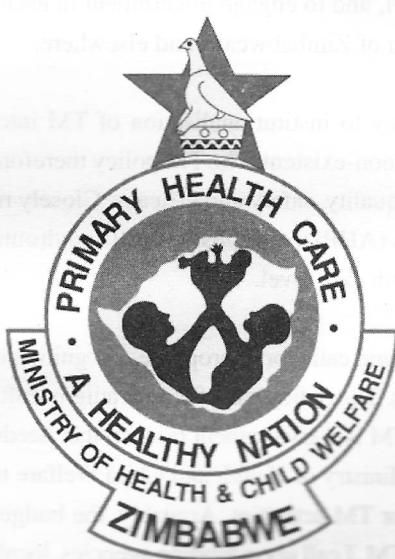


## ZIMBABWE

# NATIONAL TRADITIONAL MEDICINE POLICY



## Foreword:

### **Honourable Dr Henry Madzorera, Minister of Health and Child Welfare**

Traditional Medicine (TM) has always been practised in Zimbabwe and worldwide. Soon after independence, the government of Zimbabwe placed TM on the health development agenda by enacting the Traditional Medical Practitioners' Act (1981) with the aim of transforming TM practice from a hitherto unofficial health care system into an official and organised national health care system. However, this was not followed up by establishment of requisite institutional framework and mechanisms that would ensure sustained development of the sector. Thus the development and launching of the National TM Policy heralds a turning point in the recognition and promotion of traditional medicine in Zimbabwe.

The policy provides the direction, leadership and strategies for delivering quality, safe and efficacious TM for health and economic development of Zimbabwe. The policy emphasises establishment of an appropriate institutional framework and mechanisms to ensure a level playing field and full participation of Traditional Health Practitioners (THP) and other stakeholders in delivering the said TM health services. Stakeholders are called upon to use the policy to strengthen their involvement and activities related to TM, and to engage government in establishing public-private partnerships that add value to TM practice and improve health of Zimbabweans and elsewhere.

Research and development of TM is key to institutionalisation of TM into the national health care system. Hitherto, documentation of TM has been virtually non-existent. The TM policy therefore places priority on building capacity for TM research and development to document quality, safety and efficacy. Closely related to this is the education and training of THP and Allopathic Health Practitioners (AHP) to establish a fertile environment for improved collaboration between the two practices, especially at primary health care level.

The policy, therefore, brings credence to and calls for appropriate recognition of TM as an essential health care service with demonstrable evidence based approaches. The policy calls for a paradigm shift from scepticism to calculated self awareness by all Zimbabweans that promotion of TM is a government priority that needs all the support it deserves. Government has established a department of TM in the Ministry of Health and Child Welfare to coordinate implementation of the policy. A budget has been set aside specifically for TM activities. Arguably, the budget is inadequate but is clear demonstration of government commitment in developing TM. I call upon funding agencies, local and international, Zimbabwe's industrial and commercial sector, higher education institutions, health training institutions and communities to come together and develop TM in a coordinated style that ensures efficient utilisation of resources while addressing national health policy objectives and priorities for TM.

The policy was developed through extensive consultation with stakeholders that include THP (and their associations), Traditional Medical Practitioners' Council, consumers of TM, relevant government agencies, local and international non-governmental organisations, such as WHO, ARIPO and others. This unity of purpose is greatly appreciated and should be valued in all future activities provided for in this policy.

## Acknowledgements

The Zimbabwe Traditional Medicine Policy was developed through a consultative process. The Minister of Health and Child Welfare would like to acknowledge the critical roles played by all those involved in the policy formulation process and would like to thank them; including government agencies and departments, non-governmental organisations, traditional healers' organisations, regional and international organisations including WHO and ARIPO, and individuals who contributed to the discourse on this important process.

## Contents

Abbreviations . . . . .	5
Definition of Terms and Concepts. . . . .	7
2. Foundations and Principles of Policy. . . . .	10
2.1 Policy and Legal Framework . . . . .	10
(a) Local . . . . .	10
i. Traditional Medical Practitioners Act of 1981 . . . . .	10
ii. Medicines and Allied Substances Control Act [ <i>Chapter 15:03</i> ] . . . . .	10
iii. National Health Strategy . . . . .	10
iv. Public Health Act . . . . .	10
v. Environmental Management Act (EMA) of 2003 . . . . .	10
vi. The Forestry Act of 1996. . . . .	10
vii. The Communal Land Forest Produce Act of 1987 . . . . .	10
viii. The Parks and Wildlife Act of 1975 . . . . .	10
ix. Regional, Town and Country Planning Act . . . . .	11
x. Plant Breeders Rights Act . . . . .	11
xi. Patents Act [ <i>Chapter 26:03</i> ] . . . . .	11
2.2 Regional and International Conventions . . . . .	11
3. Vision . . . . .	13
Mission Statement . . . . .	13
4. Goals, Objectives and Strategies . . . . .	14
Health Goal . . . . .	14
Economic Goal . . . . .	14
Objective 1: To Strengthen the Institutional Framework for Traditional Medicine . . . . .	14
Objective 2: To Achieve Recognition of Traditional Medicine in The National Health Care Delivery System in a Mutually Supportive Manner . . . . .	15
Objective 3: To Educate and Train Traditional Health Practitioners (THPs) and Allopathic Health Practitioners (AHPs). . . . .	15
Objective 4: To Disseminate Information About TM to Stakeholders . . . . .	16
Objective 5: To Promote Research and Local Production of Traditional Medicines. . . . .	16
Objective 6: To Promote the Protection of Intellectual Property Rights (IPR) of Traditional Medicine and Indigenous Knowledge . . . . .	17
Objective 7: To Promote the Proper Use of Safe, Efficacious and Quality Traditional Medicines . . . . .	17
Objective 8: To Promote and Ensure Good Traditional Medicine Practice . . . . .	17
Objective 9: To Promote Sustainable Use and Conservation of Biodiversity and Ownership of Traditional Medicines and Knowledge . . . . .	18
Objective 10: To Strengthen Local, Regional and International Partnership and Technical Cooperation . . . . .	18
Objective 11: To Mobilize and Allocate Resources for Traditional Medicine . . . . .	18
5. Policy Implementation . . . . .	19
6. Monitoring and Evaluation . . . . .	19
7. Conditions for Success . . . . .	20
7.1 Capacity Building . . . . .	20
7.2 Political commitment . . . . .	20
7.3 Financial commitment . . . . .	20
7.4 Public-private sector collaboration . . . . .	20
Conclusion . . . . .	20

