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**ENHANCING THE ROLE OF TRADITIONAL MEDICINE IN HEALTH SYSTEMS:
A STRATEGY FOR THE AFRICAN REGION**

Report of the Secretariat

EXECUTIVE SUMMARY

1. In line with Resolution AFR/RC50/R3, Member States took steps between 2001 and 2012 to promote traditional medicine (TM) by developing national policies and regulatory frameworks for TM practice, practitioners and products and by implementing some priority interventions.
2. By 2012, a total of 40 countries had national TM policies, 19 had national TM strategic plans and 28 national research institutes conducted research on traditional medicine products used for malaria, HIV/AIDS, sickle-cell disease, diabetes and hypertension. In addition, 13 countries issued marketing authorizations for traditional medicine products; seven countries included traditional medicine products into their National Essential Medicines Lists and nine countries adopted national frameworks for the protection of intellectual property rights (IPRs) and traditional medicine knowledge (TMK) related to practices and products.
3. Despite the progress made, countries continue to face challenges in implementing Resolution AFR/RC50/R3. These challenges include limited stewardship and governance, inadequate regulation and law enforcement; and insufficient human and financial resources for research and production of traditional medicine products. Weak partnerships between the private and public sectors and research communities have militated against large-scale production of traditional medicine products.
4. The updated strategy proposes key interventions to address the above challenges and builds on the successful promotion of the positive aspects of TM in national health systems. The focus is on strengthening of stewardship and governance; development and use of tools; cultivation of medicinal plants and conservation of biological diversity; research and development; local production; protection of IPRs and TMK; intersectoral coordination; and capacity building.

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ABBREVIATIONS

CAMES	<i>Conseil Africain et Malgache pour l'Enseignement Supérieur</i> (African and Malagasy Council for Higher Education)
AfDB	African development bank
AIPO	African Intellectual Property Organizaton
ARIPO	African Regional Intellectual Property Organization
AU	African Union
CAM	Complementary and alternative medicine
CIDA	Canadian International Development Agency
ECOWAS	Economic Community of West African States
FAO	Food and Agriculture Organization
IDRC	International Development Research Committee
IUCN	International Union for Conservation of Nature
MOH	Ministry of Health
NEMLs	National Essential Medicines Lists
IPRs	Intellectual Property Rights
THPs	Traditional Health Practitioners
TM	Traditional Medicine
TMK	Traditional Medicine Knowledge
RECs	Regional Economic Communities
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNEP	United Nations Environmental Programme
UNIDO	United Nations Industrial Development Organization
WIPO	World Intellectual Property Organization
WAHO	West African Health Organization
WHO	World Health Organization

INTRODUCTION

1. Traditional medicine is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness¹.
2. In 2000, participants at the Fiftieth session of the WHO Regional Committee for Africa adopted the Regional Strategy on Promoting the Role of Traditional Medicine in Health Systems.² The Regional Strategy involves the development of national policies, strategies and plans; capacity building; research; protection of intellectual property rights (IPRs) and traditional medicine knowledge (TMK); cultivation of medicinal plants; local production; allocation of resources and provision of quality traditional medicine services. In 2009, the World Health Assembly, by adopting resolution WHA62.13, on traditional medicine, underscored and reinforced the regional strategy.³
3. Between 2001 and 2012, countries in the African Region implemented the first regional strategy on traditional medicine and thereby raised awareness and the profile of traditional medicine; developed national policies and regulatory frameworks for the practice of traditional medicine; and established and strengthened their institutional capacity. Countries also established national programmes, national offices and expert committees, in ministries of health, for the development of TM. The result was the acceptance of TM in national health systems.
4. Participants at the Sixty-first session of the WHO Regional Committee for Africa discussed the progress report⁴ on the implementation of the regional strategy and the plan of action of the first Decade of African traditional medicine (2001–2010); considered the challenges; and recommended an update of the regional strategy. The Regional Committee recommended that countries allocate and mobilize additional resources for TM, particularly for research. The Regional Committee further requested that countries strengthen the regulation of traditional medicine products, practitioners and practices, taking into consideration the Algiers Declaration on Research for Health and the Second Decade of African Traditional Medicine (2011–2020).
5. Despite the progress made, the establishment of national bodies for coordination of TM which was expected to better organize the roles and responsibilities of the different stakeholders failed in most of the countries. The slow pace at which regulations are adopted and laws are promulgated by relevant national authorities has led to weak regulatory capacity and law enforcement. Weak investment in research coupled with lack of alignment by partners to country priority needs has resulted in insufficient data on quality, safety and efficacy of medicines produced locally for inclusion in National Essential Medicines Lists. Uncontrolled actions of charlatans have impacted negatively on the image and credibility of traditional medicine. These challenges hampered the implementation of the first regional traditional medicine strategy and should be better addressed in future.

