

INTEGRATION OF TRADITIONAL MEDICINE IN HEALTH SYSTEMS IN AFRICA

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In many rural areas of Africa traditional medicine is the only way for providing basic health care, despite all scientific and technological development recorded at the end of last century. The World Health Organization (WHO) estimates that about 80% of Africans rely on traditional medicine to meet their health needs. This percentage may increase if one takes into account that on this continent, even in places where there are health services, urban populations continue to rely on traditional medicine for various purposes.

The WHO, for almost 40 years, urged developing countries to develop traditional medicine and include in national medicine lists, traditional preparations that have demonstrated efficacy and safety in scientific researches. During the last decade (2001-2010), WHO and the African Union (AU) developed various instruments to support countries to develop traditional medicine and make it a credible instrument in order to integrate it into the national health system. The AU declared the decade 2001-2010 as the decade of traditional medicine as a way to quickly develop traditional medicine and to make Africans proud. But the analysis of what happened during these ten years shows very few results. Traditional medicine continues in the secondary policy plans of African governments, despite that some countries already have institutes or centers of traditional medicine and have formulated policies and legislation. All African countries celebrate the African Traditional Medicine day, but as yet no country has managed to integrate traditional medicine in its national health system.

For those who do not know, the African reality in health confuses traditional medicine with alternative medicine. According to [WHO](#) (2008), “traditional medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses”. Traditional medicine that has been adopted by other populations (outside its indigenous culture) is often termed alternative or complementary medicine. For example, Thai or Chinese traditional medicine never will be, in any African country, traditional medicine.

The fact is that the two forms of medicine are considered as competitors: allopathic (which is seen as the official and scientific) and traditional (non-scientific). So it's easy to think that where a health service, mainly allopathic, is institutionalized, the other must be an alternative. To think in this way is not correct, because there are regions in Africa where

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allopathic medicine does not exist. Incredibly, in Africa there are still people who are born, grow up and die on traditional medicine despite all the technological developments with which we are living. So why should traditional medicine be treated as an alternative when more than 50% of the population depends on it? More to the point, it is allopathic medicine that is the alternative, imported medicine. Their medications, diagnostic systems and treatment are not known by communities. In fact, it is so expensive and inaccessible to the majority of the population.

The integration of traditional medicine is still far from being a reality in Africa, despite its popularity and acceptance by all African communities. Why don't African countries integrate traditional medicine into national health system, since it is in many communities is the only current health system? Perhaps thinking in terms of "integrating" traditional medicine is not helpful? Perhaps traditional medicine should be regarded as an independent and parallel system with equal dignity? In this case we could talk of articulation between these two systems, without creating a hierarchical order between them.

What, then, would be the steps to achieve the full integration of traditional medicine in national health systems, and afford it the appropriate role? Issues such as efficacy, safety, quality, standardization, regulation of traditional medicines and intellectual property rights, need to be studied and documented. Governors and scientists must take care not to transform traditional medicine into a "robot" of allopathic medicine and must respect the concepts of traditional medicine and invest in its development. The issues raised above can be solved by investing in research, training, and drafting of legislation and regulations to uphold both the user and the intellectual property rights of traditional healers, especially in cases where there are discoveries of new drugs based on traditional recipes.

It is estimated that about 25% of medicines prescribed by allopathic medicine are derived from medicinal plants. Africa is a continent rich in biological resources: 6,377 plant species are used in Africa, and more than 4,000 are medicinal plants.

African countries must decide if this valuable resource should continue to be used to promote the well being of their people; they should be proud of their traditional knowledge and invest in it. They should stimulate research, development of technologies, infrastructures and policies.