## Abbreviations

ADB	African Development Bank
AFDRAN	African Drug and Regulatory Network
AFR/RC	Regional Committee for the African Region
AHP	Allopathic Health Practitioner
AIDS	Acquired Immunodeficiency Syndrome
ARIPO	African Regional Intellectual Property Organisation
CAM	Complementary and Alternative Medicine
FAO	Food Agricultural Organization
GCP	Good Clinical Practice
GDP	Good Distribution Practice
GMP	Good Manufacturing Practice
HIV	Human Immunodeficiency Virus
IPR	Intellectual Property Rights
MoHCW	Ministry of Health and Child Welfare
NACTraM	National Advisory Committee on Traditional Medicine
NGO	Nongovernmental Organization
OAU	Organization of African Unity
PHC	Primary Health Care
TBA	Traditional Birth Attendant
THP	Traditional Health Practitioner
TM	Traditional Medicine
TMP	Traditional Medical Practitioner
TMPC	Traditional Medical Practitioners Council
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UN	United Nations
UNIDO	United Nations Industrial Development Organization
WHA	World Health Assembly
WHO	World Health Organization
WHO/AFRO	World Health Organization, Regional Office for Africa
WIPO	World Intellectual Property Organization

## Executive Summary

The institutionalisation of Traditional Medicine aims to redress the imbalances inherited at independence in the recognition and promotion of traditional medicine, thereby ensuring that TM resumes its rightful status as a health care service that openly and formally contributes to the improvement of the health of Zimbabweans. The major TM policy drivers for Zimbabwe include the need to:

- Ensure the safety, quality and efficacy of TM;
- Ensure the protection of indigenous knowledge;
- Recognise and promote the role of TM in economic development;
- Ensure ethical research and practice;
- Ensure transparency and accountability; and
- Ensure stakeholder participation.

The TM policy therefore calls for:

- Establishment of the appropriate institutional framework and mechanisms for Traditional Medicine;
- Recognition of traditional medicine in the national health care delivery system in a mutually supportive manner;
- Education and training of THPs and Allopathic Health Practitioners (AHP);
- Dissemination of information about TM to stakeholders;
- Promotion of research and local production of TM;
- Protection of intellectual property rights of traditional medicine and indigenous knowledge;
- Promotion of the proper use of safe, efficacious and quality TM;
- Promotion of good traditional medicine practice;
- Promotion of conservation of biodiversity and ownership of traditional medicines and knowledge; and
- Strengthening local, regional and international partnership and technical cooperation.

The MoHCW, in consultation with stakeholders, shall develop the national implementation plan that will translate the policy objectives into action. The plan shall address specific strategies, actions, resource mobilisation and allocation for each policy objective. Government is committed to mobilising resources and engage local and international partners to ensure the policy is implemented.

### 5. Policy Implementation

#### a. Monitoring and Evaluation

##### i. Conditions for Success

###### a) Capacity Building

###### b) Political commitment

###### c) Financial resources

## Definition of Terms and Concepts

**Traditional Medicine:** The fiftieth session of the WHO Regional Committee for Africa by its resolution on promoting the role of traditional medicine (TM) in health systems (AFR/RC50/9) defines traditional medicine as “*The total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental or social diseases and which may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing*”. The Zimbabwe Traditional Medical Practitioners’ Act of 1981 defines traditional medicine as ‘*every act, the object of which is to treat, identify, analyse or diagnose, without operative surgery, any illness or body or mind by traditional methods*’. The TM policy calls for the review of the definition of TM in the Act.

“*Code of Ethics*” is a set of rules governing conduct based on moral values which are stated by a recognized professional council.

“*Code of Practice*” is a written set of rules governing how traditional health practitioners should behave in their practice.

“*Complementary or alternative medicine (CAM)*” are terms used inter-changeably with traditional medicine in some countries. They refer to a broad set of health care practices that are not part of that country’s own tradition and are not integrated into the dominant health care system.

“*Ethics*” is the science of moral values. The basic foundation of ethical behaviour is the basic precept, “Do good and avoid evil”. Ethics, especially professional ethics, attempts to achieve its purpose in the context of this document, through the voluntary self-discipline of THPs.

“*Good manufacturing practice (GMP)*” is a system for ensuring that products are consistently produced and controlled according to quality standards. It is designed to minimize the risks involved in any pharmaceutical production that cannot be eliminated through testing the final product.

“*Herbal medicine*” means a plant-derived material or preparation with therapeutic or other human health benefits which contains either raw or processed ingredients from one or more plants. In some societies, materials of inorganic or animal origin may also be used in preparing herbal medicine.

“*Medication therapy*” means traditional medicine therapy that involves use of medicines of herbal, animal, plant or mineral origin.

“*Non-medication therapy*” means traditional medicine therapy without use of medication (as defined above) such as acupuncture, spiritual and manual therapy.

