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**PROGRESS REPORT ON DECADE OF TRADITIONAL MEDICINE
IN THE AFRICAN REGION**

Progress Report

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BACKGROUND

1. Traditional medicine is defined as the total combination of knowledge and practices used in diagnosing, preventing or eliminating physical, mental or social diseases, relying mainly on past experience and observation handed down from generation to generation.¹ Traditional medicine is the first source of health care for about 80% of the population in developing countries.² The 1978 Alma-Ata Declaration cited traditional practitioners among the health workers that Primary Health Care (PHC) relies on to respond to the expressed health needs of the community. Since then, the WHO Governing Bodies and countries have adopted resolutions on traditional medicine.³

2. In 2000, the WHO Regional Committee for Africa adopted Resolution AF/RC50/R3 on *Promoting the Role of Traditional Medicine in Health Systems: A Strategy for the African Region*. The principles on which the Regional Strategy is based are: advocacy; government recognition of traditional medicine; institutionalization of traditional medicine; and partnerships. The priority interventions of the Regional Strategy are policy formulation; research promotion; development of local production of traditional medicines including cultivation and conservation of medicinal plants; protection of intellectual property rights (IPRs) and traditional medical knowledge (TMK) and capacity building.

3. The African Union (AU) Summit of Heads of State and Government, in 2001, declared the period 2001–2010 as the *Decade of African Traditional Medicine* and in 2003 adopted a plan of action for its implementation. In addition, the Summit in 2001 and the Fifty-seventh Regional Committee for Africa in 2007 declared traditional medicine research as a priority. In 2008 the *Algiers Declaration on Research for Health* recognized the need to promote research in traditional medicine and strengthen health systems, taking into account the sociocultural and environmental situation of the people. In 2008, the *Ouagadougou Declaration on Primary Health Care and Health Systems in Africa* reiterated the Alma Ata Declaration by calling on countries “to set up sustainable mechanisms for increasing the availability, affordability and accessibility of essential medicines and the use of community-directed approaches and African traditional medicines”, among others.

4. The year 2010 marked a decade since the adoption of the above-mentioned Regional Strategy and the declaration of the African traditional medicine Decade. The AU Conference of African Ministers of Health held in Windhoek from 17 to 21 April 2011 discussed the End-of-Decade Review report on African Traditional Medicine and renewed the Decade from 2011 to 2020.⁴ This information document reports on the progress made in implementation of both the Regional Strategy and the Decade’s Plan of Action. Furthermore the document proposes actions for the next steps.

PROGRESS MADE

5. In 2001 the WHO established a Regional Expert Committee on traditional medicine to support Member States to effectively implement the Regional Strategy and monitor and evaluate the progress made in traditional medicine. The Committee supported the development of tools and guidelines on priority interventions of the Regional Strategy. Countries adapted the tools and guidelines to their

¹ WHO Regional Office for Africa, 2001 (Document AFR/RC50/9 and Resolution AFR/RC50/R3), *Promoting the Role of Traditional Medicine in Health Systems: A Strategy for the African Region*.

² Bannerman RH (1983). *Traditional Medicine and Healthcare Coverage*. Geneva: World Health Organization.

³ World Health Assembly Resolutions on Traditional Medicine: WHA56.31 and WHA62.13, Geneva.

⁴ Fifth Ordinary Session of the African Union Conference of Ministers of Health, Windhoek, Namibia, 17-21 April 2011.

specific situations. Commitment to the principles of the Regional Strategy for *government recognition and institutionalization of traditional medicine* has been demonstrated by the progress countries made in some areas during the Decade. Based on evaluation surveys carried out in 2002, 2005 and 2010, the progress is summarized in Table 1 in the Annex.

6. With the financial support of the Canadian International Development Agency, WHO facilitated implementation of the Regional Strategy on promoting the role of Traditional Medicine in Health Systems with major emphasis on traditional medicines for the treatment of malaria and other priority diseases.

7. During the Decade countries popularized traditional medicine, established and strengthened their institutional capacity and developed national policies and regulatory frameworks for the practice of traditional medicine. Countries also made progress in establishing national programmes and expert committees for the development of traditional medicine in their ministries of health.

