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Modes of Compensation in Exchange for Indigenous Knowledge: A Case Study of the Federal Capital Territory, Abuja, Nigeria

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Abstract

Indigenous or Traditional Knowledge is that information or knowledge that has been developed by indigenous people in various regions of the world. Such knowledge generally relies exclusively on past experiences and observations and has been transmitted orally or in some form of script across generations of groups or communities of indigenous people. Therefore, this knowledge often has a cultural context, a collective ownership and is constantly evolving. More often than not, this indigenous knowledge is the only source of livelihood for the practitioners. As a result, most of them are not willing to divulge the knowledge without any form of benefit. In order to further develop this knowledge for the benefit of the general populace, promote and improve traditional medicine practice, guard against misappropriation, prevent extinction, and ensure documentation and conservation, it is necessary to promote equitable rewards and invariably protection for the originators of the knowledge. This study was to determine reciprocal benefits based on the requests of the local people through the use of questionnaires. As envisaged, majority of the practitioners wanted immediate and monetary form of compensation. However this was superseded by the desire for traditional medicine clinic/ hospital. It was discovered that further training was desired by only a handful of the practitioners and these were practitioners from a particular geopolitical zone of the country. Other needs included basic equipment to make the practice easier, cars and infrastructure for the practitioners' communities.

Key words: Traditional medicine knowledge, equitable reward

Introduction

Dependence on indigenous knowledge of medicinal plants as a basic step during drug discovery can not be underestimated. This knowledge greatly reduces the number of plants being screened intensively and increases potential for success. Thus the benefits that native people provide to the world in the

form of their historical and contemporary management of global genetic resources should be acknowledged (King et al., 1996). The indigenous knowledge of these people is viewed as a highly valuable human cultural resource that should be carefully safeguarded and considered. In explicitly recognizing the expertise of these individuals their importance is reinforced by according adequate compensation for their intellectual property.

The idea of compensating indigenous people for the use of their knowledge about biological diversity is one based on equity and fairness. It is hard to make an argument that an exchange of resources or reciprocal action is not needed. But it is also exceedingly difficult to find the proper means of exchange. A logical means of compensating indigenous people for their role in the drug discovery process would be to accord them a share in the profits from the drug, once it is commercialized. However, this requires a five to ten year waiting period if the research ever leads to a commercialized product. The most challenging and difficult issue we are confronted with, then, is how to provide reciprocal benefits, and through what types of mechanisms, so that individuals/communities may receive appropriate and timely compensation (King et al., 1996).

The knowledge applied in traditional medicine has strong practical component. Since it is often developed in part as an intellectual response to the necessities of life, its findings can be of direct and indirect benefit to the society at large. Numerous traditional medicine practices have been usefully applied in treating various diseases in some localities but seeking to make others benefit from this knowledge especially with industrial and commercial advantages usually meets with concerns about possible misappropriation of its use and much more the fact that the role and contribution of the holders of this knowledge will not be recognized and respected. One of the challenges posed by the modern age is finding ways of strengthening and nurturing the roots of traditional medicine so that its fruits can be enjoyed by future generations. Traditional medicine practitioners stress that their knowledge should not be used by others inappropriately, without their consent and an arrangement be made for fair sharing of the benefits (King et al., 1996).

This indigenous knowledge is the source of livelihood of the natives and as a result most of them are not willing to divulge the knowledge without appropriate compensation. It has also been observed that presently the custodians of this knowledge are ageing. Due to westernization and urbanization, there is rejection of this tradition by new generations thus the indigenous knowledge is no longer passed on. It is therefore imperative that action be taken to salvage the situation to avoid total loss.

