National Policy on Traditional Medicine

Independent State of Papua New Guinea
NATIONAL POLICY
ON
TRADITIONAL MEDICINE
March, 2007
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Foreword

It is with great pleasure that I introduce this new National Policy on Traditional Medicine for Papua New Guinea, which the government has approved for implementation. This is the first time Papua New Guinea has had a comprehensive national policy on traditional medicine.

The goal of our National Health Plan is to improve the health of all Papua New Guineans through the development of a health system that is responsive, effective, affordable, acceptable and accessible to majority of the people. The National Policy on Traditional Medicine will contribute to achieving this goal by promoting improved access to safe and effective traditional medicine by 2010.

Traditional medicine can be an important component of our primary health care system. Primary health care requires the utilization of all appropriate and available local resources, including traditional medicine and its practitioners. Traditional healers represent a valuable human resource. The role of these practitioners and their integration as primary health care providers needs to be explored.

Before the advent of western medicine, this country sustained its health on local herbs and other forms of curatives. These resources still exist but have unfortunately been relegated to the background in deference to modern medicine and imported modern drugs. We must closely inspect our traditional medical knowledge. Our traditional medicine practices may lack scientific approach. But I believe that some of these traditional practices can be uplifted and integrated in a credible form in the national health care system. This requires research and development efforts in our traditional medicine, particularly medicinal plants. Such efforts have reduced the health bill in other countries and can do the same in PNG.

We have entered the new millennium with many prevailing health challenges but these challenges provide an opportunity for the nation to look closely and harness its own resources. We must not lose what we have but instead build and improve on it. Traditional medicine is part of our culture, tradition and a wider belief system. Not all elements of our traditional medicine may be beneficial. Some in fact may be harmful. This is why a critical examination is needed, and selection of only safe, effective and proven medicines is called for. I believe that traditional medicine, as part of the primary health care program, will provide a positive impact and wider health coverage for our population.

Hon. Sir Peter Barter, Kt, OBE, MP
Minister for Health & Bougainville Affairs

Acknowledgement

It would not have been possible to develop the National Policy on Traditional Medicine without the involvement and enthusiasm of the various interest groups including traditional medicine practitioners, manufacturers of herbal products, academics, students, administrators, planners, and other stakeholders who met to consider how our own indigenous knowledge could be used for treating diseases and maintaining health during a 3-day workshop in July 2004.

The Department of Health especially wishes to thank members of the Traditional Medicine Task Force namely Drs. Prem P. Rai, Uma Ambihaipahar, T. Matainaho and Simon Naulie for their untiring commitment and tremendous contribution to the development of this policy.

Special thanks are also due to Senior Executive Management of the Department of Health for their technical input, advice and guidance.

Dr. Nicholas Mann
Secretary for Health
Definition of Traditional Medicine

Traditional medicine refers to pre-Western indigenous health practices, approaches, knowledge and beliefs incorporating plants, animals and mineral based medicines, including spiritual therapies, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. Traditional medicine is a cultural heritage of the people of Papua New Guinea and it employs practices that are passed down orally from generation to generation of healers in the family. Its acceptance by people receiving care is also inherited from generation to generation. Herbal medicine constitutes the major part of traditional medicine.

CHAPTER 1
BACKGROUND

Traditional medicine (TRM) is widely used and of rapid growing economic importance globally. The World Health Organisation estimates that 80% of the world population depends on TRM for its primary health care needs. The use of TRM is popular and very much part of the lives of local communities throughout Papua New Guinea (PNG). Although no official data exist it is estimated that TRM accounts for almost half of all health care delivered in the country. It is the only form of health care available in some remote parts of the country. The knowledge of traditional medicine is passed on verbally through many generations, and mostly to family members. Some traditional medicine practices are unique and of cultural significance. There is need to safeguard it, as it is a national heritage. In some areas TRM knowledge is still kept secret and cannot be released or shared easily. In general, there is good awareness but there remains a strong perception that TRM is not being utilized to its full potential.

1.1 Regional and Historical Context

The World Health Organisation (WHO) has addressed the importance of traditional medicine within the health care system of Member States via various resolutions. At the regional level, Pacific Island countries have reiterated and reaffirmed their support of the use of TRM at meetings held in Palau in 1999 and Apia in 2000. The Apia Action Plan on Traditional Medicine for Pacific Island Countries (Apia Action Plan 2000), of which PNG is a signatory, covers a wide range of issues relevant to TRM, including a call for national policy and provides various options for meeting the different health care situations of Pacific island countries. As many as 14 countries in the Western Pacific Region have a national policy on traditional medicine and have achieved improved health care systems.

