



القسم الإنجليزي

Background and perspectives of medical and health tourism in Jordan

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Abstract

ملخص

Jordan has diverse tourist resources that have curative and remedial abilities with the capability of providing a wide variety of destination and experiences. Tourism is one of the most important activities in Jordan notably contributing to the expansion of the national economy. Moreover, healthcare and medical tourism based on natural and modern resources has led to attract many medical tourists from different countries. It seems that health care and medical tourism is one of the most growing tourism forms in the country. Jordan is paying attention to increasing this kind of tourism. Therefore, the government has taken many initiatives to support this kind of tourism and healthcare industries. Healthcare based tourism in Jordan is attracting not only locals but also foreign visitors for curative purposes. The skill of exploiting these resources starts from the Greek period and continues until today. Taking into account the natural resources— geothermal hot water springs, natural spas and resorts, and natural landscapes— and the geographical position, the healthcare tourism in Jordan should develop much faster than today. Medical tourism and modern hotel based spas are considered a significant draw card of healthcare tourism while non-classical healthcare tourism resources such as traditional therapies, faith-spiritual, religious healing and geothermal hot springs are still marginalized.

خلفيات وآفاق السياحة العلاجية في الأردن

عبد القادر عبابنه

لدى الأردن موارد سياحية متنوّعة، وإمكانات علاجية توفّر مجموعة واسعة من الوجهات والتجارب السياحية المختلفة، وتُعدّ السياحة من أهم الأنشطة لمساهمتها في توسيع الاقتصاد الوطني، كما أذت الرعاية الصحية والسياحة العلاجية القائمة على الموارد الطبيعية والحديثة إلى جذب العديد من السياح لأغراض علاجية واستشفائية من مختلف البلدان. ولا شك أن الرعاية الصحيّة والسياحة الطبيّة من أكثر أشكال السياحة تناميًا في البلاد، فبلدنا يُولي هذا النوع من السياحة الاهتمام المتزايد، وبالتالي اتخذت الحكومة مبادراتٍ لدعم صناعة السياحة والرعاية الصحية، فهي لا تجذب فقط السياح المحليين، بل الزوار الأجانب لأغراض العلاج. بدأت مهارة استغلال الموارد الطبيعية في الأردن منذ العصر اليوناني واستمرت حتى يومنا هذا. ولما كانت تلك الموارد الطبيعية، نحو الينابيع الجوفية ذات الماء الساخن، والمنتجعات الطبيعية، والمشاهد الطبيعية، علاوة على الموقع الجغرافي، فإننا نتوقع أن يتطوّر هذا النوع من السياحة بوتيرة أسرع مما هي عليه الآن، هذا إذا ما اخذنا بعين الاعتبار أن السياحة الجراحية ومراكز الاستشفاء المتركزة في المنتجعات تُطغى على السياحة والرعاية الاستشفائية في حين أن سائر موارد السياحة الاستشفائية وأمطاطها، مثل الطب الشعبي والديني والتقليدي والحمامات المعدنية العلاجية التقليدية، لا تزال مهمشة.

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Introduction

It is vital to commence this article by defining what is meant by medical and health tourism. Medical tourism is a detachment of healthcare tourism which (Carrera & Bridges 2006), in some countries, has a venerable historical background of spa towns and coastal localities, and other therapeutic landscapes. Some scholars have considered health and medical tourism as a combined phenomenon but with different emphasis. Carrera and Bridges (2006), defined health tourism as —the organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's well-being in mind and body. The definition comprises medical tourism which is delimited to organized travel outside one's natural health care jurisdiction for the enhancement or restoration of the individual's health through medical intervention. From this perspective, different countries have marketed themselves as healthcare tourism destinations (Johnston, et al 2010). Jordan, for example, was promoted as a centre for medical and healthcare activities (Beichl 2009). Medical tourism alternatively called health tourism and wellness tourism (Bennett, et al, 2004). The territory of Jordan is characterized and represented by a certain position, making the country naturally and culturally very interesting. Jordan is best known for its ancient historical ruins, archaeological sites and historic districts such as Petra, Jarash and Umm Qais (Ababneh 2015). Furthermore, Jordan is a rich country with natural resources such as Wadi rum, Dead Sea and Jordan Valley. Jordan has gained increasing popularity as a tourist destination as it is the home of world-class heritage sites namely Petra.

Jordan is an Arabic speaking country in the Middle East, with an estimated nine million people inhabiting its eighty-nine square kilometers with an annual population growth rate

of 2.2% (DoS, 2013). The capital city, Amman, located on the north of the country, houses the different modern medical services such as Al-Hussein medical center.

Jordan is disproportionately populated, with the majority of the population and infrastructure found on northern parts of the country. The southern and eastern regions are comparatively sparsely populated and have fewer services than the core northern region. Tourism in Jordan plays the role of a powerful agent of both economic and social change. Tourism in general stimulates employment and national and international investment in the country; moreover, it modifies economic structure and makes positive contributions towards the balance of payments (Ababneh 2015). Tourism is one of the key pillars of national economy, representing roughly 13% of the country's Gross Domestic Product and attracting expenditure of USD\$536million in 2011 (NTS 2015). The European and Arab countries provide the greatest number of visitors to the country (Ministry of Tourism, 2015); with rates of visitors from these countries and regions still growing (Ministry of Tourism, 2008). The greatest numbers of tourists to Jordan arrive for holiday, heritage, cultural, health, recreation or business reasons (Ministry of Tourism, 2006).

