

TRADITIONAL MEDICINE INFORMATION AND GUIDANCE CENTRES - QULLAÑ UTA



2030 AGENDA - SDGS



CULTURE 21 ACTIONS - COMMITMENTS

1. CULTURAL RIGHTS
6. CULTURE, EQUITY AND SOCIAL INCUSION
8. CULTURE, INFORMATION AND KNOWLEDGE
9. GOVERNANCE OF CULTURE

**COMMUNITY, BASIC SERVICES, INCLUSION, WELL-BEING,
INTERCULTURAL, TRADITION, INDIGENOUS PEOPLES, CARE,
HEALTH, CULTURAL RIGHTS**



1. La Paz and culture

La Paz is a municipality with strong Aymara ethnic and cultural roots that coexist with identities of indigenous-rural, mixed-race-urban and modern-western origin. This produces a continuous symbolic exchange, cultural mix and intercultural dialogue, but also identity, social and cultural conflicts that require the construction of equal conditions for dialogue, under the perspective of cultural rights, around the importance in the public sphere of traditional and ancestral expressions, practices and manifestations subalternised as a product of cultural hegemonies.

The project is aligned with municipal policies for sustainable development and national regulations, based on an inclusive, equitable, supportive, community-based, quality and caring intercultural health policy. It addresses the need to exercise sovereignty in health within the framework of Law No. 459 on Traditional Bolivian Ancestral Medicine and Municipal Law 265-319 on the Promotion, Safeguarding, Development and Promotion of Cultures and the Arts, within the framework of the aforementioned regulations. Its priorities are: the relationship between cultural policies and social public policies, the promotion of ancestral cultures and intercultural dialogue in the health system.

2. Goals and implementation of the project

2.1. Main aim and specific goals

The project aims to promote, under the intercultural paradigm, the exercise of the right to health and wellbeing in the municipality. It promotes the care of beneficiaries by traditional doctors, spiritual guides, midwives birth attendants and naturopaths, fostering processes of dialogue, training and research on intercultural health from



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the knowledge and practices of indigenous, native, rural and Afro-Bolivian peoples as part of the intangible cultural heritage. It is developed in installed spaces, with urban and rural projection, in each of the macro-districts of the Municipality, with a consolidation period of ten years. Its specific objectives are to:

- » Contribute to the intercultural health system in the municipality.
- » Consolidate the network by strengthening existing centres and promoting the creation of new ones.
- » Promote intercultural dialogue, training and dissemination of knowledge and practices from indigenous, native, rural and Afro-Bolivian peoples.
- » Develop artisanal laboratories to produce products based on traditional medicine, rescuing knowledge and practices related to medicinal plants.



2.2. Development of the project

The beneficiary population of the project, under a territorial deconcentration approach, are residents of the areas where the Care Centres are located. The main actions developed are:

- » Progressive implementation of four Municipal Centres of Traditional Medicine Qullañ Uta since 2014 in different territories, with free and constant attention.
- » Implementation of two Communal Medicinal Plant Gardens in the centres for use in different therapeutic practices.
- » Promotion of research processes and compilation of knowledge and practices for the elaboration of protocols and guides on traditional medicine disciplines.
- » Consultation and coordination with social actors in the territories where the Centres are implemented.
- » Accompaniment of ritual ceremonies of the ritual and festive calendar of the municipality, considering the intercultural health approach linked to the cycles of Pachamama (Mother Earth) and Andean spirits.
- » Participation of traditional doctors, spiritual guides, midwives, birth attendants and naturopaths in cultural fairs open to the population to disseminate knowledge about traditional medicine.

The development phases of the project are:

- » Initial phase: collection of territorial information on the needs of the population in terms of health care from the preventive stage, as well as recognition of the appropriation of traditional practices and knowledge within the intercultural health system.

