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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. In 2013, the Sixty-third session of the Regional Committee, having considered progress made since 2001, identified challenges that continue to hamper development of traditional medicine (TM) in the African Region. These include limited stewardship and governance, inadequate regulation and law enforcement; and insufficient human and financial resources for research and production of TM products. Weak partnerships between the private and public sectors and research communities have also militated against large-scale production of TM products.
2. To address these challenges, the Sixty-third session of the Regional Committee adopted the Regional Strategy by its Resolution AF/RC63/R3 on “*Enhancing the Role of TM in Health Systems: A Strategy for the African Region*”.¹ The strategy has targets to be reached in the Region by 2015, 2018 and 2023. The resolution emphasizes strengthening regulatory capacity of TM practitioners, practices and products; investing in biomedical and operational research and the generation of scientific evidence of the quality, safety and efficacy of TM products and practices.
3. This report summarizes the progress made since adoption of the strategy and proposes actions for accelerating its implementation.

PROGRESS MADE

4. **Institutionalization of TM.** With WHO’s support, Eritrea, Rwanda and Senegal developed national policies, legal frameworks and codes of ethics and practice for TM practice and strategic plans. Madagascar developed a national TM policy in 2015 and Côte d’Ivoire developed a Code of ethics and practice for traditional health practitioners (THPs) in 2016. In order to improve collaboration, information sharing and pooling of expertise, WHO convened regional forums in Burkina Faso (February 2014) and Zimbabwe (November 2014). A strategic plan (2015–2024) was developed for the implementation of the Regional Strategy and adaptation by countries’ specific circumstances.
5. **Protection of intellectual property rights (IPRs) and traditional medical knowledge (TMK).** In 2013, Côte d’Ivoire developed a framework for protection of IPRs and TMK. South Africa and Islamic Republic of the Gambia ratified a bill for the protection of IPRs and TMK in 2013 and 2014 respectively. By 2016, 12 countries² had national legislation on IPRs and TMK as compared to nine countries³ in 2012. WHO published policy guidance⁴ and legislative framework⁵ for countries’ adaptations to their specific situations.

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, Luanda, 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 Botswana, Cameroon, Chad, Côte d’Ivoire, Islamic Gambia, Ghana, Kenya, Malawi, Mozambique, Nigeria, South Africa and Zimbabwe.

³ Botswana, Cameroon, Chad, Ghana, Kenya, Mozambique, Nigeria, South Africa and Zimbabwe.

⁴ World Health Organization (2015). WHO Regional policy guidance for the protection of Traditional medicine knowledge and access to biological resources (AFR/EDM/TRM/2015.3). WHO Regional Office for Africa. Brazzaville, Republic of the Congo.

⁵ World Health Organization (2015). WHO Regional *suis generis* legislative framework for the protection of TM knowledge and access to biological resources (AFR/EDM/TRM/2015.4). WHO Regional Office for Africa. Brazzaville, Republic of the Congo.

6. **TM research and development (R&D).** WHO supported Burkina Faso, Ghana, Mali, Nigeria and Rwanda to generate scientific evidence and knowledge and promote innovation. Burkina Faso registered 10 TM products in 2013 whereas the West African Health Organization (WAHO) in collaboration with experts and WHO, published the first Herbal Pharmacopoeia⁶ to guide TM R&D.

7. **Human resources capacity for development of TM.** Seven countries (Benin, Burkina Faso, Côte d'Ivoire, Ghana, Mali, Senegal and Togo) trained THPs in best practices on various aspects of TM. WHO supported the strengthening of capacity in quality control of TM of eight countries⁷ and developed modules on TM and primary health care for training health science students and THPs respectively. Côte d'Ivoire, Nigeria and Zimbabwe included some modules in the curricula. Seventeen countries⁸ had training programmes for students and THPs in 2015 as compared with 13 countries in 2012. Ten countries⁹ institutionalized training programmes for THPs as compared with eight countries in 2012.

8. **Cooperation and harmonization of regulation.** WHO published a regional framework for regulation of TM practitioners, practices and products and advocated for its effective use during technical support and regional, sub-regional and national forums held in seven countries.¹⁰ This has resulted in enactment of laws for regulation of THPs and practices by Burundi, Gabon, Côte d'Ivoire and Rwanda. WAHO adopted and adapted the above-mentioned framework for the subregion.

9. Despite the progress made in the implementation of the regional strategy, countries still face challenges. These include absence of budget lines for TM activities; weak regulation of TM practitioners, practices and products. Insufficient human, financial and technical resources for TM research institutions to promote, coordinate and monitor the implementation of strategic plans are additional challenges. Finally, most countries are yet to include data on traditional medicine practices in national health information systems. Therefore, data relating to traditional medicine safety practices and service delivery are not captured.

NEXT STEPS

10. To accelerate implementation of the above-mentioned regional TM strategy, Member States should:

- (a) Assess the funding needs for TM R&D and increase human, financial and technical resources.
- (b) Strengthen and reinforce regulation of TM practitioners, practices and products.
- (c) Establish appropriate structures in MOH to coordinate and monitor the implementation of multisectoral TM strategic plans.
- (d) Integrate data on traditional medicine in their national health information systems.

⁶ WAHO (2013). WAHO Herbal pharmacopoeia for Economic Community of West African States. Bobo Dioulasso, ISBN: 978-9988-1-8015-7, KS Printkraft Ghana, Ltd.

⁷ Chad, Ethiopia, Ghana, Mali, South Africa, Tanzania, Zambia and Zimbabwe.

⁸ Benin, Burkina Faso, Congo, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Guinea, Madagascar, Mali, Niger, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zimbabwe.

⁹ Benin, Burkina Faso, Congo, Ethiopia, Ghana, Guinea, Mali, Niger, Senegal and Uganda.

¹⁰ Benin, Burkina Faso, Eritrea, Rwanda, Senegal, South Africa and Zimbabwe.

11. WHO and partners should:
 - (a) Organize joint reviews for the assessment of registration of dossiers for marketing authorizations of TM products for priority diseases.
 - (b) Organize scientific forums and meetings of experts to share experiences and produce evidence on TM best practices in the Region.
 - (c) Publish a report on the current situation and new trends on TM development in the Region.
 - (d) Develop guidelines to support countries integrate data on traditional medicine in national health information systems.

12. The Regional Committee took note of the progress made and endorsed the proposed next steps.