

# Traditional Medicine Goes Global: Pan-African Precedents, Cultural Decolonization, and Cold War Rights/Properties

by *Helen Tilley*\*

## ABSTRACT

The concept of traditional medicine, for all its multifaceted roots, achieved global prominence only during the Cold War era in the wake of massive decolonization. While developments within Asia contributed to this shift, it was often leaders and diplomats from newly independent African countries who first put different aspects of traditional medicine forward for debate within United Nations agencies. The Organization of African Unity (OAU), along with several other pan-African initiatives, paved the way for this work, tying the continent's cultural heritage to its medical heritage and pushing for its "cultural property" to be protected as intellectual property. These goals were both precedent setting and inherently fraught: they gave states more tacit power to act as gatekeepers for those labeled "traditional healers" (who often referred to themselves by different terms entirely and had ambivalent relationships to state authorities). Diplomats also promoted an ethos that endogenous experts' "know-how" was a public good and the preserve of governments, rather than private capital. This article reconstructs a central strand in the story of how traditional medicine went global, paying special attention to pan-African networks' radical foreign policy agendas. These ultimately ensured that global institutions, such as the World Health Organization (WHO), opened their doors to polyglot therapeutics (or different conceptual schemas to define health and illness) and promoted the idea that heterodox healers were integral to people's rights to health. Though pan-African initiatives were unable to overturn deeply entrenched power imbalances or enact their full agenda, they did have lasting legal, policy, and epistemic effects that continue to reverberate around the world to this day.

This cultural heritage is the property of the various communities which have created it.

—Resolution, African Study Group on Copyright<sup>1</sup>

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This chapter is dedicated to the memory of Tejumola Olaniyan (1959–2019), Martin Khor (1951–2020), Crawford Young (1931–2020), and Jan Vansina (1929–2017), who were encouraging interlocutors at the project's genesis. My thanks to Suman Seth, Lissa Roberts, Mario Biagioli, Laura Pedraza-Fariña, Hannah-Louise Clark, and Graham Dutfield for comments on an earlier draft; all flaws and interpretive choices are my own.

<sup>1</sup> "African Study Meeting on Copyright, Brazzaville 5–10 August, 1963, Report, Recommendations, List of Participants," *Copyright Bulletin* 16 (1963): 170–89, on 185.

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African traditional medicine is one of the pillars of the cultural heritage of the Region and has the potential capacity for finding a remedy to [modern medicine's] inadequacy. An integration of the two systems . . . should enable the sorely underprivileged populations to benefit from one of the fundamental human rights: the right to health.

—African Regional Office, World Health Organization<sup>2</sup>

Ask any historian to come up with a list of major events for late July 1969, and odds are high that a significant number will name the Apollo 11 moon landing. If you were one of the billions of people who listened to the radio, read a newspaper, or watched the news, it was hard to miss anywhere on Earth. Far fewer scholars would think of two other events that also took place in the same week and also had global significance. These were the Annual Assembly of the World Health Organization (WHO), held that year in Boston, and the Organization of African Unity's Pan-African Cultural Festival (PANAF), held in Algiers.<sup>3</sup> Participants at these events chatted casually about the moon landing and followed the reports. How could they not? But their primary focus was terrestrial.<sup>4</sup> The representatives from 131 member states meeting under WHO auspices were preoccupied with the politics of health.<sup>5</sup> Those in the 30 national delegations assembled by the OAU were debating (and celebrating) the politics of culture.<sup>6</sup>

On the final day of each event the diplomats' interests coincided; the WHO assembly passed its very first resolution on "traditional medicine," asking the director-general to study and report back on its role within member states' drug and health care programs. The OAU, meanwhile, voted unanimously to adopt a three-thousand word *Pan-African Cultural Manifesto*, in which delegates urged member states to "promote and coordinate research in all spheres of traditional medicine" and to "protect the intellectual property of Africans by suitable legislation."<sup>7</sup> This was no accident. The WHO resolution was spearheaded by two Marxist-leaning countries, the People's

<sup>2</sup> O. Ampofo and F. D. Johnson-Romauld, *Traditional Medicine and Its Role in the Development of Health Services in Africa* (Brazzaville, Rep. of Congo: AFRO-World Health Organization, 1976), 1. Ampofo represented Anglophone Africa and was from Ghana; Johnson-Romauld represented Francophone Africa and was from Togo.

<sup>3</sup> The World Health Assembly (WHA) took place from 8 to 25 July 1969, and the OAU's Pan-African Cultural Festival took place from 21 July to 1 August 1969. The key votes on resolutions took place on 25 July (WHO) and 1 August (PANAF). Between 1948 and 1990, only five WHA's took place outside Geneva, Switzerland, where the WHO has its global headquarters.

<sup>4</sup> Bernth Lindfors, who attended the Pan-African Cultural Festival, shared his recollection with me (5 May 2020): "The Festival was held at an important historical moment, when American astronauts were walking on the moon. I recall standing outside TV shops in the evenings and watching broadcasts of their activities. I bought a paper each day that reported on festival events on the front pages and covered news about the moon landing on the last page."

<sup>5</sup> There were 128 full members and 3 associate members by December 1968; see *The Work of the WHO 1968: Annual Report of the Director-General to the World Health Assembly and the United Nations* (Geneva: WHO, 1969), 227.

<sup>6</sup> OAU, *La Culture Africaine: Le Symposium D'Alger, 21 Juillet – 1er Août 1969* (Algiers: OAU and Société Nationale d'Édition et de Diffusion, 1969).

<sup>7</sup> OAU, *Pan-African Cultural Manifesto* (Algiers: Organization of African Unity, 1969); WHO, *Twenty-Second World Health Assembly*, part 2, *Plenary Meetings Verbatim Records* (Geneva: WHO, 1969), first draft of resolution on 337, second draft on 345; WHO, *Twenty-Second World Health Assembly*, part 1, *Resolutions and Decisions* (Geneva: WHO, 1969), final resolution on 27–8.

Republic of Guinea and the People's Republic of Congo, whose nationals also played an important role in writing the OAU's *Manifesto*.<sup>8</sup>

Passage of both resolutions culminated many years of diplomatic activism and emerged from foreign policy agendas intended to change relations of power (among states) and alter dominant approaches to global (health) governance. While the WHO's resolution appeared to be fairly narrow and technical in scope—because it situated traditional medicine within the context of drugs—its sponsors hoped it would have a domino effect, catalyzing more sweeping policy discussions and allowing many more WHO member states to add their interests to the mix. It did. The OAU's *Manifesto*, by contrast, was expansive and humanist in its remit, arising out of African leaders' concern to contend with the effects and aftershocks of empire. It was a document with a clear rallying cry; the cultural was political, and the political was necessarily therapeutic.<sup>9</sup> Its recommendations were designed to lead to more focused, instrumental results among member states. They did. The texts, in other words, were written to suit different modes and moments of governance; one was for an allegedly technical health organization and the other for a decidedly revolutionary pan-African organization.<sup>10</sup> Yet both had radical roots, and both had lasting effects. Their approval marked an important turning point. Participants were simultaneously settling on a vocabulary to discuss a multitude of things that typically fell outside orthodox health services, and opening the door for state-based approaches to “traditional medicine” to become a global norm.

By a twist of fate, we can pinpoint this shift to a single week in July 1969, just days after the moon landing, a symbol of the kind of techno-scientific mastery and capital-intensive achievements surrounding the Soviet-American space race and Cold War rivalries. For those paying attention to geopolitics, the contrast in economic priorities (and political possibilities) could not have been more stark. To put expenditures in perspective, between 1960 and 1973 the US government allocated \$25.4 billion to Project Apollo, while during these same years, the WHO had a total budget from member states and donors of just \$727 million, or 3 percent of Apollo's expenses.<sup>11</sup> A similar asymmetry existed in terms of gross domestic product (GDP), a relatively

<sup>8</sup> The African Regional Office of the WHO was based in Brazzaville, Republic of Congo; the active role of Congolese representatives in this and other pan-African policies was hardly surprising. By the early 1950s, the WHO had six regional offices to cover the globe, including the Americas, Europe, Southeast Asia, the Pacific, the Eastern Mediterranean, and the African Region. For background on Brazzaville's selection, see Jessica Pearson, “The World Health Organization Comes to Brazzaville,” chap. 4 in *The Colonial Politics of Global Health: France and the United Nations in Postwar Africa* (Cambridge, MA: Harvard University Press, 2018), 89–112.

<sup>9</sup> These ideas were present from the founding of the OAU, expressed most clearly in the speech by the Ethiopian emperor, Haile Selassie: “As we renew our vow that all of Africa shall be free, let us also resolve that old wounds shall be healed”; Selassie, who became the first OAU president, quoted in Boutros Boutros-Ghali, “The Addis Ababa Charter: A Commentary,” *International Conciliation* 35 (1964): 5–62, on 35.

<sup>10</sup> See Boutros Boutros-Ghali, *L'Organisation de l'Unité Africaine* (Paris: Librairie Armand Colin, 1969). I am using “revolutionary” here to capture the OAU's 1960s platforms.

<sup>11</sup> Figures for WHO budgets are from annual reports of the director-general for the years 1960 to 1973 (inclusive); WHO records are online and can be searched for in its “Institutional Repository for Information Sharing” (IRIS), <https://apps.who.int/iris/>. Alex Knapp, “Apollo 11's 50th Anniversary: The Facts and Figures Behind the \$152 Billion Moon Landing,” *Forbes*, 20 July 2019, <https://www.forbes.com/sites/alexknapp/2019/07/20/apollo-11-facts-figures-business/#23b71bae3377>. Apollo 11's budget was about \$355 million. The OAU's budget was negligible by comparison.

new economic metric for those countries that had recently gained independence.<sup>12</sup> In 1967–68, all African states combined had a total GDP of \$47 billion (with South Africa comprising 28 percent of this), compared to the United States' \$862 billion. Africa's total GDP was a mere 5 percent of the United States' "national income."<sup>13</sup> The official turn to "traditional medicine" by the Organization of African Unity and the World Health Organization in 1969 thus makes most sense when situated within the wider context of member states' desire to address economic and medical inequalities on a global scale. It was also part of a longer multinational effort to redress historical wrongs and consider whether different kinds of "healers" might know and do things of "therapeutic value."<sup>14</sup> Could countries use such knowledge, in other words, to generate *public wealth* while improving their *people's* health?

African governments, notably excluding apartheid South Africa and those that were still colonized, were the first to insist collectively in the early 1960s that global institutions expand the framework of "rights to health" to include sovereignty itself and freedom from "racial discrimination" and "colonial domination."<sup>15</sup> They eventually linked these aims, by the end of the decade, to programs and policies in support of "traditional medicine." To this agenda they added a third goal, which was to protect their people's "intellectual property" by developing novel twists on the legal concepts of authorship, folklore, public domain, and technical know-how.<sup>16</sup> They hoped to use model laws and new legal definitions as a kind of pan-African firewall to prevent outside agents from doing things with endogenous knowledge without African states' control or permission. That they failed to achieve all these goals may be unsurprising; that their efforts still had lasting medical and juridical effects makes it important to understand their roots.

When the WHO Secretariat announced its program to the world in 1978, it used definitions for "traditional medicine" and "traditional healer" that stemmed from the African Regional Office's expert consultation in Brazzaville (Congo) in early 1976 and

<sup>12</sup> Matthias Schmelzer, *The Hegemony of Growth: The OECD and the Making of the Economic Growth Paradigm* (Cambridge, UK: Cambridge University Press, 2016); Daniel Speich, "Travelling with the GDP Through Early Development Economics' History," LSE Working Papers on the Nature of Evidence no. 33 (2008), <http://eprints.lse.ac.uk/22501/1/3308Speich.pdf>.

<sup>13</sup> Agency for International Development (AID), *Selected Economic Data for Less Developed Countries* (Washington, DC: US Government Printing Office, 1969), 6.

<sup>14</sup> The phrase "therapeutic value" was used by the head of the Guinea delegation during the 1969 World Health Assembly; I trace its earlier use, during the 1967 WHA, in the upcoming section, "From Traditional Medicines to Traditional Practitioners: World Health Assemblies, Drug Industries, and the Quest for Therapeutic Value."

<sup>15</sup> Latin American countries pushed social and economic rights in the years leading up to the 1948 passage of the United Nations' Universal Declaration of Human Rights; see Kathryn Sikkink, "Latin America's Protagonist Role in Human Rights," *Sur: International Journal on Human Rights* 12 (2015): 207–19. There was also a brief period between 1948 and 1951 when it appeared that Asian decolonization might lead the WHO to focus more on rights to health rather than technical assistance, but that window closed quickly; see Sunil Amrith, *Decolonizing International Health: India and South-east Asia, 1930 to 1965* (New York, NY: Palgrave Macmillan, 2006), 87–90. African countries' central role has been left out of most histories of rights to health and the World Health Organization. See, for instance, Daniel Tarantola, "A Perspective on the History of Health and Human Rights: From the Cold War to the Gold War," *Journal of Public Health Policy* 29 (2008): 42–53.

