

**NATIONAL ASSEMBLY**

**LAW No. 759**

The president of the republic of Nicaragua

To his inhabitants, make known:

That,

The National assembly  
Orders the following:

**ANCESTRAL TRADITIONAL MEDICINE LAW**

**TÍTULO I**

**FUNDAMENTALS MEASURES**

**CHAPTER I**

**GENERAL DISPOSITION**

**Article 1 Objective of the law.**

The present law object is recognize the rights, respect, protect and promote practice and expressions of ancestors traditional medicine of indigenous and afro descendants in all its specialty's, individual and collective duties based on their own intercultural health. And establish the guarantee that corresponds to the state for an effective application and development.

This law is off public order, social interest and complementary of the law No. 423, General health law, published in the GAZZETE OFFICIAL DIARY No. 91 of May 17, 2002.

**Art. 2 specific objectives.**

The specific objective of this law:

- a) Promote the revitalization of knowledge and practices of the health system ancestral traditional medicine in a fluid way and directly between indigenous and afro descendant people that offer some type of service to prevent sickness, cure or keep up individual health, collective or of a community or as part of the spirituality of the town, without any type of mediator that adulterate the service or attention with any profit
- b) Guarantee the adaption and articulation of knowledge and practices of the health system ancestral traditional medicine and the national health system from the negotiate (question) model and attention based on the peculiarity of each town and indigenous and afro descendants community
- c) Protect the intellectual collective property rights that derive from the relation of knowledge and practice of ancestral traditional medicine
- d) Promote the construction and guarantee the development of his own model and intercultural health attention of indigenous and afro descendants town and communities
- e) Guarantee the adoption of policy, plans, programs, projects and health service appropriate culturally pertinent to indigenous and afro descendants' town and communities.

- f) Guarantee the protection, promotion, education and spread the practices of knowledge of ancestral traditional medicine, his practice and production of biodiversity resources.
- g) Protect and promote the use of natural medicine based on derivation of plants, animals and minerals or other combination from them in quality, security, access and responsibility.

**Art. 3 Principles**

The interaction of the traditional health system with the national health system is based on the following principles:

- a) **Articulation:** Guide the whole action, harmonic and coherent in the health institutional circle in the country from the recognition of the state as multiethnic and multicultural.
- b) **Complement:** is based on the contribution of the ancestral traditional medicine, policy and practice of public and private institutions.
- c) **Alterability:** Consist of the option to access between the health system and other based on the respects of their rights.
- d) **Regionalization and/ or decentralization in health:** recognize and assume the diversity of public administration in health and the guarantee of constitutional rights and the capacity of self-management in health of intercultural health attention of indigenous and afro descendants' town and communities.
- e) **Own health:** the own traditional system of indigenous town the spiritual character integrated by the ancestral knowledge that guarantees a complete and harmonic based on the world view of his members.
- f) **Intercultural health:** the traditional health system of indigenous and afro descendant's town and communities promote the horizontal relation and a dialog of knowledge based on the harmony and mutual respect and equality in the different knowledge and practice existing. The principle foments the enrichments and development of the system and knowledge oriented to the achievement and harmony of life of indigenous and afro descendants' town and communities.
- g) **Citizen and collective Participation:** is the process to involve social actors in an individual and collective way with the aim and purpose of focusing on making decision, negotiate, and design public policies oriented to ancestral traditional medicine and intercultural health.
- h) **No commercialization:** Not to commercialize under any form the intellectual knowledge of indigenous and afro descendants about their ancestral traditional medicine, purchasing exchange of knowledge in this topic in terms of humanitarian and social benefit.

**CHAPTER II**

**DEFINITIONS**

**Art. 4 Definitions**

For the effect of this law they establish the following definitions:

- a) **Improvement:** Rational use and or rational mining of natural resources assign to the application in ancestral traditional medicine.
- b) **Traditional and formal authorities:** are the representatives man and woman from indigenous and afro descendants' town and communities elect in accordance of the procedures and own traditions, according to their habits or intern regulation in these, elder council and communities governments that are traditional authorities ruling by custom and respond to the rights and common law and the formal authorities such has directives committee and territorial council elected by electoral process and respond to a positive right.
- c) **Biodiversity:** a combination of each and every kind of living being and his varieties whether terrestrial, aquatic, live in the air or on the ground, plants or animals or other nature.

Includes the diversity of the same species and between ecosystems as well as genetic diversity.

d) **Biopiracy:** appropriation of genetic resources and traditional knowledge made without the previous consent and authorization of the indigenous and afro descendants' town and communities., that pretend through the international patent system, intellectual property, use and exploitation and monopoly use and for profit of these resources and knowledge without there being a fair and equitable distribution of the benefits derived from its use.

e) **Bioprospecting:** It is the exploration of wild natural areas in order to search for species, genes or chemical substances derived from biological resources, to obtain medicinal products, biotechnological or other medicines.

f) **Biotechnology:** It is any technological application that uses biological systems and living organisms or their derivatives, for the creation or modification of products or processes for specific uses.

g) **Traditional knowledge:** All the collective practices and knowledge of indigenous and Afro-descendant peoples, related to biodiversity, health-disease and the management of resources oriented to community well-being, which have been transmitted from generation to generation, as well as their artistic and cultural manifestations, which together with those make up their cultural heritage, and constitute a collective intellectual property right which they hold.

h) **Prior, free and informed consent:** It is the opinion, vote or acceptance manifested by indigenous or Afro-descendant communities, in an assembly or through their authorized representatives for this purpose, on matters of interest to the community, submitted to their knowledge, For whose validity and legitimacy must meet the requirements and conditions established by inter-American human rights instruments ratified by Nicaragua.

i) **Indigenous territorial coordinator:** As a form of organization, it is a facilitating mechanism for consultations, follow-up and evaluation of indigenous peoples' programs, plans and projects of good living, where indigenous, traditional and community health authorities converge of the corresponding territory, according to the position and geographical distribution of the indigenous peoples of the Pacific, Central and North that are organized in territorial coordinators.

j) **World view:** It is the way of valuing life and its origins, as well as the interrelation with nature, that this system of values, norms, knowledge and practices is determined by the natural environment in which its inhabitants live. From the indigenous world view many diseases are caused by evil spirits or by powerful mythical characters. Everything that is on earth or in water, in the air, has spirit or owner. These spirits or owners can cause physical damage, psychological or spiritual influence on people.

k) **Healers, traditional therapists, traditional health agents or specialists in understanding or ancestral knowledge:** These are the indigenous and Afro-descendant people who offer a service to prevent diseases, cure or maintain individual, collective and community health, framing their Practice and knowledge in the world view of the traditional health system. The regulation of this law, will collect the names or designations that these receive in their towns and communities, in their language and according to the specialty

l) **Diseases of socio-cultural origin or cultural affiliation:** These are alterations in health that are understood only from the cultural context that defines them and which in many cases are unknown to health professionals. Its definition is derived from complex structures derived from cultural beliefs and practices, their interrelation with nature, spirituality, the supernatural and the ancestral.

m) **Spirituality:** It is a latent force or power that exists in the universe, independently of the human beings, who in turn are under the influence of its ubiquitous presence. This force lacks of positive or negative properties either good or bad.

- n) **Allopathic Medicine:** It is the science that seeks to prevent, treat, cure and rehabilitate diseases through the use of drugs.
- ñ) **Ancestral Traditional Medicine:** It is the sum of all their own knowledge, skills and practices based on theories, beliefs and indigenous experiences of different cultures, whether or not explained, used to maintain health and to prevent, diagnose or treating physical and mental illnesses. This notion incorporates the set of knowledge, songs and rituals that the indigenous and Afro-descendant peoples and communities collectively have acquired for generations on the ownership and use of biodiversity, in attention to the diseases of human beings, spiritual or symptomatic. This set of own knowledge's explains the etiology, nosology and procedures of prevention, diagnosis, prognosis, cure and rehabilitation of diseases.
- o) **Natural Medicines:** Substances or mixtures of these, whose origin is obviously natural, with preventive, curative or rehabilitative therapeutic effects, which is presented in pharmaceutical form, tea, decoction or other basic preparation.
- p) **Medicinal Plants:** Any plant species that has manifested in its traditional use, properties favorable to the restoration of health, considering the dose and its degree of toxicity.
- q) **Processes of knowledge generation:** It is the reproduction, documentation or generation of knowledge in traditional ancestral medicine. It is carried out not only through what is scientifically understood as scientific research, but also through the reconstruction, recovery and systematization of practices, knowledge and knowledge in traditional ancestral medicine.
- r) **Herbal Product:** It is formed by aerial or underground parts of plants or other plant material or combinations thereof, raw or natural.
- s) **Afro-descendant Peoples:** It is the set of communities of African origin or ancestry that maintains a historical continuity of their identities and is determined to preserve, develop and transmit to future generations, their traditional territories, their own cultural values, social organizations And legal systems.
- t) **Indigenous Peoples:** It is the set of human collectivities that maintain a historical continuity with the societies before the colony and that share and are determined to preserve, develop and transmit to future generations, their traditional territories, their own cultural values, organizations Social and legal systems. For the case of the indigenous peoples of the Nicaraguan Caribbean Coast, the definition of "Indigenous People" contained in article 3 of Law No. 445, Law on the communal property regime of the indigenous peoples and ethnic communities of the Atlantic Coast of Nicaragua and the Bocay, Coco, Indio and Maíz Rivers, published in the Official Gazette No. 16 of January 23, 2003.

