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FRAMEWORK ACT ON TRADITIONAL MEDICINE
-Proposal prepared by the Latin American Parliament-
Submitted to the Health Committee of the Latin American Parliament



Prepared for the

HEALTH COMMITTEE OF THE LATIN AMERICAN PARLIAMENT

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CONTEXT

The open intention of taking advantage of the experiences and knowledge of the population to consider the inclusion of their knowledge and practices in the health systems of the world, was officially initiated with the Alma Atta declaration (USSR) in 1979, when the World Health Organization (WHO) invited the member countries to seek the active participation of the population, using their knowledge on traditional medicine. Since then, there have been several international agreements and proposals directed to recognize the rights of Indigenous Peoples –including their right to health and, consequently, to practice their medicines, as section 25 of the agreement 169 of the International Labor Organization (ILO, 1989), the proposals of the Health Pan-American Organization on Traditional Medicine and Alternative Therapies, including resolutions about the health of Indigenous Peoples that have been incorporated in the initiative SAPIA. In the presentation of the subject, it was established that an initiative related to the health of Indigenous peoples “is perhaps the most technically complex and politically difficult health subject of this time” (OPS, 1992). This process generated elements for the elaboration of the 2005 WHO proposal on traditional medicine, the 2007 United Nations declaration on Indigenous Peoples Rights and the 2008 Peking Declaration of the WHO.

There has been an increasing and persistent expansion of the use of traditional medicine both by the population and by an important number of professionals who see in these medicines an alternative to health problems that are not solved by conventional medicines. Besides, we must also recognize that traditional medicines are for indigenous peoples and communities a cultural right and that the persecution and rejection of their practice, violates civil law and human rights. They also consistently provide solid evidences about their potential benefits.

Traditional medicine must be a national safety issue for the countries that use it, because it includes the basic elements for the preservation of life in the genetic elements of plants and animals. The countries with more biological diversity also have a huge cultural diversity, due to the existence of indigenous peoples whose ancestral presence and their relation with nature has allowed them to preserve an interrelation with the environment for the development of specific knowledge related to plants, animals and the elements of nature, generating an interdependence which does not allow a separation between traditional medicine and their preservers.

Therefore, traditional medicine is closely linked to the preservation and harmony of the environment, the care of the water and the land, the health involved in the biological, psychological, social and cultural relationship of the human beings and the living beings with whom they interact, which are, together with all the elements of the natural environment (mineral and vegetal elements and not only medicinal plants) the resources with which the life and health of the persons is preserved.

Taking into account that the Latin American Parliament is a regional agency, the essential purpose of which is the achievement of Latin American integration and the study, analysis and elaboration of policies directed to give an answer to the social problems of the Latin American community, it is the natural space from which this Framework Act on Supplementary Medicines may be promoted, establishing as its purpose the formulation of integral and necessary strategies within the framework of the cultural law, intercultural health and promotion and development of new models of health care, in order to determine the actions taken in this sense by the legislator of each country of the region.

According to the above reasons, the Latin American Parliament, in the exercise of its powers, recommends the following:

FRAMEWORK ACT ON TRADITIONAL MEDICINE

Definitions

Section 1.- For the purposes of this Act, the following terms shall have the following meanings:

- I. **Traditional medicine:** The health care systems derived from a deep knowledge on health and disease, which has been accumulated by the different indigenous and rural peoples throughout their history, based on a cosmovision that for Latin American countries has a Pre- Colombian origin and that has been enriched in the dynamics of cultural interactions, with elements of the Spanish and Portuguese medicine, the influence of African medicines and scientific medicine, and the incorporation of therapeutical elements of other related practices, which may be understood and used from their own cosmovision and conceptual framework.
- II. **II.- Traditional therapists or practitioners¹,** They are the persons that act in the community sphere to prevent disease and maintain the collective and community, physical or spiritual health, with a way of interpreting the world surrounding them (cosmovision) according to their culture and to the explanatory frameworks of their traditional medical systems. In order to avoid controversies with respect to the legal denomination of the term "physician" with the definition of "traditional physician" promoted by the different academic and official instances, it is proposed to recognize the names with which traditional therapists are known by their community, in their indigenous languages. Therefore, it is suggested to use them, registering them in their own language or using the mentioned term of *traditional therapist* in a general way.
- III. **Indigenous Peoples:** Those peoples descending from the populations that inhabited the present territory of the American countries at the beginning of the European occupation and that preserve their own social, economic, cultural and political institutions or part of them and where the conscience of their indigenous identity is an essential criterion to define their condition of indigenous peoples.
- IV. **Indigenous Communities:** The communities that form part of the indigenous peoples are those forming a social, economic and cultural unity, which establish themselves in a territory and recognize their own authorities according to their customs and usages.
- V. **Traditional Knowledge:** The set of practices and collective knowledge of the indigenous peoples referred to biodiversity, health-disease and the management of resources directed to the community welfare, which have been transmitted from generation to generation, as well as the artistic and cultural expressions that, together with the former, form part of their cultural heritage.
- VI. **Bio-piracy:** Appropriation of genetic resources and traditional knowledge made without the previous authorized consent of the indigenous communities and peoples, directed to achieve - through the international patents system- the intellectual property, use, exploitation and monopolistic usufruct of these resources and knowledge, without a fair and equitable distribution of the benefits derived from their use;
- VII. **Previous informed consent:** Written authorization granted by indigenous peoples and communities, through their legitimate representatives, to those interested in developing activities directed to take advantage of their traditional knowledge for clearly established purposes and without involving the loss of property rights or benefits;
- VIII. **Subrogation or License Agreement:** Duly validated agreement signed by the indigenous

¹ Term that according to this act includes the so-called indigenous traditional mid-wives

peoples and communities and a third party that establishes the terms and conditions of access to their traditional knowledge and the possibility of a commercial use, under fair and equitable compensation agreements of the benefits derived from the agreement, without involving the loss of property rights or benefits;

- IX. ***IX.- National Register of Traditional Knowledge:*** Mechanism for the legal establishment of the protection of Traditional Knowledge in the sphere of national law, based on the collective rights of indigenous peoples.
- X. ***X.- Access Request:*** Request made by the potential user to the owners of the collective knowledge, where he explicitly informs the objectives and probable uses with commercial, industrial or scientific application purposes.
- XI. ***XI Sui generis Regime:*** An alternative model of indigenous intellectual property that is special and different from the current property rights protection regimes, which are insufficient to allow that the benefits derived from the use of traditional knowledge and the genetic resources related to them reach indigenous peoples and communities.

Powers of the Health Departments

Section 2.- The Health Departments shall have the following powers:

As supervisors of the sanitary system, to formulate and develop policies, coordinating their implementation with each governmental level.

- a) To improve and protect population health;
- b) To promote the development of health services through the incorporation of the advances made by the science in general and the medical science in particular.
- c) To provide health services to the whole population in a general way and to determined vulnerable groups which require specific preventive and curative care as mothers and children or indigenous peoples;
- d) To participate with other competent government entities in the preparation and formulation of health projects, plans and programs.
- e) To participate with other government agencies in the proposal of policies for the regulation, production, trade, prescription and use of medicinal products, instruments and equipments of medical use and those inputs that may jeopardize human health;
- f) To assess the information about health prevention, promotion and care, in coordination with the competent governmental agencies;
- g) To promote scientific and research activities, with the purpose of training the staff in charge of the Health Department services, both in the medical aspect and in the technical and administrative levels.
- h) To regulate the participation of economic entities or companies which deal with the purchase, production or distribution of products and services related to Public Health;
- i) To supervise the good functioning of hospital and clinical services of the country;
- j) To propose and execute –in collaboration with competent governmental agencies- the necessary measures to achieve the prevention of epidemic or endemic diseases, as well as the hygiene, environmental health and those measures directed to eliminate the sources of unhealthy places.
- k) The other necessary powers for the fulfillment of their functions, or those assigned by law.

l) Powers related to the definition of National Policies.

According to this point of view and taking into account the absence of regulatory instruments related to the institutional development of traditional medicine, with relation to the legal treatment of traditional medicines and their possible inclusion in the Health Systems or Health Departments of the countries that are members of the Latin American Parliament, the legal analysis should take as a starting point their recognition as a cultural right, as knowledge and practices collectively generated and protected by indigenous peoples and communities for their full use and, due to that circumstance, it can not be regulated without the wide and explicit participation of indigenous peoples with the coverage of the international indigenous Law, according to the regulatory framework of the Latin American Parliament countries.

