

AFRICAN UNION

الاتحاد الأفريقي



UNION AFRICAINE

UNIÃO AFRICANA

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**PLAN OF ACTION
ON THE AU DECADE OF TRADITIONAL MEDICINE
(2001 – 2010)**

**IMPLEMENTATION OF THE DECISION OF THE
LUSAKA SUMMIT OF HEADS OF STATE AND
GOVERNMENT (AHG/DEC.164 (XXXVII))**



Cultivation & Conservation

Local Production

Medicines (SATM),

Partnership is currently developing

EXECUTIVE SUMMARY

The role of traditional medicine in health care delivery in the developing countries is well known and acknowledged. The substantial contribution of natural-based products to orthodox medicines cannot be overlooked. African Traditional Medicine (ATM) is the mainstay of primary health care for the majority of those in the rural areas in Africa (about 80% of the population). Nonetheless, few Member States in the Africa have developed national policy on traditional medicine, legal frameworks, code of ethics and of conduct for the practice of traditional medicine, have put in place mechanisms for registration of traditional medicines legislation, regulatory framework and institutional instruments for developing ATM and locally producing commercial quantities of standardized African traditional medicines (ASTM) and subsequently integrating Traditional Medicine into the public health care systems.

Over 15 years ago, the Organization of African Unity Scientific Technical Research Commission (OAU/STRC) published Volumes I and II of the African Pharmacopoeia. Furthermore, the OAU/STRC Lagos, Nigeria sponsored ethno-medical surveys within the region and supported training of young African scientists in relevant disciplines. Two OAU Centres of Excellence were identified (i.e. Obafemi Owolowo University, Ile Ife, Nigeria and Centre for Research into Plant Medicines, Mampong-Akwapim, Ghana) and supported to conduct scientific investigations on extracts obtained from indigenous medicinal plants. In addition to the work of AU/STRC, WHO has published some documents relevant to the research and development of traditional medicines. The WHO governing bodies (World Health Assembly, the Executive Board and WHO Regional Committees for Africa) have also passed critical resolutions on various aspects regarding the development and integration of Traditional Medicine into the public health care systems.

In view of these developments, the OAU Decision (July 2001) on the Decade of Traditional Medicine is regarded timely and a major political commitment, which now requires a Plan of Action so as to translate the noble intention into viable quantifiable services and products within specified time frames. The purpose of the Plan of Action is to provide general framework to guide Member States in formulating their National Strategies. Eleven priority areas, which have been developed as strategic activities, include Sensitization, Legislation, Institutional Arrangements, Information, Education & Communication, Resource Mobilization, Research & Training, Cultivation & Conservation of Medicinal Plants, Protection of Traditional Medical Knowledge, Local Production of Commercial Quantities of Standardized African Traditional Medicines (SATM), Partnerships as well as Evaluation, Monitoring & Reporting. The WHO-AFRO is currently developing valuable documents, which will facilitate the implementation of the Plan of

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Action. It is commendable that a few Member States have made tremendous progress in the development and integration of Traditional Medicine in their public health care systems. The Implementation Framework and Monitoring Mechanisms have also been developed, which stipulates the roles of Member States, AU and other stakeholders in the realization of the objective of the Plan of Action. Furthermore, the evaluation indicators have been suggested to guide in the evaluation of the progress regarding the implementation of the Plan of Action. Appropriate policies, regulatory structures and allocation of reasonable resources as well as their judicious use are absolutely essential *vis-à-vis* the translation of the OAU Decision regarding the Decade of African Traditional Medicine into SATMs, which are marketed within and beyond the African region. The initial five priority diseases identified by WHO-AFRO include HIV/AIDS, Malaria, Sickle cell anaemia, Diabetes and Hypertension. The WHO/EMRO might have slightly different priorities. These diseases can constitute the priority targets during the Decade. In order to facilitate the implementation and monitoring of the Plan of Action, human capacity within the AU has to be strengthened appropriately while resources should be made available to enable AU work closely with Member States, WHO, IDRC, UNIDO, World Bank and other members of the United Nations family, the African Development Bank (ADB), the African Regional Industrial Property Organization (ARIPO), the African Organization for Industrial Property (OAPI) as well as other stakeholders.

1. BACKGROUND

Man has always relied on resources within his environment to survive since his creation. Plants, animals and minerals constitute the major natural resources used by man for promotive, preventive, curative and rehabilitative health. In Africa, like any other continent, these resources have been used for over ten thousand years by Traditional Health Practitioners (THPs) who acquired their knowledge and skills through observation, spiritual revelation, personal experience, training and direct information from their predecessors. Generally, African Traditional Medicine (ATM) is based on holistic approach to the management of the patient involving the body, soul and spirit.

The OAU/STRC has always regarded the development of Traditional Medicine as one of its major activities. Thus, it established an Intra-African Regional Expert Committee to guide on this issue. In 1985, the African Pharmacopoeia Volume I was published and Volume II was subsequently released. The two volumes were translated into French and distributed widely to all Member States. OAU/STRC recognized the importance of documenting African Traditional Medicine. Thus, OAU/STRC sponsored many ethno-medical surveys in the region. Human capacity development

was also enhanced through sponsorship of young African scientists to undergo post-graduate training programmes in relevant disciplines.

The use of traditional medicine is a worldwide reality in that it has been used since the existence of mankind in all nations. Despite limited evidence of efficacy, traditional medicine is used for the management of various diseases from self-limited to life-threatening illnesses. In India, 65% of the population depends on Traditional Medicine to meet their health care needs. In Asia and Latin America, historical circumstances and cultural beliefs have sustained and promoted the use of Traditional Medicine by the populations. In many developed countries, certain complementary and alternative medical therapies are popular; about 48% in Australia, 50% in Canada, 42% in USA, 40% in Belgium and 75% in France. Surveys by a number of organizations show that over three-quarters of AIDS patients in Africa, North America and Europe use traditional or complementary medicines. Worldwide, traditional or complementary medicine is used to treat chronic pain and to improve the quality of life of those suffering from incurable diseases.

