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DECOLONISING CONTEMPORARY AFRICAN PRIMARY HEALTH CARE SYSTEM: A PHILOSOPHICAL PROPOSITION

Evaristus Emeka Isife, PhD.

Abstract

The centrality and importance of primary healthcare for a virile, productive and prosperous people and nation cannot be overstated. Primary Health Care is understood as the organized provision of medical care to individuals or a community of people whether it has a state policy backup or not. This medical care cuts across efforts to maintain and restore the individual or people's mental, emotional, psychological and physical well-being by trained or licensed professionals. To this end, primary health care is vital to everyone as a right to quality of life. Consequently, in this paper, an attempt is made towards answering two basic questions thus: (i) how did African forebears survived without Western medicine? (ii) How can traditional medicine be made more vibrant and functional in order to meet primary health care needs in today's contemporary Africa? To do justice to the questions, the qualitative methods of historical analysis and dialogism are adopted in order to carry out the conversation. The aim is to show how traditional African medicine can be made to meet the primary health care needs of Africans thereby saving foreign exchange on Western drugs importation. The essay recommends for a decolonization of the African healthcare system, if Africa is to have any hope of meeting the primary healthcare needs of her citizens through investment in traditional medicine.

Keywords: Medicine, Healthcare, Decolonization, Wellness, Science,

Introduction

It is often said that “health is wealth.” The import of this statement underscores the truth and fact that health is one of the essential needs of humans. The productive force of any nation will be greatly affected in terms of output and input if the people are not healthy. By implication then, a healthy people make for a healthy nation. Health care is often categorized into primary, secondary and tertiary. This paper is however, focused on primary health care needs which ordinarily should be easily accessed by everyone. Mohammad Daboul expresses a very cogent worry about this accessibility when he asserts that:

Globalization is putting the social cohesion of many countries under stress. People are increasingly impatient with the inability of health services to deliver levels of national coverage that meet slated demands and changing needs. Health systems, as the constituents of the architecture of contemporary societies are clearly not performing as well as they should. Due to failure to provide services in ways that correspond to expectations, health systems need to respond better and faster to the challenges of a changing world. Primary health care (PHC) is the address.¹

The challenge that comes with accessing health care needs of people is occasioned by a lot of factors one of which is population. Because there are too many persons in need of health care, the pressure becomes a breaking point situation that the system cannot contain. Jan De Maeseneer *et al.*, paint a picture that captures the situation thus:

Today, we face unprecedented demographic and epidemiologic transitions. The world population is aging rapidly. In 2005, 19% of all deaths were among children and 53% were among people aged 60 years and older. By 2030 the respective proportions will have changed to 9% and 62%. Non-communicable disease mortality will increase from 61% to 68% worldwide and a similar trend will occur in Africa despite the HIV/AIDS pandemic and poor socio-economic circumstances. As the population ages, the number of people with multi-morbidity (two or more chronic conditions) will increase. There are wide differences in healthy life expectancy across the world: for Africa, healthy life expectancy is 40 years for males and 42 years for females.²

That Africa is already predicted as a continent of “early death” calls for a serious concern that should induce positive action. The fundamental question scholars should be asking is “how can contemporary Africa tap from the wisdom of African forebears for health and vitality”? Before the colonialists made their incursions into Africa, African forebears had a very high mortality rate because they were very close to nature and harnessed its life forces for health and vitality. It is not that such an epistemology of healthcare utilized by

¹ M.W. Daboul, “Primary Health Care: An Overview,” *J.Gen. Pract Open Access*, Vol.1, Issue 1,(2013),1,

² J. D. Maeseneer *et al.*, “Primary Health Care in a changing World,” *British Journal of General Practice*. (November: 2008), 806.

