

REPUBLIC OF RWANDA



MINISTRY OF HEALTH  
P.O. Box 84 KIGALI

NATIONAL POLICY OF TRADITIONAL,  
COMPLEMENTARY AND ALTERNATIVE MEDICINE

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## Foreword

The Government of Rwanda is committed to the goal of Universal Health Coverage through primary health care as the key approach, and has formulated health strategies to achieve this goal including the National Policy of Traditional, Complementary and Alternative Medicine in Rwanda. The development of this policy was based on the national legislation and guidance documents of the Ministry of Health such as National Health Policy (2014) and strategic plan (HSSP III 2013-2018), the World Health Organization's guidelines for Traditional, Complementary and Alternative Medicine policy development and implementation, recent developments in World trade including Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and its Public Health Safeguards.

The policy document is to guide the Traditional, Complementary and Alternative Medicine practices in Rwanda. The various elements examined under the policy include, legislation and regulatory control, registration, manufacture, procurement and supply management, rational use, quality assurance, co-ordination, monitoring and evaluation of Traditional, Complementary and Alternative Medicine practices.

In highlighting these areas, due cognizance has been given to available resources, potential of Traditional, Complementary and Alternative Medicines in disease management and the socio-economic environment. The policy has also been formulated with an inherent flexibility to accommodate future developments and changes in the overall vision of attaining health for all. This document has been developed following several consultations with all the stakeholders in the Traditional, Complementary and Alternative Medicine sector in order to ensure a coherent and a multi-sectoral platform for achieving the main goal of the National Policy.

This document shall therefore remain the official policy to guide the Traditional Medicine sector in Rwanda.

I wish to express my sincere appreciation to all the technical experts, from different stakeholders for their immense contribution and support towards the development of this policy.

  
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Minister of Health





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## Acronyms and Abbreviations

<b>CURPHAMETRA:</b>	Centre Universitaire de Recherche en Pharmacopée et Médecine Traditionnelle
<b>EDPRS:</b>	Economic Development and Poverty Reduction Strategy
<b>FAO:</b>	Food and Agricultural Organization/Fonds Agro-Alimentaire
<b>HSSP:</b>	Health Sector Strategic Plan
<b>IRST:</b>	Institut de Recherche Scientifique et Technologique
<b>MDGs:</b>	Millennium Development Goals
<b>NAPRECA:</b>	Natural Product Research Network for Eastern and Central Africa
<b>NGOs:</b>	Non-Governmental Organizations
<b>NIRDA:</b>	National Industrial Research and Development Agency
<b>SDGs:</b>	Sustainable Development Goals
<b>SWAP:</b>	Sector Wide Approach
<b>T, C&amp;AM:</b>	Traditional, Complementary and Alternative Medicine
<b>TM:</b>	Traditional Medicine
<b>TRIPS:</b>	Trade-Related Aspects of Intellectual Property Rights
<b>TWG:</b>	Technical Working Group
<b>UNESCO:</b>	United Nations Educational, Scientific and Cultural Organization
<b>UR:</b>	University of Rwanda
<b>WHO:</b>	World Health Organization

## Introduction

In the Alma-Ata Declaration of 1978, recognition was given to the role of traditional medicine and its practitioners in achieving health for all. The WHO Regional Committee for Africa by its resolution AFR/RC34/R8 of 1984, urged Member States to prepare specific legislation to govern the practice of traditional medicine as part of national health legislation and ensure an adequate budget allocation that will make for effective development of traditional medicine.

Traditional medicine is used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses. The importance of T, C&AM and its potential for the achievement of health for all in the African Region is a fact; about 80% of the rural population living in the African Region depend on T, C&AM to meet their health care needs (WHO 2003); but also, it should accelerate the development of local production of traditional medicines and other natural products to meet their health care needs and contribute in achieving the attainments of SDGs.

Some countries in the Region have established national agencies responsible for management of activities in the field of traditional medicine, formulated policies of T, C&AM, passed legislation and developed codes of ethics and of conduct for the practice of T, C&AM and created associations. Further noting that some countries in the region are doing research in the field of T, C&AM and those aspects have been included in the program of some training institutions.