The legislation to be generated should include this point of view about the interventions of the medical science in the field of traditional medicine; these interventions should take place under processes of intercultural interaction, of respect for human rights, favoring their strengthening and development and not only for the use of the knowledge about the therapeutical effects of medicinal plants or the training of their practitioners and therapists according to subordinated models of collaboration toward not essential purposes.

Likewise, it is recommended a mutual technical collaboration among the countries which practice traditional medicine and their original peoples in order to share positive experiences that have allowed the inclusion of some medicines that form part of the health services, their legal and regulatory procedures for their practice, teaching and research. In its policies, the World Health Organization (WHO) does not distinguish indigenous traditional medicines from supplementary and alternative medicines; for this reason, this framework act intends to make a clear distinction, based on the presence of traditional medicines of original peoples, for their rapprochement, modulation and development.

The cosmovision and the cultural right are the central point to tackle the subject of indigenous traditional medicines. They are an essential part of the cultural of rural and indigenous peoples and include a great number of habits and practices. In this sense, traditional medicine is not only a set of preventive and therapeutical practices that must be regulated according to their scientific efficiency; it is part of the cultural identity and must be also recognized as a cultural right.

However, there must be a regulation that orders and distinguishes therapeutical, symbolic and spiritual practices that already have a community recognition from those followed in other contexts by persons who do not practice traditional medicine and who may seriously jeopardize the health of persons. The challenge is to promote the scientific research of traditional therapies without demolishing the cosmovision that supports them or breaking the framework of indigenous law that recognizes that traditional medicine knowledge belongs to the communities and nations where it was originated and that must be respected, promoting, for their modulation, not only the safety, efficiency and quality of traditional medicine but also the cultural origin. Besides, it shall be necessary to promote measures directed to protect, register, keep and develop the traditional knowledge and the natural resources necessary to apply it in a sustainable way.

The purpose of this framework act is to strengthen the mechanisms of community validation respecting the indigenous law, fostering membership of traditional therapists and the systematization of their own medicine by them. In this way, it is essential to promote self-regulation processes, through which the organizations may recognize real traditional therapists.

General Provisions

SECTION 3. Purpose and application scope

The purpose of this framework act is to establish guidelines for the regulation and modulation of the practice, training and investigation of Indigenous Traditional medicine in order to determine the necessary steps as regards surveillance and safety for society in terms and conditions that allow its development, respecting Human Rights, Indigenous rights and the right to Health, and according to the legislation established by the countries in the sphere of health, promoting the necessary legislative changes or adjustments and those required in extraordinary situations, as a basic element for the full exercise of the Right to Health Protection.

The provisions of this Act are of public interest, preferential enforcement and compulsory compliance at health institutions of public, private and social sectors.

SECTION 4. About the indigenous traditional medicine

This act shall recognize, protect and promote the rights of indigenous peoples and communities with relation to their traditional knowledge on Traditional Medicine and Health.

SECTION 5. About the jurisdiction of States. This Act shall ensure the right of indigenous communities and peoples to resort to the government jurisdiction to protect their traditional knowledge and the definition of the competent government areas for the development of the necessary legal instruments, with the participation of the indigenous peoples for their definition and implementation; likewise, the government shall take the necessary steps to ensure indigenous peoples and communities the application of resolution mechanisms of protection and compensation of the damages related to non authorized uses of such knowledge and practices, respecting their traditional regulatory systems.

SECTION 6. Classification of traditional knowledge

- I. General knowledge, in possession of the majority of the members of indigenous peoples and communities;
- II. Specialized knowledge, particularly developed by traditional therapists, in its different kinds and modalities;
- III. Sacred knowledge, the circulation of which is culturally restricted to religious and spiritual fields of a community, people or group of indigenous peoples.

Section 7.- Recognition of traditional therapists.

There shall be considered as traditional medicine therapists:

I.- The persons who preserve traditional medicine knowledge and practice and enjoy wide community recognition and support in their native indigenous towns.

II.- The recognition as traditional therapist shall be granted by the indigenous assembly with the participation of moral and/or traditional authorities, the existing organizations of traditional midwives and therapists, and if so required and with the community support, of local authorities. In case of disagreement among said participants, the opinion of the assembly shall prevail.

III.- Local authorities, the community assembly and/or the organizations of traditional therapists may issue a document certified by the Health Departments, with the following requirements:

- Complete information about traditional practitioners or therapists (name, place of birth, place where they practise and apply their knowledge, traditional practices they know and implement).
- More than 10 years of socially recognized practice.
- Certification signed by the community assembly in which the person's traditional practice is recognized.
- Link and verifiable coordinated activity with Official Health Services (Health Departments) in

order that these offices may grant legal coverage regarding traditional medicine therapeutic practice.