1.2 Need for and Intent of Policy

While the potential of traditional medical practices to complement health care is acknowledged, it is important that major challenges facing the development of TRM in PNG are addressed as priority. These challenges include insufficient documentation of traditional medicines and practices, lack of national policy and legislation, lack of relevant and coordinated research into herbal medicine and therapeutic benefits, and lack of public information about traditional medicine. In a highly significant move, the Government of Papua New Guinea has included traditional medicine as a program activity in its current National Health Plan (2001-2010) and a number of measures have already been initiated. Still there is need to ensure sustained government commitment in the direction, action and provision of financial and other resources. Promotion and enactment of a national policy on traditional medicine is thus timely. Such a policy would provide a sound basis for defining the role of traditional medicine in national health care delivery, ensuring that the necessary regulatory and legal mechanisms are created for promoting, maintaining and developing TRM, and that the authenticity, safety, efficacy, quality and rational use of therapies are assured.
Besides enabling wider health coverage, introduction of TRM into primary health care will reduce government medical expenditures. This is important at a time when PNG faces severe financial constraints, particularly in terms of the funds available for purchase of modern drugs and medical supplies, and for providing human resources to health centres and aid posts. The policy on traditional medicine has sought to identify challenges, priorities, policies, and strategic actions necessary to achieve the primary objective of providing improved access to safe and effective traditional medicine and practices to a majority of people in PNG.

1.3 Audience
This policy is intended to guide the development and use of traditional medicine throughout Papua New Guinea. It is anticipated that not only government but also partners (traditional medicine practitioners, manufacturers of herbal products, consumers, academics, students, and other stakeholders) who are involved in TRM and health service delivery will uphold the principles outlined in this policy. This includes government and non-government sectors at national, provincial, district and community levels.

CHAPTER 2
POLICY CONTEXT AND DIRECTION

2.1 Policy Goal
The goal of this Traditional Medicine Policy is to improve and maintain the health of Papua New Guineans by providing easy access to safe and effective forms of traditional medicine and practices as part of the national health care system.

2.2 Policy Objectives
The objectives of the Traditional Medicine Policy are:
1. To improve the quality and delivery of health services to the people of Papua New Guinea.
2. To further develop traditional medicine and its practices.
3. To incorporate traditional medicine into the primary health care system.

2.3 Policy Principles
The Government recognises the role of traditional medicine as an essential and valuable component of the peoples' cultures, beliefs and knowledge and is committed to achieving overall improvement in the health of Papua New Guineans by promoting, developing and providing easy access to safe, effective and affordable forms of traditional medicine and practices.

TRM is already contributing to the health care in a significant way. Traditional medicine shall complement or supplement the official health delivery system and will be specifically targeted to meet the health needs of rural communities. It is envisioned that the implementation of the national policy on TRM, shall contribute positively to an improvement in health standards of people of PNG. Furthermore, integration of traditional medicine into the national health system will enable the two systems to work effectively together, to the benefit of the government, providers and consumers.

Witchcraft, sorcery or related dangerous and evasive practices including certain diagnostic methods that include divination, dream interpretation or related visions will not be recognised as part of legitimate traditional medicine and will not be incorporated into the formal health care system.
2.4 Guiding Principles of Partnership in Traditional Medicine Policy

Whilst the scope and level of partnership in traditional medicine depend on the extent to which partners’ agreements coincide, all partners will be guided by the following principles:

- **Responsibility for Policy.** The overall responsibility for health policy formulation, monitoring and evaluation and health status of the population is maintained by the National Government through the National Department of Health. The Department will consult and aim for consensus in all cases of common concern.

- **Responsibility for Service Provision.** Provision of health services to the population pertains to the different service delivery partners – government agencies, church health agencies and other non-governmental organisations, private/corporate sector and traditional healers.

- **Complementarities.** Partners shall strive to complement their services rather than duplicating them within the given context.

- **Identity and Autonomy.** The identity and autonomy of each partner is respected.

- **Equity.** Equitable allocation of resources for implementation of the Traditional Medicine Policy in accordance with performance benchmarks.

- **Transparency and Accountability.** Inputs, outputs and outcomes pertaining to attainment of the public health goals are agreed to, reported by and shared among partners.

2.5 Core Government Commitments and Policies

This policy applies to the total health care system in Papua New Guinea, provided by the Government, Churches, Non-Governmental Organizations, traditional healers and the private sector. The policy applies to all health care facilities and non-facility based services such as those provided in homes and villages. The policy applies to all registered health care workers.