#### **Art. 5 - Recognition of indigenous peoples.**

**It recognizes the existence of the following indigenous and Afro-descendant peoples:**

- a) **Miskitu:** With predominant presence in the Autonomous Regions of the Atlantic Coast and the department of Jinotega.
- b) **Sumu-Mayangnas:** With predominant presence in the Autonomous Regions of the Atlantic Coast and the department of Jinotega.
- c) **Ramas:** With predominant presence in the South Atlantic Autonomous Region and the department of Río San Juan.
- d) **Garifunas:** With a predominant presence in the Autonomous Region of the South Atlantic.
- e) **Creoles:** With predominant presence in the Autonomous Regions of the Atlantic of Nicaragua.
- f) **Chorotegas:** With predominant presence in the zone of the Pacific, Center and North of the country.
- g) **Cacaoperas:** With predominant presence in the departments of Matagalpa and Jinotega.

h) **Nahoas:** With predominant presence in the department of Rivas.

i) **Xiu:** With predominant presence in the departments of León and Chinandega.

**Art. 6 Traditional Ancestral Medicines and the Health Sector and System.**

Traditional ancestral medicine and those who exercise, promote, disseminate or investigate, interact in an integral, harmonic and complementary way with the Health Sector and System.

For the purposes of this Law, the Health Sector is understood as institutions, organizations, individuals, public or private establishments, programs and activities, whose main objective is the individual, family and community, is health in its different actions of prevention, promotion recovery and rehabilitation. It is understood by Health System, the totality of elements or components of the social system that relate, directly or indirectly, to the health of the population.

**TITLE II  
THE ARTICULATION OF HEALTH SYSTEMS**

**CHAPTER I  
CONFINES AND APPLICATION AUTHORITY**

**Art. 7- Circles of application.**

The provisions of this Law are mandatory for the sector and health system, and members of indigenous and Afro-descendant peoples and communities, in all activities related to the development and practice of traditional ancestral medicine.

**Art. 8 Authorities of application.**

Health authorities are responsible for the application of this Law within the circles of their respective competencies:

- A) The Ministry of Health, its delegations or representations;
- B) The National Council of Intercultural Health;
- C) The Presidents of the Health Commissions of the Autonomous Regional Councils
- D) The Secretaries of Health of the Regional Autonomous Governments;
- E) Municipal Health Commissions;
- F) Community Health Commissions;
- G) The Regional Health Councils in the Autonomous Regions; and
- H) The Intercultural Health Councils of each indigenous people, their territorial and community expressions in the Pacific, Central and North zone.

**CHAPTER II  
OF THE STATE'S RESPONSIBILITIES**

**Art. 9 Responsibilities of the State.**

Is the responsibility of the State to act for the protection, preservation, promotion, education, research and dissemination of traditional knowledge, traditional ancestral medicine and the protection of collective intellectual property rights; Including bioethical practices, processes and resources, and their integration into the structures, institutions, plans, programs, projects, and public services of the National Health System.

The Ministries of Education, Environment and Natural Resources, Development, Industry and Commerce and Agriculture and Forestry, as well as municipalities with a sensitive presence of indigenous and / or afro descendants, will adopt the provisions, after consultation with them, so that Their policies, plans, programs, projects and services, are appropriate to contribute to the fulfillment of this State responsibility within the circles of their respective competencies.

**Art. 10 Intercultural health policies.**

Public Health Policies will take into account the elements of cosmovition and traditional ancestral medicine practices of indigenous and Afro-descendant peoples and communities, fostering the interaction of each of them within the country's Health Model and System.

**Article 11 Integrality and ethno-social validation.**

The State will promote an integral and harmonic vision of ancestral traditional medicine, regarding the allopathic medicine of the Health System used in other people. However, the process of interaction and development of the techniques, methods and procedures used in traditional ancestral medicine will be based on the ethno-social recognition or validation of the competent health authorities of the respective indigenous peoples and communities or Afro-descendants.

**Art. 12 Special social security models.**

The State, in consultation with indigenous and Afro-descendant peoples and communities, will create special models of social security in the field of traditional ancestral medicine.

**Art. 13 Health units with intercultural care.**

In the Health Centers or Posts of each Municipality, an organizational instance will be created for the implementation of Intercultural Health Models and the articulation of traditional ancestral medicine, with the objective of promoting, preventing, diagnosing, curing or achieving recovery and Rehabilitation of sick people who have decided to be cared for by traditional ancestral medicine.

**Art. 14 Incorporation of products from traditional ancestral medicine.**

The Ministry of Health, in the units of public health services, must incorporate into its care, with the proper authorization of healers, traditional therapists, traditional health agents or specialists in understanding or ancestral knowledge, the use of Traditional ancestral medicine. The policies and strategic plans of the Ministry of Health will be directed towards compliance with this provision.

A Plan will be established for the gradual articulation of the traditional and most used traditional therapeutic methods in the country, to the allopathic Health System, according to a list that will be established following the process of identification and validation. The resulting list shall be subject to consultation and consent of indigenous and Afro-descendant peoples.

**Art. 15 Design and implementation of training programs.**

The Ministry of Health in the network of public health service units, with the support of traditional healers, traditional health agents or specialists in understanding or ancestral knowledge, may design and implement training and interrelation programs for promoters, Medical or medical personnel, nurses and aids, as well as technicians who participate in the correct use of therapies.

**CHAPTER III****OF TRADITIONAL MEDICINE IN THE AUTONOMOUS REGIONS OF THE ATLANTIC COAST**

**Art. 16 Powers of Councils and Regional Governments.** In the area of the Autonomous Regions of the Atlantic Coast, regional administrative bodies are competent for the application of this Law and the exercise at regional level of the functions indicated in Article 16 of Law No. 28 , Statute of Autonomy of the Regions of the Atlantic Coast of Nicaragua, published in the Official Gazette No. 238 of October 30, 1987, in a manner compatible with their Intercultural Health Models and standards derived from the uses, customs and traditions. The Ministry of Health will perform the functions of supervision, control and supervision, conferred by this law in coordination with the Regional Councils

**Art. 17 Competencies of the Regional Health Secretaries.**

It is the responsibility of the Regional Health Secretariats to promote, regulate, guide, direct and lead the effective, coordinated and harmonious articulation of ancestral traditional medicine and healers, traditional healers, traditional health agents or specialists in understanding or ancestral knowledge to administrative structures, plans, programs, projects, actions, and regional public health services, to move from a tolerant regional Health System towards an articulated Health System.

**Art. 18 Attributions of regional health authorities. The following are attributions of the regional health authorities:**

- a) To formulate and approve the regional policies and plans for the development of ancestral traditional medicine;
- b) To formulate, approve and develop regional policies for the protection of intellectual property rights, the knowledge and practices of traditional health workers, and the equitable sharing of the benefits of knowledge and traditional ancestral medicine products;
- c) To create, regulate and institutionalize mechanisms of cooperation, collaboration and communication, between healers, traditional therapists, traditional health agents or specialists of understanding or ancestral knowledge and health professionals;
- d) To regulate by means of resolutions and ordinances, the opening and functioning of ancestral traditional medicine services and programs, in accordance with the provisions of the Regional Models of Intercultural Health;
- e) Encourage, in coordination with the Centers of Higher Education and Centers of Studies and Research of ancestral traditional medicine, the Regional Systems of Inventory, Catalog, Classification and Ethno-Social Validation of traditional ancestral medicine practices, medicinal plants, products, processes and Traditional therapies provided by healers or traditional healers, traditional therapists, traditional health agents or specialists in understanding or ancestral knowledge;
- f) In coordination with the Centers of Higher Education and Research Centers of ancestral traditional medicine, develop the methodologies, guidelines, criteria, and limitation and prohibition norms, research priorities in traditional ancestral medicine;
- g) In coordination with the Centers of Technical and Higher Education and Centers of Study and Research of ancestral traditional medicine, to promote the incorporation to the profile of allopathic health professionals of components of traditional ancestral medicine;
- h) To develop, in coordination with the community authorities and Research Centers of traditional ancestral medicine, the criteria, norms and Registration Systems of healers, traditional therapists, traditional health agents or specialists in understanding or ancestral knowledge;
- i) to regulate, supervise and evaluate all aspects, stages and implementation of research processes in ancestral traditional medicine, which are developed within the respective regions;
- j) To promote the organizational development, training and professionalization of healers, traditional therapists, traditional health agents or specialists in understanding or ancestral knowledge.
- k) Create with the collaboration of Universities and Research Centers of traditional ancestral medicine, the regional registry of:

- i) Medicinal plants, animals and minerals with therapeutic properties;.
  - ii) Suppliers of medicines of the ancestral tradition; And.
  - iii) Researchers of traditional ancestral medicine.
- l) Apply the standards and guidelines established to guarantee the authenticity, safety, efficacy and quality control of traditional ancestral medicine therapies and products;
- m) Support the promotion of sustainable use of medicinal plant resources;
- n) Regulate, promote and coordinate with institutions that carry out activities related to ancestral traditional medicine, whether they are intervention, training, research or production of medicines and herbal products, organization and operation of systems for the dissemination and information to the public of basic knowledge and appropriate, rational and sustainable use of traditional ancestral medicine;
- o) Define the model of care that will govern the organization of regional health facilities, including their internal organization and their interrelationships;
- p) In coordination with the Ministry of Health, define mechanisms for the evaluation and control of the exercise of traditional ancestral medicine;
- q) Regulate the opening, operation and closure of care centers and unprocessed distribution centers of medicines of the ancestral tradition; q) Issue the administrative instruments and norms for the interaction of traditional ancestral medicine with the Health System;
- r) Issue the regulations for the habilitation and certification of healers, traditional therapists, traditional health agents or specialists of the understanding or ancestral knowledge and suppliers of medicinal products of the ancestral tradition;
- s) Facilitate activities related to traditional ancestral medicine;
- t) The Regional Health Secretaries will be able to create and manage institutional and community programs and services of ancestral traditional medicine towards the population.