Following the diverse cultural and natural resources, Jordan offers different tourism products including heritage tourism, nature based tourism, religious and health tourism.

Jordan is a country with strong tourism background in archaeological sites as it has a vast array of monuments, temples, forts, palaces, etc, spread throughout the length and the breadth of the country (Ababneh 2015), while other forms of tourism are of recent development including medical healthcare tourism, which is very promising. Jordan stresses on health tourism

as well as cultural tourism; cultural tourism is seen as the most dynamic trend in the national tourism industry. As already mentioned, health tourism is seen as a sector with high potentials in Jordan, too. Overnight stays and revenues are gradually rising in health and wellness industry. Nevertheless, the competition in this sector with other countries (e.g. Turkey, Egypt and Emirates) is also growing. The domestic medical industry in Jordan is trying an all-out grab of the pie from the evolving international health tourism market. Jordan aims to be a center for medical excellence in the region of the Middle East, and is well known to deliver world quality healthcare services.

History of healthcare tourism in Jordan

The history of health tourism in Jordan seems to be based around geothermal hot springs and the treatments of the Dead Sea water largely because of the noteworthy number of thermal and mineral springs and the curative virtues of the Dead Sea. Before the beginning of the current trends in medical developments, much of medical tourism consisted of mineral thermal springs and baths. As Jordan Tourism Board states that bathing at hot springs and their mineral water was an important tradition during the Roman period in Jordan. The Hot springs of Alhimma were a famous bathing attraction for the people of Umm Qais during that period. Romans and Arabs were famous in building public or private baths for health purposes such as in Jarash and Qusair Amra. The different ancient civilizations believed in the curative virtues of the hot springs water of the Jordan valley and the salty water and mud of the Dead Sea (JTB 2104). Most of the archaeological sites all over Jordan from all epochs confirm the organization of settlements of human beings close to mineral springs.

Modern healthcare tourism started to expand steadily in Jordan from the seventies of the last century with the establishment of a medical tourism directorate –Ministry of Health in 1970 and the Private Hospital Association (PHA). PHA is a private, voluntary, non-profit organization established in 1984 to represent the interests of the private hospitals in Jordan. It seeks to lift up medical values, supports national and international accreditation and promotes the Hashemite Kingdom as a medical tourism destination (Khammash 2012). To allow these aspirations to be satisfied more rapidly, it is planning to permit public and university hospitals to join its ranks.

Healthcare tourism resources

Jordan has good-looking advantages such as Jordan's typical central geographical position, which plays a helpful character in attracting tourists from nearby Arab countries, as well as Europeans, Asians and Americans (Beichl 2009). Among Jordan's most important natural resources are the varied biogeographical regions and climates, which allow tourists to take pleasure in wellness resorts throughout the year, in addition to the assortment and abundance of hydrothermal mineral water, curative mud and Dead Sea. An additional central quality of the healthcare tourism business, which is of particular significance to Jordan, is its holistic medical services. With traditional therapies, faith/spiritual healing, alternative medicine, popular medicine and geothermal hot springs, Jordan presents a single basket of medical health curative tourism services to an individual that is hard to be matched by other countries. The unique combination of the biogeographical regions, the mountains and mineral water makes Jordan a suitable place for health tourism throughout the year (JTB 2014). Therefore, a categorization of health care tourism types

and resources can be helpful to recognize the different offers. The most important categories are as follows:

Modern medical resources

Jordan is by now known for its competent high-class healthcare services. In 2010, Jordan was ranked as the most important medical tourism destination in the Arab World, and the fifth worldwide by the World Bank. Medical tourism is a fundamental part of Jordan's tourism and modern healthcare services, skilled medical experts, and low prices are the chief characteristics of the Jordanian medical tourism market (Beichl 2009). In addition, Jordan became concerned in medical tourism, and the administration guides the attempt to market such tourism abroad through various promotional actions. The offer of medical and curative tourism is extremely varied in Jordan, a side from the greatly modernized surgical medicine options offered to patients by means of a number of alternative healthcare options.

Wellness tourism - Geothermal hot springs

Jordan is a small country with vast potential of expansion in the tourism sector, and its immense and diverse natural attractions (JTB 2014). It is a land of contrasts, that is, from desert lands to evergreen mountains of Ajloun. Jordan has natural splendor ranging from the mountains of Wadi Rum in the south to the beaches of Dead Sea and the wonderful loveliness of the northern mountains. The main natural parts offers are relaxing, fitness and health. Among Jordan's most precious natural resources are the sole qualities of the different hydrothermal mineral water (Harahsheh 2002), curative mud, the sea, and other health resources. Geothermal use focuses on the relaxation or healing of the body by means of water-based

treatments; such as, mineral or thermal pools, steam pools, and saunas. Importance tends to focused on curing, rehabilitating or resting the body. The primary reasons to go to spas for the tourists are relaxing and reducing stress (Harahsheh 2002). The favored treatments are facial treatments, sauna/steam baths and full-body massages. Jordanian hot springs such as Hamma and Ma'in have a big resort, which offer dissimilar tourist and therapeutic services that provide treatment for people with skin illness and diseases of the circulatory system. The country is home to the Dead Sea, a very famous lake for its black mud, which is rich in minerals (Figure 1). The water of the Dead Sea is characterized by a lofty concentration of minerals and salts. Due to its high salinity and mineral content, the water and the atmosphere around, it is said to help in curing a number of respiratory and bone-related illnesses.