<sup>16</sup> Studies that have influenced my thinking include Abena Osseo-Asare, *Bitter Roots: The Search for Healing Plants in Africa* (Chicago: Univ. of Chicago Press, 2014); Stacey Langwick, *Bodies, Politics, and African Healing: The Matter of Maladies* (Bloomington: Univ. of Indiana Press, 2011); and Laura Foster, *Reinventing Hoodia: Peoples, Plants, and Patents in South Africa* (Bloomington: Univ. of Indiana Press, 2017). Few legal scholars or historians, however, have examined how African decolonization affected the legal meanings of authorship, folklore, public domain, and know-how.

from its technical discussions during its annual assembly in Kampala (Uganda) later that year.<sup>17</sup> These definitions were the product of years of hard-won consensus building. They stressed the ancestral, dynamic, intergenerational, experiential, effective, oral, and even inexplicable elements within African therapeutic cultures. Some of this language appears in WHO documents to this day and has crossed over into other organizations with different kinds of jurisdiction, including the World Trade Organization (WTO).<sup>18</sup> Its African origins, however, have largely been erased or forgotten, even in the WHO's official history.<sup>19</sup> And yet, as late as 1995, senior staff in the WHO had a habit of referring to the "traditional medicine" program as an "African program," in part because of its regional priorities and also because its first two directors, who served in this role in the Secretariat from 1976 until 1992, were nationals from Ghana (Robert Bannerman) and Nigeria (Olayiwola Akerele).<sup>20</sup>

This article takes the 1969 resolutions as a pivot point to reconstruct a central strand of the story of how "traditional medicine" went global. It makes three connected arguments. First, lexicons of "traditional medicine" became pervasive not just as a consequence of the hard laws of states and empires, but also thanks to the (nonbinding and aspirational) soft laws of global and transnational institutions.<sup>21</sup> Soft laws—such as multinational resolutions, multistate manifestos, intergovernmental reports and guidelines, and model laws developed for newly independent states—had recursive or looping effects. They amplified states' interest in medical heterodoxy, legitimated ideas and practices often considered controversial, and seeded terms and techniques in ways that harmonized approaches.

Second, African decolonization was crucial to the codification of traditional medicine as a consequence of the one-country, one-vote principle in the United Nations, and because the OAU functioned as much like a social movement as a collection of nation-states. Indeed, the OAU's founding charter, committee structures, and rotating meetings allowed it to foster styles of pan-African coordination that decentralized power and favored nonbinding policies.<sup>22</sup> Its architects wanted to ensure political continuities even in the face of foreign threats, allowing the OAU to trade in kinds of soft

<sup>17</sup> African Regional Office-WHO, *African Traditional Medicine*, AFRO Technical Report Series, no. 1 (Brazzaville, Rep. of Congo: AFRO, 1976); Ampofo and Johnson-Romauld, *Traditional Medicine and Its Role* (cit. n. 2); WHO Technical Report Series, *The Promotion and Development of Traditional Medicine: Report of a WHO Meeting* (Geneva: WHO, 1978), 8–9.

<sup>18</sup> See, for instance, the 2002 and 2012 WTO reports Laura Pedraza-Fariña discusses in "The Intellectual Property Turn in Global Health: From a Property to a Human Rights View of Health," in this volume.

<sup>19</sup> This erasure is hardly surprising given the volume of material and scholars' tendency to analyze things from the point of view of WHO's Secretariat and director-general rather than that of member states or regional offices; see Socrates Litsios, *The Third Ten Years of the World Health Organization, 1968–1977* (Geneva: WHO, 2008). My heartfelt gratitude to Socrates for welcoming me into his home and discussing this history with me in August 2011.

<sup>20</sup> Bannerman began work for the WHO in 1967, and was officially appointed as secretary for the traditional medicine program in 1976. Akerele took over in 1982. Details were reconstructed from WHO staff records and interview with Zhang Xiaorui (director of the traditional medicine program from 1992 to 2010), 22 May 2020. Zhang began her own career as a "barefoot doctor" in China in 1968. Her father was secretary to Zhou Enlai, premier of the People's Republic of China, and he accompanied Zhou on some of his overseas trips in the early 1960s.

<sup>21</sup> See my introduction, "Medical Cultures, Therapeutic Properties, and Laws in Global History" in this volume, for more on hard laws and empires.

<sup>22</sup> For an organizational chart and map of the 36 member states by 1965, see "The Organization of African Unity," *Department of State Bulletin* 52 (1965): 669–77, 671 (map), 675 (chart). David Meyers, "The OAU's Administrative Secretary-General," *International Organization* 30 (1976): 509–20.



power and soft law that paradoxically had large and lasting effects within Africa and beyond.<sup>23</sup> Several scholars have pointed out that the WHO Secretariat took a more activist turn in the 1970s, but without “activist” states and their diplomats, it is difficult to imagine the Secretariat sustaining support.<sup>24</sup>

Finally, concepts of culture, heritage, and endogenous expertise were central to dynamics surrounding decolonization, state building, and advocacy efforts on traditional medicine. Many so-called Second and Third World countries during the Cold War era operated as “ethnographic states,” mining their textual and oral pasts for useful and meaningful knowledge.<sup>25</sup> Their excavation efforts aimed to recover types of scientific, technological, and medical expertise that they believed had been suppressed by colonial powers, or denigrated by boosters of “Western” thought. Ironically, this focus on heritage and recovery laid the groundwork for newly independent states to resurrect a number of things that had roots firmly in the colonial, rather than any precolonial, past.

#### COLD WAR RHETORIC AND PAN-AFRICAN RECALIBRATIONS: THE NEEDS, KNOWLEDGE, AND RIGHTS OF THE MASSES

Historians of the Cold War have helped us understand how both top-down and bottom-up initiatives generated fresh waves of support, from the 1950s onward, for people-centered rhetoric relating to the needs—and knowledge—of “the masses.”<sup>26</sup> Some of these efforts arose out of long-standing socialist and communist commitments to workers’ movements. Others derived from anticolonial campaigns that emphasized people’s need to govern themselves and determine their own political destinies. Scientific and medical concerns were often integral to such conversations. By the 1960s, for instance, the Soviet Union and Cuba had made citizens’ social and economic rights central to their transnational medical diplomacy work.<sup>27</sup> Likewise, the People’s Republic of China (PRC) and the Democratic Republic of Vietnam—both

<sup>23</sup> United Arab Republic, *Summit Conference of Independent African States, Addis Ababa 22–25 May 1963* (Cairo: Information Department, 1963), 3–4.

<sup>24</sup> Randall Packard, *A History of Global Health: Interventions in the Lives of Other Peoples* (Baltimore: Johns Hopkins Univ. Press, 2016), esp. chap. 12; Marcos Cueto, Theodore Brown, and Elizabeth Fee, *The World Health Organization: A History* (Cambridge, UK: Cambridge Univ. Press, 2019); João Biehl, “The Activist State: Global Pharmaceuticals, AIDS, and Citizenship in Brazil,” *Social Text* 22 (2004): 105–32; see also Pedraza-Fariña, “The Intellectual Property Turn in Global Health” (cit. n. 18).

<sup>25</sup> Historians of anthropology and empire have popularized the idea of colonial states as ethnographic states, but few have studied how postcolonial states became ethnographic states or examined their transnational foundations and effects. See Nicholas Dirks, “The Ethnographic State,” part 3 in *Castes of Mind: Colonialism and the Making of Modern India* (Princeton, NJ: Princeton Univ. Press, 2001); and Edmund Burke III, *The Ethnographic State: France and the Invention of Moroccan Islam* (Oakland: Univ. of California Press, 2014). For the “heritage industry” in Africa, see Derek Peterson, Kodzo Gavua, and Ciraj Rassool, eds. *The Politics of Heritage in Africa: Economies, Histories, and Infrastructures* (Cambridge, UK: Cambridge Univ. Press, 2015).

<sup>26</sup> Chunjuan Nancy Wei and Darryl Brock, eds., *Mr. Science and Chairman Mao’s Cultural Revolution: Science and Technology in Modern China* (Lanham, MD: Lexington, 2013).

<sup>27</sup> Between 1949 and 1957, the Soviet Union elected to withdraw from the World Health Organization; its return coincided with the early years of African decolonization. Anne-Emmanuelle Birn and Nikolai Kremontsov, “‘Socialising’ Primary Care? The Soviet Union, WHO and the 1978 Alma Ata Conference,” *BMJ Global Health* 3 (2018): e000992, doi:10.1136/bmjgh-2018-000992; Julie Feinsilver, *Healing the Masses: Cuban Health Politics at Home and Abroad* (Berkeley and Los Angeles: Univ. of California, 1993). These trends had roots in the interwar decades and allies in other countries; see also Anne-Emmanuelle Birn and Theodore Brown, eds., *Comrades in Health: U.S. Health Internationalists Abroad and at Home* (New Brunswick, NJ: Rutgers Univ. Press, 2013).

excluded from the WHO and UN during these critical years—popularized slogans across East Asia and Southeast Asia about the need for “self-reliance” and “mass science.”<sup>28</sup> Mao Zedong, who had insisted in 1954 that the PRC unite “Western and Chinese medicine,” by 1967 launched a clandestine research effort to find a “traditional” treatment for malaria that would help North Vietnamese troops. In 1968, Mao gave his stamp of approval to the “barefoot doctors” rural health program to counteract the elite, urban bias of licensed and university-trained medics.<sup>29</sup> These populist ideas also pervaded social movements in the United States, with the Black Panther Party’s People’s Health Plan, and the group Science for the People, both getting off the ground in 1969.<sup>30</sup>

Often missing from these surveys is recognition that African liberation movements and decolonization played an outsized role in bolstering such rhetoric and recalibrating global institutions in the process.<sup>31</sup> Between 1956 and 1969, thirty-five states across Africa achieved political independence, with 1960–61 serving as the tipping point when hundreds of diplomats began to take part in assemblies and join the secretariats and working committees of United Nations agencies.<sup>32</sup> Francophone states had a supermajority and often led the way, pushing powerful political agendas.<sup>33</sup> A firsthand observer in 1961 explained why numbers mattered: “Africa has emerged as a significant factor in international power structures. African states form the largest bloc within the UN.”<sup>34</sup> Leaders of these new countries understood that only by forging strategic alliances could they achieve their shared goals and meet the needs of their

<sup>28</sup> The PRC was admitted to the UN by its General Assembly in the fall of 1971, but it took two years for its diplomats to become active in different agencies, such as the WHO. Sigrid Schmalzer, “Self-Reliant Science: The Impact of the Cold War on Science in Socialist China,” in *Science and Technology in the Global Cold War*, ed. Naomi Oreskes and John Krige (Cambridge, MA: MIT Press, 2014), 75–106; Fa-Ti Fan, “The People’s War against Earthquakes: Cultures of Mass Science in Mao’s China,” in *Styles and Cultures of Scientific Practice*, ed. Karine Chemla and Evelyn Fox Keller (Durham, NC: Duke Univ. Press, 2017), 296–325; Michitake Aso and Annick Guénel, “The Itinerary of a North Vietnamese Surgeon: Medical Science and Politics During the Cold War,” *Sci. Tech. & Soc.* 18 (2013): 291–306.

<sup>29</sup> Kim Taylor, *Chinese Medicine in Early Communist China, 1945–1963* (New York, NY: Routledge, 2011); Xiaoping Fang, *Barefoot Doctors and Western Medicine in China* (Rochester, NY: Univ. of Rochester Press, 2012); Helen Tilley, “How to Make Sense of ‘Traditional (Chinese) Medicine’ In a Time of Covid-19: Cold War Origin Stories and the WHO’s Role in Making Space for Polyglot Therapeutics,” *Somatosphere*, 25 May 2020.

<sup>30</sup> Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination* (Minneapolis: Univ. of Minnesota Press, 2011); Alyssa Botelho, Daniel S. Chard, and Sigrid Schmalzer, eds., *Science for the People: Documents from America’s Movement of Radical Scientists, 1969–1989* (Amherst: Univ. of Massachusetts Press, 2018).