- If there is a regional organization of traditional physicians, a document with its recognition shall be also required.

IV - Recognition of new traditional therapists.

- Highly recognized practitioners of traditional medicine may recommend new therapists that have been their trainees for more than 5 years, signing a recommendation document in which they certify the new practitioner's knowledge. This document shall point out the specific knowledge and practices in which the practitioners are trained, as well as those in which they are not trained.
- Said document must include the full name, place of birth, place where he/she will work as traditional medicine practitioner, his/her areas or specialties, as well as the personal data of the recommended traditional therapist, and the registration number. It shall be submitted together with the new practitioner's birth certificate, a copy of the official identity card (in case he/she is older than 18 years of age), a photograph and a domicile certificate. In case of older adults that do not have birth certificate, or who are unable to read or write, the situation must be analysed by the organization and the community to which they belong.
- The traditional therapist who issues the recommendation shall submit it to the municipal authorities, and/or the organization of traditional physicians (if any). A copy of it shall also be submitted to the relevant office of the Health Department for its registration. Likewise, he shall assume joint responsibility for the therapeutic practices of his trainee.

IV.- Duties and obligations of traditional therapists.

Traditional therapists (including indigenous midwives) shall:

- a. Belong to an organization recognized by official institutions or community authorities which links them to Health Official Services.
- b. Register with health authorities through the community organization.
- c. Use herbal medicines or mineral or animal supplies with responsibility, assuring their safety and regional registration in the *National Registry of Traditional Knowledge* as supplies of traditional therapists.
- d. Collaborate and participate in public health programs, with emphasis in primary care.
- e. Report to the nearest health authority the cases of patients with transmissible or contagious-infectious diseases, and the cases in which civil servants do not take any action when notified of such circumstances.
- f. Not treat patients who cannot be cured with this type of medicine.
- g. Submit written or oral reports on their activity at the request of health department authorities.
- h. Monitor their activities and patients and submit a yearly report before the relevant Sanitary Unit.
- i. Inform any domicile or institution changes.
- j. Belong and be related to an urban, suburban or rural health center.

V. Training and systematization of the knowledge of traditional therapists.

Health Departments shall develop, promote and facilitate training activities aimed at traditional medicine practitioners through intercultural workshops based on methodologies involving "mutual enrichment meetings", at regional and local levels, as regards elements corresponding to Primary Care health

programs, and other forms of epidemiological control and surveillance, for detecting and reporting cases concerning patients with transmissible, contagious-infectious or incurable diseases.

Likewise, Health Departments shall support the creation and allocation of spaces to establish models and activities for the self-systematization of the traditional medicine knowledge of each region. Such models and activities shall be administered and operated by the therapists.

After the training activities, practitioners shall be incorporated to Health Centers and/or Medical Posts, in order to provide assistance and participate in Health Programs and national campaigns.

VI.- Certificate Register

There shall be established a national or regional office of the Health department which shall be in charge of keeping records of therapists recognized as explained above. The recommendations shall be submitted to said national office together with the documents that support them. Said records shall contain: name, domicile, years of practice, name of the certifying person, name of the traditional practice or specialization involved, a photograph and official identification. Such national or provincial office shall grant to registered persons a document containing the abovementioned information as well as the number and date with which it was registered, signed and sealed by the issuing authorities. The relevant office of the Health Department shall promote the recognition of this register within a National Health Information System.

VII. - Certificate cancellation

The traditional therapist and/or the traditional physician organization issuing the recognition may cancel it if, in their opinion, there exist verifiable arguments showing inappropriate conduct as traditional therapist. In such case, they shall inform local authorities, the regional traditional therapist organization and the relevant office of the Health Department.

Inappropriate conduct leading to cancellation may be established in the following cases:

- When, due to supervening reasons, the activities imply a health risk or danger;
- When the scope of the recognized activity is exceeded;
- When said recognition is used for a different or undue purpose;
- When the issuance of the certificate was based on false data.
- In such other cases as may be prescribed.

VIII.- Traditional therapists may practice Traditional medicine in urban areas, limiting their activities to health promotion and prevention. Such practice shall be closely linked to institutional services. Even in the case of private establishments, public offices shall be notified of the operation of said establishments and receive monthly reports on their activities and epidemiology of traditional medicine.

