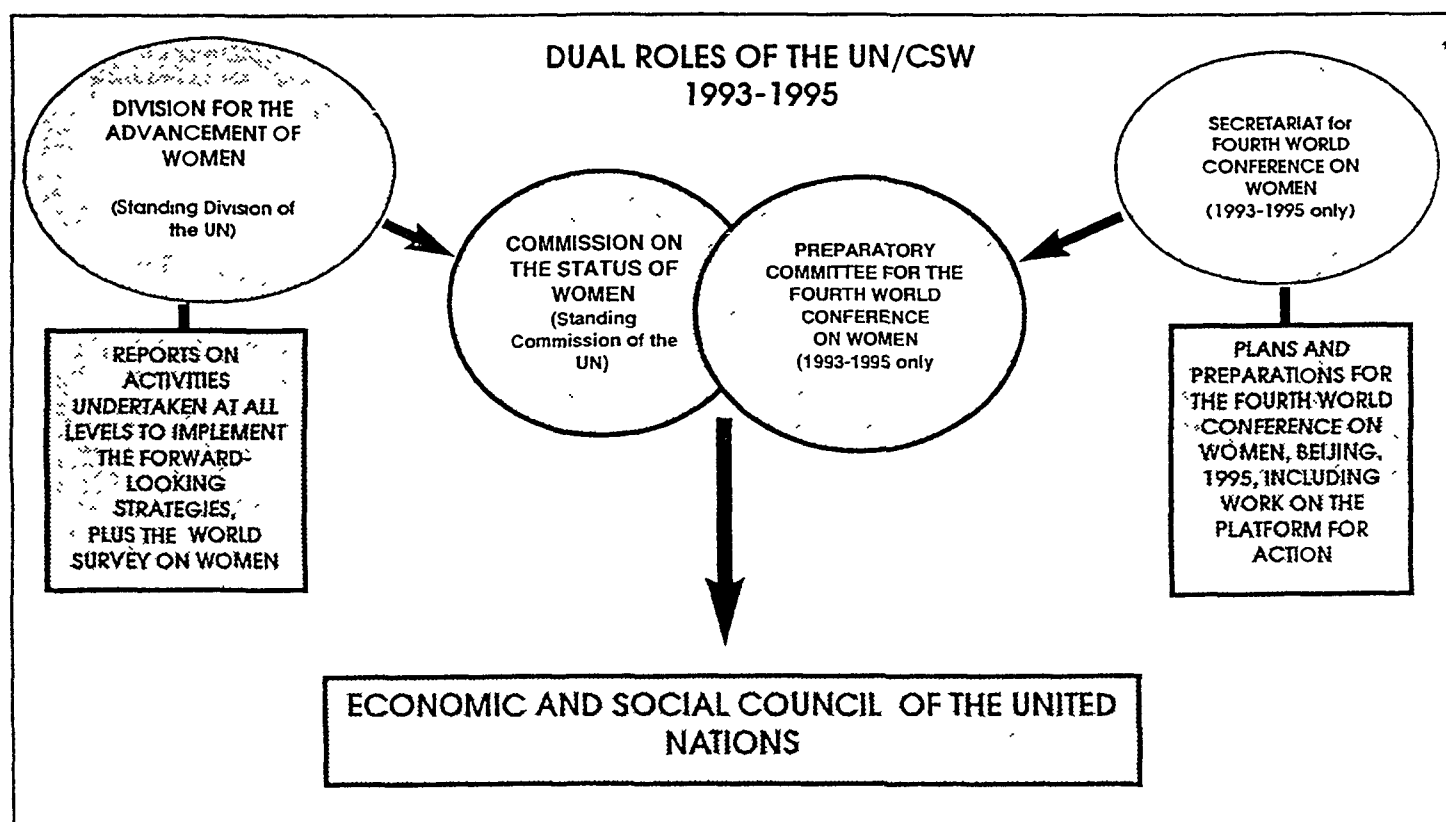
There are three primary bodies directly involved in preparations for the World Conference:

- the UN Commission on the Status of Women (UN/CSW)
- the Division for the Advancement of Women (UN/DAW)
- the Conference Secretariat

The Division for the Advancement of Women (UN/DAW) serves as the secretariat for the Commission on the Status of Women (UN/CSW). The UN/CSW serves as the Preparatory Committee (PrepCom) for the World Conference. The way a conference secretariat is established and how it is staffed varies from conference to conference. For example, for the 1980 World Conference, a separate secretariat, with its own staff and space, was set up in New York. For the 1985 World Conference, the conference secretariat was placed within the Division for the Advancement of Women in Vienna and staffed by them.

