Enhancing the role of traditional medicine in health systems: A strategy for the African Region

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Traditional medicine (TM) is the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. Traditional medicine is commonly used by various populations in the world. In Europe, its use ranges from 42% of the population in Belgium to 90% in the United Kingdom. In Africa, the range extends from 70% in Benin to 90% in Burundi and Ethiopia.

Situation analysis

In 2000, participants at the Fiftieth session of the WHO Regional Committee for Africa adopted the Regional Strategy on Promoting the Role of Traditional Medicine in Health Systems. Implementation of that first regional TM strategy resulted in progress in the different priority interventions, as compared with the baseline survey made in 2000 (see Table 1). For instance, by 2012, 40 countries had developed national TM policies, as compared with eight in 2000. Strategic plans and codes of ethics had been developed by 19 countries, and 13 countries had national policies on the conservation of medicinal plants. In addition, 29 countries developed regulations and nine countries adopted national legislation for the protection of intellectual property rights and traditional medicine knowledge. Six countries had established national traditional health practitioners’ councils, and about 25% of Member States adopted the full range of national policy components.

Although TM facilities for the provision of health services are required to enhance collaboration and complementarity between practitioners of the two systems of medicine, only Ghana has succeeded in establishing traditional medicine clinics in as many as nine regional hospital settings. In some countries, the traditional medicine policies and implementation plans were not in line with national health policies and strategic plans and were not implemented, due to inability to formalize implementation and coordination mechanisms and the inadequacy of resources allocated to TM. This situation has been aggravated by weak stewardship and law enforcement as well as inadequate human and financial resources.

In the African Region, the number of national traditional medicine research institutes increased from 18 in 2000 to 28 in 2012. These institutes researched the use of traditional medicine products for priority diseases such as HIV/AIDS, sickle-cell disease, diabetes and hypertension using WHO guidelines. A total of 13 countries used research results to authorize the marketing of certain traditional medicine products and eight countries included traditional medicine products in their national essential medicines lists. Research partnerships were established or strengthened among various institutions and networks. However, some countries did not conduct Phase III randomized clinical trials due to the prohibitive costs involved. There is a limited number of operational...
research studies that analyse factors related to the role of traditional medicine practices in different health systems. Limited information about ongoing research and inadequate dissemination of research results reduce awareness of the development and use of traditional medicine products.

By 2012, a total of 17 countries had reported having small-scale manufacturing facilities for the production of traditional medicine products. However, the Member States in the African Region are still unable to fully translate traditional medicinal knowledge (TMK) into viable medicines due to barriers such as limited knowledge-sharing between scientists and traditional health practitioners (THPs); insufficient manufacturing capacity; limited investment by the pharmaceutical industry; weak private-public partnerships; regulatory hurdles; lack of national standards regarding quality specification, quality assurance and control of TM products; limited national capacity and financial resources required for regulation, quality assurance and control of TM products.

Also by 2012, a total of 17 countries had small-scale cultivation of medicinal plants as raw materials used for preparing and researching traditional medicine products; 21 countries had documented TM in the form of experiences to preserve TMK; 17 countries had carried out inventories of medicinal plants; and eight countries had established databases on medicinal plants, THPs and TMK. Cultivation and conservation of medicinal plants are inadequate and the application of good agricultural and collection practices and good manufacturing practices (GMPs) for TM products are still limited. Most of the raw materials are collected from forests, while large-scale and mechanized cultivation and conservation of medicinal plants is still a challenge for countries.

A number of international organizations and regional economic entities such as the African Development Bank (AfDB), the African Regional Intellectual Property Organization, the African Union, CIDA, FAO, IDRC, OAPI (African Organization for Intellectual Property/ Organisation africaine pour la propriété intellectuelle) and the Regional Economic Communities (RECs), IUCN (International Union for the Conservation of Nature), UNCTAD, UNDP, UNEP, UNIDO, WIPO and the World Bank have stressed the need and importance of TM in African development. In 2007, the Economic Community of West African States (ECOWAS) established a TM programme at the West African Health Organization (WAHO) which contributed to enhancing the implementation of the TM strategy in the subregion. In collaboration with WHO, WAHO developed the ECOWAS Herbal Pharmacopoeia in 2012. The CAMES has established Pharmacopoeia and African traditional medicine programme. In 2011, participants at the Sixty-first session of the WHO Regional Committee for Africa discussed a progress report on the implementation of the regional strategy and the plan of action of the first decade of African traditional medicine (2001–2010) and recommended an update of the regional strategy. The updated strategy builds on the achievements of the first strategy and expands its scope to ensure that TM effectively becomes a safe and valuable option in the provision of health care. It also explores how new opportunities, such as the development and implementation of TM plans by regional economic communities and increasing South-South collaboration for technology transfer, could be harnessed to enhance the role of traditional medicine in the African Region.

