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Theme: “*Strengthening of Health Systems for Equity and
Development in Africa*”

**THE STATUS OF TRADITIONAL MEDICINE IN AFRICA
AND
REVIEW OF PROGRESS MADE ON THE IMPLEMENTATION OF THE
PLAN OF ACTION ON THE AFRICAN UNION DECADE OF
TRADITIONAL MEDICINE (2001-2010)**

THE STATUS OF TRADITIONAL MEDICINE IN AFRICA
And
Review of progress made on the Implementation of the Plan of Action on the
African Union Decade of Traditional Medicine (2001-2010).

A. Introduction

1. South Africa, as a host of this 3rd Ordinary Session of the Conference of African Union Ministers of Health, is honoured to present this paper on a very important subject of African Traditional Medicine (ATM). The theme for the conference is “**Strengthening of Health Systems for equity and Development**”. A number of Topics will be discussed under this theme including the review of progress made in certain activities mandated by the Heads of State and Government. South Africa was requested to review the progress made by the Continent on the implementation of the Plan of Action on the African Union (AU) Decade of Traditional Medicine (2001-2010). The Plan of Action has a number of Priority areas that needed to be attended to. The review /assessment of progress will prepare for a full mid term review which the African Union may plan to hold shortly. The challenge is to get as broad a representation /information from all the regions of the Africa. This process will also foster collaboration among countries and regions as well as aid information sharing on how best to put African Traditional Medicine (ATM) in its rightful place. It is also an opportunity for the African Union to strengthen its working relationship with WHO, which has had significant progress, on issues of Traditional Medicine as well as other bodies with expertise in the area of Traditional Medicine.

2. This exercise is also meant to allow all the experts in the area of Traditional Medicine, including researchers, to be more actively involved in the institutionalization/integration of ATM in the broad health sector. It is anticipated that the sensitization and advocacy for ATM can be strengthened and seen as part of the large international picture of renewed interest in Traditional Medicine or Complementary medicine.

3. As a global Advocacy to recognise indigenous knowledge as well as respectability of Traditional Medicine globally, HRH Prince Charles the Prince of Wales addressed the World Health Assembly (WHA 59) in Geneva in May 2006 on issues of integration of proven complementary, traditional and modern remedies. He also emphasized “the active participation of the patient can help create a powerful healing force for our world”. In this address (Document A 59/Div/7) he says “It is tragic, it seems to me that in the ceaseless rush to “modernize”, many beneficial approaches, which have been tried and tested and have shown themselves to be effective, have been cast aside because they are deemed to be the “old-fashioned” or “irrelevant” to today’s needs.” The sceptics in Africa on a practice that has been with the continent for centuries could do well to heed this call, which supports the call of the AU Heads of State and Government who have made effort to promote and improve acceptability of Traditional Medicine in Africa.

4. It is pertinent therefore that an atmosphere of objectivity towards traditional medicine in Africa be generated through establishing the appropriate structures and tools for it to be of good quality, easily accessible, safe and sustainable for the communities in Africa as elsewhere in the world. Learning and sharing lessons with other regions of the world that have advanced in promoting and protecting their traditional Medicine knowledge will be beneficial to the African continent.

B. OUTLINE OF THE REPORT

5. Traditional Medicine, for the purpose of discussion in this paper, is considered to be system of medicine that includes traditional medicines (substances), philosophy of traditional healing, traditional health practitioners, cultural norms, etc that are utilized in this paradigm of healing and prevention of disease

6. This document profiles the status and implementation of Traditional Medicine in the African Continent. The paper on the current Status of African Traditional Medicine will look at and review what African Regions have achieved in implementing some of the priority areas of the Plan of Action on the AU Decade of Traditional Medicine (2001 – 2010).