¹ Traditional Medicine: Definitions. <http://www.who.int/medicines/areas/traditional/definitions/en/index.html>, accessed on 19 June 2013

² WHO, Resolution AFR/RC50/R3 on Promoting the Role of Traditional Medicine in Health Systems: A Strategy for the African Region. WHO Regional Office for Africa. In: *Fiftieth session of the WHO Regional Committee for Africa, Ouagadougou, Burkina Faso, 28 August–2 September 2000, Final report*, Brazzaville, World Health Organization, Regional Office for Africa, pp.10–12.

³ WHO, Resolution WHA62.13 on Traditional Medicine, World Health Organization, Geneva.

⁴ WHO, Progress report on decade of traditional medicine in the African Region (Document AFR/RC61/PR/2). Sixty-first session of WHO Regional Committee for Africa. Yamoussoukro, Côte d'Ivoire, 29 August–2 September 2011.

6. The updated strategy aims to build on achievements and expand the scope of action to enhance TM in the context of African countries. It identifies the challenges to be addressed and proposes the targets that need to be reached through priority interventions.

SITUATION ANALYSIS AND JUSTIFICATION

Situation Analysis

7. Traditional Medicine is commonly used by various populations in the world. In Europe, the use of TM ranges from 42% in Belgium to 90% in the United Kingdom; in Africa, the range is from 70% in Benin to 90% in Burundi and Ethiopia.⁵ The market for traditional medicine products has expanded significantly, and the sale of TM products continues to grow. The total annual sale in China increased from US\$ 14 billion in 2005 to US\$ 62.9 billion in 2011. The amount of sales in the African Region is unknown. However, in 2008, it was estimated that trade in traditional medicinal plants and products in South Africa is worth ZAR 2.9 billion per year⁶. Recorded sales in Burkina Faso increased from US\$2.68 million in 1998 to US\$ 5.37 million in 2000. In Madagascar, sales increased from US\$ 2 million in 1999 to US\$ 3.5million in 2000.⁷

8. Implementation of the first regional TM strategy resulted in progress in the different priority interventions as compared with the baseline survey in 2000 (Table 1). By 2012, a total of 40 countries⁸ had developed national TM policies, as compared with eight countries in 2000. National TM strategic plans and codes of ethics had been developed by 19 countries, and 13 countries had national policies on the conservation of medicinal plants. In addition, 29 countries developed regulations and nine countries adopted national legislation for the protection of IPRs and traditional medicine knowledge. Six countries established national traditional health practitioners' councils and about 25% of Member States adopted the full range of national policy components.

9. By 2012, a total of 24 countries⁹ had established national TM programmes as compared with 10 countries in 2000; 39 countries had established national TM offices as compared with 15 in 2000; and 24 countries had established national expert committees as multidisciplinary and multisectoral mechanisms to support the development and implementation of policies, strategies and plans. Although TM facilities for provision of health services are required for enhancing collaboration and complementarity between practitioners of the two systems of medicine, only Ghana has succeeded in establishing traditional medicine clinics in as many as 9 regional hospital settings. In some countries the traditional medicine policies and implementation plans were not in line with national health policies and strategic plans. Subsequently, these were not implemented due to inability to formalize implementation and coordination mechanisms and the inadequacy of resources allocated to TM. This situation has been aggravated by weak stewardship and law enforcement as well as inadequate human and financial resources.

⁵ Findings from CIDA/WHO-AFRO Project – end of project consultation questionnaire completed by countries in 2012.

⁶ Mander M, Ntuli L, Diedericks N, Mavundla K (2008). Economics of the Traditional Medicine Trade in South Africa, Chapter 13. Pp189-199. Department of Trade & Industry.