<sup>31</sup> For studies that are helping to put some of the pieces in place around science and technology, see Gabrielle Hecht, *Being Nuclear: Africans and the Global Uranium Trade* (Cambridge, MA: MIT Press, 2012); and Abena Osseo-Asare, *Atomic Junction: Nuclear Power in Africa After Independence* (Cambridge, UK: Cambridge Univ. Press, 2018). See also Adom Getachew, *Worldmaking After Empire: The Rise and Fall of Self-Determination* (Princeton, NJ: Princeton Univ. Press, 2019).

<sup>32</sup> Crawford Young, *The Post-Colonial State in Africa: Fifty Years of Independence* (Madison: Univ. of Wisconsin Press, 2012).

<sup>33</sup> In February 1961, of twenty-two newly independent African countries (including Malagasy), eighteen were Francophone, three were Anglophone (including Sudan), and one was Italian/Anglophone (Somaliland). On the legal significance of Sudan’s 1956 independence, see Orfeas Chasapis Tassinis and Sarah Nouwen, “‘The Consciousness of Duty Done’? British Attitudes Toward Self-Determination and the Case of the Sudan,” *British Yearbook of International Law* 89 (2019): 1–56, <https://doi.org/10.1093/bybil/brz002>.

<sup>34</sup> George Houser, “At Cairo: The Third All-African People’s Conference,” *Africa Today* 8 (1961): 11–13, on 12.

citizens. In December 1958, hundreds of delegates came together at the All African People's Conference in Accra, Ghana, to commit themselves to "the struggle for the freedom of Africa" and to "call upon the workers, the peasants, and other sections of the toiling masses, together with the intellectuals, to unite their forces in common action."<sup>35</sup>

Between 1958 and 1960, diplomats within new states coalesced around two priorities that later came together in their work on "traditional medicine." The first was a multipronged campaign within every UN agency to pass resolutions and demand action on apartheid and colonial rule. Their critique was total: "apartheid and racial discrimination" were an affront to "social justice," colonialism denied people their human rights and their dignity, and the perpetuation of both racism and outside control threatened "the health rights of all African populations."<sup>36</sup> Diplomats made it clear to the wider world, successfully securing resolutions in all UN venues by 1963, that their collective pursuit of sovereignty required the same strategy with racial oppression as one would use against disease: a "*cordon sanitaire*."<sup>37</sup> The head of Mali's delegation, Sominé Dolo, used just this analogy during the 1963 discussion of the WHO's resolution: "The countries of the African Region were determined to obtain the eradication of that new endemic ["racial humiliation"] . . . There could be no collaboration with the white minority in Africa while it maintained its present attitude."<sup>38</sup> This first generation of diplomats characterized South Africa's system of apartheid variously as a cancer, an infection, or a poison, drawing attention to its adverse and deadly effects.<sup>39</sup> How could they ensure that their citizens secured rights to health without calling for these systems to end?

<sup>35</sup> On the need for unity: "The existence of separate states in Africa is fraught with the dangers of exposure to imperialist intrigues and of resurgence of colonialism, even after their attainment of independence, unless there is unity among them"; see "Resolutions of the All African People's Conference," *Current History* 37 (1959): 41–6, on 42, 45. J. B. Gewald, *Hands off Africa!: An Overview and Analysis of [ . . . ] the First All-African People's Conference Held in Accra, Ghana in December 1958* (Leiden: s.n., 1990).

<sup>36</sup> The health quotation is from the WHO Resolution, WHA16.43, 23 May 1963; this built upon the African Region Resolution, AFR/RC12/R17, passed in September 1962. The social justice quotation is from the International Labour Organization Resolution passed on 29 June 1961. The UN Security Council considered apartheid for the first time on 1 April 1960, which paved the way for Resolution 1514 (14 Dec 1960) on the "granting of independence to colonial countries and peoples." The OAU passed its own resolution on "Apartheid and Racial Discrimination" on 25 May 1963. The UN General Assembly Resolution 1761 passed on 6 November 1962; and the UN Security Council Resolution S/5471 passed on 4 December 1963. UNESCO passed a more general resolution against "discrimination" at its biannual assembly in the fall of 1960.

<sup>37</sup> Boutros Boutros-Ghali used this term when describing African states' strategies; see Boutros-Ghali, "The Addis Ababa Charter: A Commentary" (cit. n. 9), 36 (emphasis in the original). Language on eradicating racism (and colonial rule) was codified in several earlier pan-African agreements, starting in 1958; see Colin Legum, *Pan-Africanism: A Short Political Guide*, rev. ed. (New York, NY: Praeger, 1965), appendices. Interestingly, most historians of medicine have missed the importance of these efforts within the WHO, though they were coterminous with the WHO's malaria eradication program.

<sup>38</sup> Sominé Dolo, Minister of Public Health and Social Affairs, Mali, quoted in WHO, *Sixteenth World Health Assembly, Geneva, 7–23 May 1963*, pt. 2 (Geneva: WHO, 1963), 381. Dolo, born in Sanga, Mali (of Dogon ethnicity), was originally encouraged to study medicine by anthropologist Marcel Griaule, when the latter was doing research in the Dogon area. Dolo did his doctoral thesis on liver cancer at the University of Paris after having trained in medicine in Dakar.

<sup>39</sup> These references appear in the records of the WHO's World Health Assembly, among other sources, from the 1960s.



The second priority, also initiated collectively in 1960, was a desire to support pan-African programs that could help investigate and resurrect cultural achievements. As we shall see, the leading UN agency in which they pushed this agenda was UNESCO, given its focus on education, science, and culture. By mid-May 1961, at the conclusion of the Monrovia (Liberia) Conference of Independent African States, twenty countries jointly signed a resolution, which included “Decision #3” (of four): “That all African States and Malagasy shall recognize the desire to promote the revival of African culture and traditions in the interest of preserving the real African heritage.”<sup>40</sup> Just two months later, on July 1, 1961, presidents Modibo Keita (Mali), Ahmed Sékou Touré (Guinea), and Kwame Nkrumah (Ghana) presented their Charter for the Union of African States. The 11th Article insisted that “the Union States shall relentlessly pursue the rehabilitation of African Culture and the development of African civilization.”<sup>41</sup> While these institutions were short-lived, their underlying principles endured, in that officials agreed that sovereign states within Africa needed to be built upon their own ethnographic research and recovery projects, or autoethnographies.<sup>42</sup> As Senegal’s president Léopold Senghor stressed, “If the Africa of the second half of this century must take root in order to develop, it is clear that it must first know itself.”<sup>43</sup>

When the OAU was founded in May 1963, its leaders signaled their commitment to cultural matters by devoting one of its three “special commissions” to the subject and ensuring that scientific, technological, and health concerns were linked to cultural and educational issues. In its early years, the OAU oscillated between reformist and radical aims *within* the continent, having to contend with a variety of political disagreements and ideological fault lines among its members. Yet the OAU’s commitment to decolonization, disarmament, nonalignment, economic sovereignty, and racial equality made it a revolutionary and threatening organization *beyond* the continent’s borders. These threats extended into the realm of expertise. The first chair of the OAU’s Commission on Science and Technology, Algeria’s minister of national affairs, Cherif Belkacem, made this clear during the inaugural meeting in Algiers in 1964. Technical mastery, he pointed out, was crucial for people’s “material and social emancipation”: “The African who yesterday was used as an object of science, is today anxious to affirm his position as a thinking being and participate in the world of science.”<sup>44</sup> For member states of the OAU, this involved not just building up new infrastructures,

<sup>40</sup> “The Monrovia Conference, May 8–12, 1961,” in Legum, *Pan-Africanism* (cit. n. 37), 216–19, on 217.

<sup>41</sup> “Charter for ‘The Union of African States,’ Accra, July 1, 1961,” in Legum, *Pan-Africanism* (cit. n. 37), 201–4, on 204.

<sup>42</sup> Heads of state disagreed about the form African unity should take, with a smaller and more radical subset (the Casablanca group) envisaging some kind of supranational governance and a larger consortium (the Monrovia group) advocating strong sovereign state alliances. All, however, shared commitments to cultural renaissance. On the history of the concept of autoethnography, see Helen Tilley, “Introduction: Africa, Imperialism, and Anthropology,” in Helen Tilley with Robert J. Gordon, eds., *Ordering Africa: Anthropology, European Imperialism, and the Politics of Knowledge* (Manchester: Manchester Univ. Press, 2007), 1–45, on 18.

<sup>43</sup> Senghor (spring 1963), quoted in Speech of Director, G. H. C. Bodenhausen, of the United International Bureau for the Protection of Intellectual Property (BIRPI), at the opening session of the African Study Meeting on Copyright at Brazzaville, 3 August 1963, part 3 (4th file of 5), Africa Copyright Meeting Congo-347.78 A 06 (672.4) “63,” UNESCO Archives, Paris.

<sup>44</sup> “Science and Technology Commission,” *OAU Review* 1 (1964): 34–8, on 34. On Algeria’s key role in this era, see Jeffrey James Byrne, *Mecca of Revolution: Algeria, Decolonization, and the Third World Order* (Oxford: Oxford Univ. Press, 2016).

which they saw as vital and urgent, but also encouraging countries to take stock of what had been lost under colonial rule and facilitating what Chad's president, François Tombalbaye, called "mental decolonization."<sup>45</sup>

By 1965, at the instigation of a biochemist at the University of Lagos, Akintunde Akinsanya, the OAU's Scientific and Technical Research Commission (STRC) added a new initiative on "native curative medicine" and "native medicinal plants" to its slate of programs.<sup>46</sup> Akinsanya's proposal crystallized efforts already underway in a number of countries and laid the groundwork for the OAU's 1968 pan-African symposium on "the art of healing" and medicinal plants, which was held in Dakar, Senegal, at President Senghor's invitation. Shortly after the symposium ended, the OAU established an advisory committee to oversee and provide seed grants to different projects.<sup>47</sup> The headquarters for this work was Lagos, Nigeria, where the STRC had its office. The committee's five regional coordinating hubs were in Ife, Nigeria; Dakar, Senegal; Cairo, Egypt; Kampala, Uganda; and Antananarivo, Madagascar, sites in which multidisciplinary teams and different institutes and universities were already pursuing research programs.<sup>48</sup> When the OAU and the WHO took up their first public resolutions on "traditional medicine" in 1969, it was in the wake of nearly a decade of African states' concerted and collective activities on this front.

**THE OAU'S PAN-AFRICAN CULTURAL FESTIVAL:  
"A GIGANTIC EFFORT TO RECOVER AFRICA'S CULTURAL HERITAGE"**

While the 1969 World Health Assembly in Boston was a comparatively staid and bureaucratic affair, the Pan-African Cultural Festival was its opposite. Hundreds of government delegates and thousands of official and invited guests journeyed to Algiers for ten days of public performances and political commentary. The event had been two years in the making. The OAU heads of state had agreed at their 1967 annual meeting in Kinshasa (Democratic Republic of Congo) that they wanted to survey and celebrate the continent's cultural accomplishments.<sup>49</sup> Algeria's foreign minister, Abdelaziz Bouteflika, convinced them that his country was the right host and was well positioned to galvanize transformative work. This goal seemed especially important given recent press revelations that the US Central Intelligence Agency had funded—and tried to

<sup>45</sup> François Tombalbaye, OAU founding conference, May 1963, quoted in Boutros-Ghali, *L'Organisation de l'Unité Africaine* (cit. n. 10), 82.

<sup>46</sup> Akinsanya's full proposal is reprinted in J. N. R. Kasembe, *Report of the Symposium of African Medicinal Plants March 1968* (Dar es Salaam: Ministry of Agriculture, 1969), 18–22, on 18. The decision is recorded in OAU Scientific and Technical Research Commission, *Report and Recommendations of the First Meeting of the Scientific Council of Africa, December 13–14, 1965, Lagos* (Lagos: OAU-STRC, 1966), 45. The OAU's headquarters was in Addis Ababa, Ethiopia, while its STRC office was in Lagos. Also in 1965, Joseph Kerharo, a French pharmacist who had worked in Senegal for more than a decade, published a parallel proposal for work on medicinal plants across "Black Africa"; see Laurence Monnais and Noémi Tousignant, "The Values of Versatility: Pharmacists, Plants, and Place in the French (Post)Colonial World," *Comp. Stud. Soc. Hist.* 58 (2016): 432–62.

<sup>47</sup> OAU, *First Inter-African Symposium on Traditional Pharmacopeia and Medicinal Plants* (Lagos: OAU, 1968).

<sup>48</sup> This history is provided by the OAU's STRC executive secretary, A. O. Odelola, "Address to the 'Pan-African Conference on Research into Medicinal Plants and the Relation Between Traditional and Modern Medicine,'" in Abayomi Sofowora, ed., *African Medicinal Plants: Proceedings of a Conference [1974]* (Ile-Ife, Nigeria: Univ. of Ife Press, 1979), 3–7, on 5–6.

