

## Original Research Article

## African Traditional Medicine: Improving its Legitimacy with Legality

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**Abstract:** Traditional medicine is a part and parcel of African culture. In 2002, the WHO recognized that about 80% of Africans depended on traditional medicine for their health problems. Hence, WHO recommended that governments should incorporate traditional medicines into their NHS so as to improve on primary health care. Since then, the process of acceptance and integration of traditional medicine into the NHS by African governments has been done slowly with reluctance. They cited some issues with the practice of traditional medicine which prevent integration. However, with the legitimacy that traditional medicine enjoys, the public continues to use it for their health care challenges. Traditional medicine was also used to fight against covid-19. This article intends to examine how the legitimacy of traditional medicine can be improved by adding legality to it. Methodologically, it does a thematic study and a review of literature. Its analysis is qualitative in form. Traditional medicine is widely practiced in Africa. Having recognized the worth of traditional medicine, most African governments have allowed the public use of traditional medicine because of advocacy and its wide acceptance which gives it a legitimate status. The provision of higher quality services by traditional health care providers will be improved if legality is added to the legitimacy that it already has. Having proven its worth in the fight against covid-19, it should have a status that will make it more professional, productive and proactive in improving the health care of its users.

**Keywords:** Traditional medicine, legitimacy, legality, WHO, NHS, health care.

**Abbreviations:**

NHS- National Health System

TM/CAM- Traditional Medicine/Complementary and Alternative Medicine

T&amp;CM- Traditional and Complementary Medicine

WHO- World Health Organisation

WHA-World Health Assembly

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## 1. INTRODUCTION

Over the years, governments, organizations and associations geared towards health care have been doing research and other activities that would help to improve on the human health condition. The WHO has been at the forefront because it is its main role. Its role was very noticeable especially in the fight against covid-19. It is WHO that set the general measures for the prevention and fight against covid-19, given that all governments were/are using the WHO measures as the base. The WHO has been organizing meetings, conferences, seminars and other encounters to discuss global health care. They have equally funded research to find ways of improving health care amongst the populations of the world. In 1977, the World Health Assembly decided that the main social target of the

world by the year 2000 should be of a level of health that will permit them to lead a socially and economically productive life, popularly known as "health for all by the year 2000" (WHO, 1981). In 1978, an international conference on Primary Health Care held in Alma-Ata, USSR, stated that primary health care is the key to attaining this target (WHO, 1981). In 1979, the Health Assembly launched the Global Strategy for health for all when it endorsed the Alma-Ata Report and Declaration and invited member states to act individually in formulating national strategies and collectively in formulating regional and global strategies (WHO, 1981). However, before 1978, their quests in seeking to eradicate disease and trauma had mostly concentrated on the use of conventional medicine. At the 1978 Alma Ata conference, the

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importance of traditional medicine was discussed and recommended to African governments to use it to improve health care amongst its populations. It was revealed that about 80% (WHO, 2002) of Africans used traditional medicine to care for their health problems. Hence, the WHO recommended that African governments should incorporate traditional medicine in their NHS.

To give more importance to traditional medicine, WHO came up with several traditional medicine strategies of periodical implementation of which WHO proposed measures of integrating traditional medicine into the NHS of its member countries. These strategies include those of 2002-2005 and 2014-2023. However, WHO had other medicine strategies which included 2000-2003, 2004-2007 and 2008-2013. The WHO Medicines Strategy 2000-2003 was based on four core objectives: (1) promoting the formulation, implementation, and monitoring of national drug policies as guides to coordination of action by all stakeholders, (2) expanding access to essential medicines through improvements in financing and supply systems, (3) improving the quality and safety of medicines through strengthening of norms and standards and through support for effective regulation and information exchange, and (4) promoting rational use of medicines by health professionals and consumers in the public and private sectors (WHO, 2000).