**Art. 19 Financing of traditional health systems.**

The resources for the financing of actions for the development and articulation of traditional health systems, as well as for protection, promotion, education, outreach, training and research in ancestral traditional medicine, within the autonomous regions, should be allocated directly to the budgets of those regions for implementation by the regional health authorities.

#### **CHAPTER IV THE ATTRIBUTIONS OF INDIGENOUS AND AFROS-DESCENDING PEOPLES AND COMMUNITIES**

**Article 20- Attributions.**

It corresponds to the indigenous and afro-descendent peoples, through their formal or traditional authorities, as the case may be:

- a) To participate in the execution of the plans, programs and projects that, having previously been consulted and coordinated with them, carry forward the health authorities, regarding the promotion and development of ancestral traditional medicine, and to ensure the cultural adequacy of the Health services and benefits;
- b) To promote the development of plans and programs and the training of human resources;
- c) Participate in activities of facilitation and support to doctors in their territories;



- d) To monitor the responsible use of the resources committed, for the strengthening and development of traditional ancestral medicine systems in their communities and territories;
- e) Encourage traditional ethno-social validation procedures, within the world view of their peoples, aimed at their certification, and informing the competent authority;
- f) Register the invalidation of healers, traditional therapists, traditional health agents or specialists of understanding or ancestral knowledge, carried out by the community, according to their customs and traditions, informing the competent authority; and
- g) Incorporate intercultural health actions into their development plans.

## CHAPTER V OF THE RIGHT TO INTERCULTURAL HEALTH

### **Art. 21 Components of the Intercultural Health Model.**

Traditional ancestral medicine and traditional healers, traditional health agents or specialists in understanding or ancestral knowledge, their services, products and traditional therapies are components of Intercultural Health Models.

### **Art. 22 Rights of traditional therapists.**

Healers, traditional therapists, traditional health agents or specialists in understanding or ancestral knowledge, have the right to:

- a) Arm and administrate their preparations and different rituals according to their cost, spirituality and world view;
- b) Exercise their trade or profession anywhere in the national territory;
- c) Organize and participate in scientific events, forums and workshops in their speciality;
- d) Organizing in trade; (gremial)
- e) Organize and administer centers for the provision of traditional medical services; and
- f) Receive an adjusted fair contribution in the application of services and results.

### **Art. 23 Rights to own health.**

Indigenous and Afro-descendant Peoples and Communities have the right to:

- a) Make use of their own medicines and preserve, promote, defend and carry out their traditional health practices;
- b) Protect, promote and use rationally plants, animals and minerals of vital interest, from a medicinal point of view;
- c) Express their agreement or disagreement when they are consulted in a previous, free and informed form, in all the matters object of this law or that they affect their rights on the natural resources, well-being and environmental conditions;
- d) To enjoy, usufruct and transmit the rights and knowledge of traditional ancestral medicine to their descendants, according to their customs and traditions;
- e) Direct, promote and disseminate traditional ancestral medicine;
- f) Adopt, manage and administrate their own health models;
- g) Produce, exchange and commercialize traditional medicine products;
- h) Protect their traditional knowledge and collective intellectual property rights;
- i) Manage the actions and programs promoted by the State in their respective territories.

### **Art. 24 Rights to intercultural health.**

Indigenous and Afro-descendant peoples and communities and healers, traditional therapists, traditional health workers or specialists in understanding or ancestral knowledge have the right to:

- a) Go to the health system of their choice, move in an institutionalized way using the reference from the health system to another, accompanied by the healer, traditional therapist, traditional health agent or understanding specialist or Ancestral knowledge, or medical treatment, for a harmonic treatment, continuity in case, and follow-up during the healing process or rehabilitation;
- b) That their diseases and ethno-cultural illnesses be recorded and incorporated into the information and statistics system of the public health institutions, especially the Ministry of Health, as information to be considered in the design and implementation of health programs and services. Health services offered by them;
- c) To be attended in their own language by health personnel preferably of the same ethnicity, or culturally sensitivity and qualification;
- d) Be oriented, when being attended in public or private institutions, on the existence and probability of treatments in traditional ancestral medicine;
- e) Be informed of the possible damage, consequences and adverse effects caused by the herbal medicines, or traditional therapies that are supplied, and
- f) In general, the same rights as for patients and patients of the Health System, establishes in the Law No. 423, General Health Law.

## CHAPTER VI OF THE NATIONAL COUNCIL FOR INTERCULTURAL HEALTH

### **Art. 25 Creation and integration of the National Council of Intercultural Health.**

The National Council of Intercultural Health is created as a national body for consultation and coordination between the health sector, for the formulation and approval of proposals for policies and legislation, and will be composed of

- a) The person in charge of the Director of the -General Direction for Health of the Ministry of Health, which presides over it;
- b) One or a representative of each Autonomous Regional Council;
- c) Person in charge of the Ministry of Health of each regional government;
- d) One or a representative for each indigenous territorial coordinator of the Pacific, Central and Northern areas of the country;
- e) One or a representative of the authorities of the legally constituted indigenous and Afro-descendant peoples, for each Autonomous Region;
- f) A representative of groups, non-profit associations and institutions of studies and research, who develop traditional ancestral medicine, elected among themselves.
- g) A representative of each Faculty of Allopathic Medical Sciences, Traditional Medicine, Natural Medicine and Intercultural Medicine.

The official of the General Director of Health Services of the Ministry of Health, who specializes in traditional ancestral medicine, will be in charge of the Executive Secretary of the National Council of Intercultural Health.

The National Council of Intercultural Health will approve its Internal Regulations to regulate its operation and other attributions granted by this Law.

### **Art. 26 Attributions.**

The National Council of Intercultural Health will promote the formulation and execution of policies, plans, programs and projects for the management, use and conservation of medicinal plants, in coordination with who in charge for which it must:

- a) Make periodic evaluations, that determine the existent biodiversity and to register the varieties of plants with medicinal attributes;
- b) Promote and encourage forestation and reforestation programs, mainly in medicinal plants;
- c) Promote in the lands and territories of indigenous and Afro-descendant peoples and communities, the creation of productive units of medicinal plants, as well as botanical gardens with the active participation of their communities;
- d) Establish a preventive protection regime, promoting a program of repopulation, of those medicinal plants that are in the process of extinction, to ensure their conservation and sustainable use;
- e) Propose easier practices and techniques of culture, collection, storage, processing, distribution and uses of plants and other products used in the practice of traditional ancestral medicine; and
- f) Propose mechanisms of articulation and coordination with the Health Sector that guarantee the development of ancestral traditional medicine.

**Art. 27 Of the role of the SILAIS.**

The Health Ministry is the rector of health. The Local Systems of integral Health Care (SILAIS) should become facilitators of the basic conditions for the development of intercultural health and the exercise of traditional ancestral medicine. In the Autonomous Regions this facilitation corresponds to the Health Secretaries of the Regional Governments.

**Art. 28 Of the role of the Regional Health Councils.**

The Regional Health Councils will act as expressions and territorial delegations of the National Council of Intercultural Health, and will serve as organs of consultation, advice, support and social control of intercultural health management at the regional level, as well as municipal health councils in those Municipalities with a sensitive presence of indigenous or Afro-descendant peoples.

### TITLE III OF RESEARCH IN TRADITIONAL ANCESTRAL MEDICINE

#### CHAPTER I TRADITIONAL ANCESTRAL MEDICINE

**Art. 29 Recognition of Traditional Knowledge.**

This Law recognizes the contribution of traditional knowledge and practices of Indigenous and Afro-descendant peoples and communities that have been collectively or individually and historically applied to primary health care throughout the country.

