



**FEDERAL REPUBLIC OF NIGERIA
FEDERAL MINISTRY OF HEALTH &
SOCIAL WELFARE**



**FEDERAL REPUBLIC OF NIGERIA
FEDERAL MINISTRY OF HEALTH & SOCIAL WELFARE
DEPARTMENT OF TRADITIONAL, COMPLEMENTARY
AND ALTERNATIVE MEDICINE
(TCAM)**

TRADITIONAL MEDICINE POLICY FOR NIGERIA

2nd Edition

OCTOBER, 2023

FOREWORD

The Nigerian State has demonstrated interest in enhancing and implementing an effective and efficient use of traditional medicine in the nation's healthcare delivery system through a number of resolutions, commissions, and other efforts. The Traditional Medicine Strategy 2002–2005 was developed by the World Health Organization (WHO) in recognition of the potential and role of traditional medicine (TM) in the health care systems of its member countries. It served as a framework for policy formulation, defining the scope and function of TM in the delivery of national health care and guaranteeing the establishment of the legal and regulatory frameworks required to support and preserve best practices.

Following the aforementioned WHO Strategy, Nigeria created a National Policy on Traditional Medicine in 2007 with the intention of promoting the proper application and integration of traditional medicine within the country's healthcare delivery system while also maximizing its financial advantages. Significant progress was made in putting the 2007 policy into practice, including raising public awareness and enlightening people about it, establishing an institutional structure, enforcing regulations, conducting research and development, and providing training.

However, in line with global standards and experience obtained from the implementation of the maiden TM policy; it became imperative to carry out a review. This second edition of the TM policy intends to advance traditional Practice in the country to global standards through improved strategies, realistic and attainable targets with well-defined indicators.

I thus restate the nation's commitment to the advancement of traditional medicine and its ultimate role in assisting the nation in achieving universal health coverage (UHC). To ensure that the aims and objectives of this new policy are implemented and realized, I hereby ask for the cooperation and unwavering support of pertinent Ministries, Agencies/Parastatals, Academia, Traditional Medicine Practitioners, Partners, and other stakeholders.



Dr. Olatunji M. Alausa
Honourable Minister of State,
Federal Ministry of Health'
October, 2023

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This 2nd Edition of Traditional Medicine Policy for Nigeria has emerged following an elaborate consultative process involving all relevant stakeholders in the sector. The Federal Ministry of Health acknowledges its indebtedness to the representatives of these bodies who provided comments and inputs during the development of this Policy.

We are especially thankful to the Honourable Coordinating Minister of Health, Prof. Muhammad Ali Pate CON for the support towards the development of this Edition of Traditional Medicine Policy.

Equally, sincere appreciation goes to the Honourable Minister of State for Health, Dr. Tunji Alausa for his Leadership and commitment to the success of this project. Appreciation also goes to the members of the policy reviewed team and Staff of the TCAM Department who worked tirelessly in revising the first edition of this Policy



Pharm. Titus T. Tile
Director,
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October, 2023

PREFACE

The review of the first edition of Traditional Medicine Policy, (2007) has long been over-due. The overall dynamics of healthcare services and recent modifications in the National and Ministerial Health Policies and Strategic guidelines also calls for a review.

The current situation on the development and promotion of traditional medicine in Nigeria shows that modest achievements have been made such as upgrading of the Traditional Medicine Division to a full fledged Department of the Ministry, National Council on Health approval on the establishment of TCAM Departments in the 36 states and FCT, approval of the Traditional, Complementary & Alternative Medicine Council (Establishment) Bill by the Federal Executive Council, awaiting National Assembly's passage into Act, improved herbal products regulation, establishment of State Traditional Medicine Boards and enhanced engagements with Traditional Medicine Practitioners (TMPs).

The 2nd Edition covers Strategic Directions such as Governance and Leadership; Policy, Legislation and Regulations; Knowledge, Skill and Enhancement; Collaborations between TMPs and Conventional Medicine Practitioners; Quality Assurance and safety; Production of Herbal Products for Availability, Accessibility, Commercialization, Promotion and Export; Conservation of Medicinal Plants, Protection of Intellectual Property Rights (IPR) and indigenous Traditional Medicine Knowledge (ITMK); Fostering Partnership between Traditional and Conventional Medicine Practitioners, Networking and International Cooperation.

The review further provides for adequate monitoring and evaluation of the implementation of the new policy as well as a legal framework.

I hereby appreciate the Permanent Secretary, Daju, Kachollom, for her Leadership and commitment to the success of this project.



Daju, Kachollom S. mni
Permanent Secretary,
Federal Ministry of Health and Social welfare,
October, 2023

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LIST OF ABBREVIATIONS

ARIPO	African Regional Industrial Property Organisation
ARSO	African Regional Organization for Standardization
ATM	African Traditional Medicine
CAM	Complementary & Alternative Medicine
CBD	Convention on Biological Diversity
CHWs	Community Health Workers
ECOWAS	Economic Community of West African States
ERGP	Economic Growth and Recovery Plan
FEC	Federal Executive Council
FEDCAM	Federal College of Complementary and Alternative Medicine
FGN	Federal Government of Nigeria
FMOH &SW	Federal Ministry of Health and Social Welfare
FME	Federal Ministry of Education
GAP	Good Agricultural Practices
GMP	Good Manufacturing Practices
IPR	Intellectual Property Rights
ISM	Incremental Sampling Methodology
ITMK	Indigenous Traditional Medicine Knowledge
LGTMC	Local Government Traditional Medicine Committees
MAPs	Medicinal and Aromatic Plants
MDCN	Medical and Dental Council of Nigeria
MTMPN	Modern Traditional Medicine Practitioners of Nigeria
NAFDAC	National Agency for Food and Drug Administration and Control
NANTMP	National Association of Nigerian Traditional Medicine Practitioners
NDP	National Development Plan
NEEDS	National Economic Empowerment and Development Strategy
NHA	National Health Act
NHP	Nigeria Herbal Pharmacopoeia
NIMR	Nigerian Institute of Medical Research
NIPRD	National Institute for Pharmaceutical Research and Development
NIS	Nigerian Industrial Standards
NNMDA	Nigeria Natural Medicine Development Agency
NOTAP	National Office for Technology Acquisition and Promotion
NPHCDA	National Primary Health Care Development Agency
NSHDP	National Strategic Health Development Plan
NSHDIP	National Strategic Health Development Implementation Plan
NUC	National Universities Commission
NUPCAM	Nigeria Union of Practitioners of Complementary and Alternative Medicine

OAPI	African Intellectual Property Organization (OAPI)
PHC	Primary Health Care
SMART	Specific, Measurable, Achievable, and Time-bound
SME	Small and Medium Enterprises
SON	Standards Organisation of Nigeria
SSA	Sub-Saharan Africa
STMB	State Traditional Medicine Boards
SWOT	Strength Weakness Opportunities and Treats
TCAM	Traditional, Complementary and Alternative Medicine
TM	Traditional Medicine
TMCN	Traditional Medicine Council of Nigeria
TMDD	Traditional Medicine Development Division
TMP	Traditional Medicine Practitioners
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UHC	Universal Health Coverage
UNCED	United Nations Conference on Environment and Development
WAHO	West African Health Organization
WHO	World Health Organization
WHO/AFRO	World Health Organization, Regional Office for Africa

PART ONE: INTRODUCTION

1.1. Background

The World Health Organization defined Traditional Medicine as *“the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness”*.