⁷ WHO, National policy on traditional medicine and regulation of herbal medicines. Report of a WHO Global Survey. World Health Organization, Geneva, 2005.

⁸ Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea-Bissau, Guinea, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

⁹ Angola, Benin, Cameroon, Congo, Chad, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Gambia, Equatorial Guinea, Ghana, Liberia, Madagascar, Mali, Mauritius, Mozambique, Niger, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, Tanzania, Togo and Zimbabwe.

10. In the African Region national traditional medicine research institutes increased from 18 in 2000 to 28 in 2012. These institutes researched the use of traditional medicine products for priority diseases such as HIV/AIDS, sickle-cell disease, diabetes and hypertension using WHO guidelines.¹⁰ A total of 13 countries used research results to authorize the marketing of certain traditional medicine products;¹¹ eight countries included traditional medicine products in their national essential medicines lists.¹² Research partnerships were established or strengthened among various institutions and networks. However, some countries did not conduct Phase III randomized clinical trials due to the prohibitive costs involved. There is a limited number of social science operational research studies that analyse factors related to the role of traditional medicine practices in different health systems. Limited information about ongoing research and inadequate dissemination of research results reduce awareness of the development and use of new traditional medicine products.

11. By 2012, a total of 17 countries¹³ had reported having small-scale manufacturing facilities for the production of traditional medicine products. However, the Member States in the African Region are still unable to fully translate TMK into viable medicines due to barriers such as limited knowledge-sharing between scientists and traditional health practitioners (THPs); insufficient manufacturing capacity; limited investment by the pharmaceutical industry; weak private-public partnerships; regulatory hurdles; lack of national standards regarding quality specification, quality assurance and control of TM products; limited national capacity and financial resources required for regulation, quality assurance and control of TM products.

12. Also by 2012, a total of 17 countries¹⁴ had small-scale cultivation of medicinal plants as raw materials used for preparing and researching traditional medicine products; 21 countries¹⁵ had documented TM in the form of experiences to preserve TMK; 17 countries had carried out inventories of medicinal plants; and eight countries had established databases on medicinal plants, THPs and TMK. Cultivation and conservation of medicinal plants are inadequate and the application of good agricultural and collection practices and Good Manufacturing Practices (GMPs) for TM products is still limited. Most of the raw materials are collected from the wild, while large-scale cultivation and conservation of medicinal plants is still a challenge for countries.

13. A number of international organizations and regional economic entities such as the AfDB, ARIPO, the African Union,¹⁶ CIDA, FAO,¹⁷ IDRC, OAPI, and the Regional Economic Communities (RECs), IUCN, UNCTAD,¹⁸ UNDP, UNEP, UNIDO,¹⁹ WIPO²⁰ and the World

¹⁰ WHO, Guidelines on clinical study of traditional medicines in the WHO African Region. WHO Regional, Office for Africa (Document reference AFR/TRM/04.4), 2004.

¹¹ Burkina Faso, Cameroon, Congo, Côte d'Ivoire, Democratic Republic of Congo, Ghana, Madagascar, Mozambique, Niger, Nigeria, Tanzania, Zambia and Zimbabwe.

¹² Burkina Faso, Cameroon, Democratic Republic of Congo, Ghana, Madagascar, Mali, Mozambique and Niger.

¹³ Benin, Burundi, Burkina Faso, Cameroon, Gabon, Ghana, Kenya, Madagascar, Mali, Nigeria, Tanzania, Rwanda, Senegal, Sierra Leone, South Africa, Uganda and Zimbabwe.

¹⁴ Benin, Botswana, Burkina Faso, Burundi, Cameroon, Congo, Democratic Republic of Congo, Ethiopia, Equatorial Guinea, Ghana, Guinea, Madagascar, Namibia, Mali, Mauritania, Swaziland and Zimbabwe.

¹⁵ Angola, Benin, Burkina Faso, Cameroon, Congo, Democratic Republic of Congo, Equatorial Guinea, Ethiopia, Gabon, Ghana, Kenya, Madagascar, Mali, Mozambique, Nigeria, Niger, Senegal, Seychelles, South Africa, Tanzania and Uganda.

¹⁶ Plan of action on the implementation of the Second Decade of African Traditional Medicine (2011-2020).