**Art. 30 Of the own cultural values in health care.**

Health services in indigenous and Afro-descendant peoples where traditional ancestral medicine is practiced must be carried out in accordance with the cultural values of each people, allowing a respectful relationship between this practice and the health care services of the allopathic health sector

**Art. 31 Articulation of ancestral traditional medicine and allopathic medicine.**

The health authorities established by this law, in coordination with the organizations or institutions specialized in the subject, will establish, based on the customs and traditions, the mechanisms of articulation of ancestral traditional medicine with allopathic medicine. They will also promote the elaboration of protocols of attention for the treatment of diseases of cultural affiliation of the towns and communities indigenous and afro descendants, to avoid bad practices.

**Art. 32 Values in the investigation of traditional ancestral medicine.**

The Health Ministry, through the General Director of Health Services and Regional Health Secretary, Regional, Departmental and Municipal Councils and Community Health Commissions, will facilitate the practice, promotion and collective investigation of traditional ancestral medicine by taking Traditional knowledge, customs and world view of this practice, without altering the existing cultures.

**Art. 33 Norms and procedures of investigation in ancestral traditional medicine.**

The Health Ministry, through the General Director of Health Services and the Regional Health Secretary, the Regional, Departmental, Municipal and Community Health Commissions, will elaborate in coordination and in consultation with the communities, the norms and procedures that allow the Ethno-social validation of traditional knowledge, and at the same time the regulation of bi-spec research or any other research, assuring the rights of these and ensuring equitable distribution of benefits and feedback of the knowledge gained.

**Art. 34 Of the patents on the Rights of Collective Intellectual Property.**

The results of the processes of knowledge generation, including studies, systematizations and investigations carried out in the territory of indigenous or Afro-descendant peoples, may not be unproved without the owner having demonstrated to the competent authority, with a written consent of the community or town, in whose territory this study, systematization or investigation was carried out.

The agreement in which this written consent is stated must be previously authorized by a public notary. In the case of the autonomous regions, these agreements will be registered before the respective Autonomous Regional Council. In the case of the indigenous peoples of the Pacific, Central and North, the registration of the agreements will be made before the Ministry of Health. A copy of it will be left to the community and another will be deposited with the Ministry of Health

## CHAPTER II BIODIVERSITY BIOPROSPECTION RESEARCH

**Art. 35 Financing and characteristics of research in ancestral traditional medicine.**

The State will provide financing and technical assistance for the promotion and incentive planned and ordered to research in traditional ancestral medicine. The research should have the following characteristics: interdisciplinary, trans-scientific, with ethnic sensitivity, and will ensure the protection of the historical rights of traditional knowledge on which it is based.

**Art. 36 Dissemination of uses of medicinal plants.**

It is obligation of the State to encourage the dissemination of pharmacological, toxicological, clinical and medicinal uses of medicinal plants, with the support, involvement and participation of indigenous and Afro-descendant peoples, through their authorities, academic research institutions and others Agencies related to the topic.

**Art. 37 Legal norms for protection of indigenous and Afro-descendant peoples.**

In order to take advantage of the biodiversity resources existing in the national territory, the rights of Indigenous and Afro-descendant peoples established in the Political Constitution of the Republic of Nicaragua, Law No. 28, Statute of Autonomy of Autonomous Regions of the Atlantic Coast of Nicaragua and its Regulations, Law No. 217, General Law on Environment and Natural Resources published in the Official Gazette No. 105 of June 6, 1996, Law No. 445, Law Of the Communal Property Administration of the Indigenous Peoples and Ethnic Communities of the Autonomous Regions of the Atlantic Coast of Nicaragua and of the Bocay, Coco, Indio and Corn Rivers, United Nations Declaration on the Rights of Indigenous Peoples, assumed by the National Assembly by AN Declaration No. 001-2008 of March 11, 2008 and other laws in force on the subject.

**Art. 38 Prior, free and informed consent.**

Any project or program involving access to natural resources, biodiversity and traditional knowledge of indigenous and Afro-descendant peoples and the population involved, whether collective, individual or family, should be broadly consulted in their respective assemblies or organizations and approved Previous to being executed by the interested parties.

**Art. 39 Prior authorization.**

To carry out an investigation, the project or program it must first be request the authorization of the formal or traditional authorities of the indigenous or Afro-descendant communities of the territory or community, as appropriate, and be authorized by the respective Regional Council.

**Art. 40 Safeness of research in ancestral traditional medicine.**

Research should be carried out in an integrated manner, avoiding considering isolated aspects of the culture and habitat of the communities, and should therefore use methods that do not harm individual security, the community and the environment. Projects and research should also consider the negative or positive impact of culture on natural resources, on the use and treatment of traditional ancestral medicine.

**Article 41 Contractual agreements.**

Making studies on biodiversity resources in territories of indigenous and Afro-descendant peoples by universities, research centers or institutes and other individuals, natural or juridical, may carry out previous contractual agreements with the indigenous authorities or afro-descendants, supervised by the Health Ministry and municipal or regional authorities, as the case may be, who shall guarantee the rights and other prerogatives of the members of these territories, collectively or individually.

Copies of these agreements will be sent to the Ministry of the Environment and Natural Resources and to the corresponding Regional Council for its control and follow-up.

**Art. 42 Necessary counterparts in the research processes.**

The Centers and Institutes of Study and Research of the Community and Universities of the Atlantic Coast, must participate as counterparts in the studies and investigations, when they are carried out in the ambit of the Autonomous Regions.

**Art. 43 Agreements of technical scientific cooperation.**

The Regional, Departmental and Municipal Health Councils, the Community Health Commissions, the Health Ministry through the General Health Services director, the Regional Autonomous Governments through the Secretaries of Health, in coordination with the indigenous and Afro authorities -descendants, may establish agreements of scientific and technical cooperation with national and international institutions and organizations, for the strengthening of research and training in traditional ancestral medicine.

**Art. 44 Institutional support for research.**

The Health Ministry, through the General Director of Health Services, Regional Health Secretaries, Regional, Departmental and Municipal Health Councils, Community Health Commissions and representatives of indigenous and Afro-descendant peoples and communities, may To provide the necessary technical support, as far as possible to any natural or legal person, who demonstrates the capacity to contribute knowledge and experiences, which are useful for the development and strengthening of traditional ancestral medicine.

**CHAPTER III  
REMUNERATION OF BENEFITS****Article 45 Equitable and fair remuneration of benefits.**

Contractual agreements for access to traditional knowledge and practices of indigenous peoples and communities, Afro-descendant communities and other people involved collectively or individually related to traditional ancestral medicine should include the payment of fair and just compensation Or indirectly, indigenous and Afro-descendant peoples and communities for the benefits of traditional knowledge.

**Article 46 Guarantee of equitable distribution of benefits.**

The State of Nicaragua, through the competent people and in coordination with traditional or formal community, territorial and regional authorities, should, if necessary, establish the ways which guarantee an equitable distribution of the benefits generated by the scientific research, author rights, license and others.

**Art. 47 Reinvestment of benefits for the sustainability of natural resources.**

The State shall ensure that every person or group that benefits from the distribution of benefits, as a result of the investigations referred to in the previous articles, invests a percentage of said benefits in programs or projects for the conservation, protection and promotion of Natural resources and the biodiversity of the place, that allows the revitalization and maintain the sustainability of the raw material for traditional ancestral medicine. The regulations of this Law shall define the respective percentage and procedures.

**CHAPTER IV  
MEDICAL PLANTS****Art. 48 Declaration of national interest.**

For the purposes of this law, it is declared of national interest to medical plants. The use and sustainable use of medical plants must be made in accordance with the Law No. 217, Law on the Environment and Natural Resources and be carried out in harmony with the social, cultural, environmental, health and economic interests of the country.

**Art. 49 Classification of the products of natural medicine.** Medicinal plants and their mixtures, as well as preparations obtained from plants in their various forms, are subject to the regime of master formulas, medicinal preparations or pharmaceutical specialties, as appropriate and with the specifications that the Regulation of this Law establishes.

**Art. 50 The list of medicinal plants.**

The Health Ministry must make known publicly through a ministerial resolution an actualize list of medicinal plants whose quality and quantity of active principles have therapeutic properties for human health. Also make known the existence of toxic plants and the measurements to be taken in case of overdose. This Ministerial Resolution will serve as the basis for the elaboration of the National Therapeutic Guide.

**Art. 51 applicable Criteria in the advantage of medicinal plants.**

The sustainable advantage of medicinal plants, on the base of the official listing that obtains with the collaboration of healers or traditional healers , therapists, traditional or specialist agents of health of the understanding or ancestral knowledge, the Universities and Training centers and ancestral traditional medicine Investigation, will have to sustain in the accomplishment of actions, oriented to the environmental management and distribution of right and equitable economic benefits obtained of them and to the cultural and traditional respect of the towns and indigenous and afro descendance communities and other population in individual.

**Art. 52 National Therapeutic Guide.**

The Ministry of Health, altogether with the institutions or organizations specialized in the matter, will elaborate, approve and put in use, National Therapeutic Guide of the medicinal plants available in the country, with the aim to systematize and to present the uses the same ones, in benefit of the human health.

National Therapeutic Guide, before putting itself in use will have to be consulted with the National Council of Intercultural Health.