“*National competent authority*” refers to a body or agency authorised by the state and charged with the responsibility of regulating traditional medicine as regards practices, practitioners and products (medicines).

“*Pharmacovigilance*” refers to the detection, assessment, understanding and prevention of adverse effects, particularly long term and short term side effects of medicines (WHO 2002).

“*Post-marketing surveillance*” is the practice of monitoring a pharmaceutical drug or device after it has been released on the market.

“*Processed plant materials*” are plant materials treated according to traditional procedures to improve their safety or efficacy, facilitate their clinical use or make medicinal preparations.

“*Traditional health practitioner*” includes traditional healer, traditional birth attendant or traditional medical practitioner registered with the appropriate national authority. The term is used interchangeably with traditional medical practitioner.

“*Traditional medicines*” include various products. They are plant preparations finished and labelled as medicinal products containing plants and presented as having therapeutic or prophylactic property. They include all preparations partly or wholly containing a plant material, animal material/extracts, and minerals.

“*Traditional Medicinal preparations*” of plant materials include medicinal preparations that contain one or more of the following: powdered plant materials, extracts and purified active substances isolated from plant materials. Materials of animal or mineral origin may also be included in such preparations.

## 1. Introduction

“Traditional medicine” (TM) is a comprehensive term used to refer both to TM systems such as African traditional medicine, *traditional Chinese medicine*, *Indian ayurveda* and *Arabic unani* medicine, and to various forms of other indigenous medicine systems. TM therapies include medication therapies — if they involve use of herbal medicines, animal parts and/or minerals — and, non-medication therapies — if they are carried out primarily without the use of medication, as in the case of acupuncture, manual therapies and spiritual therapies (WHO, 2002).

In Zimbabwe, in view of emphasis on allopathic medicine over time, TM was relegated to the background and was systematically stigmatised to the extent that people cannot openly consult THPs. For that reason TM has continued to be practised as an informal health care service. The past few years have seen Zimbabweans increasingly turning to traditional medicine as a source of health care mainly due to the increasing frequency of chronic diseases such as HIV and AIDS, diabetes, and hypertension and because it is presumed cheaper, available and easily accessible. While the resurgence in interest and attention to TM has brought, in its wake, some economic and social benefits to some individuals, it has also raised serious questions from consumer concerns about the safety, quality, efficacy and proper use of traditional medicines.

Several challenges exist for traditional medicine in Zimbabwe and these need to be addressed in a comprehensive and responsive manner. At independence, the government recognised TM through enactment of the Traditional Medical Practitioners’ Act. However this was not followed up by relevant policies defining the institutional framework for the promotion of traditional health practice, and the necessary resources to drive the TM activities.

There has been a dramatic increase in public consumption of traditional medicines including indigenous and exogenous herbal medicines with various or no claims. Processed and unprocessed herbal medicines are being distributed to the public through various outlets including modern pharmacies. There is urgent need to regularise the manufacture and distribution of herbal medicines to ensure Good Manufacturing Practices (GMP) and post-marketing surveillance (PMS)/ pharmacovigilance. This is critical for the protection of the population from harmful practices and medicines.

Unlike other traditional medicine systems where use is documented, in Zimbabwe and most other African states, knowledge has been passed down orally from generation to generation. Thus there is no documented evidence of safety and efficacy of the traditional medicines. Research on traditional medicines is not only complex, but faces serious challenges with regard to scientific methodologies and the protection of intellectual property rights and indigenous knowledge.

Traditional medicine is not integrated into the national health strategy. It is paramount that traditional medicine be formalised in order to ensure use of safe, efficacious and quality traditional medicines. This requires that government invests in the development of training and education systems that are appropriate for traditional medicine.

Other challenges include unavailability of resources, weak infrastructure for research and development and the need to harmonise existing legislation that impacts on traditional medical practice. There is need therefore to develop appropriate supportive policies to guide the promotion of TM through multi-sectoral and multidisciplinary programmes.

Government is fully cognisant of the fact that the policy is unlikely to cover all the obstacles that exist and those that will emerge in due course. It should be explicitly appreciated that the policy, as a living document, will continually require review to ensure that it addresses the needs of the nation. The government is aware of the role of traditional medicine in health provision, and its importance in the economic development of the country. The government is fully committed to conservation and sustainable use of the biodiversity of the country through relevant government agencies.

The purpose of the national policy is to declare the government’s commitment and engagement and to provide broad and specific directions for institutionalisation of TM in the national health system, its research and development, in order to establish its rightful role as a key health service in the country. Underpinning this purpose is the need to:

- o Recognise and respect the contribution of traditional medicine to health care in the country;
- o Establish a country-specific institutional framework for the practice and use of traditional medicine;
- o Regulate the practice of traditional health practitioner’s as well as traditional medicines with a view to ensuring the safety and quality of TM;

- o Promote and facilitate research on traditional health practice and medicines;
- o Promote the education and training (including continuing education) of THPs and allopathic health practitioners;
- o Ensure the participation of stakeholders in policy development and implementation;
- o Develop local production of traditional medicines in accordance with good conservation and harvesting practices;
- o Promote the sustainable use of traditional medicine in the country for health and economic benefits of THP, consumers and the country; and
- o Safeguard TM as a national heritage that forms part of the available health care.

This document outlines broad strategies that can be employed in implementing the policy. The strategies are based on current understanding and status of traditional health practice in Zimbabwe, the experiences of other countries, both regionally and internationally. The policy calls for a progressive paradigm shift by all Zimbabweans, from mere acceptance of TM to proactive participation in promotion, research and development.

In developing this policy, the MoHCW established a multi-sectoral and multi-disciplinary National Advisory Committee to represent the stakeholders in the country.