Figure (1) the Dead Sea

source: <http://www.trekearth.com/gallery>

Faith-spiritual healing

Faith-spiritual healing refers to curative effects that are supposed to happen supernaturally as a consequence of prayers or the recitation of verses of the holy Quran or other forms, rather than through the use of medicines or the involvement of physicians. Since such healing choices are obtainable only in a number of parts in the world, it is necessary for people from other areas to travel to avail themselves of such

remedial services. Faith/religious based healers are practitioners who use recitation of holy Quran and some other Islamic medical practice called Hijamah.

Alternative medicine - Popular medicine

In Jordan, in addition to existence of developed modern medicine, traditional medical practitioners continue to practice throughout the country. Traditional medical practitioners offer a broad variety of treatments, activities and services. In addition to this, many forms of alternative treatment are encouraged by doctors here. These alternatives include Islamic medicine and most importantly, wellness spas. Popular healthcare traditions include Homeopathy, Islamic medicine, medicinal herbs and most importantly, wellness spas. For example, different herbalist shops are spread all through the chief cities of Jordan selling medicinal plants (Figure 2). The figure of handled medicinal plant resources in these herbalist shops exceeds 150 plants (Abu-Irmaileh & Afifi, 2000). Many practitioners use herbs or herbal-based preparations to treat illnesses, and a lot of locals use Complementary and Alternative Medicine (CAM) especially in rural areas. Herbal medicines are considered as the widely used traditional and complementary alternative therapies



Figure (2) herbalist shop from Irbid. source: Author

The current context of health care tourism in Jordan

Interest in health care tourism in Jordan is now part of the wider growth of tourism, which has taken place in the last quarter of the twentieth century. While data on medical tourism is limited, according to Beichl (2009) it was estimated that 250,000 non-resident patients arrive in Jordan for treatment purposes generating revenues of USD1.2 billion. Although Jordan has rich and varied assets when it comes to health care tourism, the focus first and foremost has always been on the modern medical tourism resources. However, although Jordan is listed as a medical tourism destination, only partial attempts have been made to promote natural medical tourism resources. Medical tourism key players in Jordan are focusing on developing modern medical tourism but fall short of connecting



additional types of health care tourism, such as alternative medicine and mineral water hot springs. Jordan is a country with a rich potential of natural resources which have not been adequately used so far, but which might open wide prospects for expansion relating to their use and provision of services in the future. The health care tourism industry is driven by the surgical tourism because it is the most famous and most advertised form of health care tourism. According to the past experience of the author as a tour guide in Jordan, it was observed that although natural curative resources is enjoying increasing popularity among tourists, for many a visit to a curative center corresponds only to a less important tour activity, and not the main reason for travel. Current spa-based services such as massages, mud massages, body treatments, and even facials and some beauty services do contribute to personal wellness by helping people feel better. Highly developed curative spa-based services are mostly limited to spots such as the Dead Sea and the hot springs of Ma'in. The easiest way for other spas and geothermal hot springs to target wellness tourists is to enlarge their services and packages, and adjust the marketing language they employ to promote these services, focusing on benefits for one's physical, mental, and emotional well-being.

The observation of the author's past experience in the field indicates that the position of natural health care resources and associated practices factors greatly in determining the choice of tourists in visiting sites in Jordan. They might partake in some visits to health care and curative tourism resources and related activities, such as mud massage in the Dead Sea, but only have a superficial experience. Field observations indicate that a significant number of tourists tend to look for simple experiences, since they are on

vacation and are looking for a break from their work. They are traveling mainly for contentment, and wish to partake in activities that would offer a sense of enjoyment. The mass of tourists to heritage attractions are generally uninformed of the curative and healthcare resources and practices, and generally not encouraged to do so due to the absence of improved curative-based tourism products. However, curative tourism in Jordan has numerous strengths, such as high quality medical staff and advanced medical services. Curative tourism in Jordan deal with many challenges considering that current curative tourism focuses only on advanced medical technology or personnel, overlooking traditional medicine in primary health care and their associated traditional knowledge.

As a result, to be successful and practical, the tourism products must be manipulated and packaged in such a way as to be familiar to the tourist, and can be easily consumed by the public. Medical tourism can more and more repack and/or expand new kinds of dedicated, therapeutic treatments – particularly those that draw upon traditional/culturally-based therapies and approaches – but also should focus on highlighting the tangible and non-tangible value of these kinds of treatments, and the benefits they can have on one's health and wellness. Using alternative and popular medicine as one of the basic resources for curative tourism, tourism practitioners can start with incremental steps toward adding visits, or offering therapies like mud massage to the tour's itinerary.

Conclusion:

A variety of medical tourism resources and practices exist in Jordan. Modern surgical services and alternative and popular medicine are the major medical systems. However,

although Jordan is listed as a medical tourism destination, only limited attempts have been made to promote traditional health care tourism. Given its reputation for geothermal hot springs and its peaceful environment, it is surprising that Jordan has no structure or activities in place to promote this emerging tourism sector. With many tourists coming to the country to take advantage of tourism activities, Jordan's response appears inadequate. Alternative medical systems are popular due to various reasons. The possibility of introducing alternative medical systems in health care tourism should be further explored. Tourism practitioners should also be made aware of popular medicine practices, and a greater incorporation between the two systems of healthcare should be explored.