**Art. 53 ancestral traditional medicines Education.**

The similar Universities and institutions that offer the Medicine races, Psychology, Infirmary, and Pharmacy and other sciences related to the health, will have to contemplate in their subject, training programs on ancestral traditional medicine, intercultural health, medicinal plant, their majorities, identification, uses, components, doing emphases in which exist in the country and the knowledge and abilities of the ancestral traditional medicine.

**Art. 54 ancestral traditional Medicine in the attention in health.** The Ministry of Health through the unit communications net of services of public health, will be able to complement its attention with the ancestral traditional medicine use.

The policies and strategic plans of the Ministry of Health, will be oriented to the fulfillment of this disposition.

**Art. 55 Ancestral Traditional Medicine Qualification.**

The Ministry of Health through the unit communications net of services of public health, with the support of healers or traditional healers, therapists, traditional or specialist agents of health of the understanding or ancestral knowledge, will have to design and to implement programs of qualification and interrelation, to promoters and personnel of health, like doctors, medical, nurses, nurses and aids, as well as to the technical personnel who will supervise the correct use of the therapies.

**Art. 56 Participation in events on ancestral traditional medicine.** The Independent Ministry of Health, Regional Governments and other institutions of the State, will have to promote and to assure the indigenous participation of representatives of the towns and communities and afro-descendants and population in individual, collective or individual, unions or organizations without profit aims and professionals of the tie health to the subject, in the regional events, national, and international that are made on ancestral traditional medicine.

**TITLE IV  
OBLIGATIONS OF THE STATE  
DISCIPLINARY, TRANSITORY DISPOSITIONS AND  
END**

**CHAPTER I  
OF THE OBLIGATIONS OF THE STATE**

**Art. 57 Obligations of the State and their institutions.** The State and its institutions are forced a:

- a) To facilitate the indigenous right of the towns and descending communities and afro, population in individual, of collective way, familiar or personal, to enjoy, to enrich and to transmit by pertinent means, their culture, languages and other customs and traditions;
- b) To guarantee the participation of the members of descending the indigenous towns and afro- in the decisions and activities that they have to do with its territories and the use of the natural resources;

- c) To support the accomplishment of the assemblies or other own activities of the tradition of the indigenous towns and afro-descendants; and
- d) To facilitate the spreading and promotion of the Ancestral Traditional Medicine, in scientific events, forums, seminaries, factories and other activities that are made on the subject.

## **CHAPTER II OF THE INFRACTIONS AND SANCTIONS**

**Art. 58 competent Organs for the application of sanctions.** The Ministry of Health and the Regional Secretariats of Health, will apply to sanctions to any violation of the dispositions established in the present Law and its regulation, according to their competitions.

The Ministry of Health and the Regional Secretariats of Health, will know and investigate the infractions, leaning with the municipal, territorial, communal authorities, formal and traditional authorities of the place where the infraction was committed, valuing the gravity of the same one and applying the corresponding gradual sanctions within the framework of its competition, without damage of the criminal responsibilities and civil to that it must subject the violator.

The sanction applied to a member of descending the indigenous towns and afro, will have immediately to be informed to the corresponding authorities into the territory or community to which it belongs, for its knowledge, pursuit and control.

**Art. 59 Infractions.** They are infractions to the present law:

- a) Use of the ancestral traditional medicine in personal, familiar, collective damage or of third;
- b) To operate establishments noncertified by the competent authority; and
- c) To violate, in the exercise of the ancestral traditional medicine, the established principles.

**Art. 60 applicable administrative Sanctions.**

The infractions to the present Law will be sanctioned with:

- a) Cancellation of the document of certification of the healer or healer, traditional therapist, agent of traditional or specialist health of the understanding or ancestral knowledge, by part of the Ministry of Health or the Regional Secretaries of Health;
- b) The incapacitation and subsequent closing of the ancestral traditional medicine establishment by the competent authority; and
- c) Occupation of goods, utensils of work and ancestral traditional medicine products by the competent authority.

**Art. 61 Graduality of sanctions. Resources.**

The Regulation of the present Law will establish the special procedures for the classification and gradual application of the sanctions, as well as the resources to that it has right the sanctioned part.



CHAPTER III

TRANSITORY AND FINAL DISPOSITIONS

**Art. 62 Non limitation of responsibilities and rights.**

No of the dispositions of the present law will be able to be interpreted in the sense to diminish, to restrict or to limit the responsibilities of the State, nor the rights of the indigenous towns and afro-descendants contained in the Political Constitution of the Republic of Nicaragua, international instruments ratified by Nicaragua and the laws.

**Art. 63 Translation of the Law.**

The present law will have to be translated for its knowledge and effective spreading, in the languages of the indigenous towns and afro-descendants, who are spoken in the country.

**Art. 64 Regulation.**

The present Law will be regulated by the President of the Republic in the term established by the Political Constitution of the Republic of Nicaragua.

**Art. 65 Use.**

The present Law will enter use from its publication in the Newspaper, Official Newspaper.

Given in the city of Managua, the Assembly hall the National Assembly of the Republic of Nicaragua, to the twenty-nine days of the month of March of year two thousands eleven. Ing. René Núñez Téllez, President of the National Assembly. Dr. Wilfredo Navarro Moreira, Secretary of the National Assembly.

By as much take like Law of the Republic. Executes is published. Managua, twenty fist of June of year two thousands eleven. Daniel Ortega Saavedra, President of the Republic of Nicaragua.

**Government of Reconciliation and National Unit  
United Nicaragua Triumph**

DECREE No 25-2014, Approved the 29 of April of 2014

Published in the Newspaper No 85 of the 12 of May of 2014

The President of the Republic  
**Commander Daniel Ortega Saavedra**

**CONSIDERING**

**I**

That by means of Decree No 5934, the National Assembly of the Republic of Nicaragua, published in the Newspaper No 105, of the 4 of June of 2010, in their article 1 solved to approve the Agreement On Indigenous and Tribal Towns, 1989, adopted the 27 of June of 1989, by the General Conference of the International Organization of Work, during the Sixth Meeting, and in its article 2, it established that the application of the legal contained dispositions in the Agreement is extensive for the Afro descending Communities (Garifunas and Creoles) of our country.

**II**

That the Agreement on Indigenous and Tribal Towns, 1989, in its Part I. General policy, article 2 establishes: 1. The governments will have to assume the responsibility to develop, with the participation of the interested towns, an action coordinated and systematic with a view to protecting the rights of those towns and to guarantee the respect of their integrity. 2. This action will have to include measures: a) that they assure to the members of these towns to enjoy, still on of equality, the rights and opportunities that the national legislation grant to the other members of the population; b) that they promote the total effectiveness of the social, economic and cultural rights of those towns, respecting his social and cultural identity, its customs and traditions, and their institutions;

**III**

That the Agreement on Indigenous and Tribal Towns, 1989, in its Part V. Social security and Health, article 25 establishes: "1. The governments will have to guard so that suitable services of health make available of the interested towns or to provide to these towns the means that allow them to organize and to serve such under their own responsibility and control, to fi n which they can enjoy the maximum possible level of physical and mental health. 2. The services of health will have to be organized, as far as possible, at communitarian level. These services will have to be planned and to be administered in cooperation with the interested towns and to consider their economic, geographic, social and cultural conditions, as well as their methods of prevention, curativas practices and traditional medicines. 3. The system of medical assistance will have to give the preference to the formation and to the sanitary use of personnel of the local community and to be centered in the primary cares of health, maintenance at the same time narrow bonds with the other levels of medical assistance. 4. The benefit of such services of health will have to be coordinated with the other social , economic and cultural measures that are taken in the country.

**IV**

That the Law No 28, Statute of Autonomy of the Regions of the Atlantic Coast of Nicaragua, published in the Newspaper No 238 of 30 of October of 1987, establish in article 8, numeral 2: “Arto. 8. - The Independent Regions established hereby Statute are Legal People of Public Right who follow in which she corresponds, to national policies, plans and directions. They have through its administrative agencies the following general attributions: 2. To administer the communal programs of health , education, culture, supplying, transport, services, etc. in coordination with the corresponding Ministries of State.”

**V**

That Decree A.N. No 3584, Regulation to the Law No 28 “Statute of of Autonomy of the Regions of the Atlantic Coast of Nicaragua”, published in the Newspaper, cial Newspaper Or fi No 186 of the 2 of October of the 2003, in Chapter II, Of the Definitions, article 3, establishes the following definitions: “Regional Model of Health: It is the set of principles, norms, dispositions, regimes, plans, programs, interventions and instruments adopted by the independent regions by means of resolutions of binding and obligatory character, that it orients and direct the activity of health in its respective independent regions”.

**I SAW**

That with date 4 of July of the 2011, it was published in the Newspaper, Newspaper Or fi, the Law No 759, “Ancestral Traditional Medicine Law”, which in article 64 establishes that it will be regulated by the President of the Republic.

In use of the faculties that him with fi ere the Political Constitution

**IT HAS DICTATED**

The following one:

**DECREE**

**REGULATION OF the LAW No 759 “ANCESTRAL TRADITIONAL MEDICINE LAW ”**

**TITLE I**

**FUNDAMENTAL DISPOSITIONS**

**Article 1. Object.**

The present Regulation intends to establish the procedures for the application of the Law No ancestral Traditional Medicine 759, “ Law”, published in the Newspaper, official diary No 123, the 4 of Julio of the 2011.