One of the ways to avoid total loss is by providing adequate compensation for any useful information obtained on medicinal plants and herbal remedies. Compensation or benefit-sharing can be addressed from two angles, (i) nature of benefit, whether material or non-material and (ii) target of benefit,

whether individual (including group of individuals) or community. Compensation may also be long term, short term or medium term. However, a system in which researchers provide for some of the immediate needs of the communities is advocated. To achieve this, an organization must ask the people with whom it collaborates what their needs are. In other words, reciprocal benefits based on the requests of the local people is a model strategy that could be followed by all individuals, organizations, or corporations studying or using local people's traditional knowledge.

The aims of this project were to identify adequate and appropriate reciprocity strategies/ compensation acceptable to the majority of the custodians of indigenous knowledge; and to develop modes of compensating Traditional Medicine Practitioners (TMPs) in exchange for their Traditional Knowledge (TK), with inputs from the TMPs themselves. These could enable relevant authorities in forming laws that would protect their Indigenous Knowledge.

Materials and Methods

The strategy employed in this project was to determine reciprocal benefits based on the requests of the local people through the use of questionnaires. The questionnaire was administered on a total of 100 recognised TMPs residing in the six Area Councils in the Federal Capital Territory, Abuja, Nigeria. The TMPs were identified with the help of the Community Leaders, Chairmen of the TMP Associations in each Area Council and in some cases through the Area Council Secretariat. The questionnaire addressed issues such as the types of diseases treated, length of practice, willingness to collaborate and mode of compensation desired.

All the TMPs interviewed were intimated of the objective of the survey and they signed the informed consent form. Thus adequate prior informed consent was acquired.

Results and Discussion

From the survey, it was observed that Traditional Medicine was still widely practiced in the rural areas and sometimes was the only source of health care facility in some of the villages visited. The practice was male-dominated and the practitioners were of middle age. Very few of the practitioners were under 30 years of age. Two of the practitioners were over 100 years old and were still active in the practice (Fig 1). One practitioner was blind. The practice was mainly a family heritage which in a way affected the practitioners' level of education. Majority of them had no formal education since they started the practice early in life especially those in the mid-40s and above. Below this age group, however, the practitioners had a minimum of First School Leaving Certificate (Fig 2).

It was discovered that keeping the practice in the family was gradually fading as most of the practitioners now worked with non-family members. Apart from this, urbanization of the rural areas, exposure to western culture and movement to urban areas in search of greener pastures and technological advancement were some of the factors responsible for the lack of interest of the younger

generation in the practice which they now viewed as archaic. The future of traditional medicine practice in the country thus looked bleak.

The survey also showed that some practitioners were willing to divulge their knowledge of herbal remedies to a certain extent without demanding any form of compensation. It was observed that mode of compensation varied depending on the age and educational status of the practitioner. However, as envisaged, majority of the practitioners preferred the immediate mode of compensation for any useful information. Uppermost in the form of compensation desired is the provision of traditional medicine clinic/hospital. The practitioners were aware of the great potential of their practice and believed they were not achieving much in terms of patronage because of the environment in which they were practicing. Most of them were residing in villages and practiced in their homes which were not modern and did not have basic facilities. They were of the opinion that if they had decent clinics with basic facilities like consulting and observation rooms they would be more effective, respected and accessible to more people. They claimed that presently influential people in the society patronizing them came in the night time so that they would not be seen patronizing the TMPs. They believed that if they had decent consulting outlets, the situation could be different. This request was mostly from the elderly practitioners with long years in the practice.

Coming closely behind the desire for clinic/hospital was cash payment in exchange for the intellectual knowledge. This especially was the choice of the elderly and uneducated practitioners. According to them the cash would be used to meet the immediate needs related to their practice. For instance they could purchase land for farming medicinal plants. Another form of compensation acceptable to the practitioners was the provision of adequate form of mobility which would be put into varying uses. For some, the car required was to be used for plant collection only while some would like to call on their patients from time to time. This they believed would make them easily available when the need arose (Fig 3).