- » Implementation and articulation phase: implementation of Centres in each macro district of the Municipality, both in urban and rural areas. The centres are articulated in a Network of Traditional Medicine Centres to develop cultural cooperation policies between municipal territories, articulating activities and experiences for an open, inclusive and integrating traditional medicine health service.
- » Dialogue and research phase: establishment of intercultural dialogue processes, gathering knowledge, strengthening appropriation processes and promoting rapprochement between the traditional health system and the intercultural health system. In this phase, the uses of traditional plants and the development of rituals for physical and spiritual health, among others, are investigated.
- » Evaluation phase: actions to evaluate the preceding stages, considering the satisfaction of the beneficiary population, the perspective of the traditional medicine agents, and other inhabitants of the territory, assessing the impact on the quality of life and sustainable development in their territory.

These phases are interdependent. They are developed in a five-year and cyclical projection under the perspective of the permanence of the project within the Municipality.

In the framework of the project, partners were established and the Central Government of the Plurinational State of Bolivia was approached to develop a space for dialogue in order to articulate traditional medicine in the National Health System, as well as the initial coordination for the development of traditional medicine guides in its various disciplines.

THE PROJECT HAS IMPLEMENTED FOUR CENTRES WITH FREE AND CONSTANT ATTENTION, TWO COMMUNAL MEDICINAL PLANT GARDENS. IT ALSO PARTICIPATES IN RESEARCH AND COMPILATION OF KNOWLEDGE AND PRACTICES, AMONG OTHER ACTIONS.

3. Impacts

3.1. Direct impacts

In the 10 years of the Traditional Medicine Centres, 4.3% of the total number of people living in the project's macro-districts have been treated. In addition, some 16 annual activities on the use of plants and other medicinal elements have been developed.

The Qullañ Utas operate in Casas Comunes managed by neighbourhood councils, that contribute to the coordination of intercultural dialogue spaces alongside annual civil society organisations.

Finally, the use of native languages (Aymara and Quechua) in the provision of traditional medicine is a condition of inclusion for the provision of any social service in the municipality.

3.2. Evaluation

Information on the beneficiaries, the visits and the specialist's indications is collected for all the services provided, thus establishing annual quantitative data. On the other hand, a Traditional Medicine Service Officer is assigned to each Qullañ Uta for at least a monthly supervisory visit to monitor traditional medicine care and the functioning of each Centre. This information is recorded in annual reports. Likewise, there are quarterly face-to-face meetings with the boards of neighbourhood councils of the territories where the Centres are located.



3.3. Key factors

The Centres and the communal gardens seek to perpetuate and reproduce the original meanings of traditional medicine through the use of mineral, vegetable and/or animal elements, as well as rituals related to sacred spaces and entities (Pachamama, wak'as and uywiris) in coherence with the practices and deep-rooted cultural identities of the population. In this way, a policy of preventive health care is implemented in the municipality, providing an alternative health care and offering free horizontal care, especially for the benefit of people with low economic resources, which also strengthens the Intercultural Health System.

THE USE OF NATIVE LANGUAGES (AYMARA AND QUECHUA) IN TRADITIONAL MEDICAL CARE IS HIGHLIGHTED AS A CONDITION TOWARDS INCLUSION.

3.4. Continuity

A total of 48 traditional doctors were reached annually since 2022 (72 doctors per year since 2014) by signing individual administrative service contracts with the public entity for an active annual period, financed with specific resources within the framework of the Intercultural Health Programme of the Municipality. Likewise, one of the doctors in office is designated as a coordinator working with the interculturality area of the local government to

organise operational actions and develop monthly trainings for the health care staff. In addition, an institutional supervision officer is appointed to carry out formal monthly monitoring of the centres' performance, who also has a job profile specialising in the intercultural area.

4. Further information

La Paz was the winner of the sixth edition of the UCLG - Mexico City - Culture 21 International Award (November 2023 - March 2024). The Jury of the Award produced its final report in June 2024 and requested that the UCLG Committee on Culture also promote this project as one of the good practices in the implementation of Agenda 21 for Culture.

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