¹⁷ De Silva, T. et al. Industrial utilization of medicinal plants in developing countries, p. 34-44; http://www4.fao.org/cgi-bin/faobib.exe?rec_id=3812223&database=faobib&search_type=link&table, accessed on 20 December 2012.

¹⁸ Systems and National Experiences for Protecting Traditional Knowledge, Innovations and Practices. United Nations Conference on Trade and Development. TD/B/COM.1/EM.13/2 <http://www.unctad.org/en/Docs/c1em13d2.en.pdf>, accessed on 20 December 2012.

¹⁹ Wijesekera RO. Is there an industrial future for phytopharmaceutical drugs? An outline of UNIDO programmes in the sector. *J Ethnopharmacol.* 1991 Apr; 32(1-3):217-24.

Bank have stressed the importance of TM in African development. In 2007, the Economic Community of West African States (ECOWAS) established a TM programme at the West African Health Organization (WAHO) which contributed to enhancing the implementation of the TM strategy in the subregion.²¹ In collaboration with WHO, WAHO developed the ECOWAS Herbal Pharmacopoeia in 2012. The CAMES has established Pharmacopoeia and African traditional medicine programme.

Justification

14. This updated TM strategy has been developed to build on the achievements in promoting the role of TM in national health systems and ensure that it effectively becomes a safe and valuable option in the provision of health care in countries. It also proposes how new opportunities such as the development and implementation of TM plans by regional economic communities, as well as increasing South-South collaboration for technology transfer can be harnessed to enhance the role of traditional medicine in the African Region.

THE REGIONAL STRATEGY

Aim, objectives and targets

15. The aim of this regional strategy is to contribute to better health outcomes by optimizing and consolidating the role of traditional medicine in national health systems.

16. The objectives are:

- (a) to accelerate the implementation of national traditional medicine policies, strategies and plans;
- (b) to promote biomedical and operational research towards generating evidence on the quality, safety and efficacy of traditional medicine practice and products;
- (c) to improve the availability, affordability, accessibility and safety in the use of traditional medicine practices and products;
- (d) to protect intellectual property rights and preserve traditional medicine knowledge and resources.

Targets

17. The strategy has targets to be reached in the African Region by 2015 and 2018, based on the 2012 baseline data. Specifically, in the African Region:

- (a) investment in traditional medicine research and the generation of scientific evidence of the quality, safety and efficacy of traditional medicine products and practices would have been increased by at least 4% of countries by 2015 and at least 10% of countries by 2018;

²⁰ Traditional Knowledge, Genetic Resources and Traditional Cultural Expressions/Folklore, <http://www.wipo.int.tk.en>, accessed on 20 December 2012.

²¹ Busia K and Kasilo OMJ (2010) An overview of traditional medicine in ECOWAS Member States, African Health Monitor. WHO Regional Office for Africa. Special Issue on Decade of African Traditional Medicine (2001-2010), Issue No.14.

- (b) traditional medicine products included in the national essential medicines lists would have been increased by at least 15% of countries by 2015 and at least 20% of countries by 2018;
 - (c) large-scale cultivation of medicinal plants and local production targeting priority communicable and noncommunicable diseases would have been increased by at least 15% of countries by 2015 and at least 25% of countries by 2018;
 - (d) investment in traditional medicine activities would have been increased by at least 25% of countries by 2015 and at least 45% of countries by 2018.
18. By the end of 2023 the total number of countries implementing the Regional Strategy on traditional medicine would have increased from 19 to 40.

Guiding principles

19. The guiding principles of this strategy are:
- (a) **Stewardship** to steer and create an enabling environment for improving and sustaining TM regulation, investments, partnership, coordination and activities in an integrated manner.
 - (b) **Partnerships** among relevant stakeholders at all levels to share responsibilities and resources for maximum impact.
 - (c) **Intrasectoral and intersectoral collaboration** for ensuring that stakeholders and partners align their interventions to national strategic frameworks.
 - (d) **Ethics** in promoting TM use, research, practices and trade.
 - (e) **Equitable** access to quality and effective TM services and products.

Priority interventions

20. **Accelerate the implementation of national TM policies, strategies and plans** within national health systems. This will be necessary to promote better coordination and alignment of stakeholders including THPs, professional associations, consumers, public, private-for-profit and informal sectors to government policies.

