



Third African Traditional Medicine Day 2005

Theme: African traditional medicine: Contributing to preventing HIV infection



Dr. Richard Muga

The Quest for a Policy Framework

World over, people are turning to traditional medicinal plants and practitioners for treatment of various ailments. According to WHO statistics this figure could be as high as 80 percent of all health care seekers. In Kenya, people are increasingly turning to traditional medical practitioners, commonly known as herbalists, for primary health care services although patients may be consulting modern health providers at the same time. This reality poses a challenge and presents an opportunity to work out modalities to ensure the practice complements our modern healthcare system. In order to achieve this, a policy that seeks to integrate traditional and modern medical service provision is being developed.

The National Coordinating Agency for Population and Development (NCAPD), an agency in the Ministry of Planning and National Development has been mandated to lead a multi-sectoral process with other stakeholders to formulate the policy. While NCAPD has provided the secretariat other teams have been working on different aspects of the policy. For stakeholders to agree to pool their unique competencies and regularize their operations is no doubt the beginning of a process with prospects of enormous benefits to our population. Today, as we join the rest of the world to celebrate this year's Traditional Herbal Medicine Day, we in Kenya look forward with hope that by focusing the world attention to the sustainable use of our bio-diversity we stand to reap health and economic benefits.

A team is addressing sustainability issues while another is looking into ways to domesticate medicinal plants. There is a group that is analyzing the health and economic benefits to be derived from using our indigenous knowledge and medicinal plants. The draft policy is now being refined.

— **Dr. Richard Muga MBS**
Director, NCAPD

What does the Day Mean to the Ministry of Health?

The term traditional medicine involves areas that the Ministry of Health has no competence in. The major component of interest to the MoH is the herbal medicines component and the Ministry is keen on developing this area because it is well documented that there are many medicines in current use that have been derived from medicinal plants. The Ministry of Health full agrees with the WHO process of developing policies on herbal medicine use. Specific areas of interest include:

- Identifying plants that herbalists make claims on for managing health problems in the community
- Confirming through an approved evaluation process that the plants on which medicinal claims have been made have no toxic or adverse effects
- Confirming the claims on curative properties of the medicinal plants and preparations
- Ultimately defining the appropriate dosage forms and formulations derived from the medicinal plant materials identified

It has been well recognized that a large percentage of the citizens of this country have little or no access to the healthcare offered through the Government and Mission health facilities. Recent surveys of medicines prices in Kenya have also revealed that approximately 20 million Kenyans cannot afford essential conventional medicines. It is generally accepted from information available at WHO that 80 per cent of the people in Africa use herbal medicine. However in Kenya no comprehensive study has been done to confirm this. It is often stated that the majority of those who use herbal medicines do so because of lack of access or high cost of conventional medicines. We do not have evidence to clarify whether people use

Statement from the Director of Medical Services on Herbal Medicine Practice in Kenya

herbal medicines as a choice or due to lack of access to conventional medicines.

The Ministry of Health as part of its current health sector reform agenda has elected to actively participate in the development of a National Policy on Herbal Medicine and Medicinal Plants. Following the recent World Bank funded Review of the Pharmaceutical Sector, there was a recommendation that a comprehensive review of the use of herbal medicines in Kenya should be undertaken and documented. Although there was mention of the importance of Traditional (herbal) medicines to healthcare in Kenya through the Kenya National Drug Policy (1994), nothing much was done to develop a comprehensive implementation plan outlining the role of Herbal Medicine in health care provision in Kenya. It has therefore been deemed necessary for the MoH to give a clear direction on the role that herbal medicine practitioners will play in healthcare provision in Kenya. In order to guide the Herbal Medicine Policy and Practice in Kenya, the Ministry of Health is considering establishing a unit for Alternative Medicine headed by a dedicated officer to serve as the focal point for the development of the Policy. The Ministry of Health already has structures that can be used to regulate the herbal medicine practice and products. This includes the Pharmacy and Poisons Board, which can be expanded to include a technical committee dealing specifically with Herbal Medicines and their registration. The establishment of an appropriate



Dr. James Nyikal

institutional framework to deal exclusively with the registration and licensing of the herbal medicine practitioners.