When in the present Regulation reference to the word becomes “Law”, re will have to be understood that fi ere the Law No ancestral Traditional Medicine 759, “ Law”, and the word “Regulation”, to the present Regulation.

The complementariness that indicates the Law, in the last paragraph of article 1, must talk about to the recognition of the power of the Independent Regions to establish its own models of health, indicated so much in the Law No 28, “Statute of Autonomy of the Regions of the Atlantic Coast of Nicaragua”, like in Decree A.N. No 3584, Regulation to the Law No 28 “Statute of Autonomy of the Regions of the Atlantic Coast of Nicaragua”.

**Article 2. Center or Positions of Health.**

For the effects of the present regulation centers or positions of health to all those units of health are considered that correspond at the first level of attention administered by the Minis-

try of Health, and the Model of Attention in Intercultural Health of the Independent Regions of the Caribbean Coast.

The specialties of the traditional ancestral medicine that the indigenous towns practice descending and afro will be established in the sine of the National Council of Intercultural Health.

The Ministry of Health and the Intercultural Model of Attention in Health of the Independent Caribbean Coast Regions, respect the individual and collective exercise of the ancestral traditional medicine developed by each descending indigenous town or afro.

**Article 3. Specific objectives.**

All the traditional healers or healers, therapists, traditional or specialistic agents of health of the understanding or ancestral knowledge coordinated to each other and altogether with the communal authorities and autonomic authorities of health, Intercultural Communitarian Universities and other Organizations of the Civil Society, those that facilitated and accompanied the interchange by knowledge and practices of the systems of ancestral traditional health.

a) The process of joint and adaptation of the attention models and management will be governed by the model of attention in intercultural health of the Independent Regions of the Caribbean Coast.

b) The protection of the intellectual rights collective derivatives of Scientific researches, native medicinal plants of the region and ethnic practices of ancestral traditional health of the indigenous towns , descending Communities and afro.

c) The Autonomic Authorities, intercultural communitarian universities, Ministry of Health, communal Organizations of the Civil Society and authorities must guarantee the application of the model of attention in intercultural health, as well as the construction of other own and intercultural models of attention in health, of the indigenous towns and communities and afro descending of the country.

d) The Municipal and Regional Governments and Councils, the communal and territorial authorities are the ones in charge of the creation, impulsion, promotion of policies, plans, programs and projects of system of pertinent and adapted ancestral traditional health to the necessities, cosmovisión, tradition and indigenous culture of the towns and descending communities and afro. to assure the representation each instance (communal, territorial authority, etc.)

e) The intercultural communitarian universities, Communal and Regional MINED, MARENA, authorities and written, radial and televising mass media have the obligation to protect, to promote, to educate and to spread to the practices and knowledge of the ancestral traditional medicine, their exercise and the production of biodiversity resources.

f) The Secretaries of Health of the Independent Governments, the Communal Commission of Municipal Health, authorities and intercultural communitarian universities, will be the ones in charge to protect and to promote the natural medicine use in conditions of quality, security, accessibility and responsibility.

**CHAPTER II  
DEFINITIONS**

**Article 4. Definitions.**

For effects of the Regulation and complementarily to the Law, the established the following definition:

Traditional Communal authority: It is the authority of descending the indigenous towns and

afro, chosen in Communal Assembly according to its customs and traditions so that it represents them and governs them; in dependency of the community or ethnic group this authority can be the Cacique, Receiver, Wihta, Coordinator or others and like colegiados organs the Communal Council of Old, Governments or Boards of directors, among other expressions.

Territorial authority: It is the intercommunal, elect authority in the assembly of descending authorities communal traditional, that represents a set of communities or indigenous towns , ethnic or afro, that form a territorial unit, election that will be made according to the procedures that they adopt between the communities.

Indigenous town: It is the human colectivity that maintains an historical continuity with the societies previous to the Colony whose social conditions, cultural and economic it distinguishes to them of other sectors of the national society and that is governed total or partially by its own customs and traditions.

**Article 5. Recognition of descending indigenous towns and afro.**

In accordance with the literal i) of article 5 of the Law, the denomination of Xiu, it must be considered like Xiu - Subtiava, that are predominant indigenous community in Leon and Chinandega.

**Article 6. Ancestral Traditional medicine and the Sector and System of Health.**

The traditional medicine practiced by healers or traditional healers , therapists, traditional or specialistic agents of health of the understanding or ancestral knowledge interacts of integral , harmonic and complementary form with the communal authorities and autonomic authorities of health of the Ministry of Health, authorities, centers of education, independent universities, written, radial and televising mass media for the promotion, spreading, investigation and interchange of knowledge and practices of the systems of ancestral traditional health.

In accordance with article 8 of the Law No 28, the Independent Regions of the Atlantic through their control systems must like attribution elaborate and execute the policies, plans and programs of health, in coordination with the corresponding Ministries of State. Consequently they apply and part is considered the models of health and the model of forecast and management of the health.

**TITLE II  
OF THE JOINT OF THE HEALTH SYSTEMS**

**CHAPTER I  
SCOPE AND AUTHORITY OF APPLICATION**

**Article 7. Scope of application.**

They are subject of application of the dispositions of the present Regulation, all the members of the health system: the traditional healers or healers, therapists, traditional or specialistic agents of health of the understanding or ancestral knowledge, autonomic authorities of health, and sector: Independent universities and other Organizations of the Civil Society.

**Article 8. Authorities of application.**

In accordance with the Article. 8 of the Law, the operating authorities of application in the scope of their faculties, are the following ones:

- a) The Ministry of Health through the Main Directorate of Logistics of Health the SILAIS and the Municipal Directions of Health.
- b) The National Council of Intercultural Health, by means of the decisions taken by absolute majority of the sine of its members.

- c) The Presidents of the Commissions of Health of the Independent Regional Councils, by mandate of the Cali majority fi each of the members that integrate these Commissions.
- d) The Secretaries of Health of the Independent Regional Governments;
- e) The President of the Municipal Commissions of Health by means of the decisions taken by the simple majority of the members that integrate these Commissions;
- f) The President of the Communitarian Commissions of Health;
- g) The Regional Councils of Health in the Independent Regions; and
- h) The Councils of Intercultural Health of each indigenous town, its territorial and communitarian expressions in the zone of the Pacific, Center and North.

## **CHAPTER II OF THE RESPONSIBILITIES OF THE STATE**

### **Article 9. Institutional responsibilities.**

#### ***Ministry of Education.***

The Ministry of Education will include in its educative and curricular policies in the different levels and modalities, oriented lineamientos to guarantee the protection, promotion, and diffusion of the practices and knowledge of the ancestral traditional medicine.

The Ministry of Education will include in the Currículo Basic Nacional of Primary, Secondary Education and Initial formation of Educational, in Natural Sciences, Social Sciences, Language and Literature, Convivencia and Civismo, Direction Técnica and Vocacional and Cultural and Artistic Expresión, knowledge, abilities and skills of the ancestral traditional medicine of the indigenous towns and afro-descendants, as a form of conservation of the culture and to fortify the identity, cultural of and the students.

It will establish coordinations with the Regional Councils of the Indigenous Towns and afro-descendants of the Pacific, Center and North of Nicaragua and the Caribbean to obtain data and knowledge of the traditional and ancestral medicine of these towns, to fi n to elaborate material didactic and of support that fortify the development of these contents and contribute to the actions of qualification with the educational ones.

#### ***Ministry of the Atmosphere and the Natural Resources.***

Of conformity to Agreement 169 of the OIT, the Natural Ministry of the Atmosphere and Resources will establish the mechanisms so that it does not harm the right of descending the indigenous communities and afro to decide his own priorities in which the development process concerns, in the measurement in which this one affects its lives, beliefs, institutions and spiritual well-being and to the earth that occupy or use somehow, and to control, in the measurement of the possible thing, its own economic, social and cultural development. In addition, these towns will have to participate in the formulation, application and evaluation of the plans and programs of national and regional development susceptible to affect to them directly.

#### ***Ministry of Public Works and the Economy, Trains and Commerce.***

The Industry, Ministry of Public Works and the Economy and Commerce, will establish coordinations with the Regional Councils of the Indigenous Towns and afro-descendants of Pacif

fi Co, Center and North of Nicaragua and the Caribbean to make investigations on the illegal use of the ancestral medicine and to exert actions against biopiratería, to establish a prioritized list of vegetal biological resources and animals, and to make searches in data bases of patents of biological resources established in the list prioritized by Nicaragua to determine actions.

**Article 10. Policies of intercultural health.**

The Ministry of Health, will integrate in the public policies in health, the cosmovisión and the practices of ancestral traditional medicine, having it to consult to the indigenous communities and afro - descending.

The National Council of Intercultural Health, promotes the joint of public policies that recognize the right that has the towns and descending ethnic communities and afro to the respect, protection and promotion the practices and expressions of the ancestral traditional medicine in all their specialties and the individual and collective exercise of such, based on the own and intercultural health.