## 2. Foundations and Principles of Policy

The right to health is enshrined in the country's Constitution. Zimbabwe is a signatory to regional and international conventions, resolutions and agreements that foster collaboration and support for the coordinated promotion of traditional medicine. The national policy on traditional medicine recognises and is informed by the antecedent policies and legislation, and provides future direction with this benefit of hindsight.

### 2.1 Policy and Legal Framework

Several national, regional and international policies, legislation and conventions impact on traditional health practice and the use of traditional medicines as follows:

#### (a) Local

##### i. Traditional Medical Practitioners Act of 1981

The Traditional Medical Practitioners Act of 1981 act seeks to regulate the practice of traditional medicine through the establishment of a Traditional Medical Practitioners' Council. The Act allows for establishment of by-laws as a platform for regulation and development of a code of ethics for THPs. However, the Act does not define the institutional framework in which the practice operates, including the role of traditional medicine in national health systems, the regulation of traditional medicines and the issues related to education, training, research and development, and protection of traditional medicine knowledge.

##### ii. Medicines and Allied Substances Control Act [*Chapter 15:03*]

The Act seeks to regulate medicines through the Medicines Control Authority of Zimbabwe (MCAZ). A section of the Act deals with complementary and traditional medicines. Traditional medicines in this context includes African Traditional Medicines, Traditional Chinese Medicines and Ayurveda. The MCAZ is currently drafting a more comprehensive instrument for regulating the manufacture, registration and distribution of traditional medicines.

##### iii. National Health Strategy

The National Health Strategy defines the policy framework and the values that guide national investment towards improving the health and quality of life of citizens of Zimbabwe, and elaborates how the government through the MoHCW and other stakeholders, will work to achieve the objectives. However, the National Health Strategies is silent on the role of traditional medicine.

##### iv. Public Health Act

The Act, administered by the Minister of Health and Child Welfare, makes provisions for public health. The Act calls for establishment of an Advisory Board of Public Health. Currently the board does not include a representative from the traditional medicine sector.

##### v. Environmental Management Act (EMA) of 2003

The Act is the principal legislation in the country providing a broad framework for the conservation and sustainable use of all natural resources including land, water and forestry. The provisions of the Act promote the conservation and sustainable use of medicinal plants and makes explicit the rights of communities to have access to and enjoy the benefits of participating in the conservation of the country's biodiversity.

##### vi. The Forestry Act of 1996

The Forestry Act of 1948 (revised in 1996) seeks to be broad in its coverage of forest resources throughout the country and its primary focus is on gazetted forests and state forests. This, naturally has an impact of use of medicinal plants.

##### vii. The Communal Land Forest Produce Act of 1987

The Act regulates the exploitation of timber resources in communal areas. Exploitation by local communities is restricted to own use and commercial harvesting is controlled by the Rural District councils. The Act is administered by Forestry Commission on behalf of the Ministry of Environment and Tourism. Since the 1980s, the forestry policy has been broadened to include social forestry. The latter recognizes the importance of people in the sustainable management and utilization of forestry resources through community based natural resources management.

##### viii. The Parks and Wildlife Act of 1975

Zimbabwe's wildlife policy considers wildlife as a "national heritage" whose ownership and control is vested in the state. The parks and wildlife act of 1975 and its 1982 amendment makes provision for giving "appropriate authority" to land

owners to manage and benefit from wildlife on their land. The Wildlife Authority has the mandate of wildlife management in the country and has direct responsibility for managing national parks estates, setting of limiting quotas, granting of concessions and administering of leases.

#### **ix. Regional, Town and Country Planning Act**

The Regional, Town and Country Planning Act governs land use. This Act like the Rural District Councils Act does not fully address the issue of participation by local communities in land use planning. The Act is silent on who should be consulted when plans for land use are being developed. Conservation and sustainable use of medicinal plants and animal biodiversity has not been addressed in the Act, although the provision of the Act has great impact on issues related to their use.

#### **x. Plant Breeders Rights Act**

Plant Breeders Rights Act gives an exclusive property right to a breeder. There has been controversy over the equitable distribution of benefit arising from the use of plant genetic resource. Under the TRIPS (Trade-Related Intellectual Property Rights) agreement, each state is encouraged to provide for the protection of plant varieties either by patents or by an effective *sui generis* system or by any combination thereof. Plant varieties can only be protected if they are distinct from existing, common varieties; sufficiently homogenous; stable; or new. The AU model of *sui generis* legal framework defines farmers' rights as including the following:—

- to protect their traditional knowledge of plant and animal genetic resources.
- obtain an equitable share of benefits arising from the use of plant and animal genetic resources use new breeders' varieties protected under the law to develop farmers' varieties; including propagation material obtain from gene banks or plant genetic resource centres.
- collectively save, use, multiply and process farm saved seed of protected varieties.

#### **xi. Patents Act [Chapter 26:03]**

A patent is a document signifying a grant to the inventor of certain rights. The patent grants the right to exclude others from making, using or selling an invention for a given period. Two systems govern ownership and access to genetic and biochemical resources:—

On one hand unimproved genetic materials (i.e. wild species and traditional variations of crops and plants) are treated as ownerless. On the other hand Intellectual Property Rights (IPR) regimes including patents, plant breeders rights and trade secrets establish ownership for new varieties of plants and animals developed by commercial breeders and chemicals isolated and developed by pharmaceutical firms. Once traditional healers or farmers are in a position to have intellectual property protection, i.e. negotiate access to genetic resources and knowledge or traditional seed variety, then they are in a position to negotiate an equitable settlement and they may even be in a position to issue collecting permits only after prior informed consent has been obtained from the local communities before any collection is effected.