It should be read together with other key policy documents, including:

- PNG Constitution (1975)
- Organic Law for Provincial and Local Level Governments (Department of Provincial and Local Level Government Affairs, November 1998)
- Minimum Standards for Districts Health Services in Papua New Guinea, (Ministry of Health, May 2001)
- Village Health Volunteers Policy, (National Department of Health, July 2000)

3.1 Roles of Government

The Government recognises and supports safe and effective forms of traditional medicine and its practices. To be achieved by:

3.1.1 Establishing a National Traditional Medicine Task Force to co-ordinate, promote and oversee activities associated with traditional medicine.

3.1.2 Establishing a unit or a centre for traditional medicine to serve as a national focal point, coordinating and a leading body for traditional medicine in the country.

3.1.3 Developing national policies, action plans, standards and legislation for traditional medicine particularly for its use in primary health care delivery system.

3.1.4 Developing relevant capacity in the Department of Health for the effective implementation of the Policy on Traditional Medicine both at national and provincial levels.

3.1.5 Providing funding and resources for the sustained development and implementation of the action plan on traditional medicine both at national and provincial levels.

3.1.6 Monitoring and evaluating regularly the performance and achievements of the National Policy on Traditional Medicine.

3.1.7 Implementation of the TRM Policy both at national and provincial levels.

3.1.8 Facilitation of technical co-operation among countries.

3.2 Advocacy and Awareness for Traditional Medicine

The Government through National Department of Health will promote public awareness on TRM through collaborative efforts of stakeholders at all levels. To be achieved by:

3.2.1 Raising public awareness on traditional medicine by education and information dissemination by all levels of government.

3.2.2 Promulgating a nationwide campaign to boost support for the realization of objectives of this Policy and encourage and seek participation of non-governmental organizations in traditional health care and health-related projects.

3.2.3 Establishing measures that will ensure a respect of the value system of traditional medicine and enhance the profile of traditional medicine practitioners and the profession.
3.3 Documentation and inventory
The documentation and inventory of traditional medicine and practices in PNG will be undertaken. To be achieved by:

3.3.1 Undertaking a nationwide survey and documentation of traditional medicines and remedies using standardized questionnaires to collect ethno-botanical information and their use.

3.3.2 Establishing a national electronic database on traditional medicine, commonly used herbal remedies, and medicinal plants.

3.4 Traditional medicine practitioners
The Government recognises and promotes the integral roles of traditional medicine practitioners (TMPs) in primary health care. To be achieved by:

3.4.1 Developing a database on traditional practitioners that will include their locations and specialities.

3.4.2 Encouraging TMPs to form professional societies or associations in their respective districts and provinces in order to provide effective liaison with Government for effective implementation of this policy.

3.4.3 Developing measures to recognise, accept and integrate TMPs as members of the primary health care providers and strengthen cooperation between TMPs and community health workers.

3.4.4 Developing a certification program for the registry of traditional medicine practitioners.

3.5 Code of ethics and/or practices
A code of ethics and standards for the practice of traditional medicine will be formulated. This will be achieved by:

3.5.1 Formulating a code of ethics and standards for the practice of traditional medicine.

3.6 Research, education and training
Research and education in traditional medicine will be promoted by National Department of Health through relevant research and training institutions. This will be achieved by:

3.6.1 Promoting and monitoring research into development of herbal medicine.

3.6.2 Developing guidelines and training materials for traditional healers in basic medical techniques and procedures, and improve traditional healers' knowledge of and skills in primary health care.

3.6.3 Identifying and selecting a group of herbal medicines for promotion and use based on the sound evidence of safety, efficacy and cost-effectiveness.

3.6.4 Developing educational and information materials on traditional medicine for use as self-care by consumers.

3.6.5 Training practitioners in sustainable medicinal plant harvesting, propagation, cultivation, and management practices to ensure continued future supplies and to encourage conservation.

3.7 Quality control and regulatory measures
Appropriate quality control and regulatory measures will be established.

3.7.1 Establishing regulatory systems for registration and quality assurance of finished herbal medicines.

3.7.2 Establishing technical guidelines for ensuring the safety, efficacy and quality control for traditional herbal medicines, materials and products, and mechanism for its implementation.