African forebears is no longer known. Apparently, Western medicine and health practice which is also cultural has taken over the African health landscape and this is draining on African foreign exchange. It is important to observe that:

African Traditional medicine provides a dimension of health that is virtually absent in most western- oriented health institutions. While western oriented health institutions work within a mechanistic paradigm in their diagnosis and treatment of disease, the traditional doctor has a holistic approach whereby disease and suffering are understood as caused by a situation of disharmony in human, environmental and spiritual relationships.³

Thus, there are some sicknesses that African traditional medicine has comparative advantage in curing over western medicine. These include, but not limited to, some mental and spiritual illnesses, bone setting and stroke. This paper seeks to engage the truth that primary health care needs of Africa can be taken care of by Africans if they look into African distant past with the seriousness that is required.

What is Primary Health Care (PHC)?

It is important to get a holistic meaning of Primary Health Care by looking at how different scholars construe it. Primary health care does not only involve the treatment of illnesses when they arise. Prevention of disease is also a very important aspect of Primary Health Care. So, when the World Health Organization (WHO) talks about universal health coverage, “leave no one behind,” PHC is the driver of that ideology. In a technical series on PHC, E. Dubois *et al.*, write that:

Modern Primary Health Care emerged when gross health inequalities became a global concern. Forty years ago, the declaration of Alma-Ata endorsed Primary Health Care as a means of attaining the World Health Organization’s goal of health for all. With declining premature mortality, rising longevity and an increase in healthy lifestyle, the fitness-for-purpose of current health systems can be questioned. The current disease-focused

³ M.F Murove, “African Bioethics: An Explanatory Discourse,” *Journal for the study of Religion*, Vol. 16, No. 1, (2005), 27.

model of dated and proactive approaches to health through strong and effective primary care are needed.⁴

From the above quotation, it is clear that PHC is the foundation for achieving declining premature mortality, rising longevity as well as an increase in healthy lifestyle through change of approaches to Primary Health Care as exemplified by the use of traditional medicine. These are ideals that every nation and culture aspires to without doubt. James Macinko *et al.*, note that “in many high-income countries, various attributes of Primary Health Care have been shown to exert a positive influence on health costs, appropriateness of care and outcomes for most of the major health indicators.”⁵ Macinko *et al.*, further note that there is also evidence that countries characterized by a strong PHC orientation have better and more equitable health outcomes than those systems that are oriented towards specialty care.

Pius Izundu Okpoko defines PHC, following from WHO’s perspective, as a very important health care anchored on practical, scientifically sound and socially acceptable methods and technology made accessible to all individuals and families in the community through their full anticipation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.⁶ This definition sits very well with the objective of this paper which is contingent upon the need for self-reliance and self-determination in the overall pursuit of making PHC needs affordable and accessible to all.

The contribution of PHC to the improvements in public health has been widely recognized by the international community even though approaches and execution differs. There is no longer any doubt that this importance is the key to building a strong health care system that ensures effectiveness, efficiency and health equity. Julian Mota Ferreira *et al* identified four essential PHC attributes and they are: “access/first, contact care, ongoing care, comprehensiveness and coordination of care. In addition to the four essential PHC attributes, three other derivative attributes are (family centeredness,

⁴ E. Dubois *et al.*, “Primary Health Care: Closing the Gap between Public Health and Primary Care through Integration,” *WHO Regional Office for Europe*, (2018), 1.

⁵ J. Macinko *et al.*, “The Impact of Primary Health Care on Population Health in Low and Middle-Income Countries,” *J. Ambulatory Care Management*, Vol.32, No.2, (2009),.150.

⁶ P. I. Okpoko, “The Knowledge of Primary Health Care System among Patients: Accessing Health Care in Supreme Faith Hospital, Ado-Ekiti,” *Texila International Journal of Public Health*, Vol. 5, Issue 4, (2017),. 1.

community orientation, and cultural competence).”⁷ Primary Health Care forms an integral part of a county’s health system of which it is the central function and the main focus of the overall social and economic development of the community.