7. The eleven priority areas, which have been developed as strategic activities, are;

- 7.1 Sensitization of the Society on traditional medicine:
- 7.2 Legislation of traditional medicine,
- 7.3 Institutional Arrangements,
- 7.4 Information, Education and Communication,
- 7.5 Resource Mobilization,
- 7.6 Research and Training,
- 7.7 Cultivation and Conservation of Medicinal Plants,
- 7.8 Protection of Traditional Medical Knowledge,
- 7.9 Local Production of Standardized African Traditional Medicines (SATM),
- 7.10 Partnerships, and
- 7.11 Evaluation, Monitoring and Reporting mechanisms

8. The main objective of the Plan of Action is the recognition; acceptance; development and integration/institutionalisation of Traditional Medicine by all Member States into the public health care system in the region by 2010. The purpose of the document “A Mechanism for Monitoring and Reporting on the Implementation of the Plan of Action on AU Decade of African Traditional Medicine” is to provide a general framework to guide Member States in formulating and adapting their National Strategies.

9. The document includes sections on Objectives of the AU Conference of Ministers of Health, Status report of regions, Challenges, and proposed options to be considered for discussion at the Third Ordinary Session of the African Union Conference of Ministers of Health (CAMH3) in April 2007.

C. BACKGROUND – Global perspective of Traditional Medicine

10. In some countries, traditional medicine is an integral part of the formal health system, on equal status with modern medicine but in others, this is not the case. Traditional medicine, although important for individuals and communities, remains a form of private practice outside the formal health system, one that cannot be easily organized by the government. Worldwide, traditional or complementary medicine is used to treat chronic pain and to improve the quality of life of those suffering from incurable diseases.

11. Despite the dramatic advances and advantages of conventional medicine, it is clear that a role has been identified for traditional medicine. Traditional medicine is presently experiencing a dramatic renaissance globally, including in Western countries, partly because of its continued usefulness and renewed interest in this field.

12. The use of medicinal plants in traditional medicine finds its natural expression and further development in primary health care. Current estimates suggest that, in many developing countries, a large proportion of the population relies heavily on traditional practitioners and traditional medicines to meet primary health care needs. Although modern medicine may be available in these countries, traditional medicine has often maintained popularity for historical, holistic approaches and cultural reasons.

D. STATUS OF THE IMPLEMENTATION OF THE DECADE: ASSESSMENT TOOLS

13. Five elements among the eleven priority areas were identified to evaluate progress in the area of traditional medicine in the five regions of the continent. These were chosen on the basis of ease of collecting accurate information from the different institutions dealing with Traditional Medicine. These are listed below:-

13.1 Sensitization and popularization of Traditional Medicine in all Member States.

13.1.1 Commemoration of African Traditional Medicine day on 31st August

13.1.2 Sensitization workshops

13.2 Policy and legislation on Traditional Medicine.

13.2.1 Policy, Rules, Regulation and Law

13.3 Institutionalizing Traditional Medicine in health systems.

13.3.1 Establishment of centre of excellence dealing with traditional medicine

13.3.2 Structure at Ministry as a focal point on Traditional medicine

13.4 Protection of Traditional Medicine Knowledge (TMK) and control of access to biodiversity

13.4.1 Rules, regulation, law

13.4.2 Database on TMK developed and controlled

13.5 Local Production.

13.5.1 National Regulatory Authorities regulating African Traditional Medicines

13.5.2 Presence of African traditional medicines manufacturing facilities.

E. THE AFRICAN CONTINENT'S IMPLEMENTATION STATUS OF THE OF THE AU DECADE PLAN OF ACTION ON TRADITONAL MEDICINE

14. Africa's Implementation status of the AU Decade Plan of Action on Traditional Medicine is appended as Annexure A.

F. REMARKS ON AFRICAN CONTINENT IMPLEMENTATION OF THE AU DECADE PLAN OF ACTION ON TRADITONAL MEDICINE

15. Some Member States in Africa have developed national policy on traditional medicine, legal framework, and code of ethics and of conduct for the practice of Traditional Medicine. Some have put in place mechanisms for registration of traditional medicines legislation, regulatory framework and institutional instruments for developing African Traditional Medicine (ATM) and locally producing commercial quantities of standardized African traditional medicines (SATMs). Other countries have further moved towards integrating/institutionalising TM into the public health care systems,