Many people in Rwanda also use Traditional, Complementary & Alternative medicines and the demand has been increasing within the population by this time. Therefore, even though Traditional Medicine is not yet institutionalised, in some of legal, regulatory and strategic documents the need by the Government of Rwanda to ensure access to safe healthcare and products provided by Traditional Medicine Practitioners has been highlighted; this include the National Health policy and strategic plan. Although, incorporating it into the national health system with the objective of ensuring that traditional, complementary and alternative medicine treatment is available, safe, efficient with data which have been scientifically, rationally proven and needed to avoid its irrational use for safety of the Rwandan Community.

The Traditional, Complementary and Alternative Medicine policy provides for clear goals, key policy objectives as guiding principles and actions for its institutionalisation. This will facilitate the establishment of a legal and regulatory framework on T, C&AM practices. The policy seeks to promote collaboration and partnership with all relevant partners. It also aims to promote appropriate methods and technologies in the development of T, C&AM practices that will improve the quality, safety and efficiency of T, C&AM products.



## **1. Situation Analysis**

### **1.1 Understand the population and service environment**

The current situation of T, C&AM in Rwanda indicates that, majority of the population uses T, C&AM for treatment of various diseases. Different T, C&AM methods, which have been practiced in Rwanda, include herbal medicine, massage/manipulation, steam/heat, diet and supplements, exercise, spiritual and mental therapy. Unfortunately, up to now, there are limited studies or no researches that proves their effectiveness, efficacy and safety of active substances used in traditional practices.

### **1.2 Traditional, Complementary & Alternative Medicine practice in Rwanda**

The introduction in Rwanda of Traditional Medicine goes back to 1980. In the same year, within the National University of Rwanda, a University Centre for Research in Pharmacopoeia and Traditional Medicine (Centre Universitaire de Recherche en Pharmacopée et Médecine Traditionnelle – CURPHAMETRA) was created. This was later on transferred to the Institute of Scientific and Technological Research (Institut de Recherche Scientifique et Technologique – IRST) which was transferred in the National Industrial Research and Development (NIRDA) in 2013 with a clear terms of reference for developing the national industrial development policy, patent inventions and traditional knowledge in relation to industrial development and promote research products.

The Directorate General of Clinical and Public Health Services within the Ministry is in charged with overall coordination and oversight Traditional, complementary alternative medicines (T C& AM). Partners involved in the Traditional Medicine and complementary and alternative medicines includes international organizations like WHO, UNESCO, FAO, NAPRECA and other governmental and Non governmental institutions.

The Rational of traditional medicine in healthcare has been articulated in National and official documents such as: the Rwanda's Progress in Health, Rwanda Service Provision Assessment Survey 2007, the Vision 2020 of Rwanda, National Health Sector Policy 2014 and Health Sector Strategic plan 2013-2018 and in different health related laws; regulatory tools providing for regulation of Traditional medicine sector have been put in place. These are the Ministerial Instruction N°20/18 of the 16<sup>th</sup> June 2006 which sets up conditions to be fulfilled in order to practice Traditional Medicine, the ministerial order N° 007/2008 of 15/08/2008 establishing the list of protected animal and plant species which include some endangered medicinal plants and the Law N° 47/2012 dated 14/01/2013 relating to regulation and inspection of food and pharmaceutical products including regulation of herbal medicines. To ensure quality of Traditional, Complementary & Alternative medicines, the Ministry of health with support from the World Health Organization has developed a draft Traditional medicine legislation that should regulate T, C& AM practices in the country.

Traditional Medicine in Rwanda is currently individualized in the hands of Traditional healers. Their knowledge is handed-over from generation to generation. Complementary and Alternative Medicine is practiced by practitioners who acquired knowledge through developed curricula and trainings. However, in Rwanda like many other developing countries, education, training and research in this area have to be adequately developed.

### **1.3 Challenges and gaps**

The institutionalisation of T, C&AM still inadequate; there has not been any comprehensive legislation and regulation of T, C&AM in Rwanda and the practice in this sector has been performed without control of the Government. Knowledge generation and management do not have a clear framework.

## **2. Policy Orientation**

### **2.1 Vision**

Full integration of traditional, complementary and Alternative medicine practices into the health system to complement modern medicine so as to achieve better health for all.