### **2.2 Regional and International Conventions**

The government has committed itself to several regional and international resolutions, recommendations and conventions to which are relevant for addressing the challenges to the use of traditional medicine, in particular the lack of sound evidence of safety, efficacy and quality of TM, and the need to protect and preserve traditional knowledge and natural resources. The commitments relevant to traditional medicine are those to the:

#### **i. SADC Protocol on health.**

The protocol devotes the following statement to traditional medicine: 'Member states shall endeavour to develop mechanisms to regulate the practice of traditional healing and for co-operation with THPs. SADC has established a ministerial sub-committee to coordinate efforts to promote traditional medicine in the region. It has been agreed that TM develops in parallel to allopathic medicine until such a time that the two can be integrated.'

#### **ii. WHO African Regional strategy for promoting the role of traditional medicine in national health systems (AFR/RC50/9).**

#### **iii. Plan of action of the African Union for the Decade of African traditional medicine.**

The purpose of the Plan of Action is to provide a general framework to guide Member States in formulating their National Strategies. Eleven priority areas were developed and these include sensitisation, legislation, institutional arrangements, information, education and communication, resource mobilization, research and training among others.

#### **iv. World Health Assembly Resolution on Traditional Medicine, 2003.**

The resolution emphasizes the awareness that traditional, complementary, or alternative medicine has many positive features, and that traditional medicine and its practitioners play an important role in treating chronic illnesses, and improving the quality of life of those suffering from minor illness or from certain incurable diseases. The resolution also:

- o recognizes that traditional medicinal knowledge is the property of communities and nations where that knowledge originated, and should be fully respected;
- o notes that the major challenges to the use of traditional medicine include the lack of organized networks of traditional practitioners, and of sound evidence of the safety, efficacy and quality of traditional medicine;
- o notes the need for measures to ensure proper use of traditional medicine and to protect and preserve the traditional knowledge and natural resources necessary for its sustainable application, and for training and licensing of traditional practitioners;
- o further notes that many Member States have taken action to support the proper use of traditional medicine in their health systems;
- o takes note of WHO's strategy for traditional medicine, and its four main objectives of framing policy, enhancing safety, efficacy and quality, ensuring access, and promoting rational use.

v. UN convention on biological diversity.

The convention entered into force in 1993 with 168 states, including Zimbabwe as signatories. The objectives of the CBD are the conservation of biological diversity, the sustainable use of its components and the fair and equitable sharing of the benefits arising out of the utilisation of genetic resources.

vi. African Regional Intellectual Property Organisation (ARIPO) Traditional medicine knowledge.

ARIPO was established by the Lusaka Agreement of 1976 to pool the resources of its member countries in industrial property matters together in order to avoid duplication of financial and human resources. Since then the protocol has been revised extensively to accommodate new and emerging challenges related to protection of intellectual property, including traditional medicine knowledge.

ARIPO has revised its protocol to include traditional medicine knowledge as an intellectual property right. The protocol now covers all forms of traditional medicine knowledge, including knowledge of the properties of plants, animals and minerals, and knowledge of the use of such knowledge in the preparation of traditional medicine. The protocol also covers knowledge of the properties of traditional medicine and knowledge of the use of such knowledge in the preparation of traditional medicine.

ARIPO has revised its protocol to include traditional medicine knowledge as an intellectual property right. The protocol now covers all forms of traditional medicine knowledge, including knowledge of the properties of plants, animals and minerals, and knowledge of the use of such knowledge in the preparation of traditional medicine. The protocol also covers knowledge of the properties of traditional medicine and knowledge of the use of such knowledge in the preparation of traditional medicine.

ARIPO has revised its protocol to include traditional medicine knowledge as an intellectual property right. The protocol now covers all forms of traditional medicine knowledge, including knowledge of the properties of plants, animals and minerals, and knowledge of the use of such knowledge in the preparation of traditional medicine. The protocol also covers knowledge of the properties of traditional medicine and knowledge of the use of such knowledge in the preparation of traditional medicine.

ARIPO has revised its protocol to include traditional medicine knowledge as an intellectual property right. The protocol now covers all forms of traditional medicine knowledge, including knowledge of the properties of plants, animals and minerals, and knowledge of the use of such knowledge in the preparation of traditional medicine. The protocol also covers knowledge of the properties of traditional medicine and knowledge of the use of such knowledge in the preparation of traditional medicine.

ARIPO has revised its protocol to include traditional medicine knowledge as an intellectual property right. The protocol now covers all forms of traditional medicine knowledge, including knowledge of the properties of plants, animals and minerals, and knowledge of the use of such knowledge in the preparation of traditional medicine. The protocol also covers knowledge of the properties of traditional medicine and knowledge of the use of such knowledge in the preparation of traditional medicine.

### 3. Vision

To integrate traditional medicine into the country's health care system, ensuring equitable and proper, use of safe, efficacious and quality traditional medicines, and contributing to economic and social development of Zimbabweans.

#### **Mission Statement**

In line with the national vision for health, support, promote and advocate for the provision of quality traditional health care for all Zimbabweans through:

- Reviewing and strengthening of policies and legislation impacting on traditional medicine;
- Regulation of the practice of traditional health practitioners and development of a code of ethics;
- Regulation of traditional medicines (raw materials, processed and finished products);
- Continuing education and training of traditional and allopathic health practitioners;
- Promotion of the proper use of traditional medicine, particularly in primary health care delivery systems;
- Capacity building to strengthen research and development, education and training, and government expertise in coordination of traditional medicine;
- Promotion of research and documentation of safety, efficacy and quality of traditional medical practices and medicines to ensure acceptable standards;
- Promotion and protection of traditional health practitioners;
- Promotion of local production of medicinal plants;
- Promotion of local, regional and international technical cooperation and exchange;
- Promotion of and advocacy on the role of traditional medicine in health care systems through dissemination of information inside and outside government, and to the public;
- Advocating for the conservation and sustainable use of medicinal plants and animals in line with national and international conventions on biodiversity and endangered species; and
- Monitoring and evaluation of the implementation of the national policy.