To establish the suitable guarantees that correspond for their effective application and development.

a) The Ministry of Health through Main Directorate of Logistics of Health and the SILAIS will incorporate in its models of management attention , practical provision on watch and protocols and elements of the cosmovisión of the ancestral traditional medicine of the indigenous towns and ethnic communities, allowing this way the gradual integration of the policies of intercultural health within the system of health of the country.

b) The Presidents of the Commissions of Health of the Independent Regional Councils impel initiatives of public policies and models of attention, management and regional service oriented to the practice and elements of cosmovisión of the indigenous towns and descending ethnic communities and afro for their approval in the heat of of the Regional Council. c) The Secretariats of Health of the Independent Regional Governments, guarantee the approved implementation of the policies and models ´por the Maxima regional authority.

d) The Regional Councils of Health in the Independent Regions integrated by Ministry of Health, intercultural Commission of Municipal Health, communitarian universities and other Organizations of the civil society and ONGs who work in health with presence in the different Municipalities, religious , Institutions of the State, Commission of health of the regional Council and secretary of traditional Health of the Regional Government and medical leaders are the ones in charge to carry out the previous consultations for approval of models and regional and municipal policies by the Maxima authority.

e) The Councils of Intercultural Health of each indigenous town integrated by traditional and formal authorities taking care of for it the custom, traditions and forms of ancestral organization made processes of analysis, facilitación of information, interchange of medicinal practices ancestral, validation of you practice them, accreditation of the personnel of traditional health, request of incorporation of models of attention of public health of ancestral medicinal practices, guarantees the participation of the community in all the process.

**Article 11. Etno-social validation.**

The Ministry of Health, the Secretariats of Health of the Independent Regions as authorities of the health system made recognition and social validation etno of all the techniques, methods and procedures used in traditional medicine by towns and descending indigenous communities and afro.

**Article 12. Special models of social security.**

The Nicaraguan Institute of Seguridad Social (INSS), will create special models of cover of

intercultural attention to the rightful claimants or insured by means of the Medical Clinics Previsionales in the scope of the traditional medicine, having to create suitable mechanisms for which the patient can have to disposition an integral and intercultural health of safe way, harmonic and with sanitary quality.

**Article 13. Joint of the ancestral traditional medicine.**

The Ministry of Health by means of administrative dispositions will orient the operation of areas of attention in the health units where the traditional medicine is used, and whose trantes are the traditional therapists guaranteed by the indigenous towns and afro - descending and properly registered in the Municipal Directions of Health.

In the case of the Independent Regions of the Caribbean Coast the directions for the operation of the attention areas will count on the endorsement of the Secretariats of Health. The Municipal Director of Health and the People in charge of the Positions of Health will be the instances of joint to incorporate the models of intercultural health.

**Article 14. Use of products of the ancestral traditional medicine.**

The Ministry of Health will design a plan of gradual joint to fin to incorporate to the services of health the ancestral traditional medicine use. The plan will have to actually contain actions for the creation of orchards of used medicinal plants of the alopatía medicine, of conformity to the taxativo listing of the traditional therapeutic methods identified and validated with the due authorization of the healers or traditional healers, therapists, traditional or specialistic agents of health of the understanding or ancestral knowledge.

**CHAPTER III  
OF THE TRADITIONAL MEDICINE IN THE INDEPENDENT REGIONS OF THE CARIBBEAN COAST**

**Article 15. Competitions of the Councils and Regional Governments.**

For all the effects of application of the present regulation the competent organ to carry out the monitoring, control and supervision is the Ministry of Health in coordination with each Independent Region of the Caribbean Coast, the Commission of Health of the Regional Council and the Secretariat of Health, according to the mechanisms and procedures established in the Agreement Marco, the Law No 423 "General Law of Health", the applicable Model of Intercultural Health and other dispositions.

**Article 16. Financing of the traditional systems of health.**

The Independent Regional Council and the Municipal Council will approve an annual budgetary game of the ten percent of the own bottoms assigned to the Municipal Commission of Health and the Regional Secretary of Health for development and joint of the traditional systems of health, as well as for the protection, promotion, promotion, education, spreading, qualification and investigation in ancestral traditional medicine. Everything of conformity to established in the model of fi the nanciamiento of the Regional Model of Health.

**CHAPTER IV  
OF THE ATTRIBUTIONS OF THE TOWNS AND INDIGENOUS COMMUNITIES AND AFROS-DESCENDIENTES**

**Article 17. Previous attributions and consultations.**

The indigenous towns and afro-descendants, through their authorities will be able:

- a) By means of a delegate of its formal or traditional authorities to participate actively in the execution of the plans, traditional medicine programs and projects.
- b) To establish the forms of implementation of the plans and programs of qualification and



formation of human resources in the indigenous communities and afro-descendants.

c) To coordinate actions in health with the Municipal Directions of Health.

d) To recognize the capacities of traditional therapists, traditional or specialistic agents of health of the understanding or ancestral knowledge through the certification that emits the corresponding authority of the indigenous towns and afro-descendants and to inform it to the municipal authorities into health.

e) To make the retirement or cancellation of the emitted certification when the traditional therapists, traditional or specialistic agents of health of the understanding or ancestral knowledge have committed infractions to the Law and the Regulation, they are in civil interdiction or they let make the practice by reasons for oldness or dissability, having to inform into such event to the municipal authorities of health.

## **CHAPTER V OF THE RIGHT TO THE INTERCULTURAL HEALTH**

### **Article 18. Components of the Model of Intercultural Health.**

The Ministry of Health, the Secretariats of Health of the Regional Councils and the Commissions of Health of the Independent Regional Governments as much recognize like components of the Models of Intercultural Health the ancestral traditional medicine as the healers or traditional healers, therapists, traditional or specialistic agents of health of the understanding or ancestral knowledge, their traditional services, products and therapies.

The Models of Health impelled by the Ministry of Health and the Independent Regional Governments, constitute the instrument of integration of the intercultural health in all the territorial scopes.

### **Article 19. Right to the own health.**

In addition to the rights established in article 23 of the Law, the indigenous towns and communities and afro-descendants must right to denounce before the pertinent institutions:

a) The affectations to its rights on the natural resources, specifically those that they prevent him to make medicinal use of trees and plants, with which it makes his ancestral traditional medicine practices.

b) The use of different the traditional knowledge with fines; and

c) The violation to the rights of the collective intellectual property.

The Ministry of Education to fin to fortify the indigenous rights of the towns and communities and afro-descendants will promote the following actions:

1. The creation of Scholastic Orchards for the culture of medicinal plants in such a way that it is promoted, spreads and it is educated to children and children as far as the practices and knowledge of the ancestral traditional medicine.

2. From the school the use of the medicinal plants like a health practice.

3. To make to char them, stories and stories on the ancestral traditional medicine inviting to healers or agents of previsional health so that they offer them to students, educational and community.

4. To make factories and other educative events of reproduction of traditional medicine contents.

**Article 20. Right to the Intercultural Health.**

The indigenous towns and descending communities and afro have right a:

a) In the reference which they make the traditional healers or healers , therapists, traditional or specialist agents of health of the understanding or ancestral knowledge towards the system of alopática health, to be accompanied by these with fin to facilitate the process of treatment or rehabilitation.

b) To receive the documents that contain the information of the diseases and ethno-cultural ailments integrated in the information systems and statistics of the Ministry of Health, and in the Independent Regions of the Caribbean Coast by the Secretariats of Health, Commissions of Health and the Municipal Commissions of Health.

**CHAPTER I SAW  
OF THE NATIONAL ADVICE OF INTERCULTURAL HEALTH**

**Article 21. Of the integration and operation of the National Council of Intercultural Health.**

The Ministry of Health, by means of the Main Directorate of Logistics of Health, sixty days after the entrance in use of the present Regulation, will summon to the instances indicated in article 25 of the Law to integrate the National Council of Intercultural Health.

The representatives of each instance will have to be named of formal way through communication directed to the Minister or Minister of Health, designating a substitute who replaces the holder in case of impossibility of this one.

For the operation of the National Council of Intercultural Health, the Ministry of Health will elaborate the Internal proposal standard that will have subsequent to be approved in the session the session of integration of the this Council.

The Executive Secretariat of the National Council of Intercultural Health will be under the responsibility of a professional of the medicine that takes care of by specialty the ancestral traditional medicine, that will have to count on a minimum structure of support and whose operation does not cause additional erogaciones to the General Budget of the Ministry of Health.

**Article 22. Of the roll of the SILAIS and the Secretariats of Health of RAAN and RAAS.**

The SILAIS will fit their performances of conformity to Articles 58 and 59 of the Law No 423, “General Law of Health”, publicado in the Newspaper No 91 of the 17 of May of the 2002 and articles 26 and 27 of the Decree No 001-2003, “Regulation of the General Law of Health”, published in the Newspapers Us. 7 and 8 of 10 and 13 of January of the 2003; the Secretariats of Health of RAAN and RAAS will fit their performances of conformity to the Model of Intercultural Health.