Due to the worldwide use of Traditional Medicine/Complementary and Alternative Medicine, during the last WHO Assembly (WHA 55), the WHO Medicine Strategy, 2002-2005 was launched. The WHO Medicine Strategy describes current global situation in the use of Traditional Medicine/Complimentary and Alternative Medicine, major challenges and how WHO and Member States can jointly meet the gaps. The Resolution EB111 R12 on Traditional Medicine, which refers to WHO Traditional Medicine Strategy, was adopted by the 111th Session of the Executive Board, in January 2003. The EB Resolution (EB111 R.12) is recommending the fifty-sixth World Health Assembly to adopt the WHO Traditional Medicine Strategy and Resolution EB.R12 on Traditional Medicine.

In the WHO African Region, over 80% of the population use Traditional Medicine to meet their health care needs (WHO 2001) due to cultural beliefs and accessibility. In fact, in most cases, traditional medicine is all the health care service available, accessible and affordable to them. In this situation, the significant contribution of traditional medicine as a major provider of health care services in Africa is always acknowledged. For example, in Ghana and Zambia the approximate ratio of Orthodox Health Practitioners (OHPs) to the population is 1 to 20,000 while the corresponding figure of Traditional Health Practitioners (THPs) to the total population is 1 to 200 (WHO-AFRO). Likewise the ratio of OHPs to the population in Tanzania and Mozambique is 1:400 and 1:200 while the corresponding figures of THPs is 1:33,000 and 1:50,000 respectively. In view of this situation, a Strategy document (AFR/RC50/9) was approved and adopted by its resolution (AFR/RC50/R3) on Promoting the Role of Traditional Medicine in Health

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Systems: A Strategy for the African Region by the Fiftieth Session of the WHO Regional Committee for Africa, composed of Health Ministers, held in Ouagadougou in August 2000. The OAU provided technical support during the adoption of the Regional Strategy. By that Resolution the Regional Director was requested among others to: propose to Member States the institution of an African Traditional Medicine Day for advocacy; develop guidelines for the formulation and evaluation of national policies on traditional medicine, advise countries regarding the relevant legislation for the practice of traditional medicine and the documentation of practices and medicines of proven safety, efficacy and quality; strengthen WHO collaborating centres and other research institutions to carry out research and disseminate results on safety and efficacy of traditional medicines; establish a regional mechanism to support Member States to effectively monitor and evaluate the progress made in the implementation of the Regional Strategy on Promoting the Role of Traditional Medicine in Health Systems.

In response to that Resolution, AFR/RC50/R3, WHO has developed a number of tools and guidelines for supporting Member States institutionalize traditional medicine in their national health systems. These tools are on Policy Formulation, Development of national master plans and strategies, Legal framework and Code of Ethics for THPs for the practice of traditional medicine, Registration of traditional medicines, Regulatory framework for accelerating the protection of intellectual property rights and traditional medical knowledge, Training modules on traditional medicine and on Primary Health Care for Traditional Health Practitioners and for Conventional health practitioners, and a tool for documenting African Traditional medicine. Similarly, research tools to guide Member States in the Research and Development of standardized herbal medicines, which possess consistent quality, are being developed. These include general guidelines for documenting ethnomedical evidence data of traditional medicines; model protocols for documenting ethnomedical data and clinical evaluation of traditional medicines used for treating respectively, malaria, HIV/AIDS, sickle-cell anaemia, diabetes and hypertension. When these documents are published and circulated, Member States can adopt them appropriately and consequently facilitate the processes of development and integration of Traditional Medicine into public health care systems.

In order to benefit from technical guidance especially in the development of appropriate tools for institutionalizing traditional medicine into the public health care system, the Regional Director established in May 2001, a multidisciplinary WHO Regional Expert Committee for Traditional Medicine of 12 Members, two of whom are Traditional Health Practitioners. Members are currently from Burkina Faso, Cote d'Ivoire, Democratic Republic of Congo, Ghana, Kenya, Madagascar, Nigeria, Swaziland and Uganda. Upon

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the Regional Director's recommendation, the WHO Director General of WHO approved the institution of African Traditional Medicine Day for Advocacy on 31 August of each year. The inaugural African Traditional Medicine Day will be observed on 31 August 2003 with the theme: *Traditional Medicine: Our Culture, Our Future*.

In July 2001 during the Summit of the OAU Heads of State and Government held in Lusaka, Zambia, the OAU Decade for African Traditional Medicine was declared to cover the period of 2001 to 2010. WHO/AFRO provided technical support to OAU and Member States during the declaration of the Decade. The OAU Decision is a crucial political recognition of African Traditional Medicine and signifies tremendous support for its rational development, improvement and integration into public health care system in the region. The timing of the OAU Decision is unique too. This is the time that the developed countries have witnessed a resurgence in the use of natural-based products. For example a recent survey showed that 43% of the top 150 prescription drugs in the USA originated from natural sources (phytopharmaceuticals). Similarly, there is a global upsurge in the use of multi-component standardized plant extracts (phytomedicines).

1.2 Objective of the Plan of Action

The main objective of the Plan of Action is the recognition; acceptance, development and integration of Traditional Medicine by all Member States into the public health care system in the region by 2010.