The next strategy was that of 2004-2013 which was an update of the 2000-2003 strategy. Among other recommendations, the *WHA 56.31 on Traditional Medicine*, requests WHO to facilitate the work of Member States "in formulating national policies and regulations on traditional medicine and complementary and alternative medicine (2000). Concerning the 2004-2013 strategy, this document describes how WHO intends to fulfill its medicine-related commitments in the WHO Medium-Term Strategic Plan (MTSP) for 2008-2013. Hence, the WHO medicine strategy for 2004-2013 is: 1-Describe how WHO intends to contribute towards the achievement of the health-related Millennium Development Goals, the implementation of recent World Health Assembly resolutions, the WHO Medium-Term Strategic Plan for 2008-2013 and the priorities of the Director-General 2-Within this strategic landscape, present priorities for action by WHO as a guide for future investment and planning decisions 3-Provide a brief and user-friendly advocacy and information tool for stakeholders (2004) Looking at the WHO medicine strategies for 2000-2003, 2004-2007 and 2008-2013, they did not really focus on traditional medicine per se. Rather, these strategies focused on the production and distribution of essential medicines to the populations in the various WHO countries. However, the WHO traditional medicine strategies of 2002-2005 and 2014-2023 were well developed to improve on the status of traditional medicine in the WHO member states.

The WHO traditional medicine strategy for 2002-2005 was aimed at reviewing the status of TM/CAM globally, and outlining WHO's own role and activities in TM/CAM (WHO, 2002). But more importantly it provided a framework for action for WHO and its partners, aimed at enabling TM/CAM to play a far greater role in reducing excess mortality and morbidity, especially among impoverished populations (WHO, 2002). The strategy incorporates four objectives: 1-Policy - Integrate TM/CAM with national health care systems, as appropriate, by developing and implementing national TM/CAM policies and programmes. 2-Safety, efficacy and quality — Promote the safety, efficacy and quality of TM/CAM by expanding the knowledge-base on TM/CAM, and by providing guidance on regulatory and quality assurance standards. 3-Access — Increase the availability and affordability of TM/CAM, as appropriate, with an emphasis on access for poor populations. 4-Rational use — Promote therapeutically sound use of appropriate TM/CAM by providers and consumers. Implementation of the strategy will initially focus on the first two objectives. Achieving the safety, efficacy and quality objective will provide the necessary foundation for achieving the access and rational use objectives (WHO, 2002). Its strategy implementation was to maximize the potential that TM/CAM offers for improving health status world-wide is a daunting task, covering a diverse range of activities and demanding many types of expertise (WHO, 2002).

From the Progress made, there is clear evidence of the increased involvement of Member States in traditional medicine: between 1999 and 2012, the number of Member States with national policies on traditional medicine increased from 25 to 69, the number of Member States regulating herbal medicines increased from 65 to 119, and the number of Member States with a national research institute in traditional and complementary medicine, including those in herbal medicines, increased from 19 to 73 (WHO, 2013).

There has been a continuing demand for, and popular use of, traditional and complementary medicine worldwide. In some developing countries, native healers remain the sole or main health providers for millions of people living in rural areas. For instance, the ratio of traditional health practitioners to population in Africa is 1:500, whereas the ratio of medical doctors to population is 1:40 000 (WHO, 2013).

More countries have gradually come to accept the contribution that traditional and complementary medicine can make to the health and well-being of individuals and to the comprehensiveness of their health care systems. Governments and consumers are interested in more than herbal medicines and are now beginning to consider aspects of traditional and complementary medicine practices and whether they should be integrated into health service delivery. For

instance, in the African Region, the number of national regulatory frameworks increased from 1 in 1999–2000 to 28 in 2010, including various instruments such as a code of ethics and a legal framework for practitioners of traditional and complementary medicine (WHO, 2013).

On its part, there were some challenges witnessed with the WHO traditional medicine strategy for 2002–2005. In general, data reported by Member States show that progress in matters related to the regulation of traditional and complementary medicine products, practices and practitioners is not occurring at an equal pace. Faster progress is being made with regulating herbal medicines, while the regulation of traditional and complementary medicine practices and practitioners is advancing at a slower rate. However, the safety, quality and effectiveness of traditional and complementary medicine services cannot be ensured if there is no appropriate regulation of traditional and complementary medicine practices and practitioners. This situation reflects the challenges for many Member States, where a lack of knowledge about formulating national policy has led to a lack of regulations on traditional and complementary medicine practice and practitioners, as well as a lack of integration of traditional and complementary medicine services into health service delivery and self-health care (WHO, 2013).

The WHO Traditional Medicine Strategy 2014–2023 was developed and launched in response to the World Health Assembly resolution on traditional medicine (WHA62.13). The strategy aims to support Member States in developing proactive policies and implementing action plans that will strengthen the role traditional medicine plays in keeping populations healthy (WHO, 2013).