Traditional African Health Care System

Healthcare is a necessity for every individual and people. It is the efforts made to maintain or restore physical, mental, emotional and spiritual wellbeing by trained and licensed professionals. The fundamental purpose of health care is to enhance quality of life. In Western medicine, we have three levels of care divided into the categories of primary care, secondary care and tertiary care. Each level is related to the complexity of the medical cases being treated as well as the skills and specialties of the providers. Traditional African medicine has been in existence long before Western medicine found its way into Africa and this is what African ancestors survived on when they were faced with all manner of illnesses. Traditional African medicine refers to the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different African cultures used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness.

Traditional African medicine is pejoratively called alternative or complementary medicine suggesting that it plays a second fiddle to Western medicine. What are the percentages of African population that really have access to Western medicine unlike traditional African medicine? It is not enough that World Health Organization (WHO) have recognized the importance of traditional African medicine for the healthcare of Africans; they should also provide funds for the research and productions of these drugs. Healthcare systems are products of both culture and society and are derived from the experiences of a particular socio-cultural environment. This implies that health systems are relative to times and places. Elujoba *et al.*, declare that traditional African Medicine (TAM) is the socio-economic and socio-cultural heritage servicing over 80% of the population in Africa. Although, TAM has come a long way from the times of African ancestors, there is not much significant progress on its development and utilization due to colonial suppression evidently seen in some beliefs and practices of foreign religions, on one hand, and absolute lack of patriotism and political will of the

⁷ J. M. Ferreira *et al.*, “Improving Primary Health Care: A Systematic Review,” *Journal of Family Medicine and Community Health*, Vol. 3, No.3, (2016). 1.

government and carefree attitudes of most African medical scientists of all categories, on the other hand.⁸

The Decolonizing Effort of PHC in Contemporary Africa

The most workable health agenda as well as the most urgent for Africa is the institutionalization of traditional medicine in parallel with orthodox or Western medicine within the health care scheme. This is because Western medicine is costly and sometimes very difficult to access by all. World Health Organization defines traditional medicine as the sum total of knowledge or practices whether explicable or inexplicable used in diagnosing, preventing or eliminating a physical, mental or social disease which may rely exclusively on past experience or observations handed down from generation to generation, verbally or in writing. According to WHO, traditional medicine also comprises therapeutic practices which “have been in existence often for hundreds of years before the development of modern scientific medicine and are still in use today without any documented evidence of adverse effects.”⁹

Healthcare is one of the fundamental needs of man for quality living and longevity of life. African ancestors knew the application of plant, animals or mineral materials as found in the hierarchy of force sometimes with incantations for healing purposes and which can be rationalized, explained and investigated scientifically. The use of *Salix alba*, the willow plant containing the salicylates for fever and pains which led to the discovery of aspirin is a form of traditional medicine. This also goes on to show that African ancestors employed the technique of empirical observation in their act of curing sicknesses. They do not stop at observation but carry out experiment in order to arrive at scientific knowledge¹⁰. Through experiment, therefore, the African forebears are led to the discovery of the potency of plants for curing various and varied sicknesses.

This is why the traditional medical practitioner or traditional healer is described as a person who is recognized by the community in which he lives as competent to provide health care by using vegetables, animals and mineral substances and other method: serving as the nurse, pharmacist, physician,

⁸ A. A. Elujoba *et al.*, “Traditional Medicine Development for Medical and Dental Primary Health Care Delivery System in Africa,” *African Journal of Traditional, Complementary and Alternative Medicines*. Vol 2, No.1, (2005), 46.

⁹ WHO, “Alma Ata Declaration, Primary Health Care,” *Health for all Series*, No.1, (1978a).

¹⁰ C. O. Akpan, “The Method of African Science: A Philosophical Evaluation,” *Journal of Social and Management Sciences*, Vol. 2, Issue 1,(2011), 11 – 20.

dentist, midwife, dispenser.¹¹ The specialists include herbalists, bone setters, traditional psychiatrists, herb sellers, general practitioners and so on. There are both men and women in the profession with varying personal qualities. But medicine men are expected to be trustworthy, upright morally, friendly, willing and ready to serve, able to discern people's need and not be exorbitant in their charges.