1.3 Expected Outcomes of the Decade (2001 - 2010)

- Sensitization and popularisation of Traditional Medicine in all Member States.
- Adoption of National Policy on Traditional Medicine.
- Establishment of legal frameworks and legislation on Traditional Medicine by all Member States.
- Adoption by Member States of WHO/AFRO and EMRO tools for institutionalising traditional medicine in health systems.
- Establishment of permanent structure at the Ministry of Health to implement Traditional Medicine programmes in all Member States.
- Inauguration of a National Board of Traditional Medicine to regulate Traditional Medicine Practice and its products.
- Adoption of National Policy on Access to Biodiversity and Protection of Traditional Medical Knowledge (AU Model Law).
- Establishment of centres of excellence/WHO Collaborating Centres for research and development of traditional medicines used for the treatment of priority diseases.

- Institution in all Member States of a National Traditional Medicine Week.
- Creation of enabling political, economic and regulatory environment for the development of local production and for cultivation and conservation of medicinal and aromatic plants.
- Promotion of laboratory and clinical evaluation, development, local production and marketing of standardized traditional medicines.
- Registration of standardized traditional medicines in the National Essential List of Traditional Medicines.
- Prescription, rational use and monitoring of standardized traditional medicines in health care systems in both public and private sectors.

2. PLAN OF ACTION

| Priority Areas | Goals | Activities | Indicators |
|---|--|---|--|
| I. Sensitization of the Society on Traditional Medicine TM | Sensitization of all segments of the society on TM as an inherent component of our culture and life <i>vis-à-vis</i> , its valuable contributions to primary health care and its potentials for more effective management of diverse diseases. | <ul style="list-style-type: none"> Organize sensitisation workshops/seminars for top government policy makers and implementers, health professional bodies, traditional health practitioners and the general public. | Establishment of a multidisciplinary National Committee or National body for management of Traditional Medicine or Traditional Health Practitioners Council or institution of a National Traditional Medicine Week |
| | | <ul style="list-style-type: none"> Ensure wide circulation and publicity of the National Law on Traditional Medicine and National Policy on Traditional Medicine. | National Law on Traditional Medicine and National policy on Traditional Medicine translated into official languages and distributed widely. |
| | | <ul style="list-style-type: none"> Integrate Traditional Medicine activities into core development programmes of National and sub-Regional Economic Bodies. | Traditional Medicine projects accepted into core development programmes of National and sub-regional Economic Bodies. |

| Priority Areas | Goals | Activities | Indicators |
|---|--|---|--|
| II. Legislation of Traditional Medicine | Develop and Integration of Traditional Medicine in the Public Health System. | <ul style="list-style-type: none"> • Adopt Model Legal Framework for the Practice of Traditional Medicine and Code of Ethics for THPs by WHO-AFRO into the National Law. • Adopt the Guidelines on the Formulation, Implementation, Evaluation and Monitoring of a National Traditional Medicine Policy (by WHO-AFRO) into a National Policy on Traditional Medicine. | <p>-Legal framework for the practice of traditional medicine or the Code of Ethics/Practice developed or Law on Traditional Medicine enacted.</p> <p>-National Policy on Traditional medicine adopted.</p> |
| | | <ul style="list-style-type: none"> • Establish a National Board on Traditional Medicine with legal authority to regulate the practice and products of Traditional Medicine. | -Public announcement. |

| Priority Areas | Goals | Activities | Indicators |
|----------------------------------|--|--|--|
| | | <ul style="list-style-type: none"> Create a permanent structure under Ministry of Health, integrate it into the Civil Service System and empower it to oversee the implementation of the National Policy on Traditional Medicine. | <ul style="list-style-type: none"> -Department or Unit established with a well-defined organogram. -A multidisciplinary Committee/ Body established with well defined Terms of Reference |
| | | <ul style="list-style-type: none"> Implement WHO Resolutions/Documents on Traditional Medicine | <ul style="list-style-type: none"> -Adoption of WHO documents on various aspects of the development of Traditional Medicine. |
| III. Institutionnel Arrangements | Establishment/strengthening of research collaborations among institutions in Africa. | <ul style="list-style-type: none"> Human capacity development utilizing essentially regional and South-South Co-operation mechanisms. | <ul style="list-style-type: none"> -Number of candidates trained at different levels. |

| Priority Areas | Goals | Activities | Indicators |
|----------------|-------|---|---|
| | | <ul style="list-style-type: none"> Strengthening Regional Centres of Excellence | <ul style="list-style-type: none"> -Acquisition of technical expertise and provision of new equipment, spares and reagents. -A framework for collaboration/ MOU between WHO/AFRO and centres of excellence for evaluation of traditional medicines used for treating malaria, HIV/AIDS, sickle-cell anaemia, diabetes and hypertension. |
| | | <ul style="list-style-type: none"> Improvement of infrastructural facilities as a deliberate national policy. Establishment/Strengthening existing Research Institutes dedicated to development of traditional medicine | <ul style="list-style-type: none"> -Improved facilities and structures for the Research, Development and Local Production of traditional medicine. -New Research institutes/ WHO Collaborating centres established/Existing research institutes strengthened. |
| | | <ul style="list-style-type: none"> Networking between institutions and researchers in Africa, which should be included in the National Information Technology Policy. | <ul style="list-style-type: none"> -Database of work accomplished (coded) and in progress in African institutions and researchers developed. |

| Priority Areas | Goals | Activities | Indicators |
|--|--|---|---|
| IV. Information, Education and Communication | Adequate information to all sectors of the public on Traditional Medicine. | <ul style="list-style-type: none"> Workshop for Traditional Health Practitioners and Conventional Health Practitioners for mutual education, which should be integrated into continuing education, programmes of health professional bodies. | -Number of Workshops organized |
| | | <ul style="list-style-type: none"> Development of innovative public awareness programmes for all sectors of the society and means of information dissemination. | -Number of programmes developed -Establishment of an African Traditional Medicine Journal managed by WHO/AFRO |
| | | <ul style="list-style-type: none"> Dissemination and popularization of AU Decade of African Traditional Medicine. | -Develop and use questionnaire for survey of different sectors of society. -Development of information materials, Press Releases, News on decade through the media |
| | | <ul style="list-style-type: none"> Commemoration of one day of African Traditional Medicine. | -Observance of African Traditional Medicine Day on 31 August of every year |