For the 1995 World Conference, the Conference Secretariat will be situated in New York with its own staff and space. UN/DAW is expected to move to New York in July, 1993, and will cooperate closely with the Conference Secretariat.

The diagram below shows the linkages and roles of the UN Commission on the Status of Women for the next three years. They will be playing a dual role as a Commission with its own agenda, and a PrepCom for the Fourth World Women's Conference. Other UN agencies will be actively contributing to the development of the 1995 conference, in particular UNIFEM and INSTRAW, as well as women's focal points designated throughout the UN system.



# NGO FORUM

## Plans for NGO Forum

As the UN began discussions regarding the Fourth World Conference on Women, international organizations that are affiliated with CONGO also began planning for parallel NGO activities. Planning to date has included the appointment of a Coordinator and the creation of a Facilitating Committee. Regional focal points have been designated to co-ordinate NGO activities at the UN regional preparatory meetings.

The 1993 meeting of the NGO Planning Committee, (the NGO Consultation), was attended by some 100 individuals representing both the international organizations active on the Vienna, Geneva and New York NGO Status of Women Committees, journalists and representatives from women's groups in China, and women from some of the regional and international organizations and networks that have emerged during and since the UN Decade for Women. Working groups were formed around both the priority theme issues that were before the UN/CSW for 1993 and issues specific to various regions.

In addition to preparing resolutions to put before the UN/CSW, discussing reports of plans for activities in the regions and hearing a report from the coordinator, consideration was also given to a proposal to expand the size and scope of work of the Facilitating Committee. The proposal recommended that co-ordinators for substantive themes, plus representatives of key regional and international networks, should be included on the Facilitating Committee. They would assist in:

- promoting, facilitating and coordinating activities on different themes and in different regions;
- strengthening the fundraising capacity of the committee;
- contributing to the organising of the regional activities;
- contributing to the promotion and organisation of events leading up to the Forum in Beijing;
- supporting the committee in developing a strategy to lobby national governments and influence the official regional meetings;
- contributing to the wider dissemination and out-reach of information and the promotion of greater involvement and participation of a wide diversity of individuals and groups

In May 1993, the Coordinator will be part of an official delegation to Beijing. She will look at possible sites for the Forum, and discuss other needs for all NGO activities with the host country.

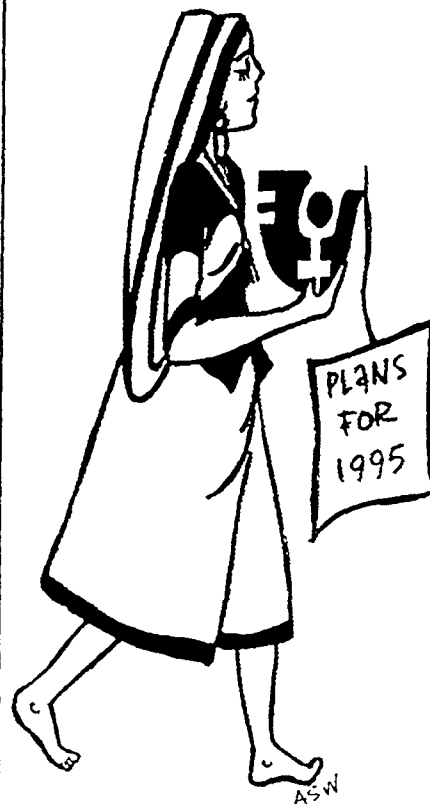
The next meeting of the full NGO Planning Committee will be in March 1994, in New York, prior to the UN/CSW 38th session. For a full report on the 1993 NGO Consultation, contact Marlene Parenzan, the NGO Planning Committee Coordinator. (See address on page 15).

