Cooperation in Biodiversity and Traditional Medicine

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ASEAN-India Network of Think-Tanks
Organised by RIS
August 8, 2012
Bangkok Declaration on Traditional Medicine ASEAN (September 2009)

• ASEAN Member States possess an abundance of untapped and newly discovered herbal and medicinal plants and other natural resources
• Most widely available and affordable source of health care in ASEAN
• Roadmap for an ASEAN Community (2009-2015)
  - to facilitate research and
  - cross-country exchange of experience in promoting the integration of safe, effective and quality TM
  - Complementary and Alternative Medicine into the national healthcare system
Emerging Areas Cooperation

• Ministerial meeting and a special meeting between high level officials of Ministry of Environment and Forests, Government of India and the ASEAN Senior Level Officials Forum.

• This is to be preceded by a “Workshop on Capacity Building on the Nagoya Protocol and Access and Benefit Sharing and Traditional Knowledge and Digital Library for ASEAN, East Asian and South Asian countries”.

• The National Biodiversity Authority (NBA) has initiated cooperation with ASEAN Centre for Biodiversity (ACB) for 2012-13.
Emerging Areas Cooperation

- Proposed areas for cooperation are: Capacity development on issues of biodiversity governance, including on biodiversity law.
- India has recently established a Centre for Biodiversity Policy and Law with Norwegian assistance.
- Proposal to establish an India-ASEAN biodiversity science-policy interface initiative
- Strengthening institutional cooperation through establishing institutions on
  - Issues of biodiversity information management (including traditional knowledge associated with genetic resources),
  - Access to genetic resources and benefit sharing (ABS), biosafety and biodiversity law and policy development.
## ABS Provisions across ASEAN

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<tr>
<th>Country</th>
<th>Provision</th>
<th>Objective/Agency</th>
<th>Outcome</th>
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<tr>
<td>Philippines</td>
<td>Executive Order (EO) 247 was adopted in 1995</td>
<td>Prescribes the guidelines and procedures for the prospecting of biological and genetic resources</td>
<td>First agreement of this kind in the world</td>
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<td></td>
<td>Free and Prior Informed Consent [FPIC]” Guidelines of 2006</td>
<td>National Commission on Indigenous Peoples</td>
<td>Recognition of the full ownership, control and protection of their cultural and intellectual rights</td>
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<td>Malaysia</td>
<td>One of the pioneers in the ASEAN region in initiating an institutional framework for ABS in 1997</td>
<td>Sarawak State followed by State of Sabah</td>
<td>First State to pass an ABS law</td>
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<td>Cambodia</td>
<td>No specific provision so far</td>
<td>Translation of the Nagoya Protocol into the Khmer language</td>
<td>National Assembly discussed Nagoya Protocol.</td>
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<td>Indonesia</td>
<td>In 1982, Indonesia implemented a National Conservation Plan, which underwent subsequent assessments in collaboration with the World Bank in 1993 and 1995.</td>
<td></td>
<td>The plan outlined several action points addressing biodiversity traditional knowledge and ABS.</td>
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<td>Vietnam</td>
<td>No specific provision so far</td>
<td>Approval of the Biodiversity Law in 2008 followed by its implementation in 2009.</td>
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Biodiversity Framework in India

• The Biological diversity Act (2002) mandates implementation of the act through decentralized system.

• At the national level it is NBA and at he provincial level the State Biodiversity Boards (SBBs).

• SBBs advice on matters relating to the conservation of biodiversity, sustainable use of its components and equitable sharing of the benefits arising out of the utilization of biological resources.

• Local Level Biodiversity Management committees (BMCs) are responsible for promoting conservation, sustainable use and documentation of biological diversity and chronicling of knowledge relating to biological diversity.
Traditional Medicines

• India’s XIIth five year plan envisages greater role for traditional medicine in meeting the national health goals, particularly in schemes like Janani Suraksha Yojana (JSY) scheme and calls for meaningful integration of traditional medicine (AYUSH) on the mainstream health system.

• Traditional Knowledge Digital Library (TDKDL) has a database of 77000 formulations collected from 14 Unani texts and a large number of Ayurvedic and Siddha formulations.

• Formal linkages with other streams of health care particularly allopathic system.
Biological Resources for Collective Gain

• RIS and CASTED are currently exploring the idea of China-India Traditional Health Impact Initiative (CITHII).
• Health Impact Fund provides an alternative mechanisms that rewards the innovators, based on the impact of the innovation and enhances access to drugs.
• HIF is flexible enough to accommodate TM with some changes in its proposed structure.
• In case of traditional medicines payment to ‘new medicine’ will have to be redesigned while performance indicators, like patient usage data, clinical trial data, etc can be used
Biological Resources for Collective Gain

- While the global demand for TM products is on the increase, there are several challenges exports face:
- Issues like standards, acceptable manufacturing standards,
- Availability of quality raw materials,
- Promoting innovation and furthering the scope of TM in health policy.
- Scientific validation of single/simple formulation for developing herbal drugs, facilitating product development.
- Only limited of medicinal plants tested rigorously through the conventional systems of gathering of evidence viz., randomized controlled trials (RCTs).
Biological Resources for Collective Gain

- Consumption versus conservation of biodiversity issues to be settled
- Valuation of bio-resources should be a guiding factor for exports
- Several thousand species are identified and linked to TM
- Expanding size of the TM industry – 1100 firms in India
- Distribution of their production - not known
- Need for a robust information base and initiatives for improving production possibilities
- Benchmark survey of industries using bio-resources
Biological Resources for Collective Gain

- In the new Round of HS classification in the WCO, India can push the case for expanding the product classification to accommodate more biodiversity products at 6-digit HS.
- Countries in the tropical region are rich in biodiversity, but not global players in traditional medicine.
- In collaboration with these countries and other like-minded countries, India can form a strong pressure group in the World Customs Organisation (WCO) for better representation to TM.
- Examine possibilities of India bilaterally discussing with these countries to develop a framework to augment trade in the sector.
- Biodiversity/product Classification can be integrated.