Addressing the challenges, responding to the needs identified by Member States and building on the work done under the WHO traditional medicine strategy: 2002–2005, the updated strategy for the period 2014–2023 devotes more attention than its predecessor to prioritizing health services and systems, including traditional and complementary medicine products, practices and practitioners (WHO, 2013).

The WHO Traditional Medicine Strategy 2014–2023 will help health care leaders to develop solutions that contribute to a broader vision of improved health and patient autonomy. The strategy has two key goals: to support Member States in harnessing the potential contribution of T&CM to health, wellness and people centred health care and to promote the safe and effective use of T&CM through the regulation of products, practices and practitioners. These goals will be reached by implementing three strategic objectives: 1- building the knowledge base and formulating national policies; 2- strengthening safety, quality and effectiveness through regulation; and, 3- promoting

universal health coverage by integrating T&CM services and self-health care into national health systems (WHO, 2013).

Most African governments have taken a lot of time to try to implement these measures. In the course of time, traditional medicine has been thriving in the informal sector because of its legitimacy. More and more research has been carried out in this domain so as to look for possible ways of integrating traditional medicine into the NHS of their various countries. Today, traditional medicine has not been fully integrated into the NHS of the various African countries. There are many reasons that have been advanced by the various governments in Africa. The WHO says that African traditional medicine still has a lot of issues in upgrading its medicines and practices to a level that is acceptable to the human condition. It is like African governments are caught between implementing WHO measures of integrating traditional medicine into their NHS, and the issues raised by WHO on the production of drugs, diagnosis, dosage, drug protocols, efficacy and so on. Hence, it has been hesitant in giving its accord. Yet, traditional medicine has been thriving with more and more people using it. It is the legitimate right of everyone to seek health care where they want. As a consequence, traditional medicine has been very useful to most people. Most people today think that they know where to get health care. Their decisions are guided by the type of illnesses that they encounter. They think that there are some specific diseases that can be treated only by conventional medicine and others only by traditional medicine. It is the reason why when they fall sick, they just move to the place where they think they will find health. This has moved on for a very long time now. Traditional medicine advocates have always clamoured for traditional medicine to be given a prestigious status like conventional medicine. But most governments have always been very cautious in accepting this view. It is intended in this article firstly, to find out reasons for traditional medicine not to have a legal status in spite of the measures put in place by WHO to integrate traditional medicine, and also the fact that traditional medicine already enjoys legitimacy. Secondly, it is also of intention here to find how to consolidate the legitimacy of traditional medicine with legality so that more opportunities can be given to traditional healers to help in the prevention and search for treatment against the coronavirus.

## 2. DEFINITION OF CONCEPTS

### a) Traditional medicine:

Traditional medicine can be defined as “... the sum total of the knowledge, skill, 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 illness” (WHO, 2013).

**b) Complementary medicine:**

The terms “complementary medicine” or “alternative medicine” refer to a broad set of health care practices that are not part of that country’s own tradition or conventional medicine and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries (WHO, 2013).

**c) Legitimacy:**

Legitimacy is defined as the lawfulness or authenticity of something. Legitimacy is also saying that something is accepted by all even if there is no legal instrument to enforce its applicability. It is having a natural and inalienable right over something. Hence, you can claim something which belongs to you and keep it. You can also use something which belongs to you and equally keep it. In the context of this paper, traditional medicine is considered as legitimate. This is so because it is the right of a people to own it and use it to treat themselves when they are sick.

**d) Legality:**

Legal means that it is within the law. It is also what the law authorizes. In the context of this paper, traditional medicine is not legal in many African countries because it has not been voted as law in the parliaments of those countries. Hence, there is no legal instrument to enforce decisions taken by its practitioners. Legality is more formal.

### 3. METHODOLOGY

This paper is a review. Hence, we are reviewing some of the policies that have been put in place by the WHO and some African governments to improve on the status of traditional medicine in the African countries. Hence, we shall review some literature, examine the usefulness of some themes connected to traditional medicine. Thereafter, we shall do a qualitative analyses of the facts obtained in the review.