<sup>49</sup> See *Pan-African Cultural Festival Bulletin* no. 1 (1969), 8–9.

co-opt—different cultural events overseas.<sup>50</sup> A multinational committee chaired by Guinea, and including Algeria, Mali, Nigeria, and Senegal, oversaw the program, while teams within Algeria handled logistics.<sup>51</sup> It was an all-hands-on-deck affair. Dozens of sites across Algiers—theatres, museums, storefronts, galleries, concert venues, open-air stadiums—were set up to accommodate the performances and exhibits, while the city streets were marked off to feature the very first event: a late afternoon parade that allowed each delegation to celebrate its arrival and the many thousands of spectators to cheer them on.<sup>52</sup>

Fifteen miles outside the city, at the Palais des Nations, diplomats and heads of state did performative work of their own, with Algerian President Hourari Boumédiène kicking off the proceedings, followed by a forty-minute taped address by Guinea President Sékou Touré. On that first day, participants also heard shorter messages of support from the leaders of Kenya (Jomo Kenyatta), Ethiopia (Haile Selassie), Senegal (Léopold Senghor), Liberia (William Tubman), Sudan (Djaafar Mohammed Numeiri), Central Africa (Jean Bedel Bokassa), the Soviet Union (Nikolaï Podgorny), and South Vietnam (Huỳnh Tấn Phát).<sup>53</sup> By the end of the festival, all thirty national delegations plus representatives of seven liberation parties—from Palestine, South Africa, Namibia, Zimbabwe, Mozambique, Angola, and Guinea-Bissau—had each addressed the public plenary and shared their thoughts on politics and culture.

The import of the location would not have been lost on most delegates; Algeria's Palais des Nations had originally been built for the "Second Bandung" conference, meant to take place in the summer of 1965.<sup>54</sup> That event was hastily aborted following the military coup that brought Boumédiène to power.<sup>55</sup> The festival was in many respects part of Boumédiène's and his foreign minister's concerted push to put their

<sup>50</sup> Tity de Vries, "The 1967 Central Intelligence Agency Scandal: Catalyst in a Transforming Relationship Between State and People," *J. Amer. Hist.* 98 (2012): 1075–92; Jonathan Fenderson, *Building the Black Arts Movement: Hoyt Fuller and the Cultural Politics of the 1960s* (Urbana, IL: Univ. of Illinois Press, 2019).

<sup>51</sup> The festival (PANAF) had a larger preparatory committee that included all members of the steering committee plus representatives for Cameroon, Ethiopia, and Tanzania. The committee met three times in 1968 and a final time in January 1969. The steering committee met four times (September 1968, plus January, April, and June 1969). The final June meeting was held in Dakar, Senegal, and was attended by Léopold Senghor himself. Details in *Pan-African Cultural Festival Bulletin* no. 1 (1969), 10–14; and *Pan-African Cultural Festival Bulletin* no. 5 (1969), 42.

<sup>52</sup> My summary of the event stems from primary and secondary sources, including Nathan Hare, "A Report on the Pan-African Cultural Festival," *The Black Scholar* 1 (1969): 2–10; George Shepherd, "Reflections on the Pan-African Cultural Festival," *Africa Today* 16 (1969): 1–3; Berth Lindfors, "Anti-Négritude in Algiers," *Africa Today* 17 (1970): 5–7; and David Murphy, "Performing Global African Culture and Citizenship: Major Pan-African Cultural Festivals from Dakar 1966 to FESTAC 1977," *Tate Papers* no. 30 (2018), <https://www.tate.org.uk/research/publications/tate-papers/30/performing-global-african-culture-and-citizenship>. See also David Murphy, ed., *The First World Festival of Negro Arts (Dakar, 1966): Contexts and Legacies* (Liverpool: Univ. of Liverpool Press, 2016); Tobias Wendl, "Art Festivals as Laboratories of the Postcolonial Predicament in Africa," in *Kuvaka Ukama: Building Bridges*, ed. J. Heinicke et al. (Heidelberg: Kalliope Paperbacks, 2012), 299–321; and Paraska Tolan Szkilnik, "Flickering Fault Lines: The 1969 Pan-African Festival of Algiers and the Struggle for a Unified Africa," *Monde(s)* 9 (2016): 167–84.

<sup>53</sup> Most of these leaders did not attend in person, but sent written remarks for their delegations to deliver. Notably absent was anyone from the People's Republic of China. The speeches for the entire event can be found in OAU, *La Culture Africaine* (cit. n. 6).

<sup>54</sup> The first Asian African Conference of 1955, given the shorthand Bandung Conference for its host site in Indonesia, was a watershed moment for transnational solidarities. See Christopher J. Lee, ed., *Making a World After Empire: The Bandung Moment and Its Political Afterlives* (Athens: Ohio Univ. Press, 2010).

<sup>55</sup> G. H. Jansen, "Postponement of the 'Second Bandung,'" *The World Today* 21 (1965): 398–406.

country back on the global stage and position it as a world leader. In fact, Boumédiène was not just chair of the festival that year, he was also president of the OAU and had organized several multinational teams to tour the continent in the months leading up to the festival in order to brief delegates about its purpose and goals. A lot was riding on the event being a success, and officials were well prepared.

The Pan-African Cultural Festival tends to be remembered by scholars for what guests and journalists were able to witness, including the revolutionary speeches about the benefits of Africanité and stirring challenges to essentialist tendencies of Négritude; the organizing efforts and meeting venue of the Black Panther Party; the jazz and spoken word improvisation of Archie Shepp (from the United States) and a group of Tuareg musicians; the debates over race and racism as delegates weighed the pragmatics of African unity and of bridging northern and sub-Saharan Africa; the electric performances of Miriam Makaba (from South Africa) and Nina Simone (from the United States); the prize-winning theater troop from Senegal, and the choral singers and instrumentalists from Guinea; and, of course, the many dancers, playwrights, poets, sculptors, documentary filmmakers, photographers, intellectuals, and activists who mingled everywhere.<sup>56</sup> For understandable reasons, PANAF is often discussed as part of a trio of cultural festivals, starting with Senegal's First World Festival of Negro Arts in 1966, and ending with Nigeria's Second World Festival of Arts and Cultures in 1977.

Yet PANAF was different, and that difference had to do with the OAU's desire to use the event to set new policy priorities. Much of the real—that is, official—work of the festival was actually done behind closed doors, beyond the purview of journalists and performers, and even of many of the invited guests.<sup>57</sup> The OAU's secretary-general, Diallo Telli (from Guinea), and President Boumédiène organized the program so that the festival would conclude with a collectively authored manifesto. To prepare this, they divided the government delegates into three committees and spent many hours over their ten days together hashing out their views on “the realities of African culture,” its place in “liberation struggles and the consolidation of African Unity,” and its potential role in fostering the “economic and social development of the continent.”<sup>58</sup> Their ideas and recommendations came together in the *Pan-African Cultural Manifesto*, which the thirty national delegates and seven liberation parties adopted on the final day without a single dissenting vote.

Rather than use a narrow definition of culture, these political leaders embraced an all-inclusive view, defining it as the “totality of tangible and intangible tools, works of art and science, knowledge and know-how, languages, modes of thought, patterns of behavior and experience acquired by the people in [their] liberating effort to dominate nature and to build up an ever improving society.”<sup>59</sup> Their keywords were loaded with

<sup>56</sup> This is not the place to rehearse the ideological debates and tensions at PANAF; for more on critiques of Négritude at the event, see Andrew Apter, “Beyond Négritude: Black Cultural Citizenship and the Arab Question in FESTAC '77,” *Journal of African Cultural Studies* 28 (2016): 313–26, on 316–21. Africanité (or Africanity) was a concept that featured prominently in the festival's manifesto and was defined as including “African culture, art, and science . . . Africanity springs from the double-source of our common heritage and our common destiny”; see OAU, *Pan-African Cultural Manifesto* (cit. n. 7).

<sup>57</sup> Lindfors, “Anti-Négritude in Algiers” (cit. n. 52), opened his article by observing that the “raison d'être of the event was more political than cultural.”

<sup>58</sup> OAU, *Pan-African Cultural Manifesto* (cit. n. 7).

<sup>59</sup> All quotations from *ibid.*

significance, legal and otherwise. They wanted to carve out a domain of work that went beyond colloquial concepts of culture in play in the United States and Europe (and even among some African social critics).<sup>60</sup> They also insisted on being matter-of-fact in their consensus that African societies possessed effective tools, crucial genres of thinking, and innovative know-how, which could all be brought to bear on their state-building projects. Tunisian intellectual Albert Memmi, an already well-known critic of empire, spoke for many when he elaborated on a point he had made in *The Colonizer and the Colonized* (1957): “We must end with certain nonsense: there is not a western science and an eastern science, a bourgeois science and a proletarian science. There is science altogether.” Their task, in Memmi’s eyes, was to get others to recognize this expanded definition of science *as* culture, in which culture included “all knowledge . . . the sum of the knowledge of humanity.”<sup>61</sup>

Invoking the harms done by colonial conquest, the *Manifesto* made it clear that OAU member states needed to undertake “a gigantic effort to recover Africa’s cultural heritage and adapt it to the needs of technological civilization.”<sup>62</sup> As delegates knew, their countries had been committed to such projects—albeit unevenly—for nearly a decade. The *Manifesto* gave them impetus to do even more. They depicted African languages as the key to unlocking the continent’s “genius, . . . [because they] transmit the wisdom and experiences evolved by our peoples [who are] heirs to a civilization that is thousands of years old and rich in economic possibilities.” They also recognized that foreign policy work needed to be conducted not just in vernaculars, but also in “English, French, Arabic and Portuguese,” because this would allow their findings and proposals to circulate beyond the contours of the continent. Delegates ultimately agreed to forty different policy recommendations for their governments, which they hoped would connect programs around the arts and humanities to recovery and infrastructural efforts in science, technology, and, above all, medicine. Studying and promoting so-called traditional medicine and protecting Africans’ intellectual property made their top ten list. No other region of the world was then discussing these two things in tandem.

#### CULTURAL HERITAGE, CREATIVE WORKS, AND THE GENESIS OF “FOLK-LORE” IN MODEL LAWS ON COPYRIGHT

The OAU’s *Manifesto* was both an end point and a fresh start, consolidating diplomatic efforts that had been underway for years, while setting in motion new programs that endure to this day. At least some of the *Manifesto*’s keywords can be traced back

<sup>60</sup> See, for instance, Frances Saunders, *The Cultural Cold War: The CIA and the World of Arts and Letters* (New York, NY: New Press, 2000). Edward Said also took a similarly narrow view in *Culture and Imperialism* (New York, NY: Vintage, 1994). Audra Wolfe notes that US intelligence agencies used broader definitions in their work on “cultural diplomacy,” yet, unsurprisingly, the CIA did not champion the idea that newly independent countries possessed their own experts; see Wolfe, *Freedom’s Laboratory: The Cold War Struggle for the Soul of Science* (Baltimore: Johns Hopkins Univ. Press, 2018), 27–31. Divisions of intellectual labor in universities today reinforce literary and artistic understandings of culture to the exclusion of science; see Tejumola Olaniyan, ed., *State and Culture in Postcolonial Africa: Enchantings* (Bloomington: Indiana Univ. Press, 2017).

<sup>61</sup> Albert Memmi, “Culture et Tradition,” in OAU, *La Culture Africaine* (cit. n. 6), 259–62. For the original passage in which he made an identical point about science (but not about culture), see Memmi, *Portrait du Colonisé, Précédé du Portrait Colonisateur* (1957; Paris: Payot, 1973), 176. The English translation omits his points about bourgeois and proletarian science.

<sup>62</sup> OAU, *Pan-African Cultural Manifesto* (cit. n. 7).



to the early 1960s, when leaders considered it an urgent priority to develop unique legal instruments that could protect Africans' achievements, past and future, and tie them to new revenue streams. This was a need they did not take lightly, especially given their fears that their countries might be further exploited through "neocolonial" economic relations, a concern that shaped diplomats' demands within several UN agencies. In 1963, the secretary-general of the United Nations Economic Commission for Africa, Ghanaian economist Robert Gardiner, spelled out their logic: "One of the first tasks of a new nation is to give economic content to political independence . . . The most fundamental question is what type of legal framework is necessary for economic growth . . . If development plans must be co-ordinated in order to have a coherent approach to African unity, at an international level also laws must be harmonized, co-ordinated, and modernized."<sup>63</sup> This process included revisiting laws encompassing intellectual property.

