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**PROGRESS REPORT ON THE IMPLEMENTATION OF THE REGIONAL STRATEGY
ON ENHANCING THE ROLE OF TRADITIONAL MEDICINE IN HEALTH SYSTEMS
2013–2023**

Information Document

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BACKGROUND

1. The Sixty-third session of the WHO Regional Committee for Africa, held in Brazzaville, Republic of Congo, in 2013, adopted the updated Regional Strategy on Traditional Medicine (TM) (2013–2023)¹ to fill the remaining gaps and address challenges that hampered the implementation of the first Regional Strategy on TM (2001–2010).² The updated strategy builds on the successful promotion of the positive aspects of TM in national health systems.

2. The objectives of the updated strategy are to: (i) accelerate the implementation of national TM policies, strategies and plans; (ii) promote biomedical and operational research towards generating evidence on the quality, safety and efficacy of TM practice and products; (iii) improve the availability, affordability, accessibility and safety of TM practices and products; and (iv) protect intellectual property rights (IPRs) and preserve TM knowledge (TMK) and resources.

3. Since 2013, Member States have been implementing the updated Regional Strategy on TM. This has contributed to better health outcomes through the optimization and consolidation of the role of TM in national health systems. This report, the second of its kind, summarizes the progress made since the adoption of the strategy and proposes actions for accelerating its implementation.

PROGRESS MADE

4. **Implementation of national TM policies, strategies and plans:** From 2012 to 2020, the number of Member States³ with TM policies remained constant at 40; while those with operational plans for policy implementation increased from 19 in 2012 to 28 in 2020. Member States with TM structures in their ministries of health increased from 25 in 2012 to 38 in 2020 (Annex 1). These structures are mostly involved in coordinating the licensing of traditional health practitioners (THPs); documenting TM practices; and facilitating collaboration between THPs and conventional health practitioners (CHPs). Their performance in terms of coordinating the implementation of strategies, plans and TM policies has been commendable.

5. **Promotion of biomedical and operational research towards generating evidence on the quality, safety and efficacy of TM practice and products:** The number of research institutes conducting TM R&D increased from 28 in 2012 to 34 in 2020 (Annex), while Member States with such institutes increased from 22 in 2012 to 26 in 2020.⁴ Twelve of them⁵ reported investing in R&D

¹ WHO, Resolution AFR/RC63/R3 on Enhancing the Role of Traditional Medicine in Health Systems: A Strategy for the African Region. In *Sixty-third session of the WHO Regional Committee for Africa, Brazzaville, Republic of Congo, 6–12 September 2013, Final Report*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2013 (AFR/RC63/16) pp.7–9

² WHO, Resolution AFR/RC50/R3 on Promoting the Role of Traditional Medicine in Health Systems: A Strategy for the African Region. In *Fiftieth session of the WHO Regional Committee for Africa, Ouagadougou, Burkina Faso, 27–31 August 2000, Final Report*, Harare, Zimbabwe, World Health Organization, Regional Office for Africa, 2001.

³ Kasilo OMJ, Wambebe C, Nikiema JB, Nabyonga-Orem J. Towards Universal Health Care Coverage: Advancing the Development and Use of Traditional Medicines in Africa. *BMJ Global Health* 2019; 0:e001517.doi:10.1136/bmjgh-2019-001517

⁴ Benin, Burkina Faso, Cameroon, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Kenya, Gabon, Ghana, Guinea, Madagascar, Mali, Mauritius, Mozambique, Nigeria, Senegal, South Africa, Rwanda, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

⁵ Benin, Burkina Faso, Côte d'Ivoire, Ghana, Ethiopia, Madagascar, Mali, Mozambique, Nigeria and United Republic of Tanzania, South Africa and Zimbabwe.

through public fund allocations since 2012. WHO guidelines⁶ were used in Member States to assess the quality, safety and efficacy of TM products: in 23 Member States, they were used for HIV/AIDS-related opportunistic infections; in 22 for malaria; in 16 for diabetes; in 13 for hypertension; and in six for sickle cell disease. The products that were safe, efficacious and of good quality were registered and included in national essential medicines lists (see paragraph 6).

6. Improvement of the availability, affordability, accessibility and safety of TM practices and products: By 2020, all except for eight Member States⁷ were engaged in large-scale cultivation of medicinal plants and 19 produce TM products locally⁸ (Annex), mostly those used for treating some priority communicable and noncommunicable diseases. The number of TM products registered in 14 Member States⁹ increased from 53 in 2012 to 89 in 2020; while those included in national essential medicines lists increased from 18 to 43 in the same period. The number of Member States with frameworks for regulating THPs and TM practices increased from 29 in 2012 to 38 in 2020.

7. Referral of patients between THP and CHPs is functional in 17 Member States¹⁰ and the integrated delivery of conventional and TM services has been strengthened in eight of them.¹¹ In Ghana, facilities for such services increased from 19 in 2012 to 40 in 2020. By 2020, Ghana, Mali and South Africa had established partial health insurance coverage¹² for TM products and services, thus protecting people from financial hardship in line with UHC.