References

Ababneh, A. (2015). Managing Heritage Tourism in the Decapolis Sites of Jordan: Planning Opportunities and Challenges." *Tourism Culture & Communication* 15, no. 2 141-156.

Affif, F. U., & Abu-Irmaileh, B. (2000). Herbal medicine in Jordan with special emphasis on less commonly used medicinal herbs. *Journal of Ethnopharmacology*, 72(1), 101-110.

Beichl, L., (2009) Market demand assessment and marketing strategy for medical tourism, USAID Jordan economic development, Amman

Bennett, M., King, B., & Milner, L. (2004). The health resort sector in Australia: A positioning study. *Journal of Vacation Marketing*, 10(2), 122-137.

Carrera, P. M., & Bridges, J. F. (2006). Globalization and healthcare: understanding health and medical tourism. *Expert review of pharmacoeconomics & outcomes research*, 6(4), 447-454.

Harahsheh, S. S. (2002). Curative tourism in Jordan and its potential development. *Bournemouth University, United Kingdom*, 3(1), 45-78.

Johnston, R., Crooks, V. A., Snyder, J., & Kingsbury, P. (2010). What is known about the effects of medical tourism in destination and departure countries? A scoping review. *International Journal for Equity in Health*, 9(1), 1.

JTB, Jordan Tourism Board, 2014, Jordan, leisure and wellness, Published by the National.

Khammash, T. 2012 The Jordanian Health Sector, sector report, Amman

Department of statistics (2013) statistics bulletin, Amman

Ministry of tourism (2015) annual statistics, Amman

Ministry of tourism (2008) annual statistics, Amman

Ministry of tourism (2006) annual statistics, Amman

National tourism strategy (2011), Ministry of tourism, Amman

Health care as heritage: an *etic* approach of inscribed elements on the lists of the UNESCO Convention for the safeguarding of intangible cultural heritage

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Perceptions of physical and psychological wellbeing differ substantially across and within societies. Although cultures often merge and change, human diversity assures that different lifestyles and beliefs will persist so that systems of value remain autonomous and distinct. In this sense, culture can be understood as not only habits and beliefs about perceived wellbeing, but also political, economic, legal, ethical, and moral practices and values. (A. David Napier et al. 2014 1607).

Introduction

The scope of the intangible cultural heritage related to human well-being is large. Many of the cultural practices, if not the majority of them, were designed by communities, groups and individuals for that very sake, be it physical or mental. They are also intended at ensuring the continuity of the society overtime and at maintaining social order. Even those practices related to human body and soul are embodied in cultural systems of value (Napier 2014) that overwhelm them. The representations of those two components of the human being are tightly linked in traditional cultures. Thus, many cultural practices were designed for both of them. They also mix therapies destined to insuring relief of each and both. Traditional pharmacopeia, music, dance, prayers and rituals are often used together or some of them altogether in order to help patients get rid of actual or imagined diseases. Nevertheless, part of social and cultural practices is more likely conceived to deal with human health in various ways.

The fourth among the five main domains defined in the 2003 Convention for the safeguarding of the intangible cultural heritage in its article 2.2 is entitled "Knowledge and practices concerning nature and the universe". Obviously, this is very

مُلخَص

العناية الصحية تراثاً: مقارنة حول العناصر المُسجَّلة على قائمتي اتفاقية اليونسكو بشأن صون التراث الثقافي غير المادي.

احمد سكونتي

تعدُّ المعارف المرتبطة بالطبِّ الشعبي والصِّحة الإنسانيَّة من المجالات التي أولتها اتفاقية اليونسكو ٢٠٠٣ بشأن صون التراث الثقافي غير المادي أهميةً بالغة، فجاءت تلك المعارف تحت باب «الممارسات المتعلقة بالطبيعة والكون» بحسب تلك الاتفاقية. انطلاقاً من ذلك شملت هذه الدراسة مفهوم التراث الثقافي غير المادي، وما الذي يمكن اعتباره تراثاً غير مادي، ومجالاته، فناقشت العناصر الخمس المسجَّلة على قوائم اتفاقية اليونسكو، وجميعها ذات صلة بالطب التقليدي أو طرق الاستشفاء الشعبية. فعالج الباحث مراسم تطهير الذكور الأطفال من لانجو في وسط شمال أوغندا، وهو عنصر مسجل على قائمة الصون العاجل، وأربعة عناصر مُسجَّلة على القائمة التمثيلية، هي الرقص الاستشفائي (فمبوزا) في الملاوي، والوخز بالأبر والكبي لدى الصينيين، والمعارف التقليدية المتصلة بأماكن الاستشفاء الروحاني في كولومبيا، إذ يشكل العنصر الأخير جزءاً من البنى الأسطورية للمجموعات العرقية التي تعيش على طول نهر بارابيرا جنوب شرق كولومبيا، وفقاً لحكمة الأجداد. خلصَ الباحث إلى أنَّ ثمة عناصرَ قليلة جداً تتصل بمعارف الصحة التقليدية قد سُجِّلت على القائمتين، وأنَّ السِّمة الغالبة على المسجَّل منها أنَّها ذات أبعاد وخلفيات طقسية وتاريخية تندرج ضمن أطار أنظمة تغذِّي المعاني الاجتماعية والثقافية والسياسية لدى تلك المجتمعات.