It was discovered that further training was desired by practitioners from a particular geopolitical zone of the country. This group of people was also observed to have a dynamic association that conducted its affairs in an organized way. Members of the association had advanced in the practice in the sense that some of them had small consulting clinics and herbal shops. They also appeared to have areas of specialization in terms of disease treatment and were in the age range of 30 – 40 years.

In addition to the above forms of compensation, other minor requirement included basic equipment to make the practice easier. For example, the provision of grinding machine or mixer would go a long way in improving their products. Since most of the practitioners were in the rural area they desired their communities to benefit from their indigenous knowledge. The form of compensation required for the community included provision of basic infrastructures like electricity, access roads and

potable water.

Generally, the practice in the Federal Capital Territory was not dominated by people from a particular State in the country; practitioners came from different parts of the country and had settled in the Area Councils. The use of incantation was not common among the practitioners. In conclusion, this survey has shown that the mode of compensation for Indigenous Knowledge varied and was dependent on individual desires and other prevailing factors. In most cases, money might not be the most suitable compensation when other parameters were taken into consideration. For example, in a situation whereby there was no primary health care centre in the community and traditional medicine was the main source of health care available, it would be advisable to provide a suitable consulting room/clinic for the practitioner which would be more beneficial to members of the community.

The provision of adequate form of mobility for the practitioner might also be priority in other cases while provision of clean pipe-borne water might be priority still in other situations. In essence, mode of compensation varied and would be determined by a combination of factors. So in determining an appropriate mode of compensation/benefit sharing, the totality of the practice, the practitioner and his community should be taken into consideration.

The survey also showed that compensation through intellectual property protection was still not common. The protection of Traditional Medicine Knowledge is important for communities in all countries, particularly in developing countries. This knowledge plays an important role in the economic and social life of those countries. Placing value on such knowledge helps strengthen cultural identity and enhances the use of such knowledge to achieve social and developmental goals.

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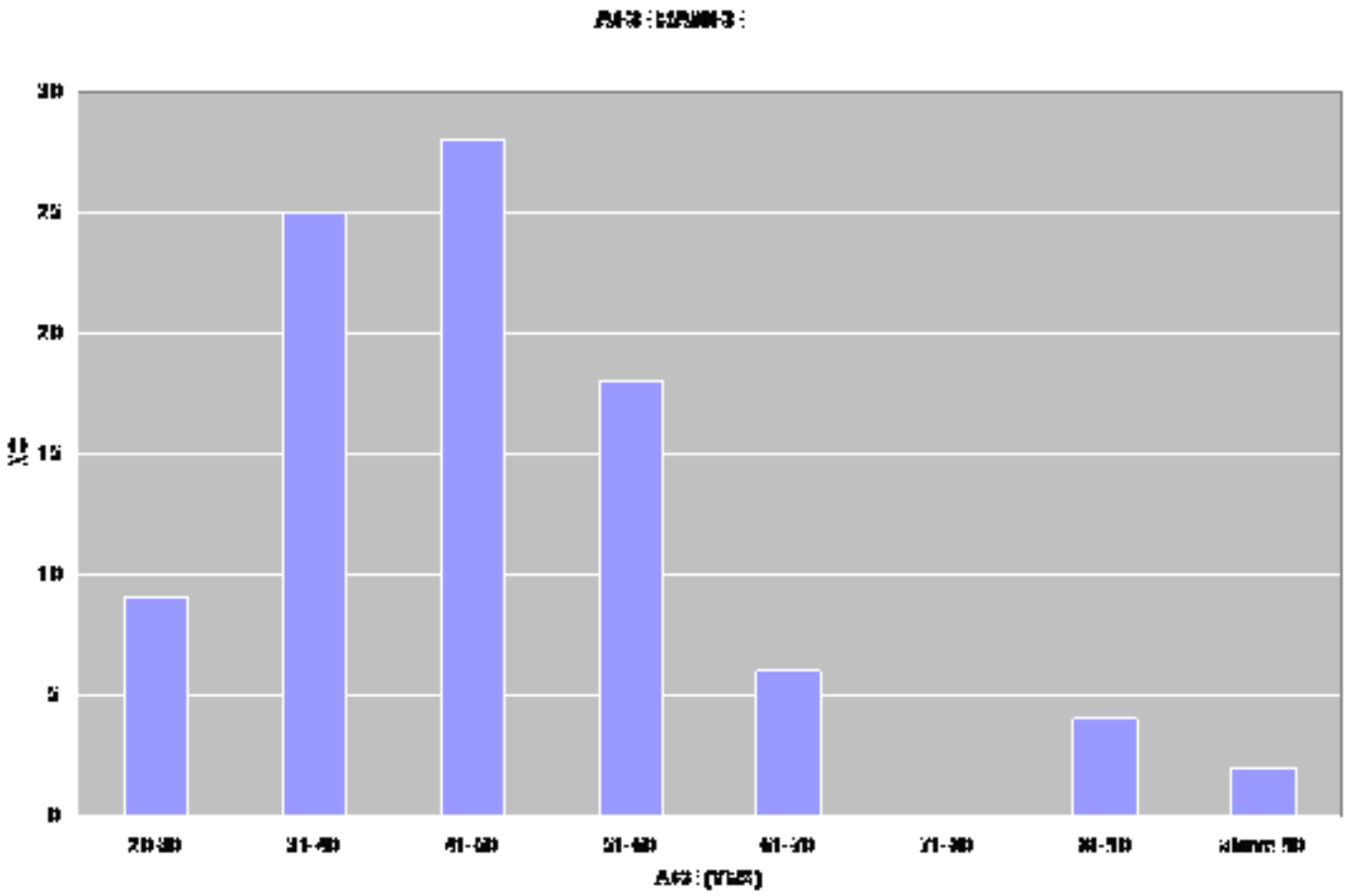