#### **Core Values**

The government, through the Ministry of Health and Child Welfare (MoHCW) and other relevant government and non-governmental agencies, commits itself to the following values:

- Safety, quality and efficacy;
- Promotion and protection of indigenous knowledge;
- Ethical research and practice;
- Transparency and accountability; and
- Stakeholder participation.

## 4. Goals, Objectives and Strategies

### Health Goal

In pursuance of the goal of the National Health Strategy to harness all available resources for health care delivery, traditional medicine will constitute one of the veritable means of promoting Health for All by the year 2010 as enunciated in the National Health Strategy.

### Economic Goal

To generate wealth and create employment, while improving quality of life of the people of Zimbabwe. Government is fully cognisant of the potential contribution of TM to economic development in Zimbabwe.

### Legal Goal

To develop and/or review policies and legislation impacting on TM research, development and practice; and to establish institutional mechanisms that promote creation of an appropriate environment for implementation of the TM policy.

#### Objective 1: To Strengthen the Institutional Framework for Traditional Medicine

In developing the regulatory framework and implementation of policy; there is need for government stewardship, provision of appropriate resources, the establishment of safety, efficacy and educational standards, funding for research and training (primary, secondary, tertiary and continuing education), registration and regulatory rules and agencies, quality assurance and quality measures, intellectual property rights protection and promotion.

Government shall put in place the necessary institutional mechanisms and linkages to realise the goals of the policy without duplication of roles. The MoHCW will be vested with the authority to coordinate all activities related to traditional medical practice and use of traditional medicines.

### Strategies

To achieve the aforesaid, government commits itself to the following strategies:

- i. Strengthening the department of traditional medicine within the MoHCW to coordinate TM;
- ii. Identification of strengths and weaknesses of existing institutions and mechanisms, and where appropriate make them more relevant for TM promotion and institutionalisation;
- iii. Building capacity of government to coordinate the various aspects of traditional medicine (practice control, research and information, regulation of medicines, local production and distribution) activities;
- iv. Reviewing existing legislation to create an enabling environment for implementation of traditional medicine activities;
- v. Establish and/or strengthen structures, systems and procedures for registration of traditional medicines;
- vi. Strengthening capacity for research and development including local production of traditional medicines; and
- vii. Provision of resources for TM promotional activities.

Expected Outcomes	Indicators
Management bodies that coordinate, promote and regulate traditional medicine created and/or strengthened and functional	<ul style="list-style-type: none"> <li>● Department of TM strengthened</li> <li>● Regulatory framework for TM strengthened</li> <li>● Adequacy establishment for the department of TM</li> <li>● Availability of experts</li> </ul>
Legislation impacting on TM harmonised	<ul style="list-style-type: none"> <li>● Improved access and availability of traditional medicines</li> </ul>
Research and development of TM strengthened	<ul style="list-style-type: none"> <li>● Increased support towards research and development</li> <li>● Guidelines for research and local production developed</li> <li>● Number of new products developed</li> </ul>
THP registered and formally participate in health care delivery	<ul style="list-style-type: none"> <li>● Number of THP registered</li> <li>● Number of premises licensed/registered by national competent authority</li> </ul>

## **Objective 2: To Achieve Recognition of Traditional Medicine in The National Health Care Delivery System in a Mutually Supportive Manner.**

The government, in putting in place institutional mechanisms, respects the principles and values of traditional medicine, and adopts the parallel model of developing traditional and allopathic health services in line with the current situation in the country as well with the SADC strategy for integration. This process will allow choices by users, cross dialogue, cross referrals and training be offered where necessary.

### **Strategies**

- Recognition of TM practice in national health policies as an integral part of national health system.
- Promotion of traditional medicine in primary health care.
- Establishment of infrastructures appropriate for traditional medical practice (health facilities).
- Fostering participatory collaboration in the promotion and institutionalisation of TM.

Expected Outcomes	Indicators
Inclusion of traditional medicine in all priority national health programmes and plans.	<ul style="list-style-type: none"> <li>● Relevant legislation reviewed.</li> <li>● Mechanisms for cross referral system between THPs and allopathic health care workers established.</li> </ul>
Recognition of traditional medical practice as a profession with defined privileges and rights	<ul style="list-style-type: none"> <li>● THPs adhere to the code of ethics and practice.</li> <li>● Number of collaborative activities between THPs and AHPs</li> </ul>

## **Objective 3: To Educate and Train Traditional Health Practitioners (THPs) and Allopathic Health Practitioners (AHPs)**

Education and training in traditional medicine should promote acceptance and recognition as an integral part of the cultural heritage of the people, and it should facilitate collaboration between the modern and traditional systems.

### **Strategies**

- Development and integration of TM into general educational and professional training curricula.
- Establishment and strengthening of education and training institutions for TM.
- Education of THPs in primary health care.
- Education of Allopathic Health Practitioners (AHP) in the role of traditional medicine in the health system.

Expected Outcomes	Indicators
Inclusion of traditional medicine in education and training programmes	<ul style="list-style-type: none"> <li>Curricula developed and implemented</li> </ul>
Institutions for education and training in traditional medicine are established and/or strengthened	<ul style="list-style-type: none"> <li>Number of collaborative activities amongst, the THPs, AHPs, education and training institutions</li> </ul>

#### Objective 4: To Disseminate Information About TM to Stakeholders

Availability of information will increase awareness and appreciation of the value of TM. The government aims to coordinate the production of Information, Education and Communication (IEC) materials and programmes aimed at increasing awareness about traditional medical practice and medicines, including issues related to safety, efficacy and quality.