IX.- Such institutional establishments shall promote an institutional relationship of support and coordination, including institutional economic support to provide traditional therapists with a compensation that allows them to adequately supply their families' livelihood. Said relationship shall be the outcome of intercultural training of institutional staff, advice, agreements and operational rules arising from "Mutual enrichment meetings" or collaborative and respectful working methodologies, in order to detect and prevent activities that may constitute a risk for people's care.

X.- Supply Control Registers

- a) National Sanitary Units shall keep records of and control not only the care establishment providing traditional medicine services but also the duly authorized practitioners related to said units.

- b) Practitioners shall keep a patient record book.
- c) Health Departments shall promote and facilitate the registration of herbal medicines and supplies used by traditional therapists, in order to establish a joint control of substances used with healing purposes.
- d) Health Departments shall provide support for research into the therapeutic uses of traditional medicines and for the necessary procedures to register herbal medicines.
- e) All ways of marketing these elements shall be controlled by Health Authorities and, for this purpose, an Official Rule or instrument specifying the relevant technical and metrology aspects shall be issued.
- f) Health Departments shall publish a list of all officially authorized substances, together with a description of their curative properties, in order to foster the creation of herbal pharmacopoeias of traditional medicine.

Sec. 8.- Safety elements of establishments and substances.

The establishment or institution where traditional therapists perform their activities shall observe regional customs in such a way as to adapt said establishments or institutions to the culture of the population and the climate, in order to strengthen cultural identity. Their characteristics shall favor cleanliness (concrete floors, limed walls, water, roofs, traditional toilets or compost toilets) in order to avoid health risks.

Regarding the use of medicinal plants, animals and minerals, Health Departments shall issue relevant rules, in collaboration with traditional medicine practitioners.

VII.- Sanction

Traditional therapists' councils, in coordination with Health Departments, shall ensure that all persons who practise or call themselves practitioners of traditional medicine through the use of any of their local names, do so with the acknowledgment of the community or a recognized traditional therapist.

Those who practise traditional medicine without community recognition shall be punished pursuant to the rules concerning the undue practice of professional activities and shall be subject to sanctions for negligence

Sec. 9.- Interrelation between Health Services and Traditional Medicine

I.- Health Departments shall establish the necessary mechanisms for supporting the regulatory and operational structure for the innovation and development of traditional and supplementary medicines, in the areas of planning, innovation or medical care, according to the conditions and characteristics of each country, in order to establish implantation strategies involving the capacity to encourage regulatory changes as regards staff hiring, infrastructure building, operation regulations, procedural handbooks and such other related regulations as may be necessary to develop the practice of these medicines. Likewise, they shall define the financial schedule to obtain the necessary resources for the implementation of pilot models aimed at visualizing and assessing the services so innovated.

II.- Health Departments shall promote training and intercultural relationships among senior and operational health staff and traditional therapists. Said relationships shall take place within a framework of respect³ and complementation. For this purpose, the staff of official health units shall be instructed in the relationship to be developed with traditional medicine practitioners, emphasizing mutual respect and support, and specifying the attitudes to be eradicated (contempt, mockery and discrimination).

II.- For this reason, the health staff in charge of designing and implementing programs on the interrelation

³ Traditional therapists' practices and knowledge must be respected, even if they differ from the western allopathic model

with traditional practitioners, as in the case of midwives, shall be trained in order to acquire the intercultural skills necessary to develop ethical, respectful and efficient relationships, with the support of Health Departments.

Health Departments shall propose the office that shall coordinate, at the national level, the policies, activities, processes and programs related to traditional medicine, in order to encourage service coordination and strengthening.

Health Departments may sign agreements with traditional therapists in order to define mutual participation programs specifying the conditions to be met by both parties to participate in the program. Said conditions shall not constitute a certification of their work as traditional practitioners or midwives (which may not be issued by health secretariats) but the conditions required by said program to be implemented by both parties. Such persons shall be first recognized by the community or another traditional practitioner pursuant to section 6 hereof.

Sec. 10.- Protection of tangible and intangible resources of Traditional Medicine.