## FYI\*

**The Facilitating C'ttee of the NGO Planning Committee includes:**

**Convenor**  
**Coordinator**  
**Chair of Standing Committees on Status of Women in:**  
 -Vienna  
 -Geneva  
 -New York  
**Representative of:**  
 -Information Task Force  
 -Finance Task Force  
 -Regional Focal Points

**\*For your information**









# SOME USEFUL CONTACTS

## *A Note to Begin*

The following list has been put together as a "starter list" for making touch with the various people and contact points within organizations that can provide you with more in-depth information on preparations for the 1995 World Conference and NGO Forum in Beijing, China..

The addresses listed are those we thought most relevant to issues and ideas discussed in this issue. We hope each issue of '95 *Preview* will provide additional names and addresses for you to add to your card index.

Information needed....	Group to contact
For a copy of the <i>Forward Looking Strategies to the Year 2000</i> , contact: 	UN/DPI, S-1061c, United Nations, NY, NY 10017, USA
For information on expert group meetings, including when and where they are to be held, contact: 	Secretariat, Fourth World Conference on Women, DC2-2314, United Nations, NY 10017, USA
For information on NGO regional activities contact: 	NGO regional focal point in your region (See page 15 for regional addresses) *
For information on inter-governmental regional meetings, contact: 	UN Regional Commission for your region (See page 15 for regional addresses)
For information on e-mail networks, particularly if you are interested in becoming part of discussions related to the setting up of an information-sharing e-mail network specifically related to the NGO Forum 1995, send your name, organization name, address and e-mail number to: 	International Women's Tribune Centre 777 United Nations Plaza, NY, NY 10017, USA
If you wish to receive the UN/DAW newsletter reporting on plans underway for the official conference, write: 	Division for the Advancement of Women, UN/CSDHA, V.I.C., P.O. Box 500, A-1010, Vienna, Austria  (after July 1993 UN/DAW is expected to be based at United Nations in New York)

# SOME USEFUL ADDRESSES

## FOR UN 4th WORLD CONFERENCE FOR WOMEN

Ms. Gertrude Mongella  
Secretary General  
Fourth World Conference on Women  
DC2-2314, United Nations  
New York, NY 10017, USA

## UN REGIONAL COMMISSIONS (Regional Preparatory Meetings)

### AFRICA

African Training and Research Centre for Women  
**Economic Commission for Africa (ECA)**  
P.O. Box 3001,  
Addis Ababa, Ethiopia

### WESTERN ASIA

Women and Development Programme,  
**Economic and Social Commission for W. Asia (ESCWA),**  
P.O. Box 950629,  
Amman, Jordan

### ASIA AND THE PACIFIC

Women and Development Programme  
**Economic and Social Commission for Asia and the Pacific (ESCAP)**  
United Nations Building  
Rajadamnern Avenue  
Bangkok 10200, Thailand

### LATIN AMERICA AND THE CARIBBEAN

Women and Development Programme  
**Economic Commission for Latin America and the Caribbean (ECLAC)**  
Edificio Naciones Unidas,  
Casilla 179-D,  
Santiago, Chile

### EUROPE AND NORTH AMERICA

Focal point for women  
**Economic Commission for Europe (ECE)**  
Palais des Nations,  
1211 Geneva, Switzerland

## FOR NGO FORUM

Marlene Parenzan,  
Coordinator, NGO Planning Committee  
Kirchengasse 26, A-1071  
Vienna, Austria  
Tel/Fax: (43-1)-526-1899

## REGIONAL FOCAL POINTS (NGO Regional Activities)

**AFRICA:** Eddah Gachukia (Femnet)\*  
P.O. Box 54562, Nairobi, Kenya  
TEL: (254-2) 44-02-89  
FAX: (254-2) 44-38-68

**W. ASIA** Saida Agrebi (WWM)\*  
2, rue du Lycee El Menzah IV  
2080 Ariana, Tunisia  
TEL: (216-1) 25-98-70  
FAX: (216-1) 34-233