##### Strategies

- Development of information, education and communication on the role of TM.
- Enhancing advocacy on the value and contribution of TM to public health.

Expected Outcomes	Indicators
Reduced stigma and discrimination	<ul style="list-style-type: none"> <li>Documented increase in utilisation of TM</li> <li>Number of IEC material developed and disseminated</li> <li>Increased media, consumers and AHP participation in TM activities</li> <li>Number of collaborative activities</li> </ul>
Increased government attention and expenditure on TM	<ul style="list-style-type: none"> <li>Increased proportion of budget allocation to TM</li> </ul>

#### Objective 5: To Promote Research and Local Production of Traditional Medicines

Government resolves to take a leading role in funding, coordination and in promotion of research and development of TM to produce evidence on safety, quality and efficacy.

##### Strategies

- Development of national guidelines on research.
- Participation of THPs in national health research bodies and councils.
- Mobilisation of resources, coordinate and conduct research on TM.
- Reviewing and utilization of existing research outcomes.
- Coordination of research.
- Promotion and use of research outcomes for informed policy decisions.
- Promotion of good Manufacturing Practices (GMP) for traditional medicinal products.
- Improving the marketing strategies for traditional medicinal products and services.
- Creation of an enabling political, economic and regulatory environment for large-scale local production, large-scale cultivation of medicinal plants.

Expected Outcomes	Indicators
Evidence of safety and efficacy of traditional medicines established	<ul style="list-style-type: none"> <li>Availability of national guidelines for research</li> <li>Number of studies conducted</li> <li>Number of traditional medicines evaluated</li> </ul>
New and existing research outcomes utilised to establish a national directory for traditional medicinal products	<ul style="list-style-type: none"> <li>Number of traditional medicines listed in the directory/registered for public use</li> </ul>
Traditional medicines locally developed, and used at local, regional and international level	<ul style="list-style-type: none"> <li>Number of traditional medicines marketed</li> </ul>

## **Objective 6: To Promote the Protection of Intellectual Property Rights (IPR) of Traditional Medicine and Indigenous Knowledge**

Government recognises the need and commits itself to enhancing awareness for protection of IPR and establishing appropriate legislation.

### **Strategies**

- Creation of an appropriate legal framework for protection of traditional health practitioners, traditional health knowledge, traditional medicines and practices.
- Enhancement of awareness about IPR system and legal framework.
- Participation in regional and international agreements regulating access to medicinal plant resources for pharmaceutical research.

<b>Expected Outcomes</b>	<b>Indicators</b>
Strengthened IPR systems for local THP, producers and scientists	<ul style="list-style-type: none"><li>● Legislation in place and harmonised</li><li>● Signed local and international agreements for research and development of TM</li><li>● Number of collaborative research activities</li></ul>

## **Objective 7: To Promote the Proper Use of Safe, Efficacious and Quality Traditional Medicines**

Government undertakes to establish the standards for safety, efficacy and quality of TM, as well as monitoring and evaluation of its proper use.

### **Strategies**

- Establishment of appropriate supportive mechanisms for research, manufacture, processing, distribution, sale, import, export and use of traditional medicines.
- Establishment of safety standards which assure patient's right to safe medical treatment.
- Promotion of the use of safe and effective traditional medical treatment through information, education and communication to health practitioners, the public and consumers.
- Establishment of post marketing surveillance/pharmacovigilance system.

<b>Expected Outcomes</b>	<b>Indicators</b>
Quality control system established	<ul style="list-style-type: none"><li>● Safety, efficacy and quality standards in place</li></ul>
Reduction in adverse events due to traditional medicine	<ul style="list-style-type: none"><li>● Number of adverse events documented</li></ul>

## **Objective 8: To Promote and Ensure Good Traditional Medicine Practice**

Government undertakes to develop national guidelines on Code of Ethics for all categories of THP.

### **Strategies**

- Development of appropriate curricula for skills and competences necessary for TM practices.
- Development and adherence to universal code of ethics for traditional health practice..
- Strengthening of legislation to regulate the practice.
- Build capacity of TMPC.
- Promote research in traditional medicine practices.

Expected Outcomes	Indicators
Improved safety and quality of services provided by THPs	<ul style="list-style-type: none"> <li>● Code of ethics available</li> <li>● Number of adverse events documented</li> </ul>
Adherence to the code	<ul style="list-style-type: none"> <li>● Reduced cases of malpractice</li> <li>● Increased number of registered practitioners</li> </ul>

#### **Objective 9: To Promote Sustainable Use and Conservation of Biodiversity and Ownership of Traditional Medicines and Knowledge**

Government undertakes, through relevant government agencies and other collaborators, to promote the conservation of biodiversity and ownership of traditional knowledge and medicines.

##### **Strategies**

- Advocating for the role of biodiversity in ensuring sustainability of traditional medicine practice and use.
- Promoting and advocating for ownership of sustainable conservation practices.
- Promotion of cultivation and production of medicinal plants.
- Promotion of appropriate research in environmental protection and conservation.
- Ensuring sustainable harvesting and use of medicinal and other resources.
- Strengthening legislation to protect biodiversity.
- Mobilisation of resources for protection of biodiversity.