Affordability of healthcare to all who need it is one of the goals of healthcare especially at the primary level. Unfortunately, this is one area where the West seems to be indirectly exploiting Africa through some unscrupulous agents who pay them to manufacture fake or substandard drugs which these agents import into Africa. This is injurious to the health of the people of Africa and should be resisted. African leaders are also part of the problem because they are at the forefront of patronage of Western medicine and healthcare system. Not every illness or disease in the African space is physical; some are spiritual. Thus, Western medicine becomes limited in providing care to such patients. Joseph Mbiti corroborates this point when he asserts that in Africa, diseases and misfortune are religious experiences that require a religious approach to deal with them. The medicine men are aware of this, and make attempt to meet the need in a religious or quasi-religious manner whether or not that turns out to be genuine or false or a mixture of both as the case may be.¹² Many of the activities involved in dealing with illness may not have any overt value, but they are psychologically vital and no doubt play a great role in healing the sickness or helping the sufferer. The medicine man gives much time and attention (personal) to the patient, which enable him to penetrate deep into the psychological state of the patient.

The medicine men symbolize the hopes of the society; hopes of good health, protection and security from evil forces, prosperity and good fortune, or ritual cleansing when harm or impurities have been contracted. This implies that illnesses, sickness or diseases have a spiritual undertone so that the reality of the supernatural becomes established. If sickness were only physical, then drugs alone would do. But in the cultural beliefs of the Africans, diseases have a spiritual dimension which can affect the body. Robin Horton gave an example of this as he insists that when one becomes sick and the sickness proves intractable, then the relative will then call a diviner. The diviner will

¹¹ A.A. Elujoba, *Traditional Medicine*, 48

¹² J. S. Mbiti, *African Religions and Philosophy*, Nairobi, Heinemann Publishers, (1969), 169.

say that the sickness is due to an ancestor who has been angered by the patient's behaviour towards his kinsmen. The diviner, then, prescribes placatory offerings to the spirit and reconciliation with the kinsmen, which will eventually lead to the curing of the patient.¹³ It is only when the cleansing or sacrifices have been done that drugs could be proscribed in order to cure the physical aspect of the sickness.

Traditional African healthcare must be given a new face lift by African leaders and advocates especially in meeting PHC needs. Traditional African medicine can be developed in such a manner that it can meet the health needs of Africa and the entire world. It can be packaged like the Asian traditional medicines and it will go global. Health care is cultural but can be applied to other regions of the world. What works in America, can also work in Asia as well as Africa since humans have the same body metabolism. Western medicine has done so much good, no doubt, in Africa, especially in the treatment and prevention of diseases. Vaccines have also eradicated a lot of childhood sicknesses and diseases like polio and measles. But Western medicine does not have all the answers to every ailment known to man. There are instances where Western diagnosis finds nothing in the patient but such a one is dying on the inside. It is good to understand the physical structure and constituents of the human body and how it works. It is also better to understand the chemical components of plants and animals for curative purposes. But the metaphysical dimension of how mind affects matter should also be incorporated into Western medicine which is why placebo as a phenomenon should at least be taken seriously. Psychiatric treatment with physical drugs have not done much to establish harmony between the spiritual and physical dimensions of man which is why traditional African medicine as a corpus must be developed intentionally to take care of Africans' health care needs in today's contemporary world.