Legal scholars, anthropologists, and historians have written at length over the last several decades about the issue of copyright law and the concept of "authorship," including "folklore" and "heritage," often situating these ideas within histories and ethnographies of cultural property.<sup>64</sup> Yet, it is worth stressing that *not one* study gets this origin story right, and many suggest it never even happened. Scholars who have taken up the issue—including those in African studies—overlook or misunderstand the genealogy and often allege that the "folk-lore" framework was imposed upon African legislators or imported into African states by outsiders.<sup>65</sup> They also typically misconstrue what folklore was meant to cover, and ignore how diplomats deployed the concept as part of foreign policy strategies to secure intellectual property rights in the continent's "cultural heritage."<sup>66</sup> These errors and omissions have had distorting effects of their own, especially as Africanists have studied corporate and state patent claims and legal controversies around specific drug products derived from different plants.<sup>67</sup> These

<sup>63</sup> [Robert Gardiner], "Machinery to Service African States in the Legal Field: A Proposal," 23 December 1963, Economic Commission for Africa Records (UN), now digitized, <https://repository.uneca.org/handle/10855/14962>. Tensions developed early between Gardiner and the OAU secretary-general, Diallo Telli, but they agreed on the need for legal coordination. James Magee, "ECA and the Paradox of Cooperation," *International Conciliation* no. 580 (1970): 1–64, on 32–4. See also Marika Sherwood, "Robert Kweku Atta Gardiner: An Unrecognised Ghanaian Par-Excellence," *Contemporary Journal of African Studies* 2 (2014): 27–57.

<sup>64</sup> Peter Jaszi and Martha Woodmansee, "Beyond Authorship: Refiguring Rights in Traditional Culture and Bioknowledge," in *Scientific Authorship: Credit and Intellectual Property in Science*, ed. Mario Biagioli and Peter Galison (New York, NY: Routledge, 2003), 195–224; Rosemary Coombe, "Cultural Agencies: The Legal Construction of Community Subjects and Their Properties"; and Marc Perlman, "From 'Folklore' to 'Knowledge' in Global Governance: On the Metamorphoses of the Unauthored," both in *Making and Unmaking Intellectual Property: Creative Production in Legal and Cultural Perspective*, ed. Biagioli, Jaszi, and Woodmansee (Chicago: Univ. of Chicago Press, 2011), 79–98 and 115–32, respectively; Boatema Boateng, *The Copyright Thing Doesn't Work Here: Adinkra and Kente Cloth and Intellectual Property in Ghana* (Minneapolis: Univ. of Minnesota Press, 2011).

<sup>65</sup> I use a hyphen when referring to the term as it was used in the mid-1960s, because folklore signaled people's expertise and was used interchangeably with the term cultural heritage.

<sup>66</sup> Even UNESCO has erased the African genesis of folklore in copyright laws; see "For a Legal Protection of Folklore?," special issue, *Copyright Bulletin* 32 (1998): 5–62, esp. Folarin Shyllon, "Conservation, Preservation, and the Legal Protection of Folklore in Africa: A General Survey," 37–48.

<sup>67</sup> Chidi Oguamanam, *International Law and Indigenous Knowledge: Intellectual Property Rights, Plant Biodiversity, and Traditional Medicine* (Toronto: Univ. of Toronto Press, 2006); see also Osseo-Asare, *Bitter Roots* (cit. n. 16).

analyses, for all their strengths and originality, tend to work with narrower understandings of intellectual property than were in play in the 1960s and 1970s, especially in the so-called Third World.

When a critical mass of African countries were admitted as member states to UNESCO in 1960, one of their first requests focused on intellectual property. UNESCO's Secretariat agreed that year to hold a special set of six breakout meetings at its biannual conference in Paris that would explore the needs and priorities of "Tropical Africa." (southern African states were excluded, given how many were still under colonial and apartheid rule.) Beyond educational initiatives, which every country prioritized, the delegates identified two areas in which they sought UNESCO Secretariat support: "the study and preservation of cultures," and help reviewing and rewriting copyright laws so that African authors and artists could "enjoy protections of their creative works." The government of Congo-Brazzaville had suggested the latter resolution, arguing that new laws would help African states "contribute effectively to the cultural activity of the modern world."<sup>68</sup> Two of the difficulties they faced, however, were to define what constituted *creative works* and to determine who would benefit from their protections. These questions were hardly free from controversy, and involved rethinking the concept of authorship and finding an umbrella term that could encompass different kinds of African innovations that were largely ignored or handled on a case-by-case basis in wealthier countries with more settled intellectual property law.

The crisis in the Democratic Republic of Congo—including the covert Belgian and US backed military coup, and the arrest and assassination of prime minister Patrice Lumumba—delayed UNESCO action. It also drove home for new leaders just how vulnerable they were, and solidified a diplomatic and generational "turn to the left."<sup>69</sup> By the late summer of 1963, UNESCO staff in Paris had managed to facilitate plans for two pan-African conferences, scheduled just months after the founding of the OAU. The first took place in Brazzaville and was set up to discuss the contours of a "model copyright law"; the second was held in Kampala and served as the inaugural meeting for "cultural commissions" from twenty-eight newly independent African states.<sup>70</sup> (Both events again excluded territories still colonized or under apartheid rule.) While UNESCO staff enlisted help from the director of the United International Bureau for the Protection of Intellectual Property (BIRPI) and identified two European legal advisors, they were under no illusions about who was in charge at the copyright meeting. As they reported to UNESCO's director general, African member states had a certain "mistrustfulness vis-à-vis the Secretariat"; they "felt that this was their

<sup>68</sup> Quotations from UNESCO General Conference and Congo-Brazzaville resolution, 11/C/DR/156, 19 November 1960, UNESCO Archives, Paris, France. For the six breakout meetings, see UNESCO, *Records of the General Conference, Eleventh Session, Paris 1960, Resolutions* (Paris: UNESCO, 1961), 229–38. There is a direct link between these 1960 conversations and the OAU's request that UNESCO spearhead a set of works on African history; for part of this story, see Jan Vansina, "UNESCO and African Historiography," *History in Africa* 20 (1993): 337–52.

<sup>69</sup> Pedro Monaville, "The Political Life of the Dead Lumumba: Cold War Histories and the Congolese Student Left," supplement S1, *Africa* 89 (2019): s15–s39. See also Elizabeth Schmidt, *Foreign Intervention in Africa: From the Cold War to the War on Terror* (Cambridge, UK: Cambridge Univ. Press, 2013).

<sup>70</sup> For the first report on cultural commissions, see UNESCO, *First Regional Conference of African National Commissions for UNESCO*, Kampala, Uganda, 9–14 September 1963, UNESCO/AFNAC/Report, UNESCO Archives, Paris.

meeting and they wanted as little outside intervention as possible.”<sup>71</sup> The delegates also insisted, after impassioned advocacy from the Central African Republic and Mali representatives, that their results serve the “interests of the masses,” because it was “the people [who were] creators of almost all the works.” They took their cue, in fact, from the chair of the meeting, Paul Foundou of Congo-Brazzaville, who argued in his opening remarks that African independence necessitated a “revolutionary policy” that could help build “a world society based on justice.”<sup>72</sup>

The question participants at the Brazzaville meeting had to answer was what “relevant terminology” they should use to capture the breadth of “intellectual, literary, and artistic works” that they had in mind, including “oral” texts. Because defining authorship was both tricky and essential, the participants set up a special commission chaired by the People’s Republic of Guinea, and including Sierra Leone and the Democratic Republic of the Congo (plus Burundi as rapporteur). They held two breakout meetings for their deliberations. When they were done, they drew up a resolution, passed unanimously by the representatives, in which they recommended that African countries use the concept of “folk-lore” as their catchall category, because it blended ideas about people (*folk*) and their ways of learning and instruction (*lore*). The term had the added benefit that it was legible and seemed acceptable to the European advisors at the meeting.

In case there was any confusion about their intent, delegates defined folklore in their final report as synonymous with “the vast cultural heritage of the African nations . . . the origins of which go back to time immemorial and constitute a rich source of inspiration.” Their expansiveness was deliberate. They had in mind more than musical, literary, performative, plastic, or even electronic works, but they felt no need to specify further, because the keyword “heritage” did that labor for them. Their goal was to develop a legal instrument that could protect all “creative works,” because these had “often been exploited abusively” in the past. Legal buffers would be useful not only “for the cultural and social development of the people of the African states, but also [for] the potential of economic expansion.” On authorship they were explicit: “This cultural heritage is the property of the various communities which have created it.” By encouraging newly independent countries to embrace a model copyright law, they wanted to establish Africa-wide protections: “Copyright in the cultural heritage belongs to and is vested in each of the African nations.” Laws that made these property relations explicit would “prevent its exploitation to the detriment of African communities.”<sup>73</sup>

The UNESCO and BIRPI secretariats understood that the Brazzaville meeting had set new legal precedents worldwide. Explaining the debates that had taken place about “folk-lore” and “cultural heritage,” the UNESCO liaison to the conference reported, “This is to my mind the most important decision of the meeting . . . [and] constitutes a very important development in copyright law.” African member states, he continued,

<sup>71</sup> Juan Díaz Lewis to director general of UNESCO, 22 August 1963, Part 3 (4th file of 5), Africa Copyright Meeting Congo-347.78 A 06 (672.4) “63,” UNESCO Archives, Paris. Díaz Lewis ordinarily worked as the Latin America division chief.

<sup>72</sup> Bakery Kamian, director of education, Mali, and Philippe Kette, chef de cabinet, Central African Republic, quoted in “African Study Meeting on Copyright” (cit. n. 1), 175–6; Paul Foundou, secretary-general of Congo National Commission to UNESCO, quotation from same source, on 173.

<sup>73</sup> All quotations from “African Study Meeting on Copyright” (cit. n. 1).

were attempting to set up a “Domaine d’État”—or domain of the state—on a continental level, so that “all the works in the public domain belong to the State.”<sup>74</sup> This was a novel twist not just on authorship, allowing community works to be imbued with rights, but also on public domain, insisting that long-standing and ever-changing “creative works” could exist simultaneously as protected and public property. This new legal language was considered by the UNESCO and BIRPI secretariats as “a recognition and a vesting of the rights on Folklore (understood in its classical sense) in the various States.” In other words: “This means that the State, as the holder of the rights, controls and supervises their utilization, exploitation, etc.” Sovereign authority over heritage seemed especially important, because it was often “impossible to identify the authors thereof and to establish with any certitude who were the various creators.”

At a follow-up UNESCO meeting on the African model copyright law in the fall of 1964, the delegates decided to define the concept of “folk-lore” further, adding “traditional” to modify “cultural heritage” and explicitly noting that it took “oral” forms “handed down from generation to generation.”<sup>75</sup> Using language directly from their first conference, they explained their reasoning within the text of the model law itself: “In Africa the same problems exist usually in many countries and especially in the field of folklore where the people, creators of almost all of the works, often found themselves exploited because of the lack of appropriate protection and in view of the fact also that copyright in works of folklore should belong to the African nations.” The countries involved wanted definitions that cast the widest possible net and also drew attention to methods of transmitting oral expertise that outsiders had so often misunderstood or undermined. In terms of the global history of IP law, this was the first time the principle of *collective* intellectual property, based on a concept of (anonymous) *community* authorship, was set in stone.<sup>76</sup>

#### INTELLECTUAL PROPERTY FOR THE PEOPLE: INVENTIONS, KNOW-HOW, AND PAN-AFRICAN IP PROTECTIONS

Within months of the first 1963 Brazzaville copyright meeting, diplomats from Cameroon, Algeria, and Tanganyika in an expert committee meeting in Geneva shifted their attention from authorship to “industrial property problems in less developed countries” and to a “model law on inventions.” Here, too, they insisted on raising the issue of “folk-lore, the products of which were based on native craftsmanship.”<sup>77</sup> They

<sup>74</sup> All quotations in this paragraph from Juan Díaz Lewis to director general of UNESCO, 22 August 1963, Part 3 (4th file of 5), Africa Copyright Meeting Congo-347.78 A 06 (672.4) “63,” UNESCO Archives, Paris.

<sup>75</sup> Both this and the next quotation from “Committee of African Experts to Study a Draft Model Copyright, 30 November to 4 December, 1964 – Records,” *Copyright Bulletin* 18 (1965):10–44, on 20, 36.