Table 1. Progress made by countries in the implementation of the regional strategy on traditional medicine and the plans of action in the first decade (2001–2010) and the second decade (2011–2020) of African traditional medicine in the WHO African Region during 2001–2012

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In September 2013, the updated strategy was discussed by the ministers of health of the African Region during the Sixty-third session of the WHO Regional Committee for Africa. In their deliberations, the ministers outlined the challenges related to traditional medicine in their countries, including quality control and quality assurance, research and development, intellectual property and regulation of practitioners, practices and products.

Members of the Regional Committee unanimously adopted the updated regional strategy and its resolution on enhancing the role of traditional medicine in health systems in the African Region. For its part, WHO agreed to support countries to implement the updated strategy as well as advocate with national authorities and development partners, provide technical support to strengthen national medicine regulatory authorities, enhance cooperation and harmonization of traditional medicine practices, practitioners and products, and foster subregional collaboration in the exchange of best practice.

References
2. Findings from CIDA/WHO-AFRO Project – end of project consultation questionnaire completed by countries in 2012.
15. For information on “traditional knowledge”, “genetic resources” and “traditional cultural expressions/folklore” see http://www.wipo.int/tk/en/., accessed 21 October 2013.

REGIONAL STRATEGY ON PROMOTING THE ROLE OF TRADITIONAL MEDICINE IN HEALTH SYSTEMS

AIM, OBJECTIVES AND TARGETS

The aim of this regional strategy is to contribute to better health outcomes by optimizing and consolidating the role of traditional medicine in national health systems. The objectives are:

a) to accelerate the implementation of national traditional medicine policies, strategies and plans;
b) to promote biomedical and operational research towards generating evidence on the quality, safety and efficacy of traditional medicine practice and products;
c) to improve the availability, affordability, accessibility and safety in the use of traditional medicine practices and products;
d) to protect intellectual property rights and preserve traditional medicine knowledge and resources.

TARGETS

The strategy has targets to be reached in the African Region by 2015 and 2018, based on the 2012 baseline data. Specifically, in the African Region:

a) investment in traditional medicine research and the generation of scientific evidence of the quality, safety and efficacy of traditional medicine products and practices would have been increased by at least 4% of countries by 2015 and at least 10% of countries by 2018;
b) traditional medicine products included in the national essential medicines lists would have been increased by at least 15% of countries by 2015 and at least 20% of countries by 2018;
c) large-scale cultivation of medicinal plants and local production targeting priority communicable and noncommunicable diseases would have been increased by at least 15% of countries by 2015 and at least 25% of countries by 2018;
d) investment in traditional medicine activities would have been increased by at least 25% of countries by 2015 and at least 45% of countries by 2018.

By the end of 2023 the total number of countries implementing the Regional Strategy on traditional medicine would have increased from 19 to 40.

GUIDING PRINCIPLES

The guiding principles of this strategy are:

a) Stewardship to steer and create an enabling environment for improving and sustaining TM regulation, investments, partnership, coordination and activities in an integrated manner.
b) Partnerships among relevant stakeholders at all levels to share responsibilities and resources for maximum impact.
c) Intrasectoral and intersectoral collaboration for ensuring that stakeholders and partners align their interventions to national strategic frameworks.
d) Ethics in promoting TM use, research, practices and trade.
e) Equitable access to quality and effective TM services and products.

PRIORITY INTERVENTIONS

Accelerate the implementation of national TM policies, strategies and plans within national health systems. This will be necessary to promote better coordination and alignment of stakeholders including THPs, professional associations, consumers, public, private-for-profit and informal sectors to government policies.

Develop frameworks for integrating TM in health systems. This will involve adaptation of WHO tools to country-specific situations for the development of national regulations for TM practitioners, practices and products (including advertisements). It is also necessary to draw up legislation for the protection of IPRs and TMK; increase access to biological resources; and enhance collaboration between practitioners of TM and conventional medicine. Strengthening of the capacity of THP councils, national medicines regulatory authorities and intergovernmental organizations will enhance implementation and harmonization of traditional medicine regulation.

Promote research and development and protection of IPR and TMK. This will involve training to build capacity in research for traditional medicine including research ethics, collaboration between research institutions and manufacturers for the production of new medicines; and providing incentives to researchers who have patents. In addition, it will be necessary to promote better coordination between research and training institutions including WHO collaborating centres engaged in TM development; cooperation and partnership among countries in South-South or triangular approaches; and funding of research. TM research and innovation should be developed as part of the implementation of resolution WHA61.21 on the global strategy and plan of action on public health, innovation and intellectual property. Collaboration and trust between research scientists and THPs should be strengthened through enhanced understanding of their individual and complementary roles. It will also be necessary to empower THPs, communities and researchers about their rights; and to promote the use of biological resources and documentation of TMK in various forms such as country profiles, databases, ethnobotanical surveys, inventories of TM products and practices, monographs of medicinal plants, herbal pharmacopoeias and formularies.