16. However, a number of AU countries under the WHO African Region (excluding the Au countries under WHO EMRO) have made important strides in the area of Traditional Medicine in terms of policies and regulations that are geared to the institutionalisation and operationalization of TM. Countries like Burkina Faso, Cameroon, Ethiopia, Kenya, Ghana, Malawi, Mali, Mozambique, Nigeria, Senegal, South Africa, Tanzania, Uganda, Zambia and Zimbabwe to mention a few, have made major progress in the area of regulation of TM and have put in place legislative machinery to officially recognize and empower Traditional Medicine as part of the public health care delivery system. The AU countries under WHO EMRO region could have made significant strides also but information was not available at the writing of this paper

17. Some Challenges in the implementation of the AU Decade on Traditional Plan of Action were identified as:

17.1 Traditional medicines, both imported and locally produced, are sold in the open markets, stores, homes, etc. to the public with possible adverse consequences. This remains a challenge, which countries need to regulate in partnership with all stakeholders;

17.2 Despite the important role Traditional Medicine plays in our society, in many countries the practice has operated without policy and legal framework to guide the practice;

17.3 However, irrespective of the long term of usage, the development of TM varies widely in different countries in the African Region. Some challenges that may be hampering the implementation of the Action Plan on AU Decade on TM and this may be due to:

17.3.1 Inadequate documentation and regulation of the use of traditional medicine in the region;

- 17.3.2 Lack scientific evidence for safety, efficacy and quality for most traditional medicines that are claimed to provide effective cures for various diseases
- 17.4 Most countries in the region have not established safety-monitoring mechanisms for traditional medicines (i.e. both imported and locally produced) that are available in the , efficacy and the market.
- 17.5 The negative publicity towards traditional medicines – thus keeping it as a secretive practice and with a perception that it is for poor and illiterate people
- 17.6 Low literacy levels among traditional health practitioners would make understanding and implementation of the policy challenging
- 17.7 Inherent cultural beliefs and superstition may hamper implementation
- 17.8 The failure of conventional western trained practitioners to recognize the importance and use of TM
- 17.9 Inadequate infrastructure, financial and human resources would hamper implementation of his policy.

CONCLUSION

18. The AU Ministers may wish to establish coordinating mechanisms (regional and national) to facilitate progress in the implementation of the Plan of Action. A pro-forma that may facilitate monitoring of such progress is attached as **Annexure C**.

19. Strategies are needed to accelerate the implementation of the Plan of Action of the AU Decade of Traditional Medicine. It is evident that a lot of advocacy for Tradition Medicine needs to occur. Part of the advocacy needs to clarify uses of TM as well as its diversity and richness. There is need to regularize the scope of practice .It seems important that the young people are exposed to the different aspects of Traditional Medicine (e.g. Plant conservation etc) and the common uses of some of the plant material whilst still at school.. Strategic framework could incorporate, inter alia, defined activities (**Annexure D**)

20. Active Involvement of the Academic institutions of Health is important particularly in education (a module in the training of each heath worker) to give exposure and limit the myths. Academic and Research institutions are critical in assisting the continent to preserve the knowledge, explain issues and assist in storing the information in the most effective way that benefit the communities. It is also important to remind society that a significant portion of the “western” medicines are in fact extracted from the plants –some of which the public despise if used in the fresh /dried plant form.

21. It is suggested for the African Union Ministers of Health adopt the AOU Pharmacopoeia on medicinal plants. This could serve as a basis for each member state to develop their own first volumes of pharmacopoeia on Traditional Medicine. Such an adoption could facilitate and make tangible cultivation, production and registration of medicinal plants that are in the pharmacopoeia as a way forward.

22. It is recommended that the African Union Ministers of Health may consider either of the following options:

- a. Holding a mid term review of the Plan of Action on the AU Decade on Traditional Medicine within a year following the meeting of Health Ministers in April 2007 in order to assess progress made on the priority areas of the Decade on Traditional Medicine. The proposed format is that of having a rapid assessment of the status of implementation in each Member State (see Annex 2) or
- b. In view of the limited time before the decade expires (4 years only) the Ministers may decide to encourage Member States to actively focus on implementation of the Plan of Action .If this option is acceptable, there will be a timed frame work for implementation with Monitoring mechanisms e.g. regional coordinating mechanisms to focus on the different priority areas

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Annexure A

E. THE AFRICAN CONTINENT’S IMPLEMENTATION STATUS OF THE OF THE AU DECADE PLAN OF ACTION ON TRADITIONAL MEDICINE

The five regions are (1) Central Africa, (2) East Africa, (3) North Africa, (4) Southern Africa, and (5) West Africa. Countries constituting each of the five regions are reflected in **Annexure B**.

