

# IKNotes

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## Sri Lanka's Ministry of Indigenous Systems of Medicine

**A**yurveda<sup>1</sup> and other traditional systems of health care have been used for over two thousand years in Sri Lanka. Indigenous systems such as Ayurveda are based on the country's cultural, social, economic, and religious characteristics. In addition, Sri Lankans utilizing knowledge of these indigenous systems of medicine were the first in the world to develop the concept of a hospital and established a highly scientific public healthcare system<sup>2</sup>. Over the last two centuries, colonialism and industrialization have undermined the value and use of traditional medicine in Sri Lanka. The Sri Lankan healthcare system has since been largely based on Western medicine and this has become popularized as the primary source of medicine and treatment through both the public and private healthcare systems. Despite this trend, traditional medicine continues to be popular among local Sri Lankan citizens for treating and curing illnesses. Traditional medicine is generally practiced informally without the national healthcare system's support.

Considering the recognition and value that traditional medicine still receives in Sri Lanka, a Ministry of Indigenous Systems of Medicine was established in Sri Lanka<sup>3</sup> to validate traditional medicinal practices and facilitate access to traditional medicines alongside modern medical treatments. Sri Lanka presents a unique case study since it is the first country to create a Ministry entirely devoted to the indigenous systems of medicine.

### Ministry of Indigenous Systems of Medicine

The Sri Lankan government, recognizing the value of these traditional medicines

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agreed that a section on indigenous medicine should be included in its National Health Policy – consequently, a National Policy on Sri Lankan Systems of Indigenous Medicines was developed by the Ministry of Indigenous Medicine.

The Ministry maintains that the “Sri Lankan Traditional System of Medicine, Ayurveda, Siddha, Unani or similar therapeutic techniques, healing systems, healthcare procedures practiced with proper approval in Sri Lanka and recognized by another country or at (the)international level are (sic) accepted as an alternate or complementary system of medicine based on natural and holistic theories<sup>4</sup>.”

#### Footnotes

<sup>1</sup> Ayurveda is one of the oldest documented forms of medicine, Shroff (2002) - it originated in India and spread to Sri Lanka through the Silk Route.

<sup>2</sup> Ministry of Indigenous Medicine Draft Report 2004 pg. 2

<sup>3</sup> Developed in October 2000

<sup>4</sup> Ministry of Indigenous Medicines 2005

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The national policy on indigenous medicines cites its vision to be:

·“A healthy and prosperous nation for contributing to the development of the country through Indigenous Systems of Medicine (ISM)<sup>5</sup>.”

Their mission is to:

·“Achieve the quality of life by contributing to physical, mental, social, economic and spiritual well-being of the people of Sri Lanka by adopting professional excellence in Indigenous Systems of Medicine (ISM)<sup>6</sup>.”

Their goal includes:

·“Improving health status of the Sri Lankan people through best practices of traditional, indigenous and other knowledge systems while preserving the identity and strengthening the role and contribution of the Indigenous Systems of Medicine (ISM) in the National Healthcare system<sup>7</sup>.”

### Objectives of the Ministry

The objectives include expanding, restructuring, and strengthening both government and private health care services to include traditional medicines in their health programs. In addition, they plan to enhance community and society participation in the healthcare process so that local citizens have a voice and can contribute ideas to the healthcare system. It also plans to strengthen research activities to ensure the quality of service and products pertaining to indigenous systems of medicine. The last point above also reflects the Ministry’s effort to validate the safety and effectiveness of traditional medicines using modern medical guidelines<sup>8</sup>.

### Policies of the Ministry

The Ministry has written 30 policies to implement its objectives and accomplish its mission. These cover all areas including the use of technology, creating databases, legal protection, and addressing issues of preservation and conservation related to traditional medicines. The government has established these policies to align with international IPR guidelines and to protect the country’s indigenous systems of medicines. This section details select policies set out by the Ministry and is followed by a brief discussion of each policy.

#### Policy 3.1

The Ministry plans to create a flag and song depicting the “historical pride, heritage, haughtiness (sic) and respect<sup>9</sup>” regarding indigenous systems of medicines. The Ministry

in doing this is attempting to create national pride in the use of traditional medicines and hopes to give citizens morale, self-respect, and trust for their country’s medicines.