Expected Outcomes	Indicators
Improved/maintained biodiversity	<ul style="list-style-type: none"> <li>● Increased participation of THPs and communities in conservation of biodiversity</li> </ul>
Increased local production of indigenous medicinal plants	<ul style="list-style-type: none"> <li>● Number of projects cultivating medicinal plants</li> </ul>

#### **Objective 10: To Strengthen Local, Regional and International Partnership and Technical Cooperation**

This policy shall promote the creation and strengthen of viable partnerships and collaboration within the sector and with other stakeholders at local, regional and international level.

##### **Strategies**

- Increasing opportunities for co-operation, exchange of knowledge and information.
- Encouraging participation of private sector and partner agencies in promotion of TM.
- Promotion of collaboration among THPs.

Expected Outcomes	Indicators
Local and international co-operation agreements/arrangements for promotion, research and development of traditional medicines established	<ul style="list-style-type: none"> <li>● Operational technical co-operation arrangements/ agreements</li> <li>● Number of multicentre studies carried out</li> <li>● Existence and number of exchange programmes</li> </ul>

#### **Objective 11: To Mobilize and Allocate Resources for Traditional Medicine**

Realising that traditional medicine has been poorly funded; Government commits to allocate human resources and funds for promotion, research and institutional development.

## Strategies

- Mobilisation of financial, human and material resources for TM
- Allocation of resources in accordance to identified priorities.
- Development/strengthening of infrastructure for research and development.
- Development of human skills (scientists, THPs, AHPs) for traditional medicine.

Expected Outcomes	Indicators
Adequate resources available	<ul style="list-style-type: none"><li>● Number of donors</li><li>● Amount resources mobilised</li><li>● Number of institutions in research and development, and local production of TM</li></ul>

## 5. Policy Implementation

Financial resources from local, regional and national authorities should be allocated to support the implementation of the policy. If necessary, additional resources may be requested from WHO and other international organizations. Once the National Advisory Committee on Traditional Medicine (NACTraM) has been established, an appropriate strategic plan adopted, and funding secured, actions must be taken to implement the national policy on traditional medicine. The governmental agency will undertake the initial actions, followed by THPs and other health care provider organizations, community and NGOs, universities and other academic institutions and researchers.

Expected Outcomes	Indicators
Traditional medicine is used properly, makes its contribution to national health goals through implementation of the policy on Traditional Medicine.	<ul style="list-style-type: none"><li>● Preparation of a strategic plan for implementation of policy on traditional medicine</li><li>● Setting up of a structure or framework for implementation of the policy.</li><li>● Allocation of necessary resources for the implementation of the policy</li></ul>

## 6. Monitoring and Evaluation

A National Implementation Plan for Traditional Medicine will be developed for the implementation of the policy. The MoHCW shall develop the strategic plan in consultation with stakeholders. The plan shall address specific strategies, actions resource mobilisation and allocation for each policy objective. Implementation shall involve government agencies, THPs, non-governmental organisations (NGOs), private sector, other health care providers, academic and research institutions and communities. The plan shall clearly outline the monitoring and evaluation systems and processes for each objective.

MoHCW shall coordinate, mobilise and provide resources for monitoring and evaluation. The MoHCW shall develop specific indicators for monitoring and evaluation of the tools for institutionalizing traditional medicine in health systems. Where necessary, external expertise will be sought from WHO, partners (e.g. UNIDO, GEF, FAO) and through bilateral collaborations. Depending on the evaluation results, periodic reviews of the national policy may be necessary to achieve its stated goals and objectives.

Expected Outcomes	Indicators
Establishment of legislation and regulation on traditional medicine and its practice where appropriate.	<ul style="list-style-type: none"><li>● Implementation of national policy on Traditional Medicine</li><li>● National policy monitored and evaluated</li><li>● National policy reviewed</li></ul>

## 7. Conditions for Success

Several factors are critical for the successful implementation of the traditional medicine policy. These include:

### 7.1 Capacity Building

For successful implementation, government needs to ensure that institutional development is prioritised. This includes the allocation of adequate human resources, and skills development. The MoHCW needs to develop the structures and systems to deliver on the coordination of the activities. This includes establishment of structures at provincial and district levels for traditional medicine programmes. The government should invest and allocate infrastructure and equipment for TM practice, research and development, including quality control and manufacturing.

There is need to develop appropriate information systems that enable rapid information collection and dissemination for the benefit of all stakeholders. The role of the media must be clearly defined, and media personnel trained for reporting on traditional medicine. Scientific information needs to be made available to traditional and allopathic health professionals, and appropriately repackaged for public consumption.

### 7.2 Political commitment

Success of the policy hinges on sustained political support to put TM squarely on health delivery agenda.

### 7.3 Financial commitment

There is need for government to urgently make available seed money for promotion, research and development (production etc) of TM. Government should facilitate access to resources including funds from the financial institutions by THPs.

### 7.4 Public-private sector collaboration

There is need to broaden the traditional medicine agenda beyond health through establishing and sustaining inter-sectoral collaboration. This will enable the exploitation of TM for economic benefit of the country. The public-private partnerships will be encouraged in the area of resource mobilisation, research, advocacy, local production.

## Conclusion

The Traditional Medicine policy heralds a turning point in the national health strategy in Zimbabwe. For the first time since independence, there is clear government commitment, will, direction and guidance in harnessing this important national resource for the benefit of all Zimbabweans.

The policy is the instrument for transforming TM from an informal yet widely used health service into a public health care system that has appropriate supportive, regulatory and educational and training components that should ensure sustained development and growth. Implementation will require effective communication and collaboration, in a mutually supportive manner, between the MoHCW, TMPC, THPs, MCAZ, MRC, Higher Education Institutions, Private sector and several other stakeholders. While stakeholders will of necessity adopt different strategies and activities, these should contribute to the goals enunciated in the policy. It is critical therefore that stakeholders share a common vision that will facilitate well coordinate and effective implementation of TM activities.