21. **Develop frameworks for integrating TM in health systems.** This will involve adaptation of WHO tools to country-specific situations for the development of national regulations for TM practitioners, practices and products. It is also necessary to draw up legislation for the protection of IPRs and TMK; increase access to biological resources; and enhance collaboration between practitioners of TM and conventional medicine. Strengthening of the capacity of THP councils, national medicines regulatory authorities and intergovernmental organizations will enhance implementation and harmonization of traditional medicine regulation.

22. **Promote research and development and protection of IPR and TMK.** This will involve training to build capacity in research for traditional medicine including research ethics,²² collaboration between research institutions and manufacturers for the production of new medicines; and providing incentives to researchers who have patents. In addition, it will be necessary to promote better coordination between research and training institutions including WHO collaborating centres engaged in TM development; cooperation and partnership among

²² Jon C Tilbert and Ted J Kaptchuk (2008). Herbal medicine research and global health: an ethical analysis. Bulletin of the World Health Organization, Geneva, Volume 86, Number 8, August 2008, 594–599.

countries in South-South or triangular approaches; and funding of research. TM research and innovation should be developed as part of the implementation of resolution WHA61.21 on the global strategy and plan of action on public health, innovation and intellectual property.²³ Collaboration and trust between research scientists and THPs should be strengthened through enhanced understanding of their individual and complementary roles. It will also be necessary to empower THPs, communities and researchers about their rights; and to promote the use of biological resources and documentation of TMK in various forms such as country profiles, databases, ethnobotanical surveys, inventories of TM products and practices, monographs of medicinal plants, herbal pharmacopoeias and formularies.

23. Strengthen human resources capacity of countries for development of traditional medicine. Adequate financial resources should be mobilized and allocated in order to build the human resources to produce novel and affordable medicines for priority communicable and noncommunicable diseases. Educational systems should consider the exposure of health science students and health professionals to the role of TM in health systems. Furthermore, countries should establish or strengthen systems for the qualification, accreditation, or licensing of THPs. Priority should be given to funding TM research and developing innovative financing mechanisms.

24. Promote and organize large-scale cultivation and conservation of well-researched medicinal plants, used for production of traditional medicine products, based on the principles of good agricultural and collection practices.²⁴ While promoting large-scale cultivation, countries should also support the establishment of home gardens, botanical areas and conservation reserves. They should ensure adequate consideration of TM in national development plans for the preservation of biological diversity.

25. Encourage local production of TM products by creating an enabling political, economic and regulatory environment including tax-breaks for local manufacturers; establishing national regulatory frameworks and national standards applicable to TM products. Make investment to scale up current manufacturing facilities and improve local production based on scientific methods of research and development.

26. Enhance collaboration among multisectoral stakeholders. It will be necessary to establish an appropriate structure in the ministry of health to coordinate interventions related to TM as well as facilitate coordination of relevant stakeholders²⁵ and partners.²⁶ This structure will monitor the implementation of policies and strategies; coordinate intersectoral collaboration and the interface with regional economic communities, various ministries (e.g. health, agriculture, trade and industry, and research), development partners (e.g. AfDB, World Bank, UNCTAD, UNIDO) and nongovernmental organizations.

²³ Resolution WHA61.21 on the global strategy and plan of action on public health, innovation and intellectual property. World Health Organization, Geneva, 2008.

²⁴ WHO, Guidelines on good agricultural and collection practices (GACP) for medicinal plants. World Health Organization, Geneva, 2003.

²⁵ Stakeholders include practitioners of traditional medicine and conventional medicine, the communities, national expert committee on TM; regional economic communities, ministries of health, higher education, research and finance; members of parliament; networks of traditional health practitioners and professional associations.

²⁶ Partners include various ministries, professional associations and federations, consumer groups, nongovernmental organizations, regional and interregional working groups and training institutions in both the public and private sectors.