- i. Traditional Medicine has for many centuries, been part of Nigeria's healthcare culture, and its usage and acceptability is widely known. It plays a vital role in the Nigerian healthcare delivery system, accessed by about 80% of the populace, to meet their primary health care needs. Before now, the Nigerian state has through various resolutions, commissions and other initiatives, at various levels of governance, shown interest and appreciated the role traditional medicine plays in the national health care system. Every region in the country has its own form of traditional medicines and practices with each community having its own peculiar approach to health, diseases, perception of diseases and their respective therapies.
- ii. Several National Development plans have been formulated to guide the Health Sector Reform agenda; such as the Health sector reform programme (2004 -2007), the National Strategic Health Development Plans (NSHDP I & II), the Economic Growth and Recovery Plan (ERGP), the National Drug Policy, and the National Development Plan (NDP)[2021-2025] amongst others. These documents made commitment to the development and growth of traditional medicine for its integration into the healthcare system of Nigeria. In addition, the National Health Act, in Section 2, listed Traditional Medicine as a component of the nation's healthcare system.

The Traditional Medicine Policy of 2007 was developed to promote the country's traditional medicine and to facilitate its integration into the main Health-care Delivery System.

1.2. Country Profile

- i. Nigeria is a multilingual and multicultural country located in West Africa. It is bordered by the Republic of Benin, Niger, Chad, Cameroon and the Gulf of Guinea. It has a total land area of about 910,770 sq. km (NBS).
- ii. Nigeria is characterized by three distinct climate zones, a tropical monsoon climate in the south, a tropical savannah climate for most of the central

regions, and a Sahelian hot and semi-arid climate in the northern part the country. It has two main seasons, the dry and the rainy seasons, with temperatures rising to about 40°C. The country has about 34,000,000 hectares of arable land and farming is carried out in both seasons. Nigeria is blessed with rich flora having medicinal potentials.



Map of Nigeria

1.2.1. Demography

- i. Nigeria is the most populous country in Africa, with an estimated population of 220 million in 2022, and is ranked the sixth most populous country in the world, with an annual growth population rate of 2.41%. About 48.1% of the populations live in the rural areas, with an estimate of about 42 million households in 2020. Life expectancy at birth is about 55 years for female and 50 years for males.
- ii. The country has a young population structure; 10-24 years make up 33%, Women in the reproductive age group (22%), children under five (20%) and the elderly (at least 65 years) make up less than 5% of the population respectively.

1.2.2. Political and Socio-Economic Features

- i. The Federal Republic of Nigeria is made up of 36 States and the Federal Capital Territory at Abuja, 774 Local Government areas; operating a three-tiered government structure. The constitution of the Federal Republic of Nigeria captures healthcare on the concurrent list of responsibilities. The Federal government through the National Primary Health Care Development Agency (NPHCDA) has the mandate to support primary health level across the country. Presently, there is no defined institutional

framework for traditional medicine services in all the three healthcare levels (primary, secondary and tertiary).

- ii. The economy of Nigeria is a middle-income, mixed economy and emerging market with expanding manufacturing, financial, service, communications, technology, and entertainment sectors. The country's re-emergent manufacturing sector became the largest on the continent in 2013, with a GDP 441.5 billion U.S. dollars in 2021. It produces a large proportion of goods and services for the region of West Africa and beyond.

1.3. Vision, Mission, Objectives, And Goals

1.3.1 Vision

To see the practice of traditional medicine in Nigeria become a respected mode of treatment; preserve our cultural heritage; deliver quality healthcare to all Nigerians; and explore the economic potentials of traditional medicine practices and products to the benefit of all.

1.3.2. Mission

To help save lives and improve health by creating enabling environment for the development of traditional medicine practices and its products for National Healthcare system and economic benefits.

1.3.3. Objectives

These include:

- i. Develop and facilitate the utilization of traditional medicines and their products in the Nigeria's official health care systems.
- ii. Harness the potential economic benefits of traditional medicine practice and products towards the accomplishment of the provisions of national development plans.
- iii. Establish a country-specific institutional framework for traditional medicine practice and products.
- iv. Contribute to the improvement of the national health profile.

1.3.4 The Goals

a) Health-related goals

Promote the appropriate use of traditional medicine practices and products.

- ii. Incorporate traditional medicine practices and products into the national health care delivery system.
- iii. Contribute to the attainment of Universal health Coverage (UHC) in Nigeria.

b) Economic-related goals

- i. Reduce the use of foreign currencies for the importation of herbal medicinal products whose substitutes are locally available while promoting the

exportation of locally-manufactured herbal medicinal products of evidence-based safety, efficacy and quality.

- ii. Create and/or provide jobs in various thematic areas of local herbal medicinal product industry, namely: conservation, cultivation, harvesting, production, distribution, sales, export as well as patient care in the approved traditional health institutions, etc.
- iii. Build capacity in areas of traditional medicine development.

c) National development goals

- i. To improve health and welfare of the population.
- ii. To contribute to wealth creation and poverty alleviation and in the population.

1.4. Rationale For The Review of TM Policy

- i. Significantly, the review of the first edition of TM policy (2007) document has long been statutory over-due. However, the rationale for the review of the document is based on the following; To provide better strategies and scope for effective implementation.
- ii. The overall dynamics of healthcare services and recent modifications in Ministerial Health Policies and Strategic guidelines such as National Drug Policy, National Strategic Health Development Implementation Plan (NSHDIP), National Health Act, WHO Strategic Plan on TM (2014 -2023) etc. calls for a review in order to provide more insights.
- i. Increasing demand for efficacious, safety and quality assured Herbal/Traditional Medicines.
- ii. To facilitate attainment of Universal Health Coverage (UHC) through effective integration of TM into the health care delivery system of the Country.
- iii. To create investment opportunities through TM development in Nigeria.
- iv. To provide a policy direction for effective healthcare interventions through development of TM for emerging health challenges like COVID-19 and other priority diseases (Sexually Transmitted Infections, cancer, diabetes, sickle cell anaemia, High Blood Pressure, and Malaria) in Nigeria.
- v. Increasing patients' choices for the use of traditional medicines in the treatment of various diseases.

PART TWO: SITUATION ANALYSIS

2.1. Method of Analysis

- i. Considering the long period since the development of the first Traditional Medicine Policy in 2007, it became strategically important to carry out an indebt analysis of traditional medicine (TM) in Nigeria in order to have an estimate and understanding of its status, factors responsible for this, and chart a course for the attainment of the various global, regional and nation resolutions aimed at harnessing all available resources for health care delivery in order to facilitate its integration into the main health care delivery system and aid the attainment of Universal Health Coverage (UHC).
- ii. The situation analysis involved a critical review of literatures and interactions with relevant stakeholders. It covered the following aspects; Governance and Institutional Framework, Policy, Legislation, Code of Ethics and Practices, Regulations, Knowledge, Skills and Training of Traditional Medicine Practitioners, Perception, Understanding and Collaboration of Orthodox Medicine Health Care Professionals, Quality Assurance and Safety, Prevalence, and Acceptability, Access, Affordability, Economic and Development Impact of Traditional Medicine, Conservation of Medicinal Plants, Protection of Intellectual Property Rights and Traditional Medical Knowledge, and Research and Development.

2.2. Status of Implementation of the Maiden 2007 Traditional Medicine Policy

In line with the vision, mission, goals and objectives of the 2007 Traditional Medicine Policy, some progresses were made in its implementation. This includes the following:

- i. Development of codes of ethics and practice of TM
- ii. Training of Traditional Medicine Practitioners across the country
- iii. Development of reports on Herbal Products Promotion and Export, and Curriculum for the training of Traditional Medicine Practitioners at Tertiary level
- iv. Approval of the reviewed Traditional, Complementary & Alternative Medicine Council (Establishment) Bill by the Federal Executive Council.
- v. Upgrading of the Traditional Medicine Division to a full-fledged Department in the Federal Ministry of Health.
- vi. National Council on Health approval on the establishment of TCAM Departments in the 36 states and FCT
- vii. Development of various regulations and guidelines by the National Agency for Food and Drug Administration and Control (NAFDAC) on the manufacturing, labeling, registration, and advertisement of herbal products
- viii. Establishment Traditional Medicine boards by some states

- ix. Annual celebration of African Traditional Medicine Day since 2001 till date (31st August)
- x. Development of Nigeria Herbal Pharmacopoeia
- xi. Establishment of a database for Traditional Medicine Practitioners (TMPs)
- xii. Formation of umbrella bodies of Practitioners known as National Association of Nigerian Traditional Medicine Practitioners (NANTMP), Modern Traditional Medicine Practitioners of Nigeria (MTMPN) and Nigeria Union of Practitioners of Complementary and Alternative Medicine (NUPCAM).

2.3. Governance and Institutional Framework

The Nigerian Government has demonstrated interest in the promotion and development of TM through various resolutions, establishments of institutions, regulatory bodies, programmes and other initiatives at the Federal, State and Local Government levels.

Such interventions include:

- i. Research into local herbs by University of Ibadan (1966)
- ii. First National Scientific Conference on Traditional Medicine convened by the Federal Ministry of Health
- iii. Establishment of the National Institute of Pharmaceutical Research and Development (NIPRD).
- iv. Setting-up of botanical gardens in some parts of the country
- v. Establishment of Traditional Medicine Development Program in Federal Ministry of Health which was later upgraded to division and finally to a full-fledged department of TCAM in 2018
- vi. Establishment of Nigeria Natural Medicine Development Agency (NNMDA) in Federal Ministry of Science and Technology, which presently has a database of plants found in each zone and carries out training of practitioners.
- vii. Establishment of Standard Organisation of Nigeria, which currently has ten monograms on TM.
- viii. Inauguration of Presidential Initiative Committee which produced a blueprint for the development, promotion and commercialization of Nigerian Medicinal Plants and setting up of an Institute for Traditional Medicine

2.4. Policy, Legislation, Code of Ethics, Practice Guidelines and Regulations

2.4.1. Policy

In line with the WHO Traditional Medicines Strategy 2002–2005, Nigeria developed and launched the Traditional Medicine Policy in 2007 with the specific objectives:

- i. Establish a country-specific institutional framework
 - ii. Develop and facilitate the use of Traditional Medicine in Nigeria
-

- iii. Harness potential and economic benefits for Nigeria.

The policy had strategies to ensure that necessary regulatory and legal mechanisms are created for promotion and maintenance of good practices. It also aimed to provide sufficient financial resources for research, education and training.

2.4.2. Legislation

- i. Progress has been made on the Traditional, Complementary and Alternative Medicines (TCAM) Council Bill following the approval by Federal Executive Council (FEC).
- ii. Some states in the country have established Boards of Traditional Medicine in line with the resolution of National Council of Health; further, Committees are to be established at Local Government level.

2.4.3. Code of Ethics

- i. The Ministry in 2008, with the support of WHO, developed Codes of Ethics and Practice for Traditional Medicine Practitioners. This was widely used in the training of practitioners.
- ii. Full implementation of the code and establishment of traditional medicine council would facilitate the integration of traditional medicine into the National Health Care System and the attainment of Universal Health Coverage.

2.4.4. Regulations and Guidelines

The National Agency for Food and Drug Administration and Control (NAFDAC) has put in place various regulations and guidelines on the manufacturing, labeling, registration, and advertisement of herbal products. The Agency currently gives Listing Status to herbal products based on safety profile.

2.5. Knowledge, Skills and Training of Traditional Medicine Practitioners

- i. Traditionally, knowledge and skills are acquired through long period of apprenticeship, inheritance (genealogy) or spiritual/divination. This involves physical observation of various procedures, verbal explanations, incantations, and divination procedure(s) among others; followed by exposure to practical work such as identification of medicinal plants, preparation of various medicines, diagnosis and management of diseases.
- ii. To improve on this method, the Federal Ministry of Health, the Nigeria Natural Medicine Development Agency (NNMDA) and other relevant bodies; in collaboration with the traditional medicine practitioners, through their national associations, such as: The National Association of Nigeria Traditional Medicine Practitioners (NANTMP) and Modern Traditional Medicine Practitioners of Nigeria (MTMPN) have organized training of the practitioners in various aspects of practices.
- iii. The Federal Ministry of Health and NNMDA are both collaborating with the National Board for Technical Education (NBTE) for the development of

National Occupational Skills and Standards for assessment of TMPs the development of curriculum for their training; and the resuscitation of NNMDA's trainings school respectively.

- iv. While efforts are on to commence first degree Trainings in Traditional/Herbal Medicine, some universities have Senate-approved programmes in herbal medicine. For example: University of Ibadan, University of Lagos, Ahmadu Bello University Zaria, Obafemi Awolowo University Ile-Ife, University of Benin and more. Programmes already established are: PGD, MSc, M. Phil. and PhD.

2.6. Collaboration between Conventional and Traditional Health Practitioners.

Traditional Medicine Practitioners (TMPs) are perceived by Conventional Medicine practitioners to lack scientific knowledge of management, treatment of diseases and standards. There is a need for better understanding of each other's practices through education and exchange of ideas.

2.7. Quality Assurance and Safety

Quality assurance and safety of TM Practice is assured by the Code of Conduct and Ethics developed for TM Practitioners, which can further be strengthened by the establishment of the TCAM Council. The quality assurance and safety of herbal medicinal products are guaranteed by NAFDAC, after carrying out analysis to determine safety which results in listing of the herbal products.

2.8. Prevalence, Acceptability, Access, and Affordability

- i. There is high patronage of traditional medicine practitioners (TMPs) by the rural and an increasing number of urban dwellers in the country.
- ii. Studies confirmed that traditional medicine use in Nigeria was as high as 81.6%. This is not expected to be on the decline in the nearest future especially in the face of the predicted increase in the global burden of chronic diseases by the WHO Global Status Report on non-communicable diseases (NCDs), 2011.
- iii. TMs are generally trusted by large number of people, as they are easily accessible, affordable and culturally acceptable.

2.9. Economic and Development Impact of Traditional Medicine

- i. The economic and developmental importance of traditional medicine has become relevant with the increased focus and use of traditional medicine services. This surge is informed by consumer desire for medicinal products that are natural as some are considered safe and with less side effects. The global herbal medicine market size was estimated to be US\$151.91 billion by 2021 and is expected to be US\$ 165.66 billion by 2022 and reach USD347.50 by 2029 with a growth rate of 11.6%. (Annon. 2023).
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- ii. It is however important to note that Nigeria and other African nations contributions and benefits to and from global business in Traditional Medicine is very minimal. It is, thus, clear that concrete and definite actions are required .to harness the potential and economic benefits of traditional medicine.

2.10. Conservation of Medicinal Plants

Usually, medicinal plants in the country are mainly collected from natural forests with no regards for the conservation of species and habitats; thus, making the resource base for the supply of medicinal plants fragile and also aggravating deforestation.

Government has taken some measures to enhance conservation of medicinal plants through strategies such as advocacy, sensitization, and training. Also, agencies such as The National Council for Arts and Culture, National Park Service, NIPRD and NNMDA have established botanical gardens in some states, Some Universities, Research Institutes and Private individuals has also keyed in. This is a valuable tool in Medicinal plant conservation.

2.11. Protection of Intellectual Property Rights of Traditional Medicine Knowledge

- i. The Ministry of Health is collaborating with the Ministry of Industry, Trade & Investment and National Office for Technology Acquisition and Promotion (NOTAP) in the area of protection of Intellectual Property Rights.
- ii. Nigeria is currently not a party to the Lusaka agreement of 1976 on The African Regional Intellectual Property Organization (ARIPO); and therefore not benefiting from protocols arising from the organization such as the Swakopmund Protocol on the protection of traditional knowledge and expressions of Folklore and the policy framework on access and benefit sharing arising from the use of genetic resources in the ARIPO member states.

2.12. Research and Development of Traditional Medicine

There are institutions that are undertaking research and development relevant to Traditional Medicine in Nigeria. These includes: Nigerian Institute of Medical Research (NIMR), National Institute for Pharmaceutical Research & Development (NIPRD), Nigeria Natural Medicine Development Agency (NNMDA), Standards Organization of Nigeria (SON), Raw Material Research and Development Council (RRDC) the Universities, and other research institutes.

2.13. TMSWOT Analysis

Based on the above situation analysis, a systematic SWOT analysis of traditional medicine in Nigeria was carried out.

Table 1. TM SWOT Analysis

Strengths	Weakness
<ul style="list-style-type: none"> <input type="checkbox"/> Earliest form of healing and has cultural advantages <input type="checkbox"/> Availability, affordability and accessibility of TM products <input type="checkbox"/> Acceptability by over 80% of Nigerian populace <input type="checkbox"/> Provides economic sustenance and improved well-being. <input type="checkbox"/> Large population of TMPs in every community <input type="checkbox"/> Availability of TM Policy. <input type="checkbox"/> Favourable Nigerian climate and vegetation <input type="checkbox"/> Long history of usage of TM <input type="checkbox"/> High public awareness on TM. <input type="checkbox"/> Full-fledged TCAM department in the FMOH &SW <input type="checkbox"/> High cost of conventional medicine and its long-time toxicity <input type="checkbox"/> Associations of TMPs to help in communication. <input type="checkbox"/> Evidence of annual plan and Budget line by FMOH. <input type="checkbox"/> Evidence of experienced technical staff. <input type="checkbox"/> Database of TCAM Practitioners and continuous registration at FMOH <input type="checkbox"/> Increased number of trained TMPs. <input type="checkbox"/> Some university wide initiatives to incentivize research Establishment of Committee on Institute of TCAM. <input type="checkbox"/> Increase enthusiasm about conducting clinical trials. <input type="checkbox"/> Less side effects of TM products <input type="checkbox"/> Diverse number of TM specialists and accessibility to rural dwellers. 	<ul style="list-style-type: none"> <input type="checkbox"/> Lack of a national consensus on TM <input type="checkbox"/> Delay in release of funds/inadequate funding at FMOH &SW <input type="checkbox"/> Poor funding and support for research <input type="checkbox"/> No existing official referral system <input type="checkbox"/> Activities of dubious practitioners and charlatans <input type="checkbox"/> No documentation of Health services by the TMPs. <input type="checkbox"/> Low hygienic standards of some practitioners <input type="checkbox"/> Poor implementation of code of ethics and practice <input type="checkbox"/> Rivalry among TMPs <input type="checkbox"/> Uncoordinated and unapproved training of TM practitioners <input type="checkbox"/> Secrecy and cultic activities <input type="checkbox"/> Poor/Incorrect diagnosis of diseases <input type="checkbox"/> Imprecise dosage of traditional remedies <input type="checkbox"/> Limited number of trained TMPs.
Opportunities	Threats
<ul style="list-style-type: none"> <input type="checkbox"/> Leverage on increasing level of political will <input type="checkbox"/> WHO recognition of TM as healthcare service <input type="checkbox"/> Arable large expanse of arable land for commercial cultivation <input type="checkbox"/> 80% utilization by the populace <input type="checkbox"/> Possibility of integration of TM into the country's health care system <input type="checkbox"/> Leverage on technical supports from experts, stakeholders and relevant MDAs. <input type="checkbox"/> Leverage on the Draft TCAM Council Bill approved by FEC <input type="checkbox"/> A huge expansion of medical educational institutions <input type="checkbox"/> Availability of research institutes <input type="checkbox"/> Covid-19 pandemic and development of local contents and remedies <input type="checkbox"/> Leverage on NCH resolution for the establishment of TM Boards/Departments in State Ministries. <input type="checkbox"/> Effective collaboration with MDAs & TMPs <input type="checkbox"/> Leverage on partners for funding. <input type="checkbox"/> Possibility of standards in TM <input type="checkbox"/> Establishment of efficacy of native medicine. <input type="checkbox"/> Large number of populations of TM practitioners 	<ul style="list-style-type: none"> <input type="checkbox"/> Poor acceptability of TM by Conventional Medicine practitioners. <input type="checkbox"/> Disharmony between Traditional and Conventional Medicine practitioners. <input type="checkbox"/> Poor conservation and extinction of medicinal plants <input type="checkbox"/> Influx of imported TM products <input type="checkbox"/> Diseases and pests attack on some herbs <input type="checkbox"/> Absence of TM Boards and Departments in some states. <input type="checkbox"/> Global financial crisis leading to low funding opportunity <input type="checkbox"/> Non-passage of TCAM Council Bill. <input type="checkbox"/> Low National income per capita. <input type="checkbox"/> Insecurity leading to abandonment of farm lands <input type="checkbox"/> The activities and practice of quacks <input type="checkbox"/> Climate change and global warming. <input type="checkbox"/> Exploitation of national plant materials by foreign bodies.

PART THREE: STRATEGIC DIRECTION

3.1. Governance and Leadership

Efforts would be channelled towards building a national consensus on development of Traditional Medicine. To achieve this, key stakeholders in the Traditional Medicine Practice, Conventional Medicine Practice, Political Leaders and other Ministries, Departments and Agencies would be identified and meaningfully engaged. The expected outcome is a common position on traditional medicine to which all stakeholders are committed and willing to actualize.

The National consensus would among others focus on;

- i. Creating advocacy and awareness on the significance of TM practices to the nation's health care system and economic development.
- ii. Presentation of appropriate memorandum to the National Council on Health (NCH) towards building a national consensus and adoption of a National Agenda on Traditional Medicine.
- iii. Development of a Traditional Medicine Strategic Development Plan that shall be incorporated into both the National Strategic Health Development Plan (NSHDP) and the National Development plan
- iv. Enactment of legislation for the regulation TM practices.
- v. Adaptation and adoption of the development of treatment and management of WAHO priority diseases (malaria, hypertension, diabetes mellitus, HIV/AIDS, tuberculosis, and sickle cell disease), as well other diseases such as cancer (breast and prostate), fibroid, and asthma.
- vi. Sustained and focused research and development into medicinal plants and traditional medicine practices on the above diseases and any emerging disease of national or global concern.
- vii. Promoting safety, efficacy and quality — Development of specific clinical trial protocol for the evaluation of Traditional medicine remedies that will provide guidance on regulatory and quality assurance standards.
- viii. Strengthening the activities of TCAM Department of the Federal Ministry of health and similar ones in other MDAs, and increase budgetary allocation
- ix. Establishment of TCAM department and Boards in states.
- x. Establishment of training Institute and colleges in collaboration with NBTE for development of curriculum.
- xi. Effective collaboration with international partners e.g. China, India, and African nations
- xii. Strengthening the research institutes,
- xiii. Strengthen coordination at national and sub-national levels.

3.2. Policy, Legislation and Regulations

The goals and objectives of this policy, legislation and regulation shall continuously

be in focus through a systematic and diligent implementation, monitoring, evaluation, and review. To achieve this;

3.2.1. Policy

- i. The Traditional, Complementary, and Alternative Medicine Department of the Federal Ministry of Health shall be strengthened.
- ii. Realistic and well-defined targets shall be set in the implementation framework.
- iii. Activities in the implementation framework shall be carried out with the involvement of all relevant stakeholders.
- iv. Efforts shall be intensified to secure improved funding through budgetary provisions and donors/partners support for the activities of the TCAM Department.
- v. The implementation of the policy shall be regularly monitored and evaluated to ensure adherence to its goals and objectives.

3.2.2. Legislation

- i. The implementation of existing legislation on product vested in NAFDAC to “regulate and control the importation, exportation, manufacture, advertisement, distribution, sale and use of food, drugs, cosmetics, medical devices, bottled water and chemicals” shall be sustained and reviewed as necessary.
- ii. Efforts would also be intensified through appropriate trainings toward the acquisition of needed knowledge and skills that will improve the capacity of Traditional Medicine Practitioners to produce high quality, safe and efficacious TM products.
- iii. Various intervention programmes of government designed to support agriculture and manufacturing shall be explored to encourage large scale commercial production of TM products in line with the established standards and regulations.
- iv. Current efforts and ongoing interactions with the legislative arm of government for the enactment of an Act for the establishment of the TCAM Council, TCAM Institute and arms in the various states shall be sustained and intensified until they are established.
- v. States and LGAs without Board and Committees of Traditional Medicine shall be engaged and encouraged to set up one.

3.2.3. Regulations

- i. The enforcement of existing regulations of NAFDAC on TM products shall be sustained and review as necessary.
 - ii. Stakeholders would be regularly engaged and supported through appropriate capacity development programmes to enhance capability of the nation to produce high quality, safe and efficacious products that would be used in the management of diseases in the country and compete with
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similar products across the globe.

- iii. Developments in research and technology would be closely monitored and reflected in standards and regulations on products.
- iv. Traditional Medicine Boards in states shall be encouraged and supported to adapt and adopt the existing Code of Ethics and Practice.
- v. New and relevant regulations on practice would be developed on the establishment of the Council.
- vi. Other regulations of related agencies shall be collated and properly disseminated to practitioners.

3.3. Knowledge, Skill Assessment and Enhancement

- i. Appropriate registration procedure shall be instituted by the Council when established that would ensure the assessment and classification of Traditional Medicine Practitioners through a survey of their level of knowledge and methods of its acquisition.
- ii. Working with other stakeholders within Nigeria, training manuals with relevant modules shall be designed for each identified class of practitioners
- iii. Certificated mandatory training workshops shall be regularly organized by the Council for the practitioners.
- iv. A joint memorandum shall be presented by the Federal Ministry of Health & Social welfare and Federal Ministry of Education (FME) to the Federal Executive Council (FEC) for approval for the commencement of first - degree training programme in TM/Herbal medicine in a few Federal universities.
- v. Peer review meetings and collaboration shall be encouraged among practitioners; feedback from such meetings and collaboration shall be forwarded annually to the Council and FMOH & SW.
- vi. TCAM department collaboration with the National Board for Technical Education (NBTE) for the development of National Occupational Standards for assessment of TMPs; and the development of curriculum for their training shall be sustained.

3.4. Collaboration between TMPs AND CMPs

- i. In collaboration with relevant Stakeholders, awareness and enlightenment campaign including scientific meeting and workshop shall be organized for the two groups to create an interface for exchange of ideas and knowledge.
- ii. Trainings shall be conducted for Traditional Medicine Practitioners to educate them on critical areas such as possible interactions between traditional remedies and orthodox medicines, using traditional remedies during pregnancy and other diseases, intrinsic toxicity of traditional remedies and cosmetics, and the safety of some procedures.
- iii. In collaboration with relevant agencies, curriculums shall be developed for training in TM.

- iv. CMP would be expose to training from TMPs for knowledge and skills on Traditional Medicines.

3.5. Quality Assurance and Safety

This policy shall implement programmes that will initiate comprehensive and friendly guidelines for indigenous traditional medicine practitioners on-

- i. Identification, evaluation, cultivation and conservation of medicinal plants used in traditional medicine.
- ii. Collection of any medicinal plant would be guided by precise knowledge of the species, including its locality, time of its maturation, the part(s) to be collected, and its conservation needs being taken into consideration at the same time. Steps shall be taken to avoid overexploitation and excessive collection
- iii. TMPs shall be trained on the importance of quality of herbal remedies developed from medicinal plants by using modern techniques to improve formulation better presentation and applying suitable standards and good manufacturing and post production handling practices.
- iv. Pre/post market surveillance of registered herbal products shall be regularly carried out.
- v. Routine and unscheduled inspections of manufacturing outlets shall be intensified to ensure safety and maintenance of approved standards

3.6. Commercial Production of Herbal Products for Availability, Affordability, and Accessibility

This policy shall focus on the large scale production and commercialization of TM products for availability, affordability, and accessibility through the following:

- i. Enhance capacity for Governance, Regulation and Quality Assurance
 - ii. Establish and sustain a robust herbal medicine product selection, quantification and procurement, Distribution and Use System
 - iii. Harness collaboration and partnerships at all levels for effective resource mobilization.
 - iv. Embrace and adopt Information Communication Technology in all aspects of supply chain for herbal products.
 - v. Scale up capacity for Research, Local Production, and full exploitation of Trade-Related aspects of Intellectual Property rights (TRIPS) flexibilities for Health Products and Technologies
 - vi. Strengthen Human Resource Management and Development for herbal products supply chain
 - vii. Efforts shall be made to commercialized research findings from the universities and Research Institute.
 - viii. Effort shall be made to engage established pharmaceutical companies for the production of herbal medicines in Nigeria.
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3.7. Promotion and Export

The promotion and exports of Traditional Herbal Products shall be implemented through the following:

- i. Increased allocation of funds for conducting R&D, not only to improve varieties of the medicinal plants and enhance their availability but also to establish their efficacy and safety in various clinical conditions.
- ii. Efforts shall be made to utilise existing Export Promotion Zones and other relevant MDAs for export of TM products.
- iii. Efforts will be made to enhance value addition of TM products for export of finished products rather than to exporting raw materials.

3.8. Conservation of Medicinal Plants

The increased desertification, deforestation, erosion, climate change and extinction of some medicinal plants, calls for urgent need for conservation of medicinal plant

- i. Efforts shall be made by relevant stakeholders to conserve the abundant natural resources of biodiversity that exist in Nigeria through its sustainable utilization. Actions shall be taken to establish, strengthen and optimize herbal and ethnobotanical gardens according to the National and Global Programme of Conservation and Sustainable use of Biodiversity.
- ii. A national level community participatory programme for commercial scale cultivation of medicinal plants will be a focus.
- iii. The existing expertise and activities in the relevant Government Ministries shall be harnessed and coordinated to avoid unnecessary duplication of efforts and wastage of funds. Such Ministries shall include: Federal Ministry of Health and Social Welfare, Federal Ministry of Agriculture and Food Security, Federal Ministry of Environment and Ecological Management, Federal Ministry of Innovation, Science and Technology, Federal Ministry of Art, Culture and The Creative Economy, Federal Ministry of Education, and any other relevant MDAs.
- iv. Relevant Ministries shall, in collaboration with relevant agencies/institutions, enforce laws and regulations dealing with medicinal plants, their conservation, etc.
- v. The knowledge and skills of Traditional Medicine Practitioners shall also be preserved as a cultural heritage through appropriate documentation. Novel methods of preserving indigenous knowledge, e.g., WHO's and ARIPO guidelines on this subject shall be used to preserve indigenous knowledge on traditional medicine.
- vi. Necessary steps will be taken for the conservation, formal transmission and popularizing the use of the non-formal knowledge base on which the indigenous and traditional knowledge systems regarding Indigenous Systems of Medicine are based.
- vii. The rationale for improving the cultural, social, national and environmental

factors required for protecting the traditional resources pertaining to Incremental Sampling Methodology (ISM) and mainstream the technology and best practices pertaining to such knowledge systems will be ensured.

3.9. Protection of Intellectual Property Rights (IPR) of Indigenous Traditional Medicine Knowledge (ITMK)

The policy on Intellectual property and patent rights of individuals and institutions involved in research and development of new medicines from traditional remedies shall be guaranteed and also;

- i. Bilateral and multilateral agreements between and among Traditional Medicine Practitioners, researchers, Non-Governmental Organizations, government agencies, companies and countries for the equitable sharing of knowledge and royalty returns shall be ensured.
- ii. The provisions of the Convention on Biological Diversity (CBD) and Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreements shall be recognized.
- iii. Indigenous knowledge of individuals and communities, traditional medicine innovations and technologies shall be accorded adequate protection.
- iv. The orientation of WHO as outlined in guidelines on intellectual property rights for the protection of indigenous knowledge and the opinion of the Special Working Group of Experts on Intellectual Property Rights for protection of indigenous knowledge established by the WHO Director General in 2003, shall be recognized and implemented.
- v. Working with other relevant national agencies such as NOTAP, efforts shall be made for Nigeria to be a party to the Lusaka Accord of 1976 on ARIPO. This will enable the country to benefit from the various protocols and other instruments of the organization in the protection of indigenous traditional knowledge

3.10. Research and Development

- i. All aspects of research into traditional medicine shall be given priority attention and adequately funded. However, the research methodology shall be based on concept, theory and the principles of practice of indigenous traditional medicine as contained in the training curriculum and approved clinical trial protocol for traditional medicines.
 - ii. In addition, a survey, assessment, evaluation and documentation of all
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existing research outcomes on traditional medicine shall be carried out for further development. Multi-centred research shall be encouraged to optimise both human and material resources.

3.11. Partnerships and Networking

This policy would encourage synergy between TMPs, CMPs, researchers, relevant MDAs, professional bodies NGOs, and international bodies involved in TM.

- i. Regular seminars/workshops, exhibitions, and others fora shall be organised to enhance the knowledge and skills of practitioners, researchers, and administrators.
- ii. Participation in regional and global meetings and workshops shall be encouraged and supported.

3.11.1. Fostering Partnerships between Traditional and Conventional Medicine Practitioners

- i. Conventional medicine practitioner shall be given adequate orientation and awareness on the principles of the practice and context of traditional medicine.
- ii. Traditional Medicine Practitioners will be given more training on the nature of the practice and strengths of modern medical approaches.
- iii. Most importantly, the concept of referral to CMP will be encouraged to the traditional medicine practitioners.
- iv. Mechanisms shall be found for both partners to work in partnership for the enhancement of national health care delivery system.
- v. Traditional Medicine practitioners shall be encouraged to work in harmony amongst themselves to achieve optimum benefit.

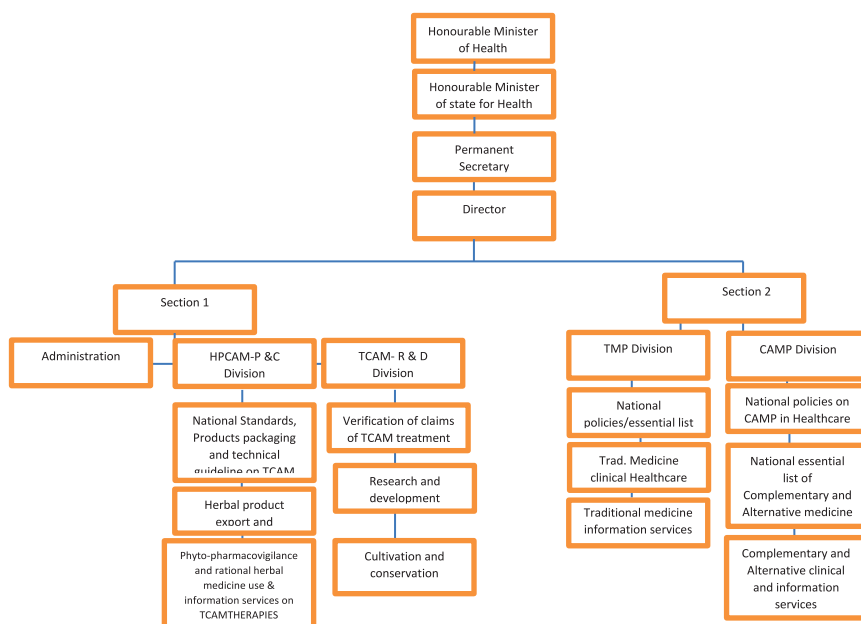
3.11.2. International Cooperation

- i. Technical cooperation, especially with neighbouring countries, particularly where similar medicinal plants grow, shall be encouraged through networking of institutions conducting traditional medicine research as well as institutions teaching traditional medicine.
 - ii. Exchange of information, training and research personnel will also be fostered through cooperation among countries for mutual benefit for all.
 - iii. Existing collaboration with other nations shall be strengthened, and new nations be identified, for more collaboration.
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PART 4: IMPLEMENTATION FRAMEWORK

4.1 TCAM ORGANOGRAM

The below organogram stages would be encouraged to be adapted and implemented by the States and possibly Local Governments.



4.2 Institutional Framework and Coordination

The implementation of the National Traditional Medicine Policy and the achievement of its set goals shall require the elaboration of strategies at the Federal, State and Local Government levels: More specifically:

- i. In line with the existing legislations, regulations, and guidelines the roles and responsibilities of the different tiers of government shall be defined from time to time
- ii. In line with the provision of the National Health Policy the managerial process for the development of traditional medicine shall be established

- iii. Governments of the Federation shall translate the National Traditional Medicine Policy into strategies, programmes, and activities to achieve clearly stated objectives and whenever possible set specific targets
- iv. The Federal Government shall formulate a National Traditional Medicine legislation as required in consultation with relevant experts and bodies including the Associations of Traditional Medicine Practitioners, and Traditional Medicine Practitioners' Council, Boards and Committees.
- v. A National Traditional Medicine Information System (NTMIS) shall be established by the Council in collaboration with various Traditional Medicine Boards and Committees as well as other relevant ministries and agencies to gather from time to time, essential information on traditional medicine.
- vi. The NTMIS shall be integrated into the National Health Management Information System (NHMIS).

The National Traditional Medicine Information System shall, among other purposes, be a tool for:

- i. Ascertaining the coverage of traditional medicine practice in the country.
- ii. Assessing the numerical strength, growth and skills of Traditional Medicine Practitioners
- iii. Appraising the pattern of resource allocation to traditional medicine practice in particular and the health care delivery system in general
- iv. Providing information to those who need to take action as well as feedback to those who supply the data and the general public.

4.3. International Support for TM

Governments and other institutions and stakeholders shall optimally explore support from international organizations along the following areas:

- i. Facilitating integration of TM into the national health system by helping Nigeria to strengthen the implementation of its national policies in this sector
- ii. Support in the development of guidelines for developing and providing international standards, technical guidelines and methodologies for research into products, practices and practitioners;
- iii. Stimulate strategic research into TM by providing support for clinical research projects on its safety and efficacy;
- iv. Support for the establishing of TCAM training institutes hospitals, and TM products manufacturing.

4.4. TM implementation Framework

The implementation framework shall be crafted along the following major strategies:

- i. Harnessing the potential contribution of TM to health, wellness, people centred health care and UHC
- ii. Promoting safe and effective use of TM through the regulation, research and integration of practices, practitioners and TM products into the health system, as appropriate.
- iii. Harnessing the socio-economic benefits of traditional Medicine for national development and growth.

In order to promote health and protect consumers who wish to avail themselves of TM products, practices and practitioners, the two key steps to be taken are:

- i. The appropriate authorities shall define to better understand TM within the Nigerian national situation by identifying the forms of TM used, defining who uses them, exploring the reasons for their use and determining both.
- ii. Reflecting on its national profile, Nigeria shall develop policies, regulations and guidelines that address those forms of TM which meet the health needs and choices of her people; which would be in alignment with existing legal frameworks, cultural beliefs about TM, and structures to supervise products, practices and practitioners.

More specifically, the above two steps shall be undertaken through activities that are designed to achieve the three strategic objectives:

- i. To build the knowledge base for active management of TM through appropriate national policies;
- ii. To strengthen quality assurance, safety, proper use and effectiveness of TM by regulating products, practices and practitioners;
- iii. To promote universal health coverage by integrating TM services appropriately into health service delivery and self-healthcare.

4.5. Measuring success

For implementation of the strategic objectives to be effective, their outcomes must be measurable in a consistent and objective way. Therefore, performance indicators based on the strategic objectives and shall be developed with regards to national needs.