| Priority Areas | Goals | Activities | Indicators |
|---------------------------|--|---|--|
| V. Resource Mobilization | To seek for adequate funds for the implementation of the Plan of Action from both domestic and foreign sources. | <ul style="list-style-type: none"> Formulation of project proposals for grants through bilateral and multilateral arrangements. | -Number of project proposals and collaboration agreements developed. |
| | | <ul style="list-style-type: none"> Mobilization of Member States to commit adequate resources for the implementation of the Plan of Action through normal budgetary allocations. | -Number of countries with provision for Traditional Medicine in their annual budgets. |
| VI. Research and Training | Use of biomedical research and technology tools via a Rapid Research Response Approach targeting specific priority diseases in Africa to develop standardized African Traditional medicines. | <ul style="list-style-type: none"> Use of WHO documents on research and development of herbal medicines and incorporate relevant aspects into National Science and Technology Policy and National Health Policy. | -Appropriate modifications of the National Science and Technology Policy and National Health Policy. |
| | | <ul style="list-style-type: none"> Establish standardization protocols in collaboration with the National Drug Regulatory Authority and WHO. | -Consistency in quality of different batches of traditional medicines. |

| Priority Areas | Goals | Activities | Indicators |
|----------------|-------|--|--|
| | | <ul style="list-style-type: none"> Promote the development of ethno-veterinary medicines. | Number of new ethno-medicines developed and documentation of existing recipes in a coded format. |
| | | <ul style="list-style-type: none"> Promote clinical studies with the approval of the National Drug Regulatory Authority. | Study sites and clinical protocols. |
| | | <ul style="list-style-type: none"> Develop curricula and training programmes on Traditional Medicine for conventional health practitioners in collaboration with relevant government and professional authorities. Develop training materials for Traditional Health Practitioners | <ul style="list-style-type: none"> -Curricula and training programmes developed and used in institutions. -WHO/AFRO training materials on Traditional Medicine for Conventional Health Practitioners and on Primary Health Care for Traditional Health Practitioners adopted by Member States. |
| | | <ul style="list-style-type: none"> Conduct ethno-medical surveys. | -Number of surveys conducted. |

| Priority Areas | Goals | Activities | Indicators |
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| VII. Cultivation and Conservation of Medicinal Plants | Use of Good Agricultural Practice principles to cultivate medicinal plants for regular supplies of adequate quantities of quality plants parts in a sustainable manner. | <ul style="list-style-type: none"> Support conservation through cultivation of valuable and/or endangered medicinal and aromatic plants and integrate it into National and sub-Regional Conservation Policies. | <p>-National and sub-Regional Policies on Conservation adopted with the guidance of FAO and use of WHO guidelines on Good Agricultural and Collection Practices (GACP) of Medicinal Plants.</p> <p>Commercial/Community/individual cultivation of medicinal and aromatic plants as valuable medico-economic activity.</p> |
| | | <ul style="list-style-type: none"> Support selective use of modern biotechnology to develop improved varieties with higher yields of the bioactive constituents and integrate it into the National Biotechnology Policy. Promote practices, which will guarantee consistent quality of the plant raw materials. | <p>-Number of new medicinal plants varieties developed.</p> <p>-Increase cultivation of existing medicinal plants (e.g. <i>Artemisia annua</i>) with viable economic value</p> <p>-Adoption and use of the WHO Guidelines on Quality Control of Medicinal Plants and Good Agricultural and Collection Practices (GACP) of Medicinal Plants.</p> |

| Priority Areas | Goals | Activities | Indicators |
|---|---|--|--|
| VIII. Local Production of Standardized African Traditional Medicines. | To sustainably produce and market commercial quantities of standardized African Traditional medicines within and beyond Africa. | <ul style="list-style-type: none"> Promote manufacturing facilities in each sub-region dedicated to production of traditional medicines. | -Improved facilities for manufacturing of SATMs. |
| | | <ul style="list-style-type: none"> Produce traditional medicines according to Good Manufacturing Practice standards. | -Number of Pharmaceutical Companies dedicated to production of traditional medicines. |
| | | <ul style="list-style-type: none"> Commence post-market pharmacovigilance studies. | -Clinical protocols, participating hospitals and consultants. Uninterrupted production of traditional medicines. |
| | | <ul style="list-style-type: none"> Regular supplies of plant raw materials. | -Uninterrupted production and production capacity utilized. |
| | | <ul style="list-style-type: none"> Promotion of enabling environment for production, use and marketing of traditional medicines within sub-regions. | -Modified/new regulations on Traditional Medicine in Member States and within sub-regions. |

| Priority Areas | Goals | Activities | Indicators |
|--|--|---|--|
| | | <ul style="list-style-type: none"> Registration of traditional medicines by the National Medicine Regulatory Authority. | <ul style="list-style-type: none"> -Adoption of WHO/AFRO guidelines for registration of traditional medicines by national medicine regulatory authorities -National Register of Essential Traditional Medicines adopted. |
| IX Protection of Traditional Medical Knowledge (TMK) | Protection of TMK and control of access to biodiversity. | <ul style="list-style-type: none"> Adopt and Implement AU Model Law on Access to Biodiversity as a Policy in Member States and within each sub-region. | <ul style="list-style-type: none"> -Model Law on Access to Biodiversity developed and implemented in Member States and within sub-regions. |
| | | <ul style="list-style-type: none"> Develop secured database on TMK with limited access to the public. | <ul style="list-style-type: none"> -Database on TMK developed and controlled in collaboration with WHO/AFRO and relevant bodies on IPRs. |
| | | <ul style="list-style-type: none"> Liase with WIPO, ARIPO and OAPI for guidance on IPR issues and equitable sharing of benefits. | <ul style="list-style-type: none"> -WHO/AFRO and EMRO documents on protection of IPRs, TMK, benefit sharing and Africa's biodiversity adopted. |
| | | <ul style="list-style-type: none"> Incorporate Traditional Medical Knowledge into National Policy on IPR. | <ul style="list-style-type: none"> -Traditional Medical Knowledge included in National IPRs and sub-regional Policies. |