PRIORITY AREA INDICATOR	INDICATOR	REGION IMPLEMENTATION STATUS			
		Done	In progress	Not done	Information not available
1. Sensitization and popularization of Traditional Medicine in all Member States	a) Commemoration of African traditional medicine day	East, Southern & West Africa			Central and North Africa
	b) Sensitization workshops	East, Southern & West Africa			Central & North Africa
2. Policy and legislation on Traditional Medicine.	a) Policy, Rules, Regulation and Law	East, Central, Southern & West Africa			North Africa
3. Institutionalizing Traditional Medicine in health systems.	a) Establishment of centers of excellence dealing with traditional medicine	East, Southern & West Africa			Central & North Africa
	b) Structure at Ministry as a focal point on Traditional medicine	East, North, Southern & West Africa			Central Africa
4. Protection of Traditional Medicine Knowledge (TMK) and control of access to biodiversity	a) Rules, regulation, law	Central, East, Southern & West Africa			North Africa
	b) Database on TMK developed and controlled	East, Southern & West Africa			Central & North Africa

5. Local Production	a) National Regulatory Authorities regulating African Traditional Medicines	Central, East, North, Southern & West Africa			
	b) Presence of African traditional medicines manufacturing facilities.	East, North, Southern & West Africa			Central Africa

Annexure B

African Union (AU) Regions

1. Central Africa – 9 countries

Burundi, Cameroon, Republic of Central Africa, Chad, Congo, Equatorial Guinea, Gabon, Sao Tome & Principe

2. East Africa – 13 countries

Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Mauritius, Rwanda, Seychelles, Somalia, Sudan, Tanzania, Uganda, Madagascar

3. North Africa – 6 countries

Algeria, Egypt, Libya, Mauritania, Tunisia, Democratic Republic of Sahara

4. Southern Africa – 10 countries

Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe

5. West Africa – 15 countries

Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo

Annex C

QUESTIONNAIRE ON TRADITIONAL MEDICINE INSTITUTIONALIZATION IN AFRICAN COUNTRIES

COUNTRY:					
	Done	Year Done	In Progress	Not done	Comments/added information
1. National Policy on Traditional Medicine					
2. Law and Regulation of Traditional Medicine					
3. Framework to regulate and Register African Traditional Medicines					
4. National Programme on Traditional Medicine					
5. National Office for Traditional Medicine					
6. National Expert Committee on Traditional Medicine					
7. National Research Institute on Traditional Medicine					
8. Law or regulation on herbal medicine					
9. Registration of herbal medicine					
10. Health insurance coverage for TM/CAM: 11. Full / partial					
12. Education at university level: <ul style="list-style-type: none"> • Bachelor degree • Masters degree • PhD • Certification of special programme 					