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sizeable. The domain encompasses diverse knowledge, know-how and practices intended at providing humans with the means to better define their place in their environment and, more broadly, in the whole universe. One could expect that nominations for inscription on the four mechanisms of the 2003 Convention, mainly the two lists defined in articles 16 and 17, were to deal with more or less traditional medical knowledge. After verification, this does not seem to be the case. As a matter of fact, the elements related to this area of knowledge and the practices inscribed on the lists are very few. No programme, and no project or activity was selected on the Register of best safeguarding practices set up by the Convention under article 18. No international assistance as well was approved by the Committee concerning a project in that field.



The present paper focuses on those inscribed elements which are explicitly related to medical knowledge and, more broadly, to human health. It is based on the information contained in files of nominations which can be consulted on the UNESCO website dedicated to the 2003 Convention. The survey will first present, in brief terms, the elements which fall under that domain, and discuss the main issues raised as well as the potential developments.

Traditional medical knowledge as ICH

1. The concept of ICH

The intangible cultural heritage is a new and

powerful concept issued by UNESCO at the dawn of the XXIst century. The tangible cultural and natural heritage, having specific international legal instruments of protection such as the 1970 Convention on cultural property trafficking and the 1972 World heritage Convention, no binding instrument was available until that moment for the intangible heritage. Before the turn of the last century, UNESCO outlined a Recommendation on the safeguarding of the traditional culture and folklore in 1989 and a Proclamation of the Masterpieces of oral and intangible cultural heritage of Humanity in 1999 (Smith & Akagawa, 2009; Aikawa-Faure 2009; Hafstein 2009). The first was based on a vague or criticized (debatable?) concept, traditional culture and folklore, and was not binding for member states. The second was implemented during five years and resulted in 90 Masterpieces proclaimed in 2001, 2003 and 2005. Nevertheless, the safeguarding was not the priority of the programme, and the notion of “masterpiece” was contested as it introduces hierarchy in a field where it should not exist. These two reasons, among others, led to its rapid abandonment (Skounti 2009).

2. What is ICH?

In parallel to the implementation of the Proclamation Programme, UNESCO began preparing a new international legal instrument. The Convention for the Safeguarding of the Intangible Cultural Heritage was adopted by the General Conference in 2003. It entered into force in 2006. The convention defines intangible cultural heritage as:

“... the practices, representations, expressions, knowledge, skills – as well as the instruments, objects, artefacts and cultural spaces associated therewith – that communities, groups and, in some cases, individuals recognize as part of their cultural heritage. This intangible

cultural heritage, transmitted from generation to generation, is constantly recreated by communities and groups in response to their environment, their interaction with nature and their history, and provides them with a sense of identity and continuity, thus promoting respect for cultural diversity and human creativity. For the purposes of this Convention, consideration will be given solely to such intangible cultural heritage as is compatible with existing international human rights instruments, as well as with the requirements of mutual respect among communities, groups and individuals, and of sustainable development” (article 2).

With regard to the traditional medical knowledge and practice, one can assume that they completely fall under this definition. Moreover, it is related, in a way or another, to the listed terms which introduce the meaning of intangible cultural heritage. Thus, traditional medical knowledge is a set of heterogeneous practices incorporated in wider cultural systems. Health, disease and healing have nourished social representations in each and every culture. These representations are also about the human body and the ways of insuring its wellbeing. Knowledge and skills related to these areas of social practices are expressed and transmitted through language and other means. Like many elements of culture and heritage, traditional medical knowledge has its own instruments, objects and artefacts. It may also be practiced in dedicated or specific spaces. There is no doubt that traditional medical knowledge is part of intangible cultural heritage. Let's see to which domain of intangible cultural heritage it belongs.

3. Which domain of ICH better fits traditional medical knowledge?

After having defined the concept of “intangible cultural heritage”, the 2003 Convention set up

the domains in which it can be identified:

“The ‘Intangible Cultural Heritage’ (...) is manifested inter alia in the following domains:

- a. Oral traditions and expressions, including language as a vehicle of the intangible cultural heritage;
- b. Performing arts;
- c. Social practices, rituals and festive events;
- d. Knowledge and practices concerning nature and the universe;
- e. Traditional craftsmanship ».

The experience built up in implementing the Convention has shown that many cultural elements may belong to one or more domains. It is even hard that a single element fits in one domain only. Usually, more than one domain is at stake because practitioners need language to express their know-how or an object to express their art. The ‘most’ intangible element such as story-telling sometimes needs the know-how for manufacturing special costumes or accompanying musical instruments or, at least, the body of the story-teller himself (Skounti 2009).

Consequently, one expects that traditional medical knowledge could be found in more than one of the abovementioned domains. There is one main domain in which it obviously fits: domain (d), knowledge and practices concerning nature and the universe. But it overflows that area to embrace (a), (c) and (e). This knowledge needs elaboration, performance and transmission, all of which are, at least partly, based on language (a). It is evidently a social practice too, and, sometimes, it is related to rituals (c). Finally, it uses objects and artefacts and tools which are part of craftsmanship (e) as they need know-how either for their making or for their usage.