Fig. 1: Age range of TMPs interviewed.

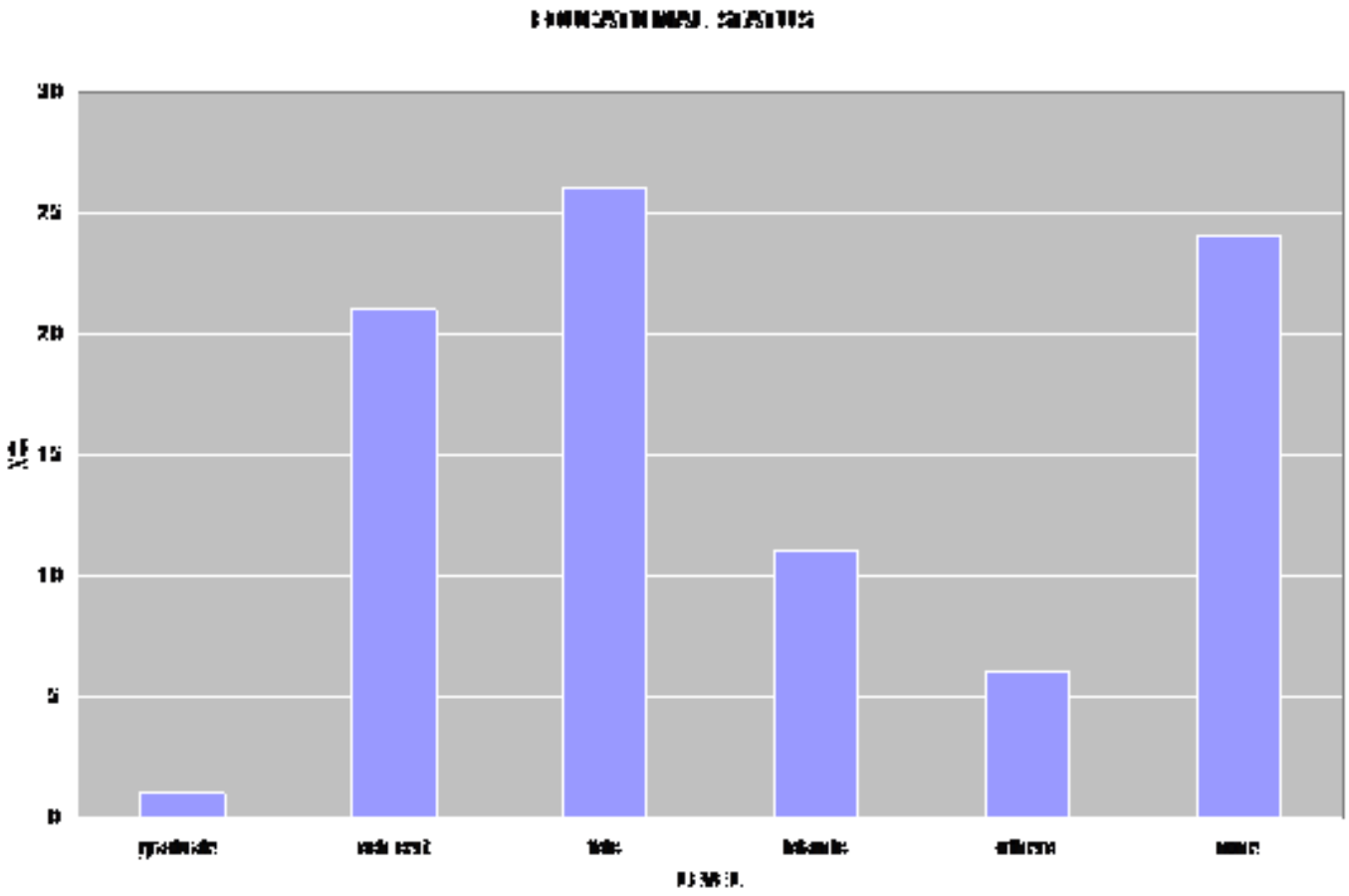

Fig. 2: Educational status