3.8 Conservation and cultivation of medicinal plants
Appropriate conservation measures will be undertaken to preserve medicinal plants. This will be achieved by:

3.8.1 Identifying and initiating measures for cultivation and conservation of medicinal plants.

3.8.2 Promoting cultivation of endangered medicinal plant species.

3.9 Intellectual property rights
It is recognized that traditional medicine knowledge is the property of individuals and communities where that knowledge originated. It shall be the policy of the State to seek a legally workable basis by which indigenous societies and traditional medicine practitioners (TMPs) would own their knowledge of traditional medicine. When outsiders use such knowledge, the indigenous communities and TMPs can require the permitted users to acknowledge its source and can demand a share of any financial return that may come from its authorized commercial use.

Therefore, the Policy seeks to:

3.9.1 Develop measures for protection of intellectual property rights (IPR) of practitioners, indigenous knowledge and sustainable use of medicinal plants and natural products.
CHAPTER 4
MONITORING AND REVIEW ARRANGEMENTS

Implementation of this National Policy on Traditional Medicine will be monitored on an ongoing basis by collection of performance indicator data. Data collection will occur at the service delivery level and be collated at provincial and district levels. All data will be forwarded to the National Department of Health for national collation and analysis.

The National Department of Health will liaise with the non-governmental components of the health sector to seek their participation in performance indicator data collection. This policy will be reviewed in conjunction with mid-term reviews of the Health Sector Strategic Plans.

CHAPTER 5
PROGRAM PRIORITIES

1. Develop policies, standards and legislation.
2. Establish a national electronic database on traditional medicine, medicinal plants and traditional medicine practitioners.
3. Improve public awareness.
4. Promote research into and development of traditional herbal medicine.
5. Improve staff knowledge and skills.
6. Improve traditional healers’ knowledge of and skills in primary health care.
7. Integrate traditional medicine into primary health care of the National Health System.
8. Develop and implement a national policy on traditional medicine.
9. Create a traditional medicine unit/centre in the Ministry of Health.
10. Provide improved access to safe and effective traditional medicine and practices.
11. Develop guidelines and training materials for traditional healers in basic medical techniques and procedures required in primary health care delivery.
12. Develop guidelines and training materials for Health Workers for use of traditional and herbal remedies and to promote their safe use.
13. Promote safe traditional medicine practice.
14. Explore potential contribution of scientifically proven traditional herbal medicines.
15. Establish monitoring and evaluation system.
# ANNEX 1

## PERFORMANCE INDICATORS

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<th>Indicators and Expected Outcomes</th>
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<td>1.1 To integrate traditional medicine into primary health care of the National Health Care System.</td>
<td>Establish a traditional medicine task force to coordinate, promote and oversee activities associated with traditional medicine. Task force to initiate and undertake measures necessary to achieve the primary objective.</td>
<td>Formation of task force. Officer designated to lead the task force. Functioning task force.</td>
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<td>1.2 To develop a national policy on traditional medicine.</td>
<td>Systematic review on the status of traditional medicine in the country. Draft the policy. Policy revision. Develop national policy and legislation.</td>
<td>The Government accepts the proposal to develop a National Policy on TRM. Review done based on TRM survey reports from different parts of the country. A Government policy on traditional medicine is formulated. Completion of review policies. Standards, legislation. Increased government support for TRM through comprehensive national policies on TRM.</td>
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<td>1.3 To implement the National Policy on traditional medicine.</td>
<td>Social &amp; Mental Health Section (NDOH) assigned the responsibility for implementation of the policy. Allocation of funds. Implementation action.</td>
<td>Funds allocation for TRM program. Detailed action plan developed to ensure TRM is used properly and makes its contribution to national health goals through implementation of the policy on traditional medicine.</td>
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<td>1.4 To create a traditional medicine unit/centre in the Ministry of Health.</td>
<td>Establish a traditional medicine unit to serve as a national focal point, coordinating and leading body for traditional medicine in the country.</td>
<td>Development of questionnaire and modalities of conducting survey on TRM. Number of surveys completed. Number of traditional practices officially recognised and promoted as safe and effective. Proportion of practitioners trained in the use of safe and effective traditional herbal remedies. Number of workshops completed. Reports from workshop and consultant. Survey completed in time. Availability of electronic database on traditional medicine. Technical guidelines for evaluating safety, efficacy, and quality of herbal medicines ready and being promoted.</td>
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<td>1.5. To have improved access to safe and effective traditional medicine and practices.</td>
<td>Conduct survey on traditional medicine practice throughout the country. Conduct workshop and consultancy. Develop and support implementation of technical guidelines for ensuring the safety, efficacy and quality control of herbal medicines.</td>
<td>Development of questionnaire and modalities of conducting survey on TRM. Number of surveys completed. Number of traditional practices officially recognised and promoted as safe and effective. Proportion of practitioners trained in the use of safe and effective traditional herbal remedies. Number of workshops completed. Reports from workshop and consultant. Survey completed in time. Availability of electronic database on traditional medicine. Technical guidelines for evaluating safety, efficacy, and quality of herbal medicines ready and being promoted.</td>
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<td>1.6 To develop an electronic database on traditional medicine, medicinal plants and traditional practitioners</td>
<td>Availability of continuously updated database with data from students, foreign researchers and national institutions (FRI, NRI, NARI, DEC, IMR etc.)</td>
<td>Reports</td>
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<tr>
<td>Objective</td>
<td>Strategies</td>
<td>Indicators and Expected Outcomes</td>
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<td>1.7 To develop guidelines and training materials for traditional healers in basic medical techniques and procedures required in primary health care delivery.</td>
<td>Guideline developed. Developed training materials. Recruit participants. Conduct the training. Follow up after completion of training. Develop guidelines for health workers.</td>
<td>Number of workshops, continuing education sessions, or consultations held with funding from NGOs, government, private or international organizations. Certification of training. Increased standards of practice. Number of traditional healers trained in basic medical techniques and procedures.</td>
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<td>1.8 To develop guidelines and training materials for Health Workers to use safe traditional and herbal remedies and to promote their safe use.</td>
<td>Develop training material for health workers in the safe use of traditional herbal medicine. Training the health workers in the safe use of traditional herbal medicine.</td>
<td>Training sessions Workshops Number of health workers trained.</td>
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<td>1.9 To promote safe traditional medicine practice.</td>
<td>Health Promotion Branch (NDOH) increases public awareness about TRM in the safe and unsafe TRM practices though pamphlets, posters and other means.</td>
<td>Reports, pamphlets and information booklets published and distributed.</td>
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<td>1.10 To explore potential contribution of scientifically proven traditional herbal medicine.</td>
<td>Using existing scientific information and research outcomes. Information exchange. Promoting research on traditional herbal medicine.</td>
<td>Increased awareness and utilization by the population of scientifically proven traditional medicine. Holding exhibits or conferences in TRM. Reports. Existing linkages with academic institutions and continuing research projects on traditional herbal medicine.</td>
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**ANNEX 2**

