



Policy Brief

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Seeking Solutions for Traditional Herbal Medicine: Kenya Develops a National Policy

Traditional medicine is a vital yet often neglected part of health care in Kenya. The conventional system provides for only 30 per cent of the population, implying that more than two-thirds of Kenyans depend on traditional medicine for their primary health care needs.¹ In rural areas, especially, most people rely primarily on medicinal and aromatic plants for treating health problems and for other uses such as cosmetics, perfumes and food.

The dependence on medicinal plants is due to lack of access to modern medical services.

Although the majority of Kenyans (80 per cent) live within 5 kilometres of a health facility, medical services are not always available. Many facilities lack drugs, basic services and amenities and the cost of medicine is high. In addition, there are shortages of health professionals and the ratio of doctors to the population remains low at 15 per 100,000.²

All these constraints, coupled with the holistic values that rural communities attach to traditional plant cures,³ mean that traditional medicine remains firmly entrenched as an important – if often unrecognized – component of the health care system.

Kenya is not alone. The World Health Organization (WHO) estimates that as many as 80 per cent of the world's people especially in developing countries rely on traditional medicine for their primary health needs because it is either cheaper and accessible or more culturally appropriate.⁴ With the recent upsurge in the use and popularity of traditional medicine in spite of advances in modern medicine, WHO has recommended its integration into primary health care. Such an integration, however, would require corrective measures to address some of the negative aspects of traditional medicine.



This policy brief summarizes the major issues requiring consideration as Kenya works to develop a national policy for guiding, promoting and regulating traditional medicine.

Challenges

Growing use of herbal medicines and the expansion of their market pose challenges in safety, quality and efficacy of traditional remedies and practitioners. Historically, the use of traditional medicine has been on a small local scale through provision

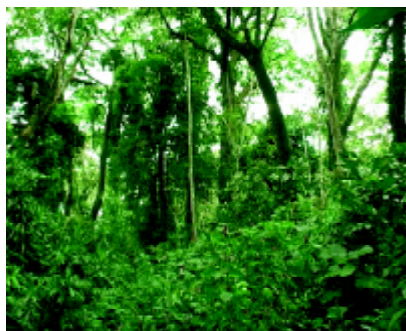
by traditional healers often without government involvement at all. In modern times, there has been increased recognition of traditional medicine by the scientific community, media, and development plans and policies. For example, Kenya's 1989–1993 development plan made a commitment to the promotion of the welfare of traditional practitioners.⁵

More recently, too, urbanization has changed the face of traditional medicine. Previously, village healers would provide services using herbs obtained from nearby forests and fields. Urban markets, on the other hand, have many herb sellers, each giving advice and selling both raw plant material and preparations that they have produced themselves. Their products are mainly packaged in bottles or small plastic bags, perhaps wrapped in newspapers, but have no indication of the appropriate dosage. Quality control is a challenge under these circumstances. So is the conservation of the botanical resource.

Thus traditional medicine in Kenya flourishes unrecognized and unregulated by the Government or other institutions. This has resulted in the proliferation of herbal practitioners dispensing various forms of herbal medicines that



Kenya's biodiversity is a rich source of medicinal plants that form the basis of traditional medicine.



Kakamega Forest – The only remaining rain forest in Kenya. It provides a unique sanctuary of endemic plants that are potential sources of herb-based medicine.

are touted as able to resolve just about any health problem. Little is known about the safety and efficacy of these proposed therapies, or their negative consequences. While unregulated use of traditional medicine can have negative effects, a claim that herbal medicine can cure every disease brings even good practice into disrepute. With increased prevalence the questions of safety, efficacy and quality are some of the challenges that need to be overcome. More work is also needed to raise public awareness of appropriate use of traditional medicine.

Threats to Kenya's Medicinal Plant Resource

Kenya is endowed with vast resources of medicinal and aromatic plants. But with its population growing at the rate of 2.8 per cent per year, the increasing demand for local resources such as agricultural land, fuel wood and commercial logging threatens the medicinal plant biodiversity. These activities have reduced the indigenous forest cover to less than 2 per cent of the land in the country.

Widespread use of traditional medicine is also increasing pressure on medicinal resources because of overexploitation and habitat loss. The activities of traditional herbalists also have an exaggerated impact on the remaining wild stocks. In the early days, traditional herbalists collected medicinal plants according to tradition and taboo.⁶ Plants were therefore protected from over harvesting. In modern times, urban healers purchase their *materia medica* from street markets, thus providing an economic incentive for the destructive harvesting of vulnerable medicinal plants.