### **2.2 Mission**

The policy aims to foster the traditional, complementary and alternative medicine integration into the national health system to ensure safety care and protect the people; alleviate poverty by enhancing household incomes through promoting conservation, cultivation, harvesting and trade in medicinal plants and other medicinal resources; contribute to national economic growth through registration, licensing and other revenue collection measures.

### **2.3 Guiding Principles**

The T, C&AM policy is based on the guiding principles of the National Health Policy of the Ministry of Health (MOH), promoting integrated, people-centered and sustainable services. This T, C&AM policy will adhere to the following values and principles:

#### ***Integrated services:***

- T, C&AM services providers will be integrated and collaborate with other health services providers in all level of the health systems from Community Health level.
- Sustainable linkages and collaborations with other health professionals councils to improve overall service delivery.
- Broad involvement and participation of all relevant health sector stakeholders

#### ***People-centered services:***

- Service delivery based on client needs and established norms and standards in order to protect clients;
- Professional practices, conduct and performance oriented towards the client needs;



- Promotion of universal health coverage, highlight demand of services, improvement of access, community participation and linkages between health sector and communities.

***Sustainable services:***

- Quality and cost effectiveness in T, C&AM management, research and development;
- Promote research and Strengthen capacity of T, C&AM practitioners to deliver expected and desired services by clients;
- Efficiency and effectiveness in delivery of quality health care services.

**2.4 Goal**

The Policy’s overall goal is to guide and coordinate T, C&AM practice while protecting indigenous knowledge, intellectual property, consumer and other rights as well as medicinal resources. The aim is to improve the quality, efficacy, rational use of T, C&AM and raise capability and efficiency of the T, C&AM practitioners for the better health of the community.

**2.5 Policy Objectives**

- ✓ *To provide appropriate evaluation methods to facilitate the development of legislation regulation in traditional, complementary and alternative medicine;*
- ✓ *To enhance national capacity management, coordination and use of information related to T, C & AM at all levels at all levels*
- ✓ *To ensure appropriate, safe and effective use of traditional,complementary and alternative medicines;*
- ✓ *To improve the quality and value of research in traditional, complementary and alternative medicine;*

**2.6 Policy Directions**

The policy shall be used to implement the Rwanda traditional, complementary and alternative medicine and shall focus on effective management processes and mechanisms that promote Traditional, complementary and alternative medicines.

- 1. To provide appropriate evaluation methods to facilitate the development of legislation and regulation in traditional, complementary and alternative medicine**

***Policy directions***

- 1.1 Capitalize on the potential contribution of T, C&AM to improve health services and health outcomes;
- 1.2 Create and enable political, economic and regulatory environment for local production of medicines;



- 1.3 Recognize and develop practice and practitioner regulations for T, C&AM Education and training, skills development, services and therapies;

**2. To enhance the national capacities in management, coordination and use of information related to T, C & AM at all levels**

*Policy directions*

- 2.1. To have a comprehensive and functional administrative structure of T, C&AM in Rwanda to coordinate, oversee and advise practitioners and other beneficiaries in the sector
- 2.2. Strengthen collaboration between and within local and international organizations dealing with Traditional, Complementary and Alternative Medicine.
- 2.3. Ensure consumers of T, C&AM can make informed choices about self-health care
- 2.4. To increase herbal medicines at sustainable levels, and improve the efficiency and profitability of herbal medication and complementary & alternative medicines services for both national and international consumption
- 2.5. Generate and disseminate correct and useful information about nature and use of traditional, complementary and alternative medicine.

**3. To ensure appropriate, safe and effective use of traditional, complementary and alternative medicine**

*Policy directions*

- 3.1. To establish a suitable management and regulatory measures to ensure the safe practice of T, C&AM activities
- 3.2. Recognize the role and importance of product regulation
- 3.3. To build capacity among traditional, complementary & alternative medicine practitioners and other practitioners in health sector
- 3.4. Ensure appropriate information sharing among practitioners and other stakeholders including consumers
- 3.5. To establish safety monitoring procedures

**4. To improve the quality and value of research in T, C& A medicine**

*Policy directions*

- 4.1. Encourage knowledge generation, translation and dissemination by establishing a comprehensive and inclusive approach to TM research and development including into quality and cost-effectiveness
- 4.2. Strengthen the knowledge base, build evidence and sustain resources
- 4.3. Develop a national research agenda which acknowledges and includes various types of research models where appropriate

- 4.4. To promote research and development to improve the quality, safety and efficiency of traditional and complementary medicines by supporting research institutions working with T, C&AM
- 4.5. Improve the quality of the products, producers and skills in marketing systems.