A survey of the ICH lists

The 2003 Convention established two lists (the

List of intangible cultural heritage in need of urgent safeguarding and the Representative List of the intangible cultural heritage of humanity), a “Register” of best safeguarding practices and a mechanism for international assistance. This section focuses on those elements that are clearly related to traditional medical knowledge. As there are no elements related to the area of traditional medical knowledge neither selected on the Register nor among those for which an international assistance was approved, only the two lists will be considered in this section. It is a descriptive survey of the lists followed by a synthetic discussion. It relies exclusively on the information contained in the files filled by States Parties in their nominations as well as on the video film displayed on the website of the Convention. As I am not a specialist of traditional medical knowledge, much less of medicine, I am mainly interested in those practices that deal with the human body for the sake of its real or supposed wellbeing. The intervention might be superficial or surgical. Elements will be considered wholeheartedly and not only parts of them. The practices presented in this section are neither analysed nor interpreted. They are referred to as evidence to better understand the extent to which traditional medical knowledge is listed among other elements in the framework of the implementation of the 2003 Convention at the international level. To sum up, the approach is etic rather than emic.

1. The Urgent Safeguarding List

The List of intangible cultural heritage in need of urgent safeguarding was set up under article 17. It is meant to draw attention on those elements that are endangered, and at assisting the parties involved in their efforts to safeguard them. As for 2015, 43 elements were on that list. One element is undoubtedly linked to the field of traditional medical knowledge, namely the Male-

child cleansing ceremony of the Lango of central northern Uganda (Fig.1). It was inscribed on the Urgent Safeguarding List in 2014. Among Lango people of central northern Uganda, if the mother of a male child touches his genitals during the three first days of his life, he is supposed to lose his manhood. In that case, a healing ritual is performed to help the child restore his potency. The website of the Convention summarizes it as follows:

“During the ceremony, the mother and male child spend three days inside the house and eat unsweetened millet porridge. The child is treated as a baby for the duration of the ceremony. On the third day, they exit the house and sit at the entrance, accompanied by a paternal cousin. The child’s hair is cut and woven into strands, which are mixed with softened ficus bark and shea butter, then tied around the child’s neck, wrists, and waist. Remaining strands are rolled into a ball, and thrown three times to the mother, cousin and child. The three are then smeared with shea butter and served pea paste, millet bread and a millet-yeast brew. Jubilations begin thereafter with ululations, singing and dancing, confirming that the child has regained his manhood. (...)”¹.



(Fig.1)

A sort of “cultural diagnosis” is made: in case the mother has touched the genitals of her male child during his first three days, the healing ritual must take place. It is not a real disease according to modern medicine. It is an imperceptible ‘malady’ that may arise in the near future and cause trouble to the child as well as to the community. As the child is treated as a baby during the ritual, this brings him back to a previous condition in which he is supposed to have been safe. Hair cutting, recipes prepared and smearing with shea butter are meant at cleansing. The whole ritual is believed to restore manhood to the child and ensure a place for him within and not in the margin of the community. Indeed, it is part of a whole cultural system which values manhood as part of social order reproduction.

2. The Representative List

The Representative List of the intangible cultural heritage of humanity is set up under article 16 “in order to ensure better visibility of the intangible cultural heritage and awareness of its significance, and to encourage dialogue which respects cultural diversity”. As of today, 336 elements were inscribed on the Representative List. A survey of these elements shows that four fall, undoubtedly, under traditional medical knowledge. This sub-section will present summaries of these elements and briefly discuss the main issues raised.

2.1. The first is the Vimbuza healing dance in Malawi (Fig.2), inscribed in 2008 on the Representative List of the Intangible Cultural Heritage of Humanity².

It is part of indigenous healthcare systems, mainly the ng’oma (drums of affliction) which is a healing tradition known among Bantu-speaking Africa. Vimbuza is a healing dance practiced by Tumbuku people of northern Malawi. It is described as follows:

“Most patients are women who suffer from various forms of mental illness. They are treated for some weeks or months by renowned healers who run a temphiri, a village house where patients are accommodated. After being diagnosed, patients undergo a healing ritual. For this purpose, women and children of the village form a circle around the patient, who slowly enters into a trance, and sing songs to call helping spirits. The only men taking part are those who beat spirit-specific drum rhythms and, in some cases, a male healer. Singing and drumming combine to create a powerful experience, providing a space for patients to “dance their disease”. It’s continually expanding repertoire of songs and complex drumming, and the virtuosity of the dancing are all part of the rich cultural heritage of the Tumbuka people. (...) For the Tumbuka, Vimbuza has artistic value and a therapeutic function that complements other forms of medical treatment”³.



(Fig.2)

Vimbuza is a therapeutic healing which deals with mental illness. It is based on music and singing and dancing combination. The virtues of the healing are believed to expand the body and help cure soul and mind. This therapy belongs to a larger category which can be found in a variety of cultures and societies such as the Haitian

vodou⁴ or the Moroccan Gnawas⁵. The trance is the main characteristic of this kind of practice. In addition, the dance has an artistic dimension since drumming and singing are an important part of it. A rich repertoire of songs, music and dancing are a significant part of the ritual.