Annexure D**DEFINED ACTIVITIES AND ISSUES FOR CONSIDERATION FOR STRATEGIC FRAMEWORKS ON TRADITIONAL MEDICINE.**

1. Acceleration of promulgation of national policies and laws on Traditional Medicine
2. Prioritization of resource mobilization for the integration of traditional medicine into the health care service.
3. Developing consensus on the types of institutions (education/training, research and development, production of traditional medicines) that need to be established on Traditional Medicine as well as what they should seek do as continental priorities, bearing in mind the need for equitable regional representation with respect to both priorities as well as the establishment of institutions,
4. Strengthening community participation, particularly the youth who will carry on the legacy and safeguard African Traditional Knowledge.
5. Facilitating more active involvement of local scientists and health educators so as to break the barriers and myths.
6. Exposure of Traditional Medical Practitioners to safer and ethical method of Practice
7. Sharing lessons on the implementation of the eleven priority areas of the Plan of Action on the AU Decade of Traditional Medicine (2001 – 2010) by member states
8. Agreeing on the format, process and timeframe for the formal mid term review of the AU Plan of Action on the AU Decade of Traditional Medicine.
9. Involvement of Youth in projects that will strengthen Traditional Medicine institutionalisation the national health care system
10. Conservation and Production of traditional medicines so that the legacy of Traditional Medicine will not be lost with the death of old traditional medicine knowledge holders
11. Documentation project that utilize traditional health practitioners as compilers and researchers of their own discipline.
12. Establishment of Board of Elders to bring on board old traditional health practitioners who are still repositories of traditional medical knowledge.
13. Establishment of Traditional Medicine training institutions with training modules that preserve and empower the different categories in Traditional healing.
14. Development in traditional healing shaped by Africans, especially the youth who will preserve the traditional medicine knowledge. This should entail building of Institutions that are accountable to ordinary people as well as promote more financial support.
15. Advocacy and communication strategy that involves holders of Traditional Medical Knowledge. The Journal on African Traditional Medicine should have broad participation beyond to academics.
16. Identifying all traditional health practitioners recognized in their communities and screening them through registration and accreditation for practicing traditional medicine as in Malawi in collaboration with the Malawian Traditional Healers Umbrella Organization or any other best practice in the continent.

17. Strengthening the Traditional Health Practitioners' capacity to operate within the framework of national standards for practicing in the health sector.
18. Undertaking production of medicines through encouragement to local industry to invest in the cultivation of medicinal plants.
19. Development of national list of essential traditional medicines for inclusion into the national drug formulary
20. Establishment of standards through regulatory mechanisms to ensure the safety, efficacy and quality of traditional medicine and its practice
21. Utilization of the OAU Model Law, OAPI, ARIPO and WHO guidelines to preserve indigenous knowledge on traditional medicine
22. Collaboration with other relevant Ministries and agencies, the Ministries of Health should support research into relevant aspects of traditional medicine including, among others: (a) Medicinal remedies, (b) Herbs, (c) The capacity of traditional health practitioners in healthcare delivery, (d) Technologies that are in use in traditional health practice, (e) The benefits and medical complications/consequences of the remedies and other techniques that are in use,
23. Research and Development (a) Utilization of Modern technologies for prevention, treatment and control of diseases, (b) New formulations of traditional medicines, and (c) New procedures used in traditional health practice
24. Putting in place African Traditional Medicine discipline whose priority and pillars are -high quality products and care, safety, efficacy, accessibility and sustainability. This also involves issues of intellectual property and protection of Indigenous Knowledge.
 - 24.1` Continentally.
 - 24.1.1 Advocacy at all levels
 - 24.1.2 Compilation of Information (Questionnaire Annexes 1 and 2)
 - 24.1.3 Monitoring and Evaluation of Implementation
 - 24.2 Regionally
 - 24.2.1 Advocacy
 - 24.2.2 Resource Mobilization
 - 24.2.3 Centres of excellence –research and development, education
 - 24.2.4 Sharing of best lessons and resources Manufacturing etc.
 - 24.2.5 Partnerships
 - 24.3 Nationally
 - 24.3.1 Advocacy
 - 24.3.2 Legislation and Regulation
 - 24.3.3 Research and Development
 - 24.3.4 Resource Mobilization /allocation
 - 24.3.5 Local Production
 - 24.3.6 Cultivation and Protection
 - 24.3.7 Partnerships
25. Monitoring and Evaluation of Progress

Appendices

1. Presentation of the Guidelines for the Regulatory Framework for the Protection of Intellectual Property Rights and Traditional Medical Knowledge that was adopted recently in March 2006 in Brazzaville. This document will give the opportunity to the experts during CAMH3 to discuss and perhaps review it for better coordination within AU, WHO and the Partners of the AU.
2. Presentation of a document on Biodiversity The ratification of the Convention on Biological Diversity (CBD, the debate at the World Trade Organization (WTO) TRIPs Council on the protection of new plants (Article 27.3(b)), the conclusion of the FAO International Treaty on Plant Genetic Resources for Food and Agriculture and the coming into force of the Cartagena Protocol on Bio-safety have all converged to put several new issues on the agenda for Africa.