With respect to the theme of the 2005 Africa Traditional Medicines Day, the Ministry reaffirms that it is committed to the fight against HIV/AIDS. The herbal medicine practitioners have made important claims in this fight especially with respect to the treatment and management of opportunistic infections. Efforts will be made to research the beneficial effects that herbal medicines can have in this area

— **Dr. James Nyikal**
Director of Medical Services

Why Involve Traditional Health Practitioners in Prevention Interventions?

Message of the WHO Regional Director

Sub-Saharan Africa is the worst HIV/Aids-affected region in the world, with 75 per cent of all people living with HIV/Aids, though it accounts for only about 10 per cent of the global population. In 2004, an estimated 3.2 million new cases of HIV infection occurred in the region. Half of newly-infected individuals are young people aged between 15 and 24 years. The risk is especially high among young women and girls who constitute up to 75 per cent of the young people living with HIV/Aids in the region. Unless this situation is reversed, achieving the Millennium Development Goals will be threatened.

Prevention of HIV transmission should therefore be accorded the priority it deserves in HIV/Aids response in Africa. Reducing the number of people who need treatment will contribute to preserve the gains from the effort to increase access to antiretroviral therapy. Mobilization of effective multi-sectoral action will help provide counselling and support to the communities, develop prevention programmes targeted at vulnerable groups, intensify social research in the region and use the findings of the research for local and regional action, as well as strengthen prevention interventions in health care settings and mobilize financial and technical resources.

We need to urgently implement HIV-prevention interventions on a sufficient scale and gain a better understanding of the evolution of the epidemic and progress made in the response. We need to build an enabling environment that promotes and



Dr Luis Gomes Sambo

supports the adoption of positive patterns of sexual behaviour and changes of destructive gender norms and stigma. We must continue expanding interventions targeting vulnerable groups, promoting and supporting grass-roots dialogue and the emergence of local responses that are rooted

in people's reality, experience, resources and strategies for surviving crises. We must effectively address the underlying factors that fuel HIV transmission and mobilize additional financial resources, ensuring that such resources reach operational levels. Above all, we need to increase access to quality preventive, curative and promotional interventions.

Today, Africa is celebrating the Third African Traditional Medicine Day. The theme for this year is "African traditional medicine: Contributing to preventing HIV infection". This theme is in line with the resolution taken by the ministers of health at the fifty-fifth session of the WHO Regional Committee recently held in Maputo to declare the year 2006 as the "Year for Acceleration of HIV Prevention in Africa".

Why involve traditional health practitioners in prevention interventions? A traditional health practitioner is a person recognized by his/her community as competent to provide health care using plant, animal or mineral products.

In adopting the Regional strategy on traditional medicine in 2000, the ministers of health confirmed the role that traditional medicine can play in health systems and services regarding health promotion, diagnosis, treatment and prevention of diseases. This was endorsed by the Heads of State and Government who, in 2001, declared the period 2001-2010 as the Decade of African Traditional Medicine. It is for this reason that the WHO Regional Office for Africa established a 12-member WHO Regional Expert Committee on Traditional Medicine in order to assist countries to accelerate the implementation of these policy decisions.

In prevention of HIV infection, traditional health practitioners will contribute to intensive efforts that would be made to reposition prevention at the heart of the entire HIV/Aids intervention and control mechanism. Traditional health practitioners who are well integrated in communities will intervene to improve community participation in prevention efforts.

The contribution of traditional health practitioners will specifically involve the following areas:

- Promoting prevention of HIV infection through discouraging skin piercing practices—Trained traditional health practitioners are well placed to

CONTINUED NEXT PAGE