### **3. Governance Framework**

#### **3.1 Organization & Management of sector or sub-sector to deliver results**

The Ministry of Health will assume its own responsibility in policies and strategies related to T, C&AM planning, development and national regulations including guidelines.

Sectors such as education, local governance, information and communication should be involved in processes such as the development and promotion of culture and traditional practices and in educating the population to empower them to make the right choices as regards the use of traditional, complementary & alternative medicine.

The natural resources, agriculture and industry sectors will have an important role to play in the conservation of medicinal plants and the local production of traditional medicines. Communities, non-governmental organizations and other partners will have major roles to play in optimizing the use of traditional, complementary & alternative medicine in Rwanda.

Several international partners are particularly well placed to facilitate specific aspects of the implementation such as promotion of the cooperation with foreign governments, research institutions and relevant international agencies for the purpose of enhancing human resource development and for the efficient implementation of the traditional, complementary and alternative medicine policy.

#### **3.2 Management and Stewardship structures**

The Ministry of Health holds responsibility for central functions such as policy and priority setting, financial management, budget execution, and audits.

To improve accountability and transparency, local leaders are directly accountable to the communities they serve, as well as to the government through the Imihigo performance contracts, which include also the health priorities within which Traditional, Complementary and Alternative Medicine activities are included.

#### **3.3 Partnership and Coordination structures**

The implementation of the T, C&AM policy shall follow a consultative, collaborative and coordinated approach that involves development partners, government institutions and other private stakeholders including practitioners. This will be developed to provide for the inclusion of all levels that is from central, provincial, district and community levels.



### **3.4 M&E and accountability mechanisms**

MOH will put in place adequate mechanisms to implement this policy as well as to monitor and evaluate its impacts in order to assure continuous improvement of T, C&AM practice in Rwanda. This policy is implemented through T, C&AM strategic plan evaluated on annual operation plans. Monitoring and evaluation plan should be developed to communicate the implementation as well as monitoring and evaluation plan with clear compilation of indicators.

### **4. Conclusion**

The level of use of traditional, complementary and alternative medicine has changed over the last thirty years since the 1970s because of its accessibility and availability. Also, traditional medicine played an important role by meeting the demands of primary health care needs in many countries. Since then it has kept its function in the health sector in developing countries' population depends on its resources.

Therefore, traditional medicine must have adequate policy which permits its full integration in the national health system and properly regulated for public health protection, and which will ensure compliance with organizational and regulatory requirements. In addition, safety, quality and efficacy requirements of products used in traditional, complementary and alternative medicines must be ensured, leading to socioeconomic development of the Rwandans and therefore supports the health system.

### **Government, commitment and orientations**

A additional budget/funding is needed for implementation of the policy and the Government will collectively coordinate with its development partners the resource mobilization to implement the policy. In close collaboration with other line Ministries, adequate resources shall be mobilized for implementation of the policy.



## 5. Bibliography

1. WHO. Tools for institutionalizing traditional medicine in health systems in the WHO African Region. Brazzaville. 2004.
2. WHO. Promoting the role of traditional medicine in health systems; a Strategy for the African Region. Harare. 2001 UNICEF.
3. Primary Health Care. Report of the International Conference on Primary Health Care. Alma Ata 1978
4. Enhancing the role of traditional medicine in health systems: A strategy for the African region.
5. Economic development and poverty reduction strategy. 2013 – 2018
6. Rwanda's Progress in Health. 2011
7. Rwanda Vision 2020
8. Rwanda state of environment and outlook
9. Health Sector Policy. Government of Rwanda. 2005
10. WHO. Technical report series N° 622. Promotion and development of traditional medicine.
11. WHO Strategy for Traditional Medicine 2014-2025
12. Government of Rwanda (2010). *Government Programme for 2010-2017*. Kigali.
13. République du Bénin, Politique Nationale de la Médecine Traditionnelle au Benin, Cotonou 2011
14. National policy on traditional medicine and regulation of herbal medicines Report of a WHO global survey World Health Organization Geneva May 2005
15. Annual Report of the Ministry of Health 2012