The resources and knowledge used by traditional medicine shall be preserved through the establishment of legal procedures and instruments in order to prevent the plundering of medicinal plants, as well as the registration of property and use rights by institutions or individuals alien to indigenous communities or the registration of said rights to promote the usufruct of said plants without previous informed consent. In order to market medicinal plants or herbal medicine components, agreements shall be made with the indigenous communities where said plants or components are grown. These agreements shall benefit said communities.

II.- Since most medicinal plants are hand-picked, the production of safe medicinal plants shall be favored, in order to avoid pollution with health-harming chemical substances. Health Departments shall establish, in collaboration with indigenous organizations or groups, such controls as may be necessary to ensure the minimum sanitization of herbal medicines produced by traditional therapists. To do so, they shall provide information to traditional therapists, promote the acquisition of the necessary technical elements to sustainably handle indigenous traditional medicinal herbology, and create a national office to coordinate work with the representatives of indigenous organizations and to foster transparency in the handling of the information regarding these powers. Thus, an attempt is made to protect medicinal plant reserves and the knowledge of traditional medicine, in order that traditional therapists may use them in a sustainable manner.

Sec. 11.- Sustainable management of medicinal plants and animals.

There shall be promoted the growing of medicinal plants in gardens, for commercial purposes, in order to avoid the depredation of natural resources and to promote productive self-sufficiency. Likewise, in the production of herbal medicines by private companies, said companies shall buy their medicinal plant supplies through certified purchases of organic output or hand-picked products, in order to favor sustainable management by indigenous people in the endemic regions of the relevant plants.

Sec. 12. Research on Indigenous Traditional Medicine.

Research on traditional medicine and any other issue related to indigenous peoples shall be planned and developed with their consent and clear goals and methods. Said research shall also be registered according to jointly established criteria and, if possible, by means of a National Registry of Traditional Medicine. The foregoing shall be applied to individuals, public and private academic institutions, institutes and any other organization devoted to research, pursuant to rules in force.

The goals shall be: to improve the research quality and value, to implement suitable assessment methods to facilitate recognition, to provide arguments to fight prejudice against traditional medicine, to propose strategies to protect the therapeutic knowledge and resources used in traditional medicine.

Research on therapies based on traditional procedures shall take into account the approaches and methods to assess traditional pharmacy (*materia medica*, forms of preparation and dosing), efficiency, cost-effectiveness, social acceptability, ethical aspects, education, training and natural resource surveillance systems.

Sec. 12. Harmonization between national and international rules and recommendations.

This Framework Act conforms with international guidelines or recommendations.

General Health Act.- Sec. 6, subsection 6 bis. United States of Mexico.

Technical Regulation for vertical delivery with intercultural adaptation. NT N° 033 -MINSa/DGSP-V.01. Republic of Peru.

Political Constitution of Bolivia, published in the Official Gazette of January 25, 2009.

Section 18. I. Everyone has the right to health. II. The State guarantees the inclusion and access to the health of all people, without exclusion or discrimination.

III. The single health system shall be universal, free, equitable, intracultural and intercultural.

Section 42. I. It is the responsibility of the State to promote and ensure compliance, use, research and practice of traditional medicine, rescuing the traditional knowledge and practices from the thinking and values of all nations and peasant peoples of indigenous origin.

II. The promotion of traditional medicine shall incorporate the registration of natural medicines and their active principles, as well as the protection of its knowledge as intellectual, historical and cultural property, and as the heritage of nations and peasant peoples of indigenous origin.

III. The law shall regulate the practice of traditional medicine and shall guarantee service quality.

Traditional and natural medicine in Cuba: since the eighties, the Cuban National Health System developed a policy aimed at improving the knowledge and practice of traditional medicine in close collaboration with the Revolutionary Armed Forces (FAR, by its Spanish acronym), the Cuban Department of Home Affairs (MININT, by its Spanish acronym), the Cuban Science Academy and other agencies.

Republic of Guatemala, Social Development Act, DECREE NUMBER 42-2001, SOCIAL DEVELOPMENT AND POPULATION POLICY IN THE HEALTH AREA

SECTION 24. Health Protection. All individuals are entitled to comprehensive health protection and are obliged to participate in the promotion and defence of their own health, as well as that of their families and communities. The Public Health and Social Security Department, in coordination with the Guatemalan Social Security Institute, shall take care of people's health needs by means of programs, plans, strategies, and health promotion, prevention, recovery and rehabilitation actions, as well as through comprehensive services, respecting, when clinically appropriate, traditional and indigenous medicine practices.

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