Roles and responsibilities

27. Member States should:

- (a) Take concrete steps to assess the funding needs for traditional medicine research and allocate financial resources from national budgets while considering changes in financing options and innovative funding mechanisms.
- (b) Document and preserve TMK in various forms and develop national legislation for the protection of IPRs and access to biological resources.
- (c) Adapt WHO tools and guidelines on traditional medicine to their specific situations and implement the priority interventions as well as policies, strategies and plans.
- (d) Issue marketing authorization for medicines that meet national criteria and WHO norms and standards of quality, safety and efficacy and include them in National Essential Medicines Lists; Member States should also strengthen pharmacovigilance systems for monitoring adverse effects of traditional medicine products.
- (e) Establish an entity in the ministry of health to promote, coordinate and monitor the implementation of multisectoral traditional medicine strategic plans.
- (f) Strengthen the capacity of training institutions to develop training programmes and revise curricula to include traditional medicine modules for exposure of health sciences students and health professionals to the role of traditional medicine in health systems.
- (g) Promote public-private partnerships to raise interest in investment in traditional medicine.
- (h) Develop national databases for recording TMK and use of traditional medicine products.
- (i) Invest in traditional medicine operational and biomedical research to improve traditional medicine practices and products.

28. WHO and partners should:

- (a) Advocate for commitment of national authorities to give priority to traditional medicine and reinforce the stewardship role of governments to create and/or strengthen an enabling environment.
- (b) Encourage and work with regional economic communities to promote actions that contribute to increasing funding for traditional medicine; enhance cooperation and harmonization of procedures for regulation of traditional medicine; and advocate for production of traditional medicine products.
- (c) Provide technical advice and guidance for countries to adapt tools and guidelines to their specific situations and support the implementation of priority interventions.
- (d) Promote coordination and cooperation among various international organizations and partners as well as alignment with countries' traditional medicine policies and legislation.

Resource implications

29. National traditional medicine plans with multi-year financial plans need to be costed. Based on current experiences in the countries that have advanced the development of the traditional medicine agenda (Benin, Burkina Faso, Cameroon, Democratic Republic of Congo, Ghana, Mali, Rwanda, South Africa and Tanzania) it is suggested that countries consider allocating at least 2% of their annual national health budget to the implementation of this strategy. This budget does not

include new drug development. The cost of WHO support to Member States in implementing this new Regional traditional medicine Strategy for the next decade is estimated at US\$ 20 million.

MONITORING AND EVALUATION

30. To monitor the implementation of each proposed intervention, the Regional Office will develop a set of indicators for regional and country levels based on current indicators. With WHO support, countries will conduct mid-term and final reviews of the implementation of the updated strategy. A progress report on implementation of the Regional Strategy will be presented to the WHO Regional Committee every three years starting in 2016.

31. The African Region will have conducted a mid-term assessment of the implementation of the Regional Strategy by the end of 2018 and a final assessment by the end of 2023.

CONCLUSION

32. Countries have made progress since 2001 in promoting traditional medicine and enhancing the acceptance of its role in national health systems. However, implementation of national TM policies and plans has been slow and fragmented. This updated Regional Strategy is proposed to expand and accelerate the contribution of TM to health systems in the African Region.

33. The Regional Committee is invited to examine and adopt the proposed strategy.

ANNEX

Table 1: Progress made by countries in the implementation of the Regional Strategy on traditional medicine and the Plans of Action on the First Decade (2001-2010) and the Second Decade (2011–2020) of African Traditional Medicine in the WHO African Region during 2001-2012

Indicators	Number of countries				
	Baseline survey 1999/2000 N=30	2002 N=35	2005 N=37	2010 N=39	2012 (N=42)
National policies on traditional medicine	8	12	22	39	40
Legal framework for the practice of traditional medicine	1	5	16	28	29
National Strategic Plans/National Health Strategic Plans that include traditional medicine	0	2	10	18	19
Code of ethics for traditional health practitioners	0	0	1	18	19
National office of traditional medicine in ministry of health	22	25	31	39	39
National Expert Committee for traditional medicine	10	16	18	25	25
National traditional medicine programme in ministry of health	10	12	15	24	24
Law or regulation on traditional medicine practice	8	10	15	21	21
Registration system for traditional medicines	4	8	10	15	15
Issuance of marketing authorizations for traditional medicines	1	1	4	12	13
National research institute on Traditional Medicine	18	21	28	28	28
Law or regulations on herbal medicines	10	12	16	20	20
Inclusion of traditional medicines in National Essential Medicines Lists	1	1	2	5	7
New research institutes	0	2	3	4	4
Local production of traditional medicines	15	17	15	17	17