**GLOSSARY**

| Traditional medicine | Traditional medicine refers to pre-Western indigenous health practices, approaches, knowledge and beliefs incorporating plants, animals and mineral based medicines, including spiritual therapies, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. Traditional medicine is a cultural heritage of the people of Papua New Guinea and it employs practices that are passed on verbally from generation to generation of healer in the family. Its acceptance by people receiving care is also inherited from generation to generation. Herbal medicine constitutes the major part of traditional medicine. |
| Herbal medicine | Herbal medicine refers to the use of any plant’s seeds, berries, roots, leaves, bark, or flowers for medicinal purposes. Herbal medicine includes herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients parts of plants, or other plant materials, or combinations. Plant material also includes juices, gums, fatty oils, essential oils, and any other substances of this nature. Herbal medicines may however contain excipients in addition to the active ingredients. Medicines containing plant material(s) combined with chemically defined active substances, including chemically defined, isolated constituents of plants, are not considered to be herbal medicines. |
| Traditional medicine practitioners | Traditional medicine practitioners and/or herbalists are people recognised and known in the community for their knowledge and practice of traditional remedies. |
| Intellectual property rights | Intellectual property rights are a generic term covering patents, copyrights and trademarks. It is the legal basis by which the indigenous communities exercise their rights to have access to protect and control over their cultural knowledge and product, and includes the right to receive compensation for it. |
| Therapeutic activity | The successful prevention, diagnosis and treatment of physical and mental illnesses; improvement of symptoms of illnesses; as well as beneficial alteration or regulation of the physical and mental status of the body. |
| Active ingredients | Ingredients of herbal medicines with therapeutic activity. In herbal medicines where the active ingredients have been identified, the preparation of these medicines should be standardized to contain a defined amount of the active ingredients, if adequate analytical methods are available. In cases where it is not possible to identify the active ingredients, the whole herbal medicine may be considered as one active ingredient. |
| Indigenous communities | The inhabitants of a particular geographical location, who have a specific and distinctive culture, belief system and health practices of their own. |
| Indigenous knowledge | Indigenous knowledge (also referred to traditional or local knowledge) is the knowledge that is unique to a given culture or society. It is the basis for local level decision making in agriculture, health care, food preparation, education, natural resource management, and a host of other activities in rural communities. |
National Policy on Traditional Medicine
Approved by the National Government of Papua New Guinea
in March 2007