Strengthen human resources capacity of countries for development of traditional medicine. Adequate financial resources should be mobilized and allocated in order to build the human resources to produce novel and affordable medicines for priority communicable and noncommunicable diseases. Educational systems should consider the exposure of health science students and health professionals to the role of TM in health systems. Furthermore, countries should establish or strengthen systems for the qualification, accreditation, or licensing of THPs. Priority should be given to funding TM research and developing innovative financing mechanisms.

Promote and organize large-scale cultivation and conservation of well-researched medicinal plants, used for production of traditional medicine products, based on the principles of good agricultural and collection practices. While promoting large-scale cultivation, countries should also support the establishment of home gardens, botanical areas and conservation reserves. They should ensure adequate consideration of TM in national development plans for the preservation of biodiversity.

Encourage local production of TM products by creating an enabling political, economic and regulatory environment including tax breaks for local manufacturers; establishing national regulatory frameworks and national standards applicable to TM products. Make investment to scale-up current manufacturing facilities and improve local production based on scientific methods of research and development.

Enhance collaboration among multilateral stakeholders. It will be necessary to establish an appropriate structure in the ministry of health to coordinate interventions related to TM as well as facilitate coordination of relevant stakeholders’ and partners. This structure will monitor the implementation of policies and strategies; coordinate intersectoral collaboration and the interface with regional economic communities, various ministries (e.g. health, education, agriculture, trade and industry, and research), development partners (e.g. ADB, World Bank, UNCTAD, UNIDO) and nongovernmental organizations.

**ROLES AND RESPONSIBILITIES**

**Member States should:**

a) Take concrete steps to assess the funding needs for traditional medicine research and allocate financial resources from national budgets while considering changes in financing options and innovative funding mechanisms.

b) Document and preserve TMK in various forms and develop national legislation for the protection of IPBs and access to biological resources.

c) Adapt WHO tools and guidelines on traditional medicine to their specific situations and implement the priority interventions as well as policies, strategies and plans.

d) Issue marketing authorizations for medicines that meet national criteria and WHO norms and standards of quality, safety and efficacy and include them in National Essential Medicines Lists where appropriate; Member States should also strengthen pharmacovigilance systems for monitoring adverse effects of traditional medicine products.

e) Establish an entity in the ministry of health to promote, coordinate and monitor the implementation of multisectoral traditional medicine strategic plans.

f) Strengthen the capacity of training institutions to develop training programmes and revise curricula to include traditional medicine modules for exposure of health sciences students and health professionals to the role of traditional medicine in health systems.

g) Promote public-private partnerships to raise interest in investment in traditional medicine.

h) Develop national databases for recording TMK and use of traditional medicine products.

i) Invest in traditional medicine operational and biomedical research to improve traditional medicine practices and products.

**WHO and partners should:**

a) Advocate for commitment of national authorities to give priority to traditional medicine and reinforce the stewardship role of governments to create and/or strengthen an enabling environment.

b) Encourage and work with regional economic communities to promote actions that contribute to increasing funding for traditional medicine; enhance cooperation and harmonization of regulation of traditional medicine facilitate joint review of registration of files of TM products; and advocate for production of traditional medicine products.

c) Provide technical advice and guidance for countries to adapt tools and guidelines to their specific situations and support the implementation of priority interventions.

d) Promote coordination and cooperation among various international organizations and partners as well as alignment with countries’ traditional medicine policies and legislation.

**RESOURCE IMPLICATIONS**

National traditional medicine plans with multi-year financial plans need to be costed. Based on current experiences in the countries that have advanced the development of the traditional medicine agenda (Benin, Burkina Faso, Cameroon, Democratic Republic of Congo, Ghana, Mali, Rwanda, South Africa and Tanzania) it is suggested that countries consider allocating at least 2% of their annual national health budget to the implementation of this strategy. This budget does not include new drug development. The cost of WHO support to Member States in implementing this new Regional traditional medicine Strategy for the next decade is estimated at US$ 20 million.

**MONITORING AND EVALUATION**

To monitor the implementation of each proposed intervention, the Regional Office will develop a set of indicators for regional and country levels based on current indicators. With WHO support, countries will conduct mid-term and final reviews of the implementation of the updated strategy. A progress report on implementation of the Regional Strategy will be presented to the WHO Regional Committee every three years starting in 2016.

The African Region will have conducted a mid-term assessment of the implementation of the Regional Strategy by the end of 2018 and a final assessment by the end of 2023.


5 Stakeholders include practitioners of traditional medicine and conventional medicine, the communities, national expert committee on THM, regional economic communities, ministries of health, higher education, research and finance; members of parliament; networks of traditional health practitioners and professional associations.

6 Partners include various ministries, professional associations and federations, consumer groups, nongovernmental organizations, regional and interregional working groups and training institutions in both the public and private sectors.