2.2. The second is Acupuncture and moxibustion of traditional Chinese medicine (Fig.3), inscribed in 2010 on the Representative List of the Intangible Cultural Heritage of Humanity.

Acupuncture and moxibustion are well-known forms of traditional medicine practiced in China. They are nowadays practiced in other parts of the World. It is summarized as follows:

“The theories of acupuncture and moxibustion hold that the human body acts as a small universe connected by channels, and that by physically stimulating these channels the practitioner can promote the human body’s self-regulating functions and bring health to the patient. This stimulation involves the burning of moxa (mugwort) or the insertion of needles into points on these channels, with the aim to restore the body’s balance and prevent and treat disease. (...) Moxibustion is usually divided into direct and

indirect moxibustion, in which either moxa cones are placed directly on points or moxa sticks are held and kept at some distance from the body surface to warm the chosen area. (...)”⁶.

The two medical techniques of acupuncture and moxibustion are embodied in a wider philosophical and cultural system. This system views the human body as a complex micro-universe in which all parts communicate via channels. Some points of these channels have to be stimulated by using needles or burning moxa over specific parts of the body. The aim of this practice is to reinstate the body’s equilibrium. No doubt, it fits in the field of medical knowledge. The whole process is about the human body; no sacred rituals seem to be associated with it.

2.3. The third is about the Traditional knowledge of the jaguar shamans of Yuruparí in Colombia, inscribed in 2011 on the Representative List of the Intangible Cultural Heritage of Humanity.

The knowledge of the jaguar shamans of Yuruparí is part in the wider mythical and cosmological structures of ethnic groups that live along the Pirá Paraná River in south-eastern Colombia. According to ancestral wisdom of these groups: “The Pirá Paraná forms the heart of a large area called the territory of the jaguars of Yuruparí, whose sacred sites contain vital spiritual energy that nurtures all living beings in the world. The jaguar shamans follow a calendar of ceremonial rituals, based upon their sacred traditional knowledge, to draw the community together, heal, prevent sickness and revitalize nature. The rituals feature songs and dances that embellish the healing process. The vital energy and traditional knowledge of the shamans are believed to be inherited from an all-powerful, mythical Yuruparí, an anaconda that lived as a person, and is embodied in treasured sacred trumpets fashioned from a palm tree.



(Fig.3)

Each ethnic group conserves its own Yuruparí trumpets, which form the centre of the strict Hee Biki ritual. During this ritual, traditional guidelines for maintaining the health of the people and the territory are transmitted to male children as a part of their passage into adulthood. The traditional knowledge concerning care of children, pregnant women and food preparation is transmitted among women”⁷.

The traditional knowledge of the jaguar shamans of Yuruparí links both nature and culture in one global system of meaning and practice. The territory of the jaguars of Yuruparí hosts sacred sites. These sites have “vital spiritual energy that nurtures all living beings in the world”. The rituals are intended at both preventing sickness, healing, and revitalizing nature. The latter is, thus, perceived as one whole entity, including humans and other living beings.

2.4. The fourth is the Xooy, a divination ceremony among the Serer of Senegal, Inscribed in 2013 on the Representative List of the Intangible Cultural Heritage of Humanity.

The Xooy is a divination ceremony known among the Serer community in west-central Senegal. Prior to the rainy season, it is organized at night in village squares. It is described as follows:

“Master serers known as Saltigues each in turn step into a designated circle, where they deliver predictions before a rapturous audience accompanied by the rhythm of drums. The Xooy ceremony provides answers to key issues for the community such as the rains, plagues or illnesses, and remedies. The combination of the Saltigues’ vibrant clothing, songs and dances, proverbs and riddles creates a colourful ceremony, high on drama, as these officiating priests – masters of the art of communication – hold the audience in suspense until daybreak.

(...) The Saltigues are the living mediums of the Xooy and preserve and transmit the esoteric knowledge that is vital to the ceremony. They are also in charge of interceding between people, the Supreme Being, nature and genies, regulating society, and ensuring harmony between men, women and their environment. With their knowledge of plants, they also provide traditional therapies to alleviate suffering”⁸.

The Xooy, which means “a call”, relies on the belief that society and its environment are tightly linked. They constitute an extension of each other. Thus, threats to that order have to be predicted and faced. Among these threats, diseases are the most feared ones. The Saltigues act as mediums, not only to give predictions about future but also to “provide therapies and alleviate suffering”. Communion during gatherings coupled with celebration help people overcome their anxieties.

Discussion

The first finding of the above brief presentation is quantitative. The number of elements clearly linked to the sub-domain of traditional medical knowledge and practice is very limited. Only one element is inscribed on the Urgent Safeguarding List (USL) and four elements are inscribed on the Representative List (RL). This makes 5 out of 391 elements inscribed on the two lists and the Register. The percentage hardly represents 1.3%. The number of elements inscribed reflects the imbalance between the two lists: there is much more elements on the RL than on the USL. Another important issue worth underlying is that all the practices recognized internationally spill over the strict sense of medical knowledge and practice. On the one hand, they are embodied in wider cultural systems; on the other, they link nature and culture, society and its environment. The two components are not in opposition; rather, they are one another’s extension. The

order found in the human body is the continuity of the broader order present in nature and the whole universe. If disorder occurs in one of them, it unavoidably arises in the other. A belief of the unity between man and nature lays at the heart of these practices.