**ASIA/PACIFIC** Sumalee Chartikanvanij (PPSEAWA)\*  
NGO/ESCAP regional working group  
2234 New Petchburi Road  
Bangkok, Thailand  
TEL: (66-2) 314-43-16  
FAX: (66-2) 319-14-40

**L. AMERICA  
CARIBBEAN** Susana Reich (IFBPW)\*  
NGO working group/ESCAP region  
P.O. Box 51-922, Santiago, Chile  
TEL/FAX: (56-2) 69-62-147

**EUROPE/NA** Sonia Heptonstall (ICSW)\*  
NGO working group/ECE region  
2 chemin des Ussets  
CH 1246 Corsier, Switzerland  
TEL: (41-22) 751-20-58  
FAX: (41-22) 751-26-85

\* These are the International NGOs that the names given are affiliated with in their own regions, i.e.:

Femnet = Women's media network for Africa  
PPSEAWA = Pan Pacific South East Asia Women's Assoc.  
IFBPW = Inter. Fed. of Business and Professional Women  
WWM = World Women's Movement  
ICSW = International Council on Social Welfare

# IWTC 1995 RESOURCES

IWTC is planning to develop several special publications and productions that will focus on the plans, preparations and themes of the Fourth World Women's Conference and NGO Forum in 1995. Below is a list of planned information materials, along with several publications that have been drawn from IWTC's extensive **Decade for Women** files and records to assist in "bridging the gap" between the Decade (1976-1985) and the 1995 world meetings.

## NEW MATERIALS:

### *The Tribune:*

Three special issues. Dedicated to plans and preparations for 1995. Publication dates: May 1993; May 1994; May 1995  
(Price for non-subscribers to *The Tribune*: \$10 for the 3 special issues)

### *'95 Preview:*

Six issues, 16 pgs. An occasional bulletin to keep people informed of major issues and activities being planned for the two world meetings in 1995. Publication dates: May & Sept. 1993; May & Sept. 1994; May & Sept. 1995  
(Price for non-subscribers to *The Tribune*: \$12 for 6 issues. Available only as a set)

## "BRIDGING THE GAP" MATERIALS: (From the End of the Decade to Now)

### *Images of Nairobi:*

Reflections and Follow-up. A brief description of many of the activities and events that took place at the NGO Forum in Nairobi, 1985. Lots of graphics, and lists of resources (1986, reprinted 1992, US\$5.00) Order #F3

### *It's Our Move Now:*

A Community Action Guide to the UN Forward-Looking Strategies. Presents ideas and training activities on development issues from the FLS for women's groups interested in lending an international perspective to their work. (Eng. Fr. and Sp.)  
(1987, updated/reprinted in English 1989, French and Spanish 1992, US\$10) Order #F1

### *Rights of Women:*

A Users Guide to Working with the UN Conventions of Particular Relevance to Women.  
Anticipated publication date: September 1993. Write for further information

### *Women of the World Meet Together:\**

Contains 80 slides of NGO Forum 85 activities and issues, and comes with a narrative and music tape, plus a script. Available June 1993 as slide/tape or video.  
(12 mins. 1985, price: \$35.00)

### *Women Celebrate the Decade:\**

Contains 132 slides of Decade for Women issues and events, and covers the years 1975-1985. With narrative and music, it brings alive some of the excitement and hope of the Decade. Available June 1993 as slide/tape set or video.  
(15 mins., 1986, \$50.00)

## PLEASE NOTE:

IWTC materials are **FREE** for individuals and groups in the South, except for those with an asterisk (\*). For all other regions (Europe, N.America, Australia, New Zealand and Japan), please see prices listed below each publication. If you would like to subscribe to the IWTC women and development quarterly *The Tribune*, please fill out the order form provided. Subscribers will receive both the special issues of *The Tribune* and *'95 Preview* as part of their regular subscription.

**X GIFTS Contact List**

## **GIFTS Contact List**

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