8. Since 2003, all countries in the Region have been commemorating the African Traditional Medicine Day on 31 August each year on specific themes. During the commemoration, traditional health practitioners, conventional health practitioners, scientists, nongovernmental organizations (NGOs) and other stakeholders carried out joint activities such as exhibitions, debates, symposia, seminars, panel discussions and cultural shows. These events have raised awareness and the profile of traditional medicine. By 2010 some countries⁵ had instituted a National Traditional Medicine Week.

9. In some countries, ministries of health collaborated and promoted partnerships with other ministries such as Trade and Industry, Science and Technology and with NGOs, and facilitated collaboration between traditional medicine practitioners and conventional health practitioners. Partnerships were established or strengthened among various institutions such as the West African Network on Natural Products and Research; Kenya Medical Research Institute; Malaria Research Centre of the University of Ibadan; National Institute for Pharmaceutical Research and Development, Abuja, Nigeria and the Indigenous Knowledge Systems of the Medical Research Council, South Africa.

10. The number of countries with national traditional medicine policies increased from eight in 1999/2000 to 39 in 2010 and those with national traditional medicine strategic plans rose from zero to 18. Country regulatory frameworks increased in number from 1 in 1999/2000 to 28 in 2010. Within these frameworks various instruments such as the code of ethics and the legal framework for traditional medicine practitioners were established.

11. By 2010, 22 countries⁶ were conducting research on traditional medicines for malaria, HIV/AIDS, sickle-cell anaemia, diabetes and hypertension using WHO guidelines. Subsequently four countries⁷ included traditional medicines in their National Essential Medicines Lists (NEMs). The number of countries that included traditional medicine in their NEMs has increased from only one (Mali) in 1999/2000 to five countries. Examples of traditional medicines in the NEMs include

⁵ Benin, Burkina Faso, Congo, Ghana, Mali, Senegal and Uganda.

⁶ Benin, Burkina Faso, Burundi, Cameroon, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Guinea, Kenya, Madagascar, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

⁷ Burkina Faso, Cameroon, Democratic Republic of Congo and Madagascar.

“Saye⁸” and “N’dribala”⁹ used for malaria treatment in Burkina Faso and “Madeglucyl¹⁰” for treatment of uncomplicated diabetes in Madagascar.

12. Twelve countries¹¹ issued marketing authorizations for traditional medicines, ranging from three in Cameroon and Congo to over 1000 in Ghana and Nigeria, as compared to only Mali at the time of the baseline survey. In 1999/2000, 16 countries¹² produced traditional medicines locally on a small-scale.

13. Guidelines for the protection of Intellectual Property Rights (IPRs) and traditional medicine knowledge (TMK) were developed. By 2010 six countries¹³ had national tools for protection of IPRs and TMK as compared to zero in 1999/2000. Eight countries¹⁴ established databases on traditional medicine practitioners, TMK and access to biological resources. Democratic Republic of Congo, Ghana and Nigeria developed national herbal pharmacopeias. Cameroon, Chad, Cote d’Ivoire and Seychelles carried out national inventories of medicinal plants.

14. Training tools were developed for health sciences students and traditional practitioners. By 2010, eight countries¹⁵ institutionalized training programmes for traditional medicine practitioners. Thirteen countries¹⁶ developed training programmes for health science students and traditional medicine practitioners. Some Universities in the Economic Community of West African States, Democratic Republic of Congo, South Africa and Tanzania included traditional medicine in the curricula for pharmacy and medical students.

15. Despite the progress made in the implementation of some aspects of the Regional Strategy, countries faced challenges. These include: (i) limited financial and human resources; (ii) weak regulatory capacity which has led to malpractices in traditional medicine in some countries; (iii) insufficient scientific data on the safety, efficacy and quality of traditional medicines; and (iv) unfavorable policy, economic and regulatory environments for local production of traditional medicines. Countries need to take appropriate action for progress in these areas.

⁸ Traoré M. et al, (2008). In Vitro and In Vivo Antiplasmodial Activity of ‘Saye’, An Herbal Remedy Used in Burkina Faso Traditional Medicine. *Phytother. Res.* 22, 550–55.