This close relationship might be partly based on a scriptural tradition as illustrated by the acupuncture and moxibustion in China. It also might be exclusively orally transmitted as in the four other elements. While the Chinese element is historicised and has dates, figures, and manuscripts within a linear timescale, the other elements from Uganda, Malawi, Colombia and Senegal are rooted in a cultural tradition itself embodied in a cyclical representation of time. Another aspect to be stressed is that, unlike the Chinese element, the practices from Uganda, Malawi, Colombia and Senegal are rituals in the classical sense of this word, i.e. they are related not to a profane knowledge but to a sacred belief. The latter elements have a common faith: the therapeutic energy of the rite. Music and dance coupled with the power of words and songs are meant at modifying the course of the events in a better way.

Accompanying practices and objects are part of all these elements. Food preparation and consumption is central in the Ugandan and Colombian rituals as well as musical instruments which are also fundamental in the Malawian and Senegalese ones. They mainly include drums (Uganda, Malawi and Senegal) and trumpets (Colombia) which seem to be sacred. The Chinese acupuncture and moxibustion use needles and moxa as well as fire as innermost intermediaries with the human body.

In conclusion, traditional medical knowledge falls under the UNESCO 2003 Convention for the safeguarding of the intangible cultural

heritage. More precisely, it fits with the fourth domain, knowledge and practices concerning nature and the universe. Nevertheless, only very few elements drawing from this domain were inscribed on the lists of the Convention: One element inscribed on the List of the intangible cultural heritage in need of urgent safeguarding and four elements inscribed on the Representative list of the intangible cultural heritage of humanity. These elements are complex practices with strong ritualistic and/or historical dimensions. They share the characteristic of being embodied in larger systems which nurture their social, cultural and political meanings.

1. Refer to the link of the element: <http://www.unesco.org/culture/ich/en/USL/male-child-cleansing-ceremony-of-the-lango-of-central-northern-uganda-00982?USL=00982>. Entered on 30 September 2016.
2. Originally proclaimed as Masterpiece of oral and intangible cultural heritage of humanity in 2005.
3. See: <http://www.unesco.org/culture/ich/en/RL/vimbuza-healing-dance-00158>. Entered on 1st October 2016.
4. Among others, refer to: Viviana Pâques, 1991, *La religion des esclaves: recherche sur la confrérie des Gnawa*, Bergamo, Moretti et Vitali; Abdelhafid Chlyeh, 1999, *Les Gnaouas du Maroc. Itinéraires initiatiques, transe et possession*, Paris, La Pensée Sauvage; Bertrand Hell, 2002, *Le Tourbillon des génies. Au Maroc avec les Gnawa*, Paris, Flammarion.
5. See: Patrick Bellegrade-Smith & Claudine Michel, ed., 2006, *Haitian Vodou: Spirit, Myth and Reality*, Bloomington, Indiana University Press.
6. See: <http://www.unesco.org/culture/ich/en/RL/traditional-knowledge-of-the-jaguar-shamans-of-yurupari-00574>. Entered on 1st

- October 2016.
7. See: <http://www.unesco.org/culture/ich/en/RL/acupuncture-and-moxibustion-of-traditional-chinese-medicine-00425>. Entered on 1st October 2016.
8. See : <http://www.unesco.org/culture/ich/en/RL/xooy-a-divination-ceremony-among-the-serer-of-senegal-00878>. Entered on 1st October 2016.

Bibliography

Aikawa-Faure, Noriko, 2009, From the Proclamation of Masterpieces to the Convention for the Safeguarding of Intangible Cultural Heritage, in Laurajane Smith and Natsuko Akagawa, ed., Intangible Heritage, London and New York, Routledge, pp. 13-44.

Chlyeh, Abdelhafid, 1999, Les Gnaouas du Maroc. Itinéraires initiatiques, transe et possession, Paris, La Pensée Sauvage.

Bellegrade-Smith, Patrick & Claudine Michel, ed., 2006, Haitian Vodou: Spirit, Myth and Reality, Bloomington, Indiana University Press.

Hafstein, Valdimar Tr., 2009, Intangible Heritage as a List: From Masterpieces to Representation, in Laurajane Smith and Natsuko Akagawa, ed., Intangible Heritage, London and New York, Routledge, pp. 93-111.

Hell, Bertrand, 2002, Le Tourbillon des génies. Au Maroc avec les Gnawa, Paris, Flammarion.

Napier, A. David et al., 2014, Culture and Health, The Lancet, Vol. 384, n°9954: 1607-1639. Online: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61603-2/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61603-2/abstract).

Pâques, Viviana, 1991, La religion des esclaves: recherche sur la confrérie des Gnawa, Bergamo,

Moretti et Vitali.

Skounti, Ahmed, 2009, The Authentic Illusion: Humanity's intangible cultural heritage, the Moroccan experience, in Laurajane Smith & Natsuko Akagawa, ed., Intangible Heritage, London and New York, Routledge, pp. 74-92.

Smith Laurajane and Natsuko Akagawa, ed., 2009, Intangible Heritage, London and New York, Routledge.

UNESCO, Convention for the safeguarding of the intangible cultural heritage, 2003.

UNESCO : <http://www.unesco.org/culture/ich/en/>.