Urbanization has changed the face of traditional medicine. Instead of village healers providing services using herbs obtained from nearby forests and fields, urban markets have many herb sellers. Quality control is a challenge. So is the conservation of the botanical resource.

In addition, what is now referred to as “intellectual property” is being eroded. The art of traditional medicine including herbal medicines has been practised in East Africa for many years and the knowledge of medicinal plants is normally passed orally from one generation to the next. Traditional knowledge about biodiversity is inadequately protected under such circumstances, and a lot of valuable information is lost as traditional healers die without revealing it.⁷ Nor does the current legal framework in the country protect this knowledge. In light of this situation, there is a growing need to have an

appropriate national policy that can facilitate the proper use of traditional medicine.

Responding to the Growing Use of Traditional Medicine

Traditional medicine has great potential to increase people's access to health care services. The Government realizes that issues of concern about traditional medicine can best be tackled within a national policy framework that provides a sound basis for both promoting and regulating its use.

In 2007, the Government embarked on a process of public consultation, awareness creation and discussions in all the provinces to address the needs of the sector. This consultation

Along with increased popularity of herbal medicine is an increased interest in the safety and efficacy of the practice.

resulted in the development of a *Draft Policy on Traditional Medicine and Medicinal Plants*. The draft policy is aimed at achieving conservation of medicinal plants, equitable sharing of benefits, and enhancing production and domestication, while ensuring the safety and efficacy of the products. It will also give guidance to practitioners, consumers and regulators.



Madagascar periwinkle (*Catharanthus roseus*) is an example of why conserving biodiversity is important. This herb, which is native to the island of Madagascar, is currently used to produce cancer fighting medicines.

Priority Areas for Attention

Issues in four thematic areas are the core of the focus of the draft policy on traditional medicine:

- ◆ Safety and efficacy
- ◆ Conservation
- ◆ Production and domestication
- ◆ Commercialization

Safety and Efficacy

Along with increased popularity of herbal medicine is an increased interest in the safety and efficacy of the practice. Research into these issues has not received due support and attention. Harmful practices and toxic substances are used widely, but users are unaware of the dangers. Such practices should be identified and discouraged. The policy proposes training and further research on herbal medicine to ensure the quality of products put on the market.

Conservation

There are various plant-derived drugs in professional use worldwide, three-quarters of which were discovered through scientific investigation of traditional medicine.⁸ Well-known examples of plant-derived medicines include quinine and aspirin, digitalis, and the malaria drug artemether lumefantrine. Kenya has several plant species that have medicinal value but are under threat. These include *Aloe secundiflora*, *Prunus Africa* and *Zanthoxylum chalybeum*.



Photo by P. Karuki

Herbal medicines on sale at a market in Ukambani – Standards for packaging herbal treatments need to be defined to ensure medicine is safe, hygienic and convenient for use.



In the face of the threat caused by destruction of the biodiversity, there is need to put in place comprehensive conservation measures. The policy therefore calls for sustainable use and conservation of medicinal plants to ensure that the local medicinal resource base is not undermined.

Domestication and Commercialization

Although traditional medicine has been practised in Kenya for many years, most of the medicinal plant species are not cultivated. In the traditional setting, medicinal plants are normally obtained from the wild, but for commercial purposes harvesting wild plants is not sustainable. It is necessary to introduce systematic cultivation of medicinal plants in order to conserve biodiversity and protect

Aloe secundiflora



Photo by P. Karuki

threatened species. The policy recommends cultivation as one of the best strategies to provide needed plant material without depleting wild stocks.

Protecting Indigenous Knowledge

Protection of intellectual property rights is one of the important means for protecting the benefits of traditional knowledge. This is because many activities and products based on traditional knowledge are important sources of income.

In Kenya, the only instrument available for protecting traditional knowledge is the trade secret. The Industrial Property Act Cap 509 of the Laws of Kenya, which could protect the intellectual integrity of traditional practitioners, disqualifies traditional knowledge. Medicinal plants are therefore collected and used without any regulation, opening them to indiscriminate exploitation and bio-piracy. Huge profits are made but never shared with the custodians of biological diversity.

There is need to respond to these challenges in order to enhance income generation and benefit sharing. The policy therefore seeks to protect

holders of indigenous knowledge from exploitation and bio-piracy by addressing questions on how economic benefits can best be shared.

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National Coordinating Agency for Population & Development

PO Box 48994 - GPO, Nairobi 00100, Kenya

Tel: 254-20-271-1600/01

Fