

Dwindling prospects of mainstreaming ATM as a public health offering in South Africa

INTRODUCTION

In his statement to the joint NIH-MRC South African Research summit on HIV and TB on 17 June 2013 the South Africa's minister of Health Dr Aaron Motsoaledi states that ...'since his appointment in 2009 he has made it clear that all our policies in the Department of Health must be evidence based. Science and scientific evidence alone must guide our practices¹. This paints a dim picture for the inclusion of African Traditional Medicine (ATM) in public health care facilities in South Africa.

Does this statement mean that African Traditional Medicine (ATM), specifically plant based traditional medicines will be relegated to a fate similar to that of South Africa's mineral resources? Will South Africa cheaply export its medicinal plant biodiversity to large multinational pharmaceutical companies for the extraction of drugs, that will be resold to the country as expensive pills?

In contrast, China has not only legalised Traditional Chinese Medicine (TCM), but has transformed TCM into a global health modality without the preliminary scientific evidence required in South Africa. As a result TCM is being exported around the globe and is included in over 42 medical schools in the USA, including the prestigious John Hopkins University and Harvard medical schools².

PROGRESS IN MAINSTREAMING ATM IN SOUTH AFRICA

Even though western medicine was introduced to South Africa in the beginning of the 19th century it has not totally replaced traditional medicine, and has led to the existence of a dual healthcare system. In South Africa an estimated 72% of African people use traditional medicine³. The realisation that Africans continue to use ATM more than conventional medicine lead to a commitment by African heads of states together with the WHO to invest in its integration in the public health care system via the declaration of the AU Decade of African Traditional Medicine.

The African Union declared 2001- 2010 the decade for African Traditional medicine, with clear targets to be reached by member states in restoring ATM its rightful position amongst healing modalities in the public health sectors of its member states. Many countries on the continent have made variable progress in this regard, thus it was decided to extend this period⁴.

With the ushering in of South Africa's democratic dispensation in 1994, official recognition and support was given to reviving and strengthening indigenous knowledge systems, inclusive of traditional medicine. Various legal structures were put in place including, the national indigenous knowledge system framework in 2004, the Traditional Health practitioners Act 35 of 2004 (THPA). The latest development is the establishment of the Traditional Healers' Council which will oversee the accreditation of Traditional Health Practitioners and regulation of the practise of ATM in the country. However, even with the necessary legal framework in place, South Africa has made little progress in mainstreaming ATM into the public health care system. While countries like China and India have succeeded in integrating ATM into their health system, South Africa trails behind.

As non-communicable diseases increase amongst Africans, it is essential that lessons gained from the use of ATM be harnessed to manage these conditions, especially when considering the length of time over which a person will be afflicted. ATM, is proving to be more valuable than initially thought subsequently an ever increasing number of multinational pharmaceutical companies are entering into benefit sharing agreements and harnessing this knowledge for the development of pharmaceuticals⁵. Given South Africa and Africa's substantial endowment in biodiversity, the large numbers of African Traditional Healers and the rise in TCM and CAM globally, is it not appropriate that the originators and carriers of this knowledge be accorded their space in the public health care system?

PLANTS AND or PILLS...WHAT IS SOUTH AFRICA'S LONG TERM OBJECTIVE?

Is South Africa destined to become a consumer of pharmaceutical products, many of which may have been derived from its own medicinal plants? Just as in mining, where South Africa and many developing countries export raw or semi-processed mineral ore, without processing, are we destined to trade these bio-resources without producing the pills that will bring much needed revenue into the country, more importantly are we failing to develop ATM as a healing modality in its own right?

In the unpredictable space between pills and plants what the minister of health in South Africa should consider is the long term vision that we as a country have for ATM. Will we only start lamenting over and valuing this natural resource and unique healing modality once other nations have capitalised on it?

Increasingly, the recognised value of traditional medicines as alternatives to conventional pharmaceuticals has come about as a result of the realization of the minimal side effects they cause, and their ability to remedy disrupted physiological processes in order to restore homeostasis. In order to support the contribution of African traditional health practitioners, an assessment of policy and practice gaps in SA is required to harmonise all the related policies to enable the mainstreaming of ATM into the public health care system.

Barbara Keitumetse Mashope is a research specialist in the Science and Technology Programme of the Africa Institute of South Africa, in Pretoria, South Africa.

End notes:

1. Aaron Motsoaledi, 17 June 2013. NIH-MRC South Africa Research Summit on HIV and TB. K-RITH TOWER BUILDING, NELSON MANDELA School of Medicine ,Durban (<http://www.doh.gov.za/show.php?id=4306>)
2. Craig Lambert, 2002. The New Ancient Trend in Medicine. Harvard Magazine (<http://harvardmagazine.com/2002/03/the-new-ancient-trend-in.html>)
3. http://www.techmonitor.net/tm/images/6/6e/06nov_dec_sf4.pdf
4. http://www.africa-union.org/Social%20Affairs/African%20Ministers%20of%20Health%202005/P_LAN%20OF%20ACTION-TRADITIONAL%20MEDICINE.pdf
5. Wynberg, R., & Chennells, R. 2009. Green diamonds of the South: An overview of the San-Hoodia case. In *Indigenous Peoples, Consent and Benefit Sharing* (pp. 89-124). Springer Netherlands