Table 2. Key performance indicators

	Strategic objective	Strategic direction	Expected outcomes	Critical indicator
4.1	Enhance Governance and Leadership	Building a national consensus on development of Traditional Medicine Funds	Development of a Traditional Medicine Strategic Development Plan (TMSDP), and incorporation into both the National Strategic Health Development Plan (NSHDP) and the National Development Plan	Approved TMSDP
4.2	Improve Policy, Legislation and Regulations	Sustain efforts for an Act for the establishment of the TCAM Council	Efficient regulation of Traditional Medicine Practice and its practitioners in the country	TCAM Council Establishment Act
4.3	Institute an appropriate Knowledge and Skill Assessment and Enhancement Scheme	Presentation of joint memorandum by the Federal Ministries of Health and Federal of Education to the Federal Executive Council (FEC) for approval for the commencement of first degree training programme and other certificate programmes in traditional medicine in a few Federal universities.	Accreditation of Traditional Medicine Programmes by the NUC in Federal Universities	i. Number of Universities accredited and training students in Traditional Medicine ii. Number of trained Herbal Medicine practitioners produced.
4.4	Establish and sustain Collaboration between TMPs AND CMPs	Conduct large scale awareness, enlightenment and training on Traditional Medicine for conventional medical practitioners. Create an interface through scientific meetings for exchange of ideas. TMPs and CMPs.	Mutual trust between practitioners of both medical practices.	Practice of Traditional Medical care within an integrated health care delivery system.
4.5	Establish Quality Assurance and Safety in Traditional Medicine	Implement and continuously review standards on both products and practice of Traditional Medicine.	Institution and sustenance of quality assurance and safety in Traditional medicine	i. Number of quality and safe traditional medicine products approved. ii. Number of certified TMPs approved to practice.
4.6	Promote Commercialization, Production of Herbal Products for Availability, Affordability and Accessibility	Harness collaboration and partnership to scale up capacity for Research and its utilization for local production of traditional medicine products,	Availability of quality, safe, and efficacious traditional medicines products	i. Number of approved quality, safe and efficacious traditional medicine products available for use in the nations' healthcare delivery system. ii. Number of Nigeria made Traditional Medicine products available for international market

				iii.Number of pharmaceutical companies locally producing approved herbal medicine products in the country.
4.7	Promote Conservation of Medicinal Plants Resources.	Develop and implement a well-structured plan for the exploitation of the nations' medicinal plants, and preserve endangered species.	Sustain availability of medicinal plants for national development and protection of the environment	i.Regulation on the exploitation of medicinal plants. ii.Number of available medicinal plants farms for commercial use
4.8	Protection of Intellectual Property Rights (IPR) of Indigenous Traditional Medicine Knowledge (ITMK)	Harness various national legal framework, regional and global Accords/Protocol to develop a national Agenda for the protection of IPRs and ITMK	Participation of Nigeria in various regional and global accords on ITMK protection.	i.Number of regional and global accords and protocols endorsed by Nigeria. ii.A national regulation on the protection of ITMK and IPRs.
4.9	Research and Development	Coordinate, translate, and scale-up research outcomes for improved Traditional Medical care	Development of traditional medicines of good quality, efficacy and safety	i.Approved national clinical trial protocol on traditional medicines ii.Number of good quality, efficacious and safe traditional medicines derived from research and development efforts
4.10	Partnerships and Networking	Establish/strengthen national, bilateral, and multilateral collaborations	Implementation of agreements on collaboration	Number of agreements being implemented.
4.11	Promote universal health coverage by integrating TM services into health care service delivery and self-healthcare	Optimize the potential contribution of TM to improve health services and health outcomes.	i. Integration of TM into the health system. ii. Improved TM services and accessibility. iii. Improved communication between conventional medicine practitioners, professional bodies and TM practitioners concerning the use of TM.	i.Establishment of national programme for integrating TM service into the national health service delivery ii.Establishment of national programme for reporting consumer education programme for self-health care using TM.
		Ensure consumers of TM can make informed choices about self-health care.	i.Better awareness of and access to information about the proper use of T&CM. ii.Improved communication between conventional medicine practitioners and their patients about TM use.	

PART FIVE: MONITORING AND EVALUATION

To ensure that the goals and objectives of this policy are attained, appropriate strategies and directions have been mapped out, programmes and activities designed with time frame, SMART indicators identified, and expected outcomes and impacts, have also been highlighted. Therefore, to carry out monitoring and evaluation, the under listed measures shall be put in place and diligently executed: -

- I. Data collection, storage, collation, analysis and interpretation shall be given top priority. Relevant agencies shall be encouraged, mandated and supported to routinely collect data and properly stored for analysis, and design of intervention.
 - ii. Desks for data collection, with well-trained personnel, shall be established in the Council, TCAM Department, and other relevant agencies and institutes; TMPs shall be trained and made to keep record of their practice/activities through daily data collection.
 - iii. The Council, through a technical Committee, shall periodically review available data and make recommendations for improvement on the implementation or review of the policy.
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PART SIX: LEGAL FRAMEWORK

To ensure effective implementation of the TM policy, a legal framework shall be put in place. Accordingly, there shall be an established body to be known as the TCAMCN to carry out specific functions. In order to achieve this, the following shall be implemented.

6.1. Establishment of Traditional, Complementary and Alternative Medicine Council of Nigeria (TCAMCN), State Traditional Medicine Boards (STMB), and Local Government Traditional Medicine Committees (LGTMC).

- i. Advocacy and sensitization of policy makers, legislators (National and State), Civil Society Organizations, law makers, traditional institutions etc. at Federal, State and Local Government levels on the need for TCAMCN, STMB and LGTMC.
- ii. Sufficient funding at the Federal, State and Local Government levels for the establishment, staffing and operation of TCAMCN, STMBs and LGTMCs.
- iii. Advocacy and Sensitization for the establishment of Traditional medicine Boards and Traditional Medicine Committees at the State Local Governments Levels respectively.

6.2. Establishment of Code of Ethics and Practice

- i. Review, printing and wide distribution of TMPs Codes of Ethics and Practice.
- ii. The enforcement of such Codes of Ethics and Practice by Traditional Medicine Boards and Committees at the State and Local Government levels based on the guidelines formulated by the Traditional Medicine Council.
- iii. Development of National Occupational Standards for TMPs in collaboration with the National Board for Technical Education.

6.3. Establishment of Standards of Safety, Efficacy and Quality for Traditional Medicine

- i. Standards shall be made available for traditional medicine practice and products through the TCAMCN and standard documents on traditional medicine such as Nigeria Herbal Pharmacopoeia etc.;
 - ii. NAFDAC to ensure the safety, efficacy and quality of traditional medicine practice and products.
 - iii. Guidelines shall be formulated by the Traditional Medicine Council (TMC) in collaboration with relevant stakeholders.
 - iv. Effective monitoring and evaluation to ensure Good Agricultural Practice (GAP), Good Manufacturing Practice (GMP), Good Clinical Practice (GCP), Good Distribution Practice (GDP), Good Pharmacy Practices (GPPs) and any other best-practices as may be prescribed from time to time by the Council.
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