| Priority Areas | Goals | Activities | Indicators |
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| X. Partnerships | Linkages with partners for rational development of standardized African traditional medicines. | <ul style="list-style-type: none"> Organize meetings with potential partners for synergy and rationale use of resources. | -Number of fruitful meetings. |
| | | <ul style="list-style-type: none"> Utilize the National and sub-Regional Focal Agencies for all partnership arrangements. | -A Focal Department of Agency established/strengthened at National and sub-Regional levels. |
| | | <ul style="list-style-type: none"> Establish database of traditional medical knowledge (TMK) holders and potential users of TMK. | -Database developed in collaboration with WHO/AFRO and relevant bodies on IPRs. |
| XI. Evaluation, Monitoring and Reporting Mechanisms. | Regular evaluation and monitoring to facilitate the implementation of the Plan of Action | <ul style="list-style-type: none"> Develop and utilize guidelines for monitoring and evaluation (WHO-AFRO) and EMRO. | WHO-AFRO Guidelines adopted. WHO-EMRO Guidelines adopted |
| | | <ul style="list-style-type: none"> Strengthen AU Offices in Addis Ababa and Lagos with adequate human capacity and resources for effective monitoring of the Plan of Action. | AU Offices strengthened with additional human resources and resources provided. |
| | | <ul style="list-style-type: none"> Establish Traditional Medicine Focal Points in Member States to facilitate monitoring and reporting. | Effective Focal Points established. |

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**A MECHANISM FOR MONITORING AND REPORTING ON THE IMPLEMENTATION OF THE PLAN OF
ACTION ON AU DECADE OF AFRICAN TRADITIONAL MEDICINE**

A MECHANISM FOR MONITORING AND REPORTING ON THE IMPLEMENTATION OF THE PLAN OF ACTION ON AU DECADE OF AFRICAN TRADITIONAL MEDICINE

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|---|--|---|---|---------------|---|--|----------------------------|------------------|
| I. Sensitization of the Society on Traditional Medicine TM | Sensitization of all segments of the society on TM as an inherent component of our culture, its valuable contributions to primary health care and its potentials for management of incurable diseases. | <ul style="list-style-type: none"> Organise sensitization workshops/seminars for top government policy makers and implementers, Health professional bodies, Traditional Health Practitioners and the general public. | <u>Focal Points.</u> <ul style="list-style-type: none"> Presidency Ministry of Health <u>Collaborators</u> <ul style="list-style-type: none"> Ministry of Information Ministry of Culture | Dec 2004 | Acceptance of Traditional Medicine as a valuable inherent component of culture with potential medicinal values | Attitudinal change can be evaluated through a survey using questionnaire | | |
| | | <ul style="list-style-type: none"> Ensure wide circulation and publicity of the National Law on Traditional Medicine and National Policy on Traditional Medicine. | <u>Focal Points.</u> <ul style="list-style-type: none"> Presidency Ministry of Information <u>Collaborators</u> <ul style="list-style-type: none"> Ministry of Health Min. of Education Min of Science & Technology. | Dec 2004-2010 | National Law on Traditional Medicine and National Policy on Traditional Medicine translated into official languages and distributed widely. | Availability of copies of the documents and survey as above | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|---|--|---|--|------------------|---|--|----------------------------|------------------|
| | | Integrate Traditional Medicine programmes into the National and sub-Regional core development programmes | <u>Focal Points.</u> <ul style="list-style-type: none"> • Presidency • Ministry of Information <u>Collaborators</u> Ministry of Health Sub-Regional Economic Bodies | Dec 2004 to 2010 | Inclusion of Traditional Medicine activities in official government information network and sub-Regional Economic Networks. | Traditional Medicine activities announced and published in both government printed and electronic media as well as publications of the sub-Regional Economic Bodies. | | |
| II. Legislation of Traditional Medicine | Development and Integration of Traditional Medicine in the Public Health System. | <ul style="list-style-type: none"> • Adopt Model Traditional Medicine Bill by WHO-AFRO into the National Law and the Draft Guidelines on formulation, implementation and evaluation of national policy on traditional medicine (by WHO-AFRO) into a National Policy on Traditional Medicine. | <u>Focal Points.</u> <ul style="list-style-type: none"> • Presidency • National Assembly • Ministry of Health • Nat. Medical Association <u>Collaborators</u> Ministries of Justice, Agriculture, Information, Culture, Science & Technology. | Dec 2005 | Law on Traditional Medicine enacted. National Policy on Traditional Medicine adopted. | Publication of the Act on Traditional Medicine and the National Policy on Traditional Medicine by Government Press. | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|----------------|-------|---|--|------------|--|-------------------------------------|----------------------------|------------------|
| | | <ul style="list-style-type: none"> Establish a National Board on Traditional Medicine with legal authority to regulate the practice and products of Traditional Medicine. | <u>Focal Points.</u> <ul style="list-style-type: none"> Ministry of Health <u>Collaborators</u> <ul style="list-style-type: none"> Health professional bodies Private sector Relevant Ministries Traditional Healers WHO. | Dec 2006 | Public announcement. | Minutes of the Board | | |
| | | <ul style="list-style-type: none"> Create a permanent structure under Ministry of Health, integrate it into the Civil Service and empower it to oversee the implementation of the National policy on Traditional Medicine. | <u>Focal Point.</u> <ul style="list-style-type: none"> Ministry of Health | Dec 2005 | Department or Unit established with organogram | Head of Department/Unit identified. | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|---------------------------------|--|--|--|------------|--|--|----------------------------|------------------|
| | | <ul style="list-style-type: none"> Implement WHO Resolutions/Documents on Traditional Medicine | <u>Focal Points.</u> <ul style="list-style-type: none"> Ministry of Health <u>Collaborators</u> <ul style="list-style-type: none"> Who Ministries of Culture, Environment, Agriculture & Information. | Dec 2007 | Adoption of WHO Draft documents on various aspects of the development of Traditional Medicine. | Publication of National documents on Traditional Medicine. | | |
| III. Institutional Arrangements | Establishment/strengthening of research collaborations among institutions in Africa. | <ul style="list-style-type: none"> Human capacity development utilizing essentially regional and South-South Co-operation mechanisms. | <u>Focal Points.</u> <ul style="list-style-type: none"> UN Agencies Multilateral arrangements National Government | Dec 2004 | Number of candidates trained at different levels | Certificates of those trained. | | |
| | | <ul style="list-style-type: none"> Strengthening Regional Centres of Excellence | <u>Focal Points.</u> <ul style="list-style-type: none"> AU WHO/AFRO <u>Collaborators</u> <ul style="list-style-type: none"> Centers of Excellence | Dec 2004 | Acquisition of new equipment and spares. | Reports by the Centres of Excellence. | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|----------------|-------|---|--|------------|---|--|----------------------------|------------------|
| | | <ul style="list-style-type: none"> Improvement of infrastructural facilities as a deliberate national policy/Establishment of research institutes dedicated to development of TM | <u>Focal Point</u> <ul style="list-style-type: none"> National Governments <ul style="list-style-type: none"> AU WHO/AFRO <u>Collaborators</u> <ul style="list-style-type: none"> Other Agencies | Dec 2004 | Improved facilities. New Institutes established | Reports by the Centres of Excellence Number of new Research Institutes established. | | |
| | | <ul style="list-style-type: none"> Networking between institutions and researchers in Africa which should be included in the National Information Technology Policy. | <u>Focal Point</u> <ul style="list-style-type: none"> IDRC World Bank ECA <u>Collaborators</u> <ul style="list-style-type: none"> AU WHO/AFRO WHO/EMRO WHO/HQ Institutions in Africa | Dec 2004 | Database of work accomplished (coded) and in progress in African institutions and researchers developed | Availability of the database . | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|--|--|---|--|------------|---|---|----------------------------|------------------|
| IV. Information, Education and Communication | Adequate information to all sectors of the public on Traditional Medicine. | <ul style="list-style-type: none"> • Workshop for Traditional Health Practitioners and Conventional Health Practitioners for mutual education which should be integrated into continuing education programmes of Health Professional bodies. | <u>Focal Point</u> <ul style="list-style-type: none"> • Ministry of Health <u>Collaborators</u> <ul style="list-style-type: none"> • Traditional Healers Associations. • Association of Health Professionals | Dec 2004 | Number of Workshops organized. | Improved understanding and collaboration between orthodox and Traditional Health Practitioners. | | |
| | | <ul style="list-style-type: none"> • Development of innovative public awareness programmes for all sectors of the society. | <u>Focal Point</u> <ul style="list-style-type: none"> • Ministry of Information <u>Collaborators</u> <ul style="list-style-type: none"> • Ministry of Health • Institutions • WHO/AFRO | Dec 2004 | Number of programmes developed. | Extension services to confirm outreach to rural areas. | | |
| | | <ul style="list-style-type: none"> • Dissemination and popularization of OAU Decade of African Traditional Medicine. | <u>Focal Point</u> <ul style="list-style-type: none"> • Ministry of Information <u>Collaborators</u> <ul style="list-style-type: none"> • Ministry of Health • Traditional Healers • Research Institutions • WHO/AFRO | Dec 2004 | Develop questionnaire for survey of different sectors of society. | Report of the Survey. | | |

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|--------------------------|---|---|---|------------|---|--|----------------------------|------------------|
| | | <ul style="list-style-type: none"> • Commemoration of one day of African Traditional Medicine. | <u>Focal points</u> <ul style="list-style-type: none"> • Presidency • Ministry of Health • WHO/AFRO <u>Collaborators</u> <ul style="list-style-type: none"> • Ministry of Environment • Ministry of Information • Ministry of Agriculture | Dec 2004 | Decision on African Traditional Medicine Day. | Number of countries observing African Traditional Medicine Day | | |
| V. Resource Mobilization | To seek for adequate funds for the implementation of the Plan of Action from both domestic and foreign sources. | <ul style="list-style-type: none"> • Formulation of project proposals for grants through bilateral and multilateral arrangements. | <u>Focal Points</u> <ul style="list-style-type: none"> • Institutions • Ministry of Health <u>Collaborators</u> <ul style="list-style-type: none"> • UN Agencies • Friendly countries | Dec 2005 | Number of project proposals and collaboration agreements completed. | Grants and research materials received. | | |
| | | <ul style="list-style-type: none"> • Mobilization of Member States to commit adequate resources for the implementation of Plan through annual budgetary allocations. | <u>Focal Point</u> <ul style="list-style-type: none"> • OAU <u>Collaborators</u> <ul style="list-style-type: none"> • National Government | Dec 2004 | Number of countries and sub-Regional Bodies with budgetary provisions for Traditional Medicine. | National and sub-Regional Budgets. | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|---------------------------|--|---|---|------------|--|---|----------------------------|------------------|
| VI. Research and Training | Use of biomedical research and technology tools via a Rapid Response Research Approach targeting specific priority diseases in Africa to develop standardized African traditional medicines. | <ul style="list-style-type: none"> • Use of WHO documents on research and development of herbal medicines and incorporate into National Science and Technology policy. | <u>Focal Points</u> <ul style="list-style-type: none"> • Ministry of Health • Research Institutes • Universities <u>Collaborators</u> <ul style="list-style-type: none"> • WHO, Donor Agencies | Dec 2006 | Use of relevant WHO documents. | Reports of Inspectors | | |
| | | <ul style="list-style-type: none"> • Establish standardization protocols in collaboration with the National Drug Regulatory Authority. | <u>Focal Points</u> <ul style="list-style-type: none"> • Research Institutes • Universities <u>Collaborators</u> <ul style="list-style-type: none"> • WHO/AFRO • UNIDO | Dec 2006 | Consistency in quality of SATMs from different batches | Reports of Inspectors | | |
| | | <ul style="list-style-type: none"> • Promote development of ethno-veterinary medicines. | <u>Focal Points</u> <ul style="list-style-type: none"> • Ministry of Agriculture • Ministry of Health • Traditional Healers <u>Collaborator</u> <ul style="list-style-type: none"> • Universities, • Research Institutes | Dec 2006 | Documentation of available recipes. | Availability of ethno-veterinary medicines. | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|----------------|-------|---|--|------------|---|---|----------------------------|------------------|
| | | <ul style="list-style-type: none"> Promote clinical studies with the approval of the National Drug Regulatory Authority. | <u>Focal Points</u> <ul style="list-style-type: none"> Research Institutes Hospitals, Consultant clinicians <u>Collaborator</u> <ul style="list-style-type: none"> Traditional Health Practitioners WHO/AFRO | Dec 2004 | <ul style="list-style-type: none"> * Study sites and clinical protocols. | Reports of clinical studies | | |
| | | <ul style="list-style-type: none"> Develop curricula and training programmes on Traditional Medicine in collaboration with relevant government and professional authorities. | <u>Focal Points</u> <ul style="list-style-type: none"> Ministry of Education National University Commission Council regulating education of Health professionals <u>Collaborator</u> <ul style="list-style-type: none"> Ministry of Health | Dec 2004 | <ul style="list-style-type: none"> Curricula and training programmes developed | Availability of the curricular & training programmes. | | |
| | | <ul style="list-style-type: none"> Conduct ethno-medical surveys | <u>Focal Points</u> <ul style="list-style-type: none"> Traditional healers Biomedical scientists <u>Collaborators</u> <ul style="list-style-type: none"> Drug regulatory agency. WHO/AFRO | Dec 2004 | Number of surveys conducted. | Number of surveys conducted | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|--|--|--|---|------------|--|---|----------------------------|------------------|
| VII. Cultivation and Conservation of Medicinal Plants. | Use of Good Agricultural and Collection Practices for Medicinal Plants principles to cultivate medicinal plants for regular supplies of adequate quantities of quality plant parts in a sustainable manners. | <ul style="list-style-type: none"> • Support conservation through cultivation of valuable and or endangered medicinal and aromatic plants and integrate it into national conservation policy. | <u>Focal Points</u> <ul style="list-style-type: none"> •Min of Agriculture •Ministry of Environment Collaborators • Min of Health • Research Institutes •Universities •FAO | Dec. 2006 | National Policy on conservation adopted Commercial/Community/individual cultivation of medicinal and aromatic plants as valuable medico-economic activity. | Availability of the document . Visit to medicinal plant cultivation sites. | | |
| | | <ul style="list-style-type: none"> • Support selective use of modern biotechnology to develop improved varieties with higher yields of the bio-active constituents and integrate it into the National Biotechnology Policy. | <u>Focal Points</u> <ul style="list-style-type: none"> • Universities • Research Institutes <u>Collaborators</u> <ul style="list-style-type: none"> •Min of Agriculture •Min of Science & Technology •Min of Environment •FAO | Dec 2007 | Number of new medicinal plant varieties developed. | Data validating the improved yields of the new plant varieties. | | |
| | | <ul style="list-style-type: none"> • Promote practices which will guarantee consistent quality of the plant raw materials. | <u>Focal Points</u> <ul style="list-style-type: none"> • WHO • FAO Min of Agriculture <u>Collaborators</u> <ul style="list-style-type: none"> • Min of Environment • Min of Health | Dec 2006 | Adoption of the WHO Guidelines on Good Agricultural and Collection of Medicinal Plants practices (GSP) for medicinal Plants. | Reports of the Pharmaceutical companies manufacturing standardized traditional medicines. | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|---|---|---|--|------------|---|---|----------------------------|------------------|
| VIII. Local Production of Standardised African traditional medicines. | To sustainably produce and market commercial quantities of standardized African traditional medicines within and beyond Africa. | Promote manufacturing facilities in each sub-region dedicated to production of traditional medicines. | <u>Focal Points</u> <ul style="list-style-type: none"> • Pharmaceutical companies. <u>Collaborators</u> <ul style="list-style-type: none"> • Traditional Health Practitioners • Research • Institutions • Government. • WHO/AFRO | Dec 2007 | Improved facilities for manufacturing. | Visits to the manufacturing sites. | | |
| | | Produce traditional medicines according to good manufacturing practice standards. | As above. | Dec 2007 | Number of Pharmaceutical Companies dedicated to production of standardized traditional medicines. | <ul style="list-style-type: none"> • Visits to manufacturing sites. • Availability of products in the market. | | |
| | | Post market pharmaco vigilance studies. | <u>Focal Points</u> <ul style="list-style-type: none"> • Pharmaceutical companies • WHO/AFRO <u>Collaborators</u> <ul style="list-style-type: none"> • Consultant clinicians | Dec 2007 | Clinical protocols, participating hospitals and Consultants. Uninterrupted production of traditional medicines. | National regulatory agency Visit to participating hospitals | | |
| | | Regular supplies of plant raw materials. | <u>Focal Point</u> <ul style="list-style-type: none"> • Contractors/ communities | Dec 2007 | Uninterrupted production Production capacity utilized. | Availability and affordability of marketed products. | | |
| | | Promotion of enabling environment for production, use and marketing of traditional medicines. | <u>Focal Point</u> <ul style="list-style-type: none"> • Ministry of Health • Min of Justice | Dec 2007 | Modified/new regulations on Traditional Medicine. | Availability of herbal medicines in the markets | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|---|--|---|---|-------------------|--|---|----------------------------|------------------|
| | | Registration of traditional medicines by the National Drug Regulatory Authority. | <u>Focal Points</u> <ul style="list-style-type: none"> • Min of Health <u>Collaborators</u> <ul style="list-style-type: none"> • Research Institutes, • Traditional Health Practitioners • WHO/AFRO | Dec 2007 | National Register of Essential Traditional Medicines adopted. | Availability of the register. | | |
| IX. Protection of Traditional Medical Knowledge (TMK) | Protection of TMK and control of access to biodiversity. | <ul style="list-style-type: none"> • Adopt and implement OAU Model Law on Access to biodiversity as a National and sub-Regional policy. • Develop secured database on TMK • Liaise with WIPO, ARIPO and OAPI for guidance on IPR issues and equitable sharing of benefits. | <u>Focal Points</u> <ul style="list-style-type: none"> • Traditional Healers • Biomedical Scientists • Universities • Research Institutes <u>Collaborators</u> <ul style="list-style-type: none"> • WIPO • ARIPO • Ministry of Justice • WHO/AFRO | Dec 2005 to 20110 | Model Law on Access to biodiversity. Database on TMK developed and controlled. WHO-AFRO document on protection of IPR adopted. | National Law Access to Biodiversity enacted. Limited access to national database on TMK. Document on National and sub-Regional Guidelines on IPR issues published. | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|-----------------|--|---|--|------------|---|---|----------------------------|------------------|
| | | Incorporate Traditional Medical Knowledge into National and sub-Regional Policies on IPR. | <u>Focal Point</u> <ul style="list-style-type: none"> • Ministry of Commerce and Trade. <u>Collaborators</u> <ul style="list-style-type: none"> • Ministry of Justice • Ministry of Health • WIPO • ARIPO/OAPI • WHO | Dec. 2004 | Traditional Medical Knowledge included in National and sub-Regional IPR Policies. | National and sub-Regional IPR Policies. | | |
| X. Partnerships | Linkages with partners for rational development of standardized African traditional medicines. | <ul style="list-style-type: none"> • Organise meetings with potential partners for synergy and rationale use of resources. | <u>Focal Points</u> <ul style="list-style-type: none"> • AU, ARIPO • WHO-AFRO & WHO-EMRO • UNDP <u>Collaborators</u> <ul style="list-style-type: none"> • National Governments. • Institutions • Traditional Healers | Dec 2007 | Number of fruitful meetings. | Number of partnership agreements attained/signed. | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|----------------|-------|---|---|------------|--|---|----------------------------|------------------|
| | | <ul style="list-style-type: none"> Utilise the National Focal Agency for all partnership arrangements. | <u>Focal Point</u> <ul style="list-style-type: none"> National Planning Commission Ministry of Health Ministry of Industry <u>Collaborators</u> <ul style="list-style-type: none"> Ministry of Foreign Affairs Ministry of Trade | Dec. 2004 | A Focal Department of Agency established/strengthened. | Reports of the Agency/Department. | | |
| | | <ul style="list-style-type: none"> Establish database of traditional medical knowledge (TMK) holders and potential users of TMK. | <u>Focal Point</u> <ul style="list-style-type: none"> Ministry of Health Ministry of Science & Technology <u>Collaborators</u> <ul style="list-style-type: none"> Traditional Health Practitioners Conventional Medical Practitioners Private Sector | Dec 2004 | Database developed | Availability of the database. | | |
| | | <ul style="list-style-type: none"> Include Traditional Medicine projects on the core National and sub-Regional development programmes. | <u>Focal Points</u> <ul style="list-style-type: none"> Presidency National Planning Commission <u>Collaborators</u> <ul style="list-style-type: none"> Min of Health Min of Foreign Affairs. | Dec. 2004 | Traditional Medicine projects accepted into core National and sub-Regional development programmes. | National and sub-Regional Plans include Traditional Medicine. | | |

| Priority Areas | Goals | Activities | Responsibilities | Time Frame | Indicators | Means of Verification | Action Performed? Comments | Action What Next |
|---|---|--|---|------------|---|--|----------------------------|------------------|
| XI. Evaluation, Monitoring and Reporting Mechanisms | Regular evaluation and monitoring to facilitate the implementation of the Plan of Action. | <ul style="list-style-type: none"> Develop and utilize guidelines for monitoring and evaluation (WHO-AFRO). | <u>Focal Point</u> <ul style="list-style-type: none"> Ministry of Health <u>Collaborators</u> <ul style="list-style-type: none"> WHO-AFRO | Dec. 2005 | Guidelines adopted | Reports of the Monitoring and Evaluation exercise. | | |
| | | <ul style="list-style-type: none"> strengthen AU Offices in Addis Ababa and Lagos. | <u>Focal Points</u> <ul style="list-style-type: none"> AU Secretariat AU /STRC, Lagos | Dec. 2003 | Improved human capacity at AU offices in Addis Ababa and Lagos. | Resources provided to enhance monitoring activities. | | |

2001

Plan of action on the AU Decade of Traditional Medicine (2001 - 2010): implementation of the decision of the Lusaka summit of Heads of state and government (AHG/DEC.164 (XXXVII))

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