⁹ Benoit-Vical F. et al, (2003). N’Dribala (*Cochlospermum planchonii*) versus chloroquine for treatment of uncomplicated *Plasmodium falciparum* malaria. *J Ethnopharmacol.* 2003 Nov; 89(1):111–4.

¹⁰ Ratsimamanga SU. Eugenia Jambolana: Madagascar, Malagasy Institute of Applied Research, Antananarivo. http://ssc.undp.org/uploads/media/Eugenia_Jambolana_Madagascar.pdf (accessed on 1 May 2010).

¹¹ Burkina Faso, Cameroon, Congo, Côte d’Ivoire, Democratic Republic of Congo, Ghana, Madagascar, Mozambique, Niger, Nigeria, Tanzania and Zambia.

¹² Burkina Faso, Cameroon, Democratic Republic of Congo, Ghana, Madagascar, Mali, Mauritania, Niger, Nigeria, Rwanda, Sao Tome Principe, Senegal, Seychelles, South Africa and Zimbabwe.

¹³ Botswana, Cameroon, Chad, Ghana, Nigeria and South Africa.

¹⁴ Benin, Cameroon, Democratic Republic of Congo, Ghana, Guinea, Mali, Senegal and South Africa.

¹⁵ Benin, Burkina Faso, Congo, Ghana, Mali, Niger, Senegal and Uganda.

¹⁶ Benin, Burkina Faso, Congo, Ethiopia, Ghana, Guinea, Madagascar, Mali, Niger, Rwanda, South Africa, Tanzania and Uganda.

NEXT STEPS

16. It is proposed that the Strategy for the African Region on Promoting the Role of Traditional Medicine in Health Systems be updated. It is also proposed that countries:

- (a) increase the allocation and mobilize additional resources to effectively implement the Regional strategy on traditional medicine particularly to conduct research in order to generate scientific evidence of the safety and efficacy of traditional medicines;
- (b) strengthen the regulation of traditional medicine products, practitioners and practice taking into consideration the Algiers Declaration on Research for Health and the renewed Decade of African Traditional Medicine (2011-2020).

17. The Regional Committee took note of the progress made during the Traditional Medicine Decade and endorsed the proposed next steps.

ANNEX 1

Table 1: Progress made by countries in the implementation of the Regional Strategy on Traditional Medicine and Plan of Action for the Decade (2001-2010) in the African Region¹⁷

| Indicators | Number of Countries | | | |
|--|--------------------------------|-----------|-----------|-----------|
| | Baseline survey 1999/2000 N=30 | 2002 N=35 | 2005 N=37 | 2010 N=39 |
| National policies on Traditional Medicine | 8 | 12 | 22 | 39 |
| Legal framework for the practice of Traditional Medicine | 1 | 5 | 16 | 28 |
| National Strategic Plans/National Health Strategic Plans that include traditional medicine | 0 | 2 | 10 | 18 |
| Code of ethics for traditional health practitioners | 0 | 0 | 1 | 18 |
| National Office of Traditional Medicine in Ministry of Health | 22 | 25 | 31 | 39 |
| National Expert Committee for traditional medicine | 10 | 16 | 18 | 25 |
| National traditional medicine programme in Ministry of Health | 10 | 12 | 15 | 24 |
| Law or regulation on Traditional Medicine practice | 8 | 10 | 15 | 21 |
| Registration system for traditional medicines | 4 | 8 | 10 | 15 |
| Issuance of marketing authorizations for traditional medicines | 1 | 1 | 4 | 12 |
| National research institute on Traditional Medicine | 18 | 21 | 28 | 28 |
| Law or regulations on herbal medicines | 10 | 12 | 16 | 20 |
| Inclusion of traditional medicines in national essential medicines lists | 1 | 1 | 2 | 5 |
| New research institutes | 0 | 2 | 3 | 4 |
| Local production of traditional medicines | 15 | 17 | 15 | 17 |

¹⁷ WHO Regional Office for Africa., Review of the End-of-Decade of African Traditional Medicine (2001-2010).