<sup>76</sup> This was a crucial precedent that helps explain some of the content of the OAU’s 1998 Model Law for the Protection of the Rights of Local Communities, passed at the 68th ordinary session of the OAU’s council of ministers held in Burkina Faso, and reprinted in J. A. Ekpere, *The OAU’s Model Law: An Explanatory Booklet* (Lagos: OAU-STRC, 2000), 25–47. It also offers a legal counterpoint to work by historians of science who focus on scientific communities and their collaborations in wealthy countries; see Peter Galison, “The Collective Author,” in Biagioli and Galison, *Scientific Authorship* (cit. n. 64), 325–55. My profound thanks to Johnson Ekpere for hosting me in August 2015 and sharing his recollections of his time as secretary-general of the OAU’s Science and Technology Research Commission.

<sup>77</sup> Dionis Bitegeko, “Committee of Experts to Study Industrial Property Problems of Industrially Less Developed Countries, Geneva 21–23 October 1963,” *Industrial Property* 2 (1963): 234–9, on 235; Bitegeko represented Tanganyika. This meeting originally began in Brazzaville on 12 August

understood that this was a separate issue from matters of copyright because it segued into questions of novelty (as distinct from discovery or recovery) and patentability. The representative from Cameroon, James Emmanuel Moukoko, attended as an expert advisor for BIRPI. He was then the director of the recently founded African and Malagasy Office of Industrial Property (OAMPI) in Yaoundé (Cameroon), which served as “the first functioning international Patent Office” anywhere in the world.<sup>78</sup> Because the issue of “folk-lore” raised new questions in the context of inventions, the delegates urged BIRPI’s director to accept that “industrial designs and models arising from this source should be protected.”<sup>79</sup> They then asked BIRPI’s Secretariat to put together a new committee of experts that would develop appropriate language that included folk-based innovations in addition to more customary inventions.

Two of the four countries that volunteered to steer this effort were Algeria and Sierra Leone, whose diplomats had already played important roles in the debates over model copyright laws.<sup>80</sup> Indeed, Algeria’s delegate to the 1963 Brazzaville meeting had been especially insistent to promote “socialist” perspectives and to “safe-guard workers’ interest.”<sup>81</sup> (The executive committee was rounded out with representatives from India and Argentina.) When BIRPI’s Secretariat began to craft the model law on inventions in 1964, its steering committee understood that “developing countries” would have expertise of their own that could contribute to inventions. To register this fact, the text of the “model law” included, after a lengthy section on patents, a much shorter section on “technical know-how, because such know-how, even when unpatented or unpatentable, is frequently an important element of technological development and the starting of new industries.” The steering committee wanted to establish a legal provision for this kind of expertise because it could serve as “a protection against the dishonest disclosure, communication or use of *secret* technical know-how.”<sup>82</sup>

Secrecy (and its corollary, piracy) in IP laws in the 1960s typically referred to “trade secrets” or things businesses wanted to protect because they were their proprietary rights.<sup>83</sup> Such concerns came into play especially as corporations made more contracts with overseas countries and companies to manufacture goods, raising questions about licit versus illicit disclosure of legally protected knowledge. For newly independent countries, however, their diplomats conceived of secret knowledge not just in terms of existing businesses or nascent industries, but also in terms of their people’s existing

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1963, with almost identical participants as the African study meeting on copyright, but a general strike and uprising starting on August 13, known as “Trois Glorieuses” (three glorious days), interrupted its proceedings and led to a new president taking office; see “African Seminar on Industrial Property,” *Industrial Property* 2 (1963): 191–3.

<sup>78</sup> The OAMPI secured this distinction before Europe largely because it focused on registering, rather than “examining,” patent claims; European countries had robust national patent offices, so they spent more time trying to “unify certain points of substantive law” through the Council of Europe’s “International Patent Classification Convention” (1954) and its “Unification of Certain Points of Substantive Law on Patents for Invention” (1963); see C. S. Richenberg, “International Cooperation in Patents – Past, Present, and Future,” *Journal of the Patent Office Society* 49 (1967): 734–56, on 748–51.

<sup>79</sup> Bitegeko, “Committee of Experts” (cit. n. 77), 235.

<sup>80</sup> For the model law, see BIRPI, *Model Law for Developing Countries on Inventions* (Geneva: BIRPI, 1965).

<sup>81</sup> “African Study Meeting on Copyright” (cit. n. 1), 173.

<sup>82</sup> BIRPI, *Model Law* (cit. n. 80), 17, 75 (emphasis in the original).

<sup>83</sup> Douglas O’Reagan, “Know-How in Post-War Business and Law,” *Tech. & Cult.* 58 (2017): 121–53; Michael McGurk and Jia Lu, “The Intersection of Patents and Trade Secrets,” *Hastings Science and Technology Law Journal* 7 (2015): 189–213.



know-how, because this might serve as a resource for future economic development. As with copyright and authorship, African diplomats were trying to establish a legal buffer so that nonpatentable and unpatented “technical know-how”—or the tacit knowledge found among their populace—would be the preserve of new nations themselves. Put differently, they wished to enclose the continent (fencing it off from wealthier countries), while treating things that fell within their borders as a commons for public benefit. From the vantage point of the officials who insisted on these legal innovations, addressing “folk-lore” and “technical know-how” in model laws on copyright and inventions allowed them to imagine, within their states, intellectual property protections of things by and for their people.

These pan-African diplomatic efforts on model laws matter for several reasons, not least because the OAU issued its call to protect Africans’ intellectual property at its 1969 Cultural Festival in Algiers in ways that endorsed their content and had enduring ripple effects. By 1976, OAU heads of state revisited and updated the *Manifesto* as a *Cultural Charter for Africa*, doubling down on the need to protect all forms of “African cultural property,” including “African medicine and pharmacopeia.” They also called for African states to “prepare an inter-African convention on copyright so as to guarantee the protection of African Works” and to use other “legal and practical planes” to protect “African cultural heritage.”<sup>84</sup> The following year, in 1977, a group of Francophone countries met in Bangui (Central African Republic), to draw up the constitution for the newly consolidated African Intellectual Property Organization (AIPO), which absorbed the earlier organization on industrial property (OAMPI). A large portion of the ratified constitution was devoted to the issue of “cultural heritage” and copyright, including this telling legal definition of “folklore,” which comprised “the literary, artistic, religious, scientific, technological and other traditions and products as a whole, created by African communities and handed down from generation to generation and which constitute the bases of the African cultural heritage.”<sup>85</sup>

When it came to medical concerns, the constitution was also explicit; “folklore” encompassed the “products of pharmacopeia, traditional medicine and psychotherapy.” (The word “psychotherapy” was used in African contexts by anthropologists and certain medical doctors as a substitute label for so-called diviners and those versed in spirit possession and conflict resolution.)<sup>86</sup> The AIPO jurisdiction, in other words, aspired to include under copyright protections almost everything “African communities” had ever created in any medium, any language, and with whatever applications. Under the banners of authorship, folklore, and heritage, diplomats from African countries were attempting to construct a juridical fortress around the continent’s cultural and epistemological know-how. This expertise could then be used—should leaders and countries wish—in economic development projects as source material for inventions.

<sup>84</sup> OAU, *Cultural Charter for Africa* (Addis Ababa: OAU, 1976), 11–12.

<sup>85</sup> All quotations in this paragraph are from the Bangui Agreement of 2 March 1977, also known as the *Agreement Relating to the Creation of an African Intellectual Property Organization, Constituting a Revision of the Agreement Relating to the Creation of an African and Malagasy Office of Industrial Property* (Bangui, Central African Republic: OAPI, 1977). By 1977, the OAU and other pan-African organizations had stopped hyphenating “folklore.”

<sup>86</sup> See, for instance, Erwin Ackerknecht, “No ‘Hocus Pocus’ in the Medicine Man,” esp. section on “Effective Psychotherapy”; Claude Lévi-Strauss, “Witch Doctors and Psychoanalysis”; and “‘Possession’ Dances: a Treatment for Mental Illness,” on research in West Africa by Charles Pidoux, all in the magazine *UNESCO Courier* 9 (1956): 4 and 7, 8 and 10, 8–9, respectively.

People's "technical" and "secret" know-how was being sought, in other words, not because individual scientists were pushing to patent new products (though a handful went this route by taking out patent claims in the United States), but because African countries increasingly defined this expertise as part of an intellectual property commons. In fact, most African states in the 1960s and 1970s had strict prohibitions against filing patent claims for pharmaceutical products of any kind, something that would have been understood by its diplomats within the World Health Organization.<sup>87</sup>

**FROM TRADITIONAL MEDICINES TO TRADITIONAL PRACTITIONERS:  
WORLD HEALTH ASSEMBLIES, DRUG INDUSTRIES,  
AND THE QUEST FOR THERAPEUTIC VALUE**

When the People's Republic of Guinea and the Republic of Congo (Brazzaville) submitted their draft resolution on traditional medicine to the 1969 World Health Assembly, they were well aware of the OAU's festival then underway, especially given Guinea's leadership role. In the decade since Guinea's independence in 1958, President Sékou Touré had regularly spoken about scientific and health issues as part of his country's anti-imperialist and anticapitalist agenda. This included founding a state-run company, Pharmaguinée, whose director, Ousmane Kéita, was second in command at the 1969 WHA. That year, Sékou Touré explained to Guinea's medical corps the guiding rationale for their work: "Medical organization in Africa antedates colonization; it is the result of activities carried out by our people ever since they have existed, for the purpose of preserving their health . . . In regards to this medicine, comrades [in the corps have a] . . . duty, in the sense of a debt, to restore to the people part of what they have learned of [its] methodology, know-how, and science."<sup>88</sup> His use of the terms know-how and science was telling.

The head of Guinea's delegation to the WHA in 1969 was El Hadj Baba Kourouma, a pediatrician and public health campaigner who had trained in France and spent time in the Soviet Union, the People's Republic of China, and Shanghai.<sup>89</sup> When Kourouma had a chance to speak to the World Health Assembly, he reminded his audience of the legacies of exploitation across Africa: "We can never forget that the health of our people has suffered the lot of its historical vicissitudes." This included not just "six decades of colonization," but also the effects of the slave trade and two world wars. Kourouma was dismayed that the United Nations still excluded the People's Republic of China—a constitutional matter that nonaligned member states had been trying to remedy for over a decade—and that "the land of Viet-Nam, like so many others, [was] still the crucible of war operations dangerously compromising the equilibrium

<sup>87</sup> Helge Grundmann, "Patent Laws in New African States," *Journal of the Patent Office Society* 50 (1968): 486–502, on 495. Several countries allowed process patents, but these were limited in scope.

<sup>88</sup> Sékou Touré to National Health Conference in Conakry, Guinea, 3 November 1969, reprinted in Joint Publications Research Services, *Translations on Africa* (Washington, DC: Joint Publications, 1970), 59–84, on 60, 81.

<sup>89</sup> According to his daughter, Aïssatou Kourouma, her father trained in the early 1950s in pediatrics and later added training in public health. He received his medical degree from the University of Bordeaux in 1959. Kourouma traveled to the Soviet Union (in 1965 and 1968), where he worked with famed pediatrician Georgy Speransky (1873–1969), and to the People's Republic of China (around 1968) and Shanghai (perhaps as early as 1963). Aïssatou Kourouma, "Qui est Dr. El Hadj Baba Kourouma," a biographical essay earlier posted on Kourouma's website that has since expired, but it is in the possession of the author (Tilley).

of peace.” He went on to remind his colleagues that the WHO’s global malaria eradication campaign—launched fifteen years earlier, before most African countries had a seat at the table—had undertaken only “pilot” studies across the continent. This risked making “the African Region an irreducible world reservoir of the disease.” Every African country, he explained, was facing “problems of food and nutrition, mental health and heredity,” including increasing narcotics use, which “all swell the procession of misfortune we are all familiar with.” He and his cosponsor saw the resolution on “traditional medicine” as a concrete way to shift the WHO’s focus. To date, the WHO still knew too little about “the differences in the development of therapeutic practices in the countries of the world.”<sup>90</sup>

The 1969 assembly was not the first time African delegates had raised these issues. Kourouma’s remarks echoed a similar set of statements made by Ghanaian representatives, with backing from the Soviet Union, during the 1961 health assembly that met in New Delhi, India.<sup>91</sup> Sergei Kurasov, the USSR’s minister of health, publicly chastised the WHO Secretariat that year for having allocated over the last decade only 5 percent of its ten thousand medical training fellowships to African countries.<sup>92</sup> With the “Congo crisis” ongoing and Patrice Lumumba having been assassinated just one month earlier, it seemed obvious to Kurasov—and many others—that the WHO should do more. Indeed, the director-general of the WHO, Marcolino Candau (from Brazil), had visited the Democratic Republic of Congo twice in the second half of 1960 after Patrice Lumumba himself had appealed to the United Nations for support. The WHO devoted a special issue of its magazine to the “health emergency” in the Congo, and Candau included details on his visits in his report to the 1961 WHA.<sup>93</sup> Ghana’s delegation, under Joseph Adjei Schandorf’s leadership, was primed to respond to the call for action.