of TMPs interviewed.

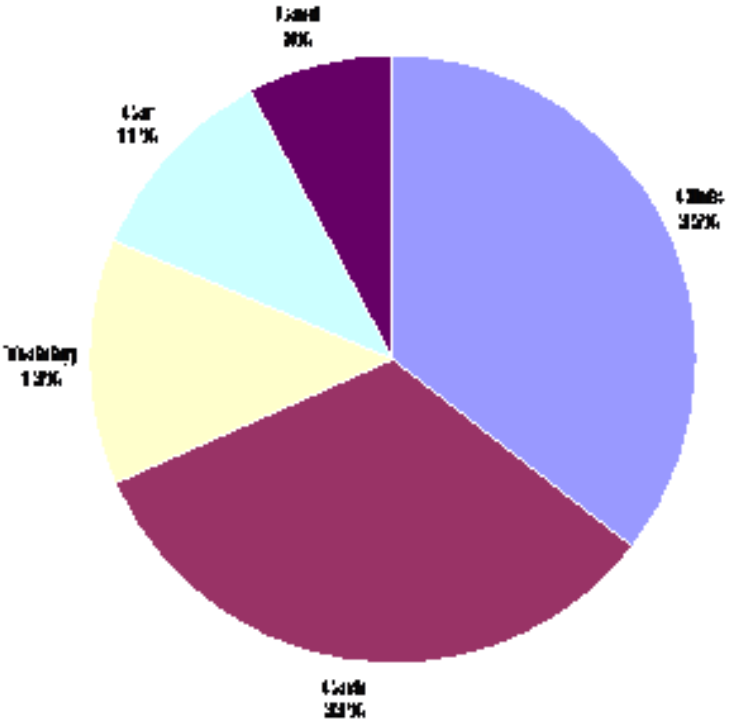

Fig. 3: Modes of compensation desired by TMPs.