***TITLE III***  
**OF THE ANCESTRAL TRADITIONAL MEDICINE INVESTIGATION**

**CHAPTER I**  
**OF THE ANCESTRAL TRADITIONAL MEDICINE**

**Article 23. Relation between the ancestral traditional medicine practice and the allopathic medicine.**

The services of health of the indigenous towns and afro-descendants will coordinate of harmonious form with the services of the allopathic health, having it to exist agreements of cooperation between the authorities of the indigenous towns and afro-descendants and the municipal authorities of health of the MINSA.

**Article 24. Joint of the ancestral traditional medicine and the allopathic medicine.**

The authorities of the indigenous towns and afro-descendants and the municipal authorities of health of the Ministry of Health by means of collaboration agreements will establish the mechanisms of coordination between the ancestral traditional medicine, the allopathic medicine and the model of intercultural health of the Caribbean Coast.

Of equal way the guides of clinical practice or protocols of the most common pathologies will be elaborated of coordinated form that she takes care of traditional the medicine ancestral, which must be approved by Ministerial Agreement of the Ministry of Health.

**Article 25. Of the investigation in the ancestral traditional medicine.**

For the investigation and collective promotion of the ancestral traditional medicine, the Main Directorate of Logistics of Health will have to approve the Protocols of Investigation of way coordinated with the Regional Secretariats of Health, the Regional, Departmental, Municipal Councils and the Communitarian Commissions of Health.

**Article 26. Procedure of the ancestral traditional medicine investigation.**

Previous to the approval of the Protocol of Investigation the approval of the authorities of the indigenous or afro descendent towns is due to obtain .

**Article 27. Of the patents on the Rights of Collective Intellectual Property.**

The Registry of the Intellectual Property of the Ministry of Public Works and the Economy , Industry and Commerce, with fi n to avoid the illegal appropriation of the traditional knowledge, piracy and that descending the indigenous towns or afro of the Republic of Nicaragua have the right participation and equitable of benefit derivatives of the same ones will have to require to the applicant of patent of invention the express consent and in writing of descending the indigenous town or afro, in whose territory was made study, systematization or investigation that of origin to the request of invention patent.

The consent will have to consist in writing before public notary and properly registered as it establishes article 34 of the Law. The consent on the part of descending the indigenous towns or afro that makes reference in favor of third, will be understood that this one will not be an exclusive right.

In the case of consent of descending indigenous towns or afro they will be governed by the dispositions of the internal legislation and taking into account the dispositions decided in effective Treaties in the Republic of Nicaragua.

**Article 28. Financing and characteristics of the ancestral traditional medicine investigation.**

The Ministry of Health, as well as the Secretariats of Health and the Commissions of Health of the Regional Councils, will coordinate and watch the use of the nancieros resources fi and technical attendance destined to the investigation in the matter of ancestral traditional medicine.

**Article 29. Spreading of uses of medicinal plants.**

The Ministry of Health, the Secretariats of Health and the Commissions of Health of the Regional Councils, of form coordinated with academic institutions of investigation, and education, will disclose the farmacológicos , toxicológicos, clinical uses and forms of consumption of the medicinal plants, counting for it with the support, involvement and participation of the indigenous towns and afro-descendants.

**Article 30. Legal norms from protection to indigenous towns and afro-descendants.**

In attention to the established thing in article 37 of the Law, one is due to observe Law 217, General Law of Environment and the Natural Resources and their reforms published in its text, in the Newspaper, diary No 20 of the 31 of January of the 2014; with fi n that the defense

and sustainable use of the Natural Resources, is for benefit of the Nicaraguan society and in special for the original towns.

**Article 31. Security of the ancestral traditional medicine investigations.**

The investigations that are made in indigenous territories, must be made according to the established thing in articles 57 and 58 of the Decree 01-2007, Regulation of Areas Protected of Nicaragua, published in the Newspaper, official diary No 8 of the eleven of January of two thousands the seven.

**Article 32. Contractual agreements.**

The Contractual Agreement to that re fi ere article 41 of the Law, must contain the following dispositions at least: Corresponding generals of Law of the suscribientes parts, accreditations, object in the Agreement, Scope of application in the agreement, commitments of the parts, procedure for the solution of with fi ictos, causal of rescission and use in the agreement.

**Article 33. Contrapartes necessary in the investigation processes .**

The Independent Regional Governments of the Caribbean Coast, to traverse of the Secretariats of Health, will coordinate the participation of the Centers and Institutes of Study and Investigation of the communitarian Universities, in the studies and investigations on ancestral traditional medicine. Such participation will have to become serious through the pertinent legal instruments used by the authorities of the Regional Governments.

**Article 34. Of the agreements of technical scientific cooperation.**

The agreements of scientist-technical cooperation that indicates article 43 of the Law will have to subscribe for the fortification of the investigations and ancestral traditional medicine qualifications.

**CHAPTER III  
OF THE REPAYMENT OF BENEFITS**

**Article 35. Reinvestment of the benefits of natural resources sustainability**

At the time of fi nor percentage, one is due of fi to also nor the sites in which the resource can be extracted, with the objective to take advantage of himself sustainable form and to guarantee that always there is existence for its due advantage. The percentage, of which the Law speaks, must be of fi nests taking into account amounts of extraction for advantage that were made.

**CHAPTER IV  
OF THE MEDICINAL PLANTS**

**Article 36. Declaration of national interest.**

In accordance with articles 48 and 50 of the Law, the Natural Ministry of the Atmosphere and Resources will elaborate the National Listing of Plants and Medicinal Trees, which will be open to introduce the new species with medicinal properties that are identifying the MINSA.

**TITLE IV  
DISCIPLINARY, TRANSITORY AND FINAL DISPOSITIONS**

**CHAPTER I  
OF THE INFRACTIONS AND SANCTIONS**

**Article 37. Classification and gradualist of the sanctions.**

For effects of the application of the sanctions by infractions to the Law, indicated in article 59 of the Law, the following gradual settles down :

**a) Minor offenses:** To operate establishments noncertified by competent authority.

**b) Serious offenses:** To violate the principles of the ancestral traditional medicine and the commission of two minor offenses in the period of a year, counted from the commission of the first minor offense.

**c) Very Serious lack:** To cause personal, familiar, collective damage or of third, by the practice of the ancestral traditional medicine and the commission of two serious offenses in the period of a counted year from the commission of the first serious offense.

**Article 38. Gradual application of the sanctions.**

The infractions to the Law and the present Regulation will be sanctioned with:

**a) By the Commission of minor offenses:** The incapacitation by three (3) months of the healer or healer, traditional therapist, agent of traditional or specialistic health of the understanding or ancestral knowledge that commits the lack and the temporary closing of the establishment by a period of three (3) months. The administered one during the period of the sanction will have to obtain the corresponding authorization.

**b) By the Commission of serious offenses:**

- Incapacitation by six (6) months of the healer or healer, traditional therapist, agent of traditional or specialistic health of the understanding or ancestral knowledge that commits the lack; and
- Temporary Cierre of the establishment by a period of six (6) months.

**c) By the Commission of very serious lack:**

- the definitive incapacitation and cancellation of the document of certification of the healer or healer, traditional therapist, agent of traditional or specialist health of the understanding or ancestral knowledge that commits the lack.
- definitive Cierre of the ancestral traditional medicine establishment
- Occupation of goods, utensils of work and ancestral traditional medicine products

**The procedure for the application of the sanctions is the following one:**

- 1) Report of denunciation and invalidation that the indigenous authorities of the towns and communities and afro-descendants do, presented/displayed before the Ministry of Health or the Regional Secretariats.
- 2) The Regional Ministry of Health or Secretariats, initiates investigation with the received Report and mentions administered, that will have to appear within the three working days

after notified to make use of its rights, presenting/displaying means of test that it thinks to be worth for the unloading of the informed responsibility. The receiving civil employee will raise act of the appearance, which will have to be firmada by the mentioned one.

3) The Ministry of Health or the Regional Secretariats of Health after the three working days to the appearance dictates to the Resolution applying the sanction, which must be notified to the interested one within the two following working days of to have dictated.

**Article 39. Administrative resources.**

The administrative resources to that they have right the sanctioned people, are regulated of conformity to the arranged thing in Chapter IV, Of the Procedures and Administrative Conflicts of Law Not 290, "Law of Organization, Competitions and Procedures of the Executive authority".

**CHAPTER II  
TRANSITORY AND FINAL DISPOSITIONS**

**Article 40. Translation.**

The present Regulation, like the Law, will have to be translated for its knowledge, spreading and effective application, in the languages of descending the indigenous towns and afro, that is spoken in the country.

**Article 41. Use.**

The present Regulation will enter use from its publication in the Newspaper, official diary

Dice in the City of Managua, House of Government, Republic of Nicaragua, day twenty-nine of April of year two thousands fourteen. **Daniel Ortega Saavedra**, President of the Republic of Nicaragua. **Sonia Castro González**, Minister of Health.

**National assembly of the Republic of Nicaragua.**

**Legislative complex Carlos Núñez Téllez.**

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To send its commentaries a: Division of Legislative Information

**Note:** Any existing Difference between the Text of the printed Law and the published one here, we request is communicated to the Division of Legislative Information of the National Assembly of Nicaragua.