#### Policies 3.4, 3.18, 3.23, 3.24

The Ministry presents four policies with regard to Intellectual Property Rights (IPR). First, it notes that a National Council for Indigenous Systems of Medicine will be established and include advisory, investigatory and supervisory groups to monitor legal activities with indigenous systems of medicine. Second, it is developing legal mechanisms to obtain benefits from the commercialization of traditional medicines. Third, institutional structures will be strengthened, through legal reforms, for the conservation, management, development, and regulation of indigenous systems of medicine. Finally, a social security system will be created to protect the social, economic and personal welfare of traditional medical practitioners and communities where indigenous systems of medicine are practiced.

#### Policy 3.7

In the area of education, the Ministry is planning to launch a joint program with the Ministry of Education to include indigenous knowledge systems and practices in the formal school curriculum. The purpose of this integration is to popularize Sri Lankan human values, lifestyle, and life vision associated with traditional medicines to school children and the community.

Introducing indigenous knowledge into the school curriculum is extremely important. When Sri Lankan children attend formal schools they may feel a cultural disconnect, with regard to indigenous knowledge, from the material taught in the curriculum. As stated in the policy, Sri Lankan indigenous systems of medicine should be valued and reinforced in school as “scientific<sup>10</sup>.” When indigenous knowledge is taught alongside material in school curriculum, students respect their indigenous knowledge and tend

### Footnotes

<sup>5</sup> Ministry of Indigenous Medicines 2005

<sup>6</sup> Ministry of Indigenous Medicines 2005

<sup>7</sup> Ministry of Indigenous Medicines 2005

<sup>8</sup> International Traditional Medicine guidelines are set by the World Health Organization

<sup>9</sup> Ministry of Indigenous Medicines Draft Report 2005 pg. 9

<sup>10</sup> According to modern or Western Science Systems. Western, Modern or Conventional Science is science/ Knowledge of European origin which contributes to current day global Science Standards

to utilize and disseminate it later in their lives.

Indigenous knowledge can also help increase attendance and retention in schools. It can be equated to the prior knowledge students bring with them to the classroom and can help students connect to the content taught through the formal school curriculum and standards. Sri Lankan students, who may frequently use indigenous systems of medicine at home, are more likely to relate to and understand the relevance of school material when this practice is publicly acknowledged. In addition, students may better identify with the education they are receiving and this may lead to higher student retention in school.

#### *Policy 3.14*

Lastly, with regard to quality assurance a systematic method will be institutionalized for the quality assurance of indigenous systems of medicine's products and processes aligned with national and global requirements.

The World Health Organization (WHO) has set global guidelines towards evaluating the safety and efficacy of traditional medicines. These guidelines are quite extensive and include the evaluation of traditional medicines according to their environment and the contexts in which they are being used. They have also published numerous research documents from 1989-2004 covering areas of clinical research in traditional medicine, the conservation of medicinal plants, and creating collaborations between traditional healers and modern medical doctors. For instance, the *WHO guidelines for methodologies on research and evaluation of traditional medicine (2000)* articulates a strategy to improve and promote the proper use and development of traditional medicine. The Sri Lankan Ministry of Indigenous Systems of Medicine is planning to follow similar guidelines.

#### **The way forward**

Sri Lanka has taken an important local and global step with the establishment of a Ministry of Indigenous Systems of Medicine and has set up a model from which other countries can hopefully learn and possibly adapt similar strategies into their own health systems. Many other countries, such as Ethiopia, Uganda, and Tanzania, have valuable knowledge of traditional medicines. Many of the communities in these countries have also participated in scientific and clinical trials regarding the use of traditional medicine to help treat infectious diseases such as HIV-AIDS. A South-South knowledge exchange program can facilitate other countries to develop their own Ministry of Indigenous Systems of Medicine.

The Africa Region Knowledge and Learning unit of the World Bank has created such opportunities for knowledge exchanges between countries to take place. For instance, the division has hosted two East Africa – South Asia study tours. In these study tours, 20 development practitioners from Ethiopia, Kenya, and Uganda, along with Bank staff, visited development projects in India, Sri Lanka, and Bangladesh. The 20 development practitioners visited successful projects in the areas of health, agriculture, and informatics. The knowledge exchange between the development practitioners has resulted in African development practitioners beginning to implement similar projects in their respective countries.