### 4. THE STATUS OF TRADITIONAL MEDICINE IN AFRICA TODAY

Many people have described the status of traditional medicine in Africa today differently. African traditional medicine is widely used in Africa today because of its effectiveness. WHO (2002) and recently WHO (2013) reports that about 80% of Africans depend on traditional medicine for their health needs. The main reason behind this is that traditional medicine is available, accessible, affordable and acceptable. It is the reason too why it enjoys a legitimate status. African traditional medicine is a part and parcel of African culture. It is an ancient and culture-bound method of healing that humans have used to cope and deal with various diseases that have threatened their existence and survival (Abdullahi, 2011). The extensive use of traditional medicine in Africa, composed mainly of medicinal plants, has been argued to be linked to

cultural and economic reasons (Mahomoodally, 2013). This is why the WHO encourages African member states to promote and integrate traditional medical practices in their health system (Mahomoodally, 2013). Traditional medicine in Africa is used to treat diseases, to carry out purification rites, to fight against obnoxious powers, to gain power and prestige. However, it is also because of these reasons that it has been mistakenly associated to witchcraft. Mbonji (2010) writes that unfortunately for Africa, its cultural facies are suffering from a persistent depreciation from the part of Africans who have internalized and taken into their own account the superiority complex of the masters of yesterday. Some Africans have even associated African traditional medicine to witchcraft because of the training they have got from Western education.

On their part, some conventional medical personnel have often under-looked traditional medicine. They have raised a number of issues concerning traditional medicine. Most of these reasons are not unconnected to those raised in WHO publications. These issues concern mostly safety, quality and effectiveness that WHO experts have often questioned. They complain that traditional medicine abuse issues of diagnosis, dosage and follow up. Sharma *et al.*, (2011) think that in most parts of Africa, herbal products sold in public places lack scientific evidence for safety, efficacy and quality.

Traditional healers in Africa have always looked for ways of promoting African traditional medicine. They have often criticized the position of conventional medical personnel on traditional medicine. Traditional healers think that the position of conventional medical personnel is always biased and influenced by their Western training and mentality. In this position, it is difficult for conventional medical practitioners to talk in favour of traditional medicine. It is merely a conflict of interest. Abdullahi (2011) thinks that to minimise the current distrust between modern and traditional doctors and to achieve the objective of regulation, standardisation and cooperation, both traditional and modern doctors must acknowledge their areas of strengths and weaknesses from which they operate and be genuinely concerned about the difficult but necessary task of being human.

There are varying perceptions on traditional medicine. The public that uses traditional medicine appreciate traditional medicine positively. They think that its official status should be improved. Contrarily, conventional medical personnel think that much still has to be done to improve on the level of effectiveness of traditional medicine. They are the ones who determine how far the various African governments can go to upgrade the status of African traditional medicine. That is the reason why African traditional medicine still enjoys only legitimacy and not legality. Hence, traditional medicine today has no real status in most

African countries. According to Mbonji (2010), the status of traditional medicine in Cameroon like elsewhere in Africa is ambiguous and found between some form of disguised officialisation and legality. Most African governments are reluctant to integrate traditional medicine into their NHS. Traditional medicine is being practiced in the streets by traditional healers with no prohibition from the public authorities.

## 5. LEGITIMACY AND LEGALITY

There is the need to give a legal backing to traditional medicine which has often enjoyed mostly legitimacy till now. The situation needs to be clarified. Traditional medicine in most African countries is like an orphan with no real follow up. Conventional health care practitioners have consistently snubbed the use of traditional medicine in treating health problems. Traditional medicine in Africa has a legitimate status because it is the people's culture and heritage. The people accept traditional medicine because of the benefits that accrue from it. The absence of legality puts traditional medicine at a minor position. The practice of illegality allows non professionals to venture into the field because they want to make financial benefits. For this status to be consolidated, traditional medicine needs a legal backing. It is when legitimacy and legality are put together that traditional medicine can make more meaning in its practice and as a healing component. Five challenges to integration emerged out of the data collected by Krah (2018) in Ghana which included the following: a lack of understanding of traditional medicine, discrimination, high turnover of biomedical staff, declining interest in healing as a profession, and equipment scarcity. We think that these challenges can be overcome if legality is given to traditional medicine.

## 6. DISCUSSIONS

The main question here is about why traditional medicine is not being given its rightful status. Is traditional medicine legitimate or legal? Is traditional medicine both legal and legitimate? Why is there so much controversy in its status? What do African governments need to do so as to give a deserving status to traditional medicine? Traditional medicine in Africa is legitimate but not legal because there is no law to back it which is widely accepted by the population and its users.