Schandorf was a good friend of Ghana’s president, Kwame Nkrumah, having overlapped with him at Lincoln University in the United States in the 1930s. Schandorf was a staunch believer in “African unity,” an active campaigner against “racial discrimination,” and a founding member of Ghana’s medical association.<sup>94</sup> He had come to the assembly to urge the WHO to help the African Region build up its “health personnel among the indigenous population” and to find ways to offer “simple and

<sup>90</sup> For the original resolution on traditional medicine and the official record of debate, see *Twenty-Second World Health Assembly* (cit. n. 7), 297, 336–7, 345–8.

<sup>91</sup> This meeting was one of the five world health assemblies that took place outside Geneva, Switzerland, between 1948 and 1990 (cit. n. 3).

<sup>92</sup> WHO, *Fourteenth World Health Assembly, New Delhi, 7–24 February 1961*, part 2 (Geneva: WHO, 1962), 61.

<sup>93</sup> “In the Congo,” special issue, *World Health Magazine* 13 (1960); Marcolino Candau, *The Work of the WHO, 1960: Annual Report of the Director-General to the World Health Assembly and to the United Nations* (Geneva: WHO, 1961), 50–1.

<sup>94</sup> J. A. Schandorf received his BA from Lincoln University in 1935; he went on to study medicine first at Howard University and then at the University of Geneva (MD, 1951). In 1955, he was naturalized in the United States. M. A. Barnor, “A History of Medical Societies in Ghana,” *Ghana Medical Journal* 1 (1962): 4–7, on 6; *An Address Delivered by Mr. Joseph Adjei Schandorf at the Aggrey Memorial Service Held at the Morningside Presbyterian Church in New York City on Sunday November 22, 1942* (New York, NY: Morningside Presbyterian Church, 1942), Missionary Research Library Archives, Columbia University, New York, NY, [https://clio.columbia.edu/?q=Schandorf&datasource=quicksearch&search\\_field=all\\_fields&search=true](https://clio.columbia.edu/?q=Schandorf&datasource=quicksearch&search_field=all_fields&search=true). See also Schandorf to Franz Boas, 13 July, 11 Sept 1936, and 30 Sept 1939, Franz Boas Papers, Mss.B.B61, American Philosophical Society, <https://search.amphilsoc.org/collections/view?docId=ead/Mss.B.B61.inventory12-ead.xml#top>.

effective cures for diseases the treatment of which has proved elusive.”<sup>95</sup> In making his case, Schandorf told the assembly that he hoped it would “not be long before the Director-General initiates co-ordinated research into indigenous herbal medicines which, owing to the lack of trained personnel, have not been fully exploited for the needs of modern chemotherapy.” His government then submitted a resolution requesting that the WHO give “speedy assistance” to the “increasing number of newly independent states.”<sup>96</sup> While this resolution passed quickly, Schandorf’s suggestion that the WHO take up herbal medicines and low-cost remedies was tabled for a future date.

It was only in 1964 that the WHO began to converge on the idea that “developing countries” needed pharmaceutical laboratories of their own. In the preceding two years, assembly and expert committee discussions had focused on wealthier countries with pharmaceutical industries already established, deciding upon standards for assessing drug quality and conducting clinical trials. The WHO Secretariat believed this would help mitigate some of the challenges of selling drugs “across frontiers.”<sup>97</sup> By 1964, the Secretariat turned to the question of how to help poorer countries, because they too needed to be able to produce and screen their own drugs. This was also the year, not coincidentally, that the assembly elected its first African representative as president, Moses Majekodunmi, a Nigerian gynecologist and obstetrician. Majekodunmi took the opportunity of his presidential address to remind his colleagues that racial discrimination jeopardized peoples’ rights to health, urging the WHO to use “all its constitutional methods to get the Government of . . . South Africa to renounce its policy of *apartheid*.” He also reported that the OAU was undertaking a number of health projects “that do not fit into the structure of the [WHO] but which are essential to Member States of the African continent.”<sup>98</sup> These included studying “the intimate interdependence of socio-economic and health factors.”<sup>99</sup> That same year, the WHO’s African Regional Office in Brazzaville appointed its first African national as director, Alfred Comlan Quenum, from socialist-leaning Benin. A specialist in cellular biology and cancer, Quenum was already a champion of what he called an “African health revolution.” He also regularly attended OAU meetings for the WHO.<sup>100</sup>

The idea that African member states of the WHO ought to develop their own pharmaceutical industries received a boost in 1966 when the Economic Commission for Africa, still under the direction of Ghanaian economist Robert Gardiner, hosted a

<sup>95</sup> WHO, *Fourteenth World Health Assembly* (cit. n. 92), 61.

<sup>96</sup> *Ibid.*, 61, 98, 272. The resolution was WHA 14.37, Continued Assistance to Newly Independent States. Though the meeting was held in India, and though Schandorf argued that the topic would interest his Indian colleagues, the country’s delegation did not offer any official support for his proposal during the meeting.

<sup>97</sup> See World Health Organization, *The Second Ten Years of the World Health Organization, 1958–1967* (Geneva: WHO, 1968), 243–5.

<sup>98</sup> All quotes are from WHO, *Seventeenth World Health Assembly, Geneva, 3–20 March 1964*, part 2 (Geneva: WHO, 1965), 27–8.

<sup>99</sup> Majekodunmi mentioned specifically the work of the OAU’s Commission on Health, Sanitation, and Nutrition that had held its inaugural meeting earlier that year in Alexandria, Egypt; this is described further in “Health and Nutrition,” *OAU Review* 1 (1964): 33–4.

<sup>100</sup> Quenum came of age in Porto Novo, Benin, and Dakar, Senegal, at a time when therapeutic and political controversies were increasingly enmeshed. He used the language of “revolution” throughout his career, citing Senghor and Sékou Touré, among other influences. For excerpts of his speeches, see Comlan A. A. Quenum, *The Health Development of African Communities: Ten Years of Reflexion* (Brazzaville: AFRO, 1979).

meeting in Cairo to review options for “Industrial Development in Africa.” During the conference, delegates stressed that “medicinals and pharmaceuticals . . . have not been the priority [they] deserve” and recommended that these be part of “small-scale industries.”<sup>101</sup> Because the WHO was listed as a partner in the meeting’s resolutions, several African governments, including those of Guinea, Nigeria, Niger, Ghana, and Burkina Faso, raised this issue during the 1967 WHO assembly meeting, asking whether the Secretariat could help countries assess the “therapeutic value” of “traditional medicines” as part of its operations. The WHO Secretariat’s liaison to the African Region, Dr. Lucien Bernard (France), answered that such matters were still “not provided for specifically in [the WHO’s] programme of work.”<sup>102</sup> The 1969 resolution sought to change this once and for all.

Given the consensus among African member states about their needs, the World Health Assembly in 1969 could have approved Guinea’s and Congo-Brazzaville’s resolution on traditional medicine, which applied *only* to the African Region, and moved on. Instead, they decided to expand its remit. The governments of Nepal, Pakistan, India, and the Netherlands were crucial to this shift. These delegations recognized in the resolution a set of shared interests. As Pakistan’s assistant director-general of health explained, “members . . . might get the impression that the problem was insignificant” outside Africa. This was far from the case. “In the Indo-Pakistan sub-continent alone more than 200 million persons were treated by traditional systems, including not only Ayurvedic medicine, but also Unani and Siddha systems.”<sup>103</sup> Asian countries had been grappling with these issues within their own borders for decades. A few governments had even mentioned their domestic efforts within World Health Assemblies in earlier years, but no state had proposed that the WHO incorporate this work into its official duties. It took African decolonization for that to happen.

When the Congolese cosponsor of the resolution, Dr. B. Louembé, agreed to expand its geographic scope, he told his colleagues that the discussions had taught him that “the practice of traditional medicine was not merely a local [African] problem, but that it occurred in very many parts of the world, including Europe.” This meant that many states had a vested interest in taking stock of its potential. Ultimately, eight countries agreed to join forces and cosponsor the resolution: Guinea, Congo, Cameroon, Senegal, India, Pakistan, Nepal, and the Netherlands. “The co-sponsors of the resolution,” Louembé concluded, “wished to have all scientifically justified elements [of traditional medicine] incorporated in regular medical practice.” For Louembé and many of the delegates from the African Region, their success with the resolution was seen as a first step in legitimating therapies and ideas they thought had been too long sidelined.

When it was formally approved on the final day of the assembly, the resolution gave the WHO director-general Marcolino Candau an official mandate to study

<sup>101</sup> “Report of Committee II (Sector Studies),” 8 February 1966, for “Symposium on Industrial Development in Africa,” UN Economic and Social Council, Economic Commission for Africa and Centre for Industrial Development, 27 January to 10 February 1966. UN Industrial Development Organization (UNIDO) Records, Vienna, Austria. These reports are now digitized and can be searched for on [https://open.unido.org/publications/?\\_ga=2.142364155.83673345.1593095974-412502461.1587039380](https://open.unido.org/publications/?_ga=2.142364155.83673345.1593095974-412502461.1587039380).

<sup>102</sup> Bernard was an assistant director-general; see WHO, *Twentieth World Health Assembly, Geneva, 8-26 May 1967*, part 2 (Geneva: WHO, 1968), 321–2. Other countries were curious about this too, including Italy, Czechoslovakia, and Poland, which all mentioned research facilities that could aid with analysis of “chemical substances of plant origin.”

<sup>103</sup> The quotations in this paragraph and the next are by Dr. S. Hasan, Pakistan delegation, and Dr. B. Louembé, chief medical officer (Pool-Djoué Prefecture), Congo-Brazzaville, speaking in WHA, *Twenty-Second World Health Assembly* (cit. n. 7), 346.



“traditional medicines” as part of his regular duties.<sup>104</sup> His work would be supported by staff in the division of pharmacology and toxicology and would connect to a new initiative to “establish pharmaceutical industries in developing countries” between the WHO and the recently founded UN Industrial Development Organization (UNIDO). It would also connect to work within the African Region to compile lists of “essential drugs” that took into “account [each] country’s priorities and needs, the buying power of the public and the national budget.”<sup>105</sup>

Given the clear framework of the 1969 resolution, one might have expected the WHO staff to keep the focus on pharmaceuticals in perpetuity. Within just eight years, however, the Secretariat had broadened its parameters, taking a multipronged approach and placing “traditional practitioners” center stage. Why? Part of the answer stems from the persistent efforts of the African Regional Office of the WHO. Another part, however, can be found in Candau’s first report on the resolution, issued in 1970, in which he took up the spirit rather than the letter of the law and tried to reconcile the resolution’s remit with the WHO’s longer history of health work. Candau thus organized his report in a way that made it clear that “traditional medicines” could not be separated from the people who possessed this knowledge. These “healers” had different “professions” and formal “associations”; they worked with a variety of “customs and rituals”; they used “symptoms of disease” that could “only partly be correlated with” the WHO’s International Classification of Disease (ICD); they transmitted their expertise “generation to generation,” sometimes in print and sometimes through “inheritance and experience”; many of their “medications” were still not included in the WHO’s International Pharmacopoeia; and their costs were unknown, because states had yet to collect data on them. All of these details made it difficult, Candau admitted, to assess what it would mean to incorporate them into official health services. “The task” of studying the question, the WHO Secretariat staff acknowledged when they presented Candau’s report to member states, “was a long one, to which WHO would give its attention over the coming months and years in accordance with the request of the Health Assembly.”<sup>106</sup>

#### TRADITIONAL MEDICINE FOR A DECOLONIZING AND TRIPOLAR WORLD

As staff in the WHO Secretariat continued to examine traditional medicine within the headquarters, they were aware that their efforts would dovetail with other programs—on essential drugs and health personnel—for which African member states had also

<sup>104</sup> To put this in perspective, this was one of twenty-one programmatic resolutions in 1969, which explains why it took Candau over a year to address it in his first report.

<sup>105</sup> Michel Attisso, “Pharmacology and Public Health: African Characteristics,” in *Biomedical Lectures*, AFRO Technical Papers, no. 4 (Brazzaville: AFRO, 1972), 41–52, on 50–1. Attisso, from Togo, was a professor of pharmacy at the University of Dakar, and chaired the OAU’s 1968 Symposium on healing and African Pharmacopoeia in Dakar. The WHO’s focus on “essential drugs” was clearly given a boost by African decolonization, and included a symposium at Makerere, Uganda, in 1966, on “Therapeutic Needs and Production of Drugs.” This connection is detailed in the WHO presentation for UNIDO Expert Working Group Meeting on the Establishment of Pharmaceutical Industries in Developing Countries, Budapest, 4–10 May 1969, UNIDO Records, Vienna.