8. Protection of IPRs and preservation of TMK and resources: Member States with national frameworks for the protection of IPRs and TMK increased from nine in 2012 to 16¹³ in 2020. For instance, Ghana, Kenya, Mali, Mozambique and South Africa are implementing measures to: prevent biopiracy; codify and document TM knowledge in secure databases; undertake inventories of medicinal plants; and develop laws or policies on the protection of, and access to biodiversity.

9. Despite the progress made, challenges remain. These include: Member States' limited capacity to analyse registration files for TM products and to share information on the quality of TM products; the need to regulate THPs and practices; weak research data and financial support for research on TM as well as for monitoring the safety of TM practices. Climate change, which is causing the extinction of medicinal plants and the reduction of biodiversity, is a threat to Member States.

⁶ World Health Organization, 2004. Guidelines on clinical study of traditional medicines in the African Region. WHO Regional Office for Africa, Brazzaville, Republic of Congo.

⁷ Angola, Central African Republic, Comoros, Eritrea, Gabon, Guinea-Bissau, Sao Tome and Principe, Togo

⁸ Benin, Burkina Faso, Cameroon, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Guinea, Madagascar, Mali, Mauritius, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Togo, Uganda and United Republic of Tanzania

⁹ Benin, Burkina Faso, Cameroon, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Guinea, Madagascar, Mali, Nigeria, Uganda, United Republic of Tanzania and Zambia.

¹⁰ Botswana, Burkina Faso, Central African Republic, Ethiopia, Eswatini, Ghana, Malawi, Mali, Mozambique, Niger, Nigeria, Senegal, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

¹¹ Benin, Côte d'Ivoire, Ghana, Mali, Senegal, South Africa, United Republic of Tanzania and Uganda.

¹² WHO, 2019. Global report on traditional, complementary and alternative medicine. World Health Organization, Geneva.

¹³ Benin, Botswana, Cameroon, Chad, Côte d'Ivoire, Gambia, Ghana, Kenya, Malawi, Mali, Nigeria, Mozambique, Seychelles, South Africa, Togo, Zimbabwe

NEXT STEPS**10. Member States should:**

- (a) Strengthen the capacity of national medicines regulatory authorities (NMRAs) to undertake joint evaluation of TM products with other NMRAs;
- (b) Disseminate information on the quality of TM products registered;
- (c) Establish a special fund for TM research and development to generate scientific evidence; and
- (d) Establish botanical gardens, and ensure the cultivation and conservation of medicinal plants to mitigate the effect of climate change.

11. WHO and partners should:

- (a) Support Member States in documenting and sharing experiences on integrating TM in their national health systems;
- (b) Expand the scope of the WHO Regional Expert Committee on TM as a mechanism to analyse and provide evidence of TM; and
- (c) Publish a report on the situation of TM in the African Region every two years.

12. The Regional Committee noted this progress report and endorsed the proposed next steps.

ANNEX: Progress made by Member States in the implementation of the Regional Strategy on Traditional Medicine (2013–2023) and the Plan of Action for the Decade (2011–2020) in the African Region

Source:

- (a) Surveys carried out by WHO submitted by Member States;
- (b) Kasilo OMJ, Wambebe C, Nikiema JB, Nabyonga J. 2019. Towards Universal Health Coverage: Advancing the Development and Use of Traditional Medicines in Africa. *BMJ Global Health* 2019: 4e001517.doi:10.1136/bmjgh-2019-001517

	Baseline survey	Survey	Survey	Survey	Survey	Survey	Survey
Indicators	1999/2000 N=30	2002 N=35	2005 N=37	2010 N=39	2012 (N=42)	2016 (N=40)	2018 (N= 38)
Traditional medicine included in national health policies and national health strategic plans	N/A	N/A	N/A	N/A	N/A	25	30
National policies on traditional medicine	8	12	22	39	40	40	40
Legal framework for the practice of traditional medicine	1	5	16	28	29	38	38
National strategic plans for traditional medicine policy implementation	0	2	10	18	19	27	28
Code of ethics for traditional health practitioners	0	0	1	18	19	20	22
National Office of Traditional Medicine in Ministry of Health	22	25	31	39	39	39	39
National Expert Committee for Traditional Medicine	10	16	18	25	25	31	34
National traditional medicine programme in Ministry of Health (Service, Programme, Unit, Directorate)	10	12	15	24	24	27	38
Law or regulation on traditional medicine practice	8	10	15	21	21	38	38
Registration system for traditional medicines	4	8	10	15	15	20	23
Issuance of marketing authorizations for traditional medicines	1	1	4	12	13	14	14
National research institute on traditional medicine	18	21	28	28	28	32	34
Laws or regulations on herbal medicines	10	12	16	20	20	21	38
Inclusion of traditional medicines in national essential medicines lists	1	1	2	5	7	8	8
Local production of traditional medicines	15	17	15	17	17	17	19