The coming of the coronavirus was a great test to the various governments across the WHO member countries especially in Africa. Neither WHO nor the various countries have been able to have a permanent long lasting treatment (even though many countries like the United States of America, China and many European countries produced vaccines which reduces the risk of infection and fatality) against the coronavirus. Countries have been struggling with other drugs and medical measures to treat coronavirus patients. On prevention, the WHO put in place preventive measures which include: avoiding

handshakes, respect of social distancing for at least two metres, the wearing of face masks in public places, coughing in the elbow instead of in the hand etc. In spite of these measures that were put in place to fight against the coronavirus, the rate of infection in Europe, Asia, North and South America continued to rise and caused millions of deaths. On the contrary, African countries did not witness the upsurges of the virus in their countries as was expected. Mwai (2020) reported that Africa accounted for just over two million of the more than 60 million confirmed cases across the world. The WHO said the latest increase was driven by North African countries, where temperatures were beginning to fall as winter approached (Mwai, 2020). Most African countries took swift action early on, and it was largely thanks to these efforts to limit gatherings and strengthen public health capacities, that cases and deaths in Africa have remained lower than in other parts of the world (WHO, 2020). Though the climate and the government measures acted favourably against the virus, food supplements and other traditional medicines also played a substantial role to fight and prevent the coronavirus.

The WHO recognizes that traditional, complementary and alternative medicine has many benefits and Africa has a long history of traditional medicine and practitioners that play an important role in providing care to populations (WHO, 2020). It is for this reason that the WHO in a joint effort to enhance research and development of traditional medicines for COVID-19 in Africa and the Africa Centres for Disease Control and Prevention (Africa CDC) launched an expert advisory committee/panel to provide independent scientific advice and support to countries on the safety, efficacy and quality of traditional medicine therapies on 22 July 2020 (WHO, 2020).

Traditional medicine has played a huge role in the treatment of several diseases. Medicinal plants such as *Artemisia annua* were being considered as possible treatments for COVID-19, but they should be tested for efficacy and possible side effects (Muhammad, 2020). At present, the WHO is working with some research institutions around the world to select traditional medicine products with potential use for the treatment of COVID-19 after being investigated for clinical efficacy and safety (Muhammad, 2020). The WHO has been working with countries to ensure the safest and most effective use of traditional medicines, and it will continue to give support in exploring the benefits of traditional medicines in the prevention, control, and treatment of infections (Muhammad, 2020). Traditional medicines need to be robustly investigated to avoid putting the lives of people in danger during the period of this pandemic and beyond (Muhammad, 2020).

There were two treatments already put in place in Madagascar and Cameroon to fight against the coronavirus at the early stages of the pandemic. The

government of Madagascar endorsed the medication known as *COVID-19 Organic* and also recommended it to other countries, even though WHO showed a lukewarm attitude towards it. In Cameroon, the Archbishop of Douala Mgr Samuel Kleda also produced a drug called Elixir COVID to fight against the coronavirus which the public greatly embraced with satisfaction. At the early stage of the pandemic, the government of Cameroon did not publicly endorse it saying that the drug was still undergoing studies. The Cameroon government rather concentrated on the preventive measures put in place by the WHO. From the look of the African situation in the fight against the coronavirus, traditional medicine has been in the limelight. Traditional medicine has been proving that it can effectively treat the coronavirus but because the health ministries in the various African countries are managed by Western trained medical personnel, there is reluctance in accepting publicly the importance of traditional medicine in the fight. The integration of traditional medicine into conventional medicine may show effective rate in improvement of symptoms and be an alternative approach for the treatment of covid-19 in future (Randeepraj, 2020).

Having reviewed the different WHO medicine strategies and traditional medicine strategies, we have noticed that the various objectives put in place have not been achieved. Its application in the various member countries of the WHO especially in the African region still have a long way to go to meet up with the various objectives. The various African governments are very slow in implementing the recommendations of WHO. It should be mentioned here that it is mostly conventional medical personnel who manage the government health services and they are the ones who make health and health care policies in these various African countries. It is very difficult at this level for them to accept what is not coming from them. Even the discoveries and developments realized in the management of the coronavirus with the use of traditional medicine still have not helped. Conventional medical personnel continue to question the medical procedures of traditional medicine.