<sup>106</sup> Lucien Bernard, assistant director, WHO, reporting on the director-general’s study, *Twenty-Fourth World Health Assembly, Geneva, 4–20 May 1971*, part 2 (Geneva: WHO, 1972), 417. Candau’s five-page report was given first to the executive board, as an appendix to EB47/13, 28 November 1970, “Establishment of Pharmaceutical Production in Developing Countries—Report by Director General—Annex, Traditional Medicines.” Interestingly, it made no mention of the People’s Republic of China, perhaps because it was still excluded from all United Nations agencies.

advocated. Crucially, director-general Candau and his successor, Halfdan Mahler (who took over in 1973), attended all five African Regional Office (AFRO) annual meetings between 1972 and 1976, which helped them understand member states' full slate of priorities. It also meant they were present for pivotal discussions and decisions relating to traditional medicine in 1972, 1974, and 1976. In fact, AFRO was the only WHO region that secured the director-general's consistent presence during these years, a fact that made its director, Comlan Quenum, "particularly proud."<sup>107</sup>

The 1972 meeting was held in Conakry, Guinea, and was launched by Sékou Touré himself, who gave a long and passionate speech, noting that "respecting folk medicine means respecting our own culture; it also means respecting ourselves." Cold War hostilities, he elaborated, were destroying so many people's lives and raised important questions about whether infectious diseases or wars were the bigger danger to their health. He asked the assembly: "Can human health be preserved amid murderous bombing, devastation of towns, destruction of farms, bridges, hospitals and schools—as is the case in Vietnam, Guinea Bissau, Angola, Mozambique, Zimbabwe and Namibia? . . . Is good individual or group health possible under such conditions?" The real threats were "imperialism, colonialism, and neocolonialism, [which] do more harm and destroy more human lives, and [endanger more] people's health than disease germs." Across Africa, he concluded, could be found "revolutionary people who are determined to defend their political health, their moral health, their dignity, personality, and sovereignty."<sup>108</sup> These words were met with resounding applause. If the director of the WHO had lingering questions about the African Region's priorities, Sékou Touré's speech likely put them to rest. Just eight months later, Candau took up some of these points in his final address before the World Health Assembly, explaining how decolonization "from 1960 onwards" had transformed the WHO's operations during his tenure. "The many new countries that joined [the WHO] . . . gradually made it clearer than ever before that . . . the improvement of health services is closely bound to cultural traditions, social resources and individual needs. Looking at our situation today, my thought is that decolonization has not gone far enough. I use the word 'decolonization' in an intellectual, not a political, sense."<sup>109</sup>

Candau was preaching to the choir. By 1974, AFRO member states voted to prepare an expert committee report on the place of "traditional medicine in African health services" for its 1976 session. To pave the way, Comlan Quenum organized a meeting of specialists on the subject in Brazzaville, held in February 1976, and then commissioned two affiliates, from Togo and Ghana, to compile an overview for the assembly later that year in Kampala. Quenum and his many collaborators characterized this work as a way to "decolonize the minds" of medical professionals and government officials and to connect ideas about "rights to health" with efforts to bolster states' sovereignty and cultivate medical heritage.<sup>110</sup> Their rationale was clear. No one could

<sup>107</sup> Quenum, *Ten Years of Reflexion* (cit. n. 100), p. 32.

<sup>108</sup> The full text of the speech is reprinted in Ahmed Sékou Touré, "Discours d'ouverture de la 22e Session du Comité régional de l'O.M.S. pour L'Afrique," part 2 in *Médecine Populaire* (Conakry: Revue de Parti Démocratique de Guinée, 1974), 97–129. Reports on the enthusiastic audience response are described in "Sekou Toure Opens WHO Regional Committee," *Conakry Domestic Service*, 22 Sept 1972.

<sup>109</sup> WHO, *Twenty-Sixth World Health Assembly, Geneva, 7–23 May 1973*, part 2 (Geneva: WHO, 1973), 81.

<sup>110</sup> This language is in AFRO's unpublished summary report for the WHO, October 1976; see AFRO, "Present Situation and Perspectives for a Programme of Development of Traditional Medicine in Africa,"

exercise a right to health when their country was occupied; every state trying to take care of its people and develop its economy could profitably build upon their own homegrown medical cultures.

AFRO was articulating survival strategies that different diplomats had expressed from the early 1960s onward: states as a multinational buffer to neocolonial incursions, “local” healers as a transnational means to bolster frontline care, and endogenous “cures” as a pan-African effort to substitute for more expensive imports. Governments had to act together if they stood a chance of success. It was at these 1976 meetings—attended by lay practitioners from Uganda, Nigeria, and Congo-Brazzaville, among other member states—that AFRO developed its definitions for “traditional medicine” and “traditional healer.” Several of the points that mattered most to the participants had to do with practices and types of expertise that could not yet be explained, were not yet written down, arose from “ancestors” no longer living, and stemmed from “metaphysical” or “intangible forces” that would always be immaterial. They wished to signal that such expertise was flexible and dynamic, and that it included a diversity of professionals, while also acknowledging its pervasive influence on people’s daily lives. Interestingly, one of the passages that still circulates from these meetings defines traditional medicine as “the sum total of all knowledge and practices, whether explicable or not . . . [and] handed down from generation to generation whether verbally or in writing.”<sup>111</sup> This refrain reflected African diplomats’ desire for the WHO to recognize that oral expertise mattered and that people used different but valid conceptual schemas about health and reality. Urging the WHO to take healers’ “dynamic medical know-how and ancestral experience” seriously, they insisted: “Certain facts should not be overlooked simply because they have not been scientifically explained. The metaphysical aspects of traditional medicine are real and positive.”<sup>112</sup>

Shortly after the annual AFRO assembly in 1976, the WHO Secretariat agreed to host a small strategy session in New Delhi, India, in October to pool information, assess regional capacities, and chart a path forward for the “traditional medicine” program. Tellingly, only five of the six regional offices were invited. The European office, based in Denmark, was left out. Meanwhile, the staff who attended from the WHO headquarters were from Ghana (the secretary of the traditional medicine working group, Robert Bannerman) and China (the new assistant director-general, Wen-Chieh Ch’en). In fact, all the delegates but two came from outside Europe and North America, and even these worked in Mexico and the Philippines.<sup>113</sup> This composition was deliberate; the meeting was designed to serve the needs and interests of countries in the “Third World,” construed in the broadest geographical terms.

While delegates debated how best to cooperate with popular healers, they all agreed that “collaboration” could reveal approaches to human health that were less expensive than biomedical or Western systems, especially in terms of drugs and custodial care,

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in WHO, “Inter-Regional Consultation on Promotion and Development of Traditional Medicine Programme, New Delhi, Oct. 4–8, 1976,” WHO Archives, Geneva, Switzerland.

<sup>111</sup> This passage stemmed from the expert consultation in Brazzaville in February 1976; see AFRO-WHO, *African Traditional Medicine*; it was reprinted in WHO, *Promotion and Development of Traditional Medicine* (both cit. n. 17), 3, 8, respectively.

<sup>112</sup> AFRO, “Present Situation and Perspectives for a Programme” (cit. n. 110).

<sup>113</sup> They were Boris Velimirovic (Pan-American Health Organization) and George Emory (Western Pacific Office).

and also more culturally appropriate. The African Regional representatives went further and pushed governments “to adopt and apply rules for the practice of traditional medicine . . . and [insure] that true healers . . . be enlisted and granted legal recognition.”<sup>114</sup> Some of this work was already underway in many countries, but receiving the WHO Secretariat’s public backing now gave it the imprimatur of credibility and legitimacy. It also reinforced the idea that traditional medicine was a valid object of study. At the heart of the new programming were the “traditional practitioners” themselves.

#### CONCLUSION: GEOPOLITICAL PROXIES AND PAN-AFRICAN CONTRADICTIONS

As the concept of “traditional medicine” gained global prominence during the Cold War, it became a proxy for different geopolitical struggles and socioeconomic priorities. Wherever the term was used, it did crucial boundary work across many divides, challenging monolithic and monolingual views of medicine around the world. Its embrace within the WHO between 1969 and 1978 meant that it also became associated with state-based strategies to provide health care. African governments were hardly the only states in the world pursuing these measures. India, China, Vietnam, Indonesia, and so many other nations across Asia were also exploring their medical heritage and bringing it to bear on therapeutic and economic governance. Yet, as a consequence of pan-African organizations and networks, African diplomats were arguably the most organized on a collective, transnational level. They were also the most insistent on wedding conversations about traditional medicine to new laws on copyright and inventions, seeing these as a way to protect their people’s expertise.

Philosophically, advocates of state-based programs around traditional medicine envisaged them as a way to strengthen “homegrown” medical cultures, even when these cultures’ genealogies were far reaching and their territorial boundaries amorphous. Geopolitically, advocates embraced a kind of cultural patriotism and quest for sovereign rights that pushed back against past political harms (and future threats) at the hands of outsiders. Economically, they rooted their proposals in the view that costs and profits should be held in check by placing expertise in the public domain, even if the reality was usually more complicated. Scientifically, they espoused a trust in forms of practice and experience—other kinds of accumulated know-how—that challenged dominant techniques of scientific proof and persuasion. And epistemologically, they opened the door to diagnoses and descriptions of disease and health that unsettled sharp boundaries around what was real and unreal, true and false, and effective and ineffective. One could call this a Janus-faced dynamic, but it seems more apt to label it a form of polyglot therapeutics. Diplomats were highlighting the inadequacies of existing state models of care and pushing to broaden definitions and approaches. The truth of the matter is that “traditional medicine” sparked the most controversy when its advocates insisted on the idea that people could occupy different “conceptual realities” and bodily “modes of existence” at one and the same time.<sup>115</sup>

That pan-African diplomatic organizing made a global difference is beyond dispute, but its victories were also tenuous, contradictory, and partial. In order to highlight

<sup>114</sup> AFRO, “Present Situation and Perspectives for a Programme” (cit. n. 110), 6.

<sup>115</sup> I take these phrases from Sheldon Pollock, “Indian Knowledge Systems On the Eve of Colonialism,” *Intellectual History Newsletter* 22 (2000): 1–16; I also have in mind Stacey Langwick, “Articulate(d) Bodies: Traditional Medicine in a Tanzanian Hospital,” *American Ethnologist* 35 (2008): 428–39.

the genius of their own cultural histories and vernaculars, diplomats had to use keywords in English and French that were legible to powerful gatekeepers and often rooted in colonial pasts. In order to carve out a legitimate space within their own states for so-called unorthodox practitioners, they had to operate at a level of meta-analysis that was then hard to reconcile with day-to-day health-seeking and life-sustaining activities. In order to find means to communicate about health beyond their countries' and continent's borders, they had to elide the many complexities of commensurability and the reality that much relating to practice was lost in translation. In order to push back against draconian policies and duplicitous machinations of First World countries, they sometimes adopted authoritarian tactics and tendencies of their own.<sup>116</sup> And, finally, in order to expand the global remit of rights to health and delimit the global reach of intellectual property laws, they had to engage in almost Sisyphean bureaucratic battles that took years and decades to wage. These battles' sheer duration, and their transnational and multi-institutional nature, made it surprisingly easy for later generations to suggest either that pan-African advocacy campaigns never happened or that their effects were the result of other countries' and people's labors.

What so many of these diplomats sought in the sixties and seventies was the freedom to determine their own medical and political futures, based on a better understanding of their past accomplishments and existing know-how. Guinea's minister of health, Dr. Kékoura Camara, elaborated on this point at the 1973 World Health Assembly as the designated spokesperson for the African Region: "For us this [work] implies not a need to return to authenticity but the historical necessity to exploit and turn to account this folk medicine in an enriching symbiosis with modern medicine. There is . . . borne in upon us a new concept of medicine for the majority, medicine for the masses, which must be . . . assimilated, understood, adopted and practised by the people . . . [W]e realize that the improvement of health throughout the world is the concern of all nations and that the future will belong not to those who picnic on the surface of the moon but to those who have done the most for suffering mankind."<sup>117</sup>

<sup>116</sup> In my larger project, I explore how some of these contradictions played out in particular places. For a study that illustrates my point about authoritarian tactics, see Mike McGovern, *Unmasking the State: Making Guinea Modern* (Chicago: Univ. of Chicago Press, 2012).

<sup>117</sup> WHO, *Twenty-Sixth World Health Assembly, Geneva, 7–23 May 1973*, part 2 (Geneva: WHO, 1973), 65–6.