As it were today, major breakthroughs have been recorded by Western medicine in the fight against SARS-Cov-II otherwise known as corona virus or Covid-19. Questions abound as to why Africa is yet to produce its own homegrown vaccine to contain the virus. Sometimes ago, the Madagascar organic syrup for the treatment of the vaccine which was 100% herbal made the news round. Afterwards, nothing was heard about that again. The question

¹³ R. Horton, "African Traditional Thought and Western Sciences," Jonathan O. Chimakonam, (ed.), *Logic and African Philosophy: Seminal Essays on African Systems of Thought*, Delaware, Vernon Press, (20200, 35.

begging for answer is: if the corona virus has broken out in the pre-colonial era in Africa, how might it be tackled? Of course, the African forebears talked every pandemic through the use of traditional herbs. Is it not rather shameful that African countries are taking turns to order for vaccine doses from the West for their population? What has African Union (AU) done about setting up machineries for the production of a homegrown vaccine for Africans? This is how much Africa is still within the firm grip of neo-colonialism and this posture has not fared well with the continent.

Africa today is a consumer continent whose people consume almost everything that the West produces, thereby opening the door for its capital flight to these nations who use the proceeds to keep the continent in perpetual servitude. Majority of Africans, mostly the poor, who live on less than a dollar a day and those in the middle income bracket rely on underfunded public health facilities while a small minority has access to well-funded quality private healthcare. Healthcare in sub-Saharan Africa remains the worst in the world with few countries able to spend \$34 to \$40 a year per person that the World Health Organization considers minimum for basic health care. These and many other reasons are enough for traditional medicine to be introduced into African health care philosophy so that healthcare can be accessible and affordable to the vast majority of Africans who need it in order to enhance their quality of life and stay strong and productive.

Understanding the principle of life is the key to the preservation of such a life. Traditional Africans have a good grasp of the principle of life. Thus, according to Placide Tempels:

The Supreme happiness, the only kind of blessing, is to the Bantu, to possess the greatest vital force; the worst misfortune and, in very truth, the only misfortune, is, he thinks, the diminution of this power. Every illness, wound or disappointment, all suffering, depression, or fatigue, every injustice and every failure: all these are held to be, and spoken by the Bantu as, diminution of vital force.¹⁴

Thus, sickness is understood as a diminution of vital force and cure takes place when the vital force is restored or increased. Richard Onwuanibe understands this point when he argues that Africans have a view of a moral universe where humans, spirits, gods, or God interact, all sicknesses and epidemics are often regarded as “an imputation of guilt by the individual,

¹⁴ P. Tempels, *Bantu Philosophy*, Paris, Presence Africaine, (1969), 46.

family, village, or the people as a whole.”¹⁵ Hence, it is the task of the medicine man to ascertain the cause of any sickness before determining how it could be cured. This knowledge could be obtained through a revelation or intuition about herbs, plants or mineral that will cure the health challenge in question. This kind of knowledge process and generation should not be undermined because it is fast and accurate and can prevent unnecessary deaths like the world has experienced from the Covid 19 Pandemic.

Unless Africa countries unite in the understanding that no one can care for the health needs of the continent like Africans themselves, the continent would continue to suffer serious fatality. Even the World Health Organization, the regulatory health agency of the world knows this as it affirms that “...Africa carries 25% of the world’s diseases burden but its share of global health expenditures is less than 1%. Worse still, it manufactures only a fraction less than 2% of the medicines on the continent.”¹⁶ In 2001, African countries agreed to allocate at least 15% of their budgets to healthcare: yet 21 years afterwards, only six countries (Botswana, Burkina Faso, Malawi, Niger, Rwanda and Zambia) have met this commitment. Even in these countries mentioned, universal access to decent health care is still unrealized. It will take a lot of ingenuity and commitment on the part of African leaders to turn the ship around just like Rwanda is doing.

In the African continent today, malaria, tuberculosis and HIV/AIDs are still ravaging the continent. Even the (SARS-Cov-II) otherwise known as Covid-19 or corona virus is still leaving casualties in its trail though not at an alarming degree. This concern is expected because of the poor healthcare system in Africa as explained. Emeka Isife corroborated this point when he points out that “...Africa became the center focus of the whole world because of the perception held with regards to the continent that had been so battered by underdevelopment, poverty, absence of infrastructure, war and conflict, over population and so on.”¹⁷ Although Africa is known as a poor continent the world over, but this is not because she is not blessed with human and material resources. But how to put together these resources for the general

¹⁵ R. Onwuanibe, “The Philosophy of African Medical Practice,” *A Journal of Opinion*, Vol. 9, No. 3,(Autumn, 1979), 25.

¹⁶ United Nations, *African Renewal*, December, 2016 – March, 2017, 4.

¹⁷ E. E. Isife, “A Critical Analysis of the Implications of Covid-19 Pandemic on African Identity,” *Sapientia: Journal of Philosophy*, Vol.14, (2021), 60.

good of the people is an uphill task that demands not just the aptitude for theorizing but a strong will whether political or personal.

The global nature of the world today makes it such that diseases can be transmitted from one region to the other. Apart from malaria transmitted by mosquitoes and few others, human activities can be held responsible for most of the diseases in Africa. In traditional African worldview, it is common knowledge that certain activities of man are seen as taboos with dire consequences on the offender. The Western understanding and interpretation of the notion of freedom has also informed a lot of lifestyle that is injurious to the health of man. Thus, there is need to study the African universe again, where humans, spirits, gods, or God interact. African traditional medicine is anchored on the need to restore the broken harmony between the sick and his or her universe.

Some African Medicinal Plants Used in the Treatment of Diseases

It has been noted that some plants and herbs have been proved to be effective in curing most common diseases in Africa. For instance, the stem or twig of *Acanthaceae* is used for curing of syphilis, cough, emetic, and vaginal discharge. *Apocynaceae* is used to cure abdominal pain, ulcers and gonorrhea. Also, the leaves, fruits, pulp and bark of *Bombacaceae* are used in curing fever, antimicrobial, kidney and bladder infections. Moreover, the leaves of *Combretaceae*, also known as *Ikedike*, are used in treating Jaundice. The leaves, stem, bark and root of *Euphorbiaceae*, known also as *iri* or *kimi*, are used in treating insomnia, mouth wash and gonorrhea. The stem, bark, root bark of *Hypericaeae*, locally called *Otoro* or *alilibarrafi*, are used in the treatment piles and trypanosomiasis. The leaves, roots, bark and seeds of *Fabaceae*, also called *Apa –igbo* or *akpalata*, are used in treating gonorrhea and hernia. And the tubers and leaves of *Liliaceae*, also called *mora*, *ewe*, *aje* or *baurere*, are used for the treatment of gonorrhea, head lice and antipyretic.¹⁸ Also, *Acacia senegal* is used for the treatment of different kinds of infections ; *Aloe ferox* Mill, is used as health drinks, for skin care, and for the treatment of stomach complaints; *Artemisia* or Wormwood is used to treat diabetes,, bronchitis, diarrhea, hypertension and neuralgias, *Aspalathus linearis* is used as a herbal tea which has a caffeine – free and comparatively low tannin status; *Crentella asiatica* is used for wound healing, burns, ulcers, leprosy, tuberculosis, lupus, skin diseases eye diseases, fever, inflammation, asthma,

¹⁸ M.M.A. El- Ghani, “Traditional Medicinal Plants in Nigeria: An Overview,” *Agriculture and Biology Journal of North America*, Vol. 7, No. 5,(2011), 220 – 247.

hypertension, rheumatism, syphilis, epilepsy, diarrhea and mental illnesses; *Catharanthus roseus* is used as a bitter tonic, galactagogue, emetic and for the treatment of rheumatism, skin disorders and venereal diseases ; *Cyclopia genistoides* is prepared as tea and used as a stomachic that aids digestion ; *Harpagophytum, procumbens* is used for allergies, analgesia, anorexia, antiarrhythmic, antidiabetic, antiphlogistic, antipyretic, appetite stimulant, arteriosclerosis, blood diseases, boils and others ; *Momordica charantia* Linn is used in the treatment of diabetes and *Pelargonium sidoides* are effective in the treatment of acute respiratory infections.¹⁹ It is the duty of the government to chart a definite and decisive course on how so many medicinal plants in Africa could be used to cure sicknesses in order to meet up with the people's primary healthcare needs.

Evaluation and Conclusion

African philosophy of healthcare should look into how this harmony among all the forces (whether divine or natural) can be ensured and in the process bring about greater good to the health needs of Africans. In fact, government policies should incorporate this unique harmony because of its overall importance to attaining a balanced healthcare delivery. From the reality of Covid-19 in Africa and its near non-existent fatality, one could wonder why this is so. Emeka Isife again ponders on this when he notes that there is something about Africa that has not allowed the continent to be battered with dead bodies as was initially projected. What is it that is being done in Africa that has made this huge difference? Considering the continent's weak health care system and a large immune compromised population owing to high prevalence of malnutrition, anemia, malaria, HIV/AIDS, tuberculosis and poor economic discipline, could it be an act of providence that Africa is not ravaged by the corona virus?²⁰ It is also a fact that during the Covid 19 Pandemic that many Africans used different herbs to boost their immunity thereby reducing the effect of the virus on their system.

While Africa's Primary health care system must be decolonized from Western control, a lot more still has to be done with regards to African traditional medical practitioners. The motive of traditional medicine

¹⁹ M. F. Mahomoodally, "Traditional Medicines in Africa: An Appraisal of Ten Potent Medicinal Plants," *Evidence- Based Complementary and Alternative Medicine*, (2013), 1 – 14.

²⁰ E.E. Isife, *A Critical Analysis of the Implications of Covid – 19 Pandemic*, 60.

practitioners as have been explained is to preserve lives and not necessary to make profit. This motive can be upheld and practiced in 21st century Africa if the government can provide funds for researching and production of herbal drugs. Also, if Africans who patronize Western medicine still make recourse to traditional medicine, it means there are areas where traditional African medicines have comparative advantage in the fast and effective treatment of diseases. This area has to be explored and given the needed support to thrive. It is not a case of competition with Western medicine but a subtle quest to develop Africa's indigenous episteme in the area of restoring health to Africans. Since this cannot be done without the knowledge of the workings of traditional Africa, there has to be ways of teaching or preserving the culture of African curriculum derivable from traditional African culture with regard to healthcare needs.

If in Nigeria for example, just as in other nations in Africa, PHC centers are built by the government, why is the health care need of the people not adequately catered for? The simple explanation would be lack of a sizable team of health workers as well as unavailability of drugs or even the case of fake Western drugs. While most PHC facilities are in various state of disrepair, with equipment and infrastructure being either absent or obsolete, the referral system is almost non-existent. Abdulaheem *et al* aver that the goal of National Health Policy (1987) of Nigeria is to bring about a comprehensive health care system based on PHC in order to promote, protect, prevent, restore and rehabilitate all citizens within the available resources so that individuals and communities are assured of productivity, social wellbeing and enjoyment of living.²¹

But this is not to be because of the expensive system of Western medicine which contemporary Africa has adopted in its health care need and the strain it has on the finance of Africa via consumption. It is for this reason that there has to be a shift to alternative medicine which means, jettisoning over dependence on Western medicine and supplies for PHC. There has to be a mandate in the form of a policy that will see to the dissemination of information at the grass root level through community effort (TV/Radio/Print media) for the procedure and administration of local herbs and leaves for the treatment of common illnesses like malaria, typhoid, headache, pains and the likes. The effect will be a positive one especially if everyone has the knowledge of local herbal home remedy for common illnesses. This will

²¹ I. S Abdulaheem, Health Care Services in Nigeria, 5.

empower the people as well as reduce wastages in the importation of Western drugs. Also, the problem of dosages can be looked into by those professional Africans who understand the art and science of such local medicines. As long as the materials are readily available, every household can take care of their PHC needs. This is truly what decolonizing African PHC means and represents for the growth and development of the African continent.

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