Most traditional healers have often kept their research unpublished. May be this has caused conventional medical personnel to think that traditional medicine does not employ *rational* means to get to its results. There are many scientific journals existing in various fields of study and research. These scientific journals publish research works of academicians and researchers. It is through such works that other academicians and researchers do a critic and an assessment of the works and leave them for further improvement or recommend the results for usage. However, traditional medical practitioners scarcely discuss their research procedures and techniques of medicine production in the public, talk less of publishing them in a scientific journal. If their works

were to be published, may be the negative perception of their practice that conventional medical personnel have will stop. This because, their therapeutic procedures and medicine research and production will be verified, criticized before they are recommended for use. We think that the progress made by traditional medicine in the treatment and management of the coronavirus should be published if the various conditions for doing so are put in place. We are talking here of the various medications put in place in Cameroon and Madagascar to treat the coronavirus. Traditional healers have to publish their research findings so as to create trust in their relationship with conventional medical practitioners. This attitude can also help to improve on the image of traditional medicine.

There is a persistent plea for the elements of Africa's indigenous knowledge practices in traditional medicine to be codified and to desist from its status-quo phenomena of secrecy for posterity (Masango, 2020). Within Africa's indigenous knowledge practices in traditional medicine are certain aspects that it may not be possible to codify (Masango, 2020). The non-esoteric aspect of African traditional medicine can be codified as it encompasses no secret, while the esoteric aspect may not be codified as it is considered to be secret for a select few traditional healers who exploit it for livelihood (Masango, 2020). The lack of codification of Africa's indigenous knowledge practices in traditional medicine gives an urge to western pharmaceutical companies, who make huge profits from indigenous knowledge of medicinal plants (Masango, 2020).

The funding of traditional medicine like conventional medicine is also an important issue. When traditional medicine is funded especially with laws guiding its practice, there will be enthusiasm on the part of its practitioners to improve on the quality and the quantity of their productions. It will also reduce the rate of poverty among healers thereby increasing on their living standards, the economic situation of both the healers and the state. This funding can only be done legally when the budget is voted in the parliaments of the various countries in Africa. When the coronavirus broke out, the Cameroon government prioritized funding on conventional medicine. Only legalization can guarantee advantages of full funding of traditional medicine.

## 7. RECOMMENDATIONS

Traditional medicine should be fully incorporated into the NHS of the various African countries. It has to be given its full legality. Giving a legal status to traditional medicine will improve on its practices and services rendered to its users. It will even improve on the economic situation of traditional healers who produce it. It will also improve on its sustainability given that it is culture bound. It is part and parcel of

culture and traditions. Keeping it alive is keeping some part of the cultures of these African countries.

There is a need to legalise traditional medicine so as to open an avenue for free practice such that it can contribute in the fight against the coronavirus. Traditional healers need the resources put at the disposal of conventional medical practitioners for research most especially, to also enhance their own research in the search for a panacea against the ravaging effects of the coronavirus. In Cameroon like in some other countries, some financial resources were put by the government at the disposal of Archbishop Kleda after he announced some impressive results in his search for the treatment against covid-19. But these resources could be extended to other traditional healers if the traditional healers had had a legal status. But it was not the case. For this to happen officially, traditional healers need a legal status such that their budget could be voted in parliament as it is done with the other sectors of national life in the various countries.

Traditional health care practitioners have to leave the issue of secrecy in their profession. But this must be done under acceptable conditions whereby the government grants them a legal status. Under a legal status, their art will be protected especially with the support of intellectual property rights. This way, traditional healers will be open to publish their research procedures, production procedures for posterity. Failure to publish their works will facilitate the disappearance of indigenous knowledge on the production of helpful medicinal drugs. The future of traditional medicine also highly depends on the publication of its research and production procedures which will enhance survival. Traditional health care practitioners must have to publish their works in scientific journals.

## 8. CONCLUSION

It is time that African governments give importance to what belongs to them and project it to the rest of the world. By doing this, it will also improve on the economic benefit of their various countries and those of the traditional healers. Traditional medicine in Africa needs both legitimacy and legality. It is the only way through which continuity can be guaranteed for posterity. Both legitimacy and legality will allow traditional health care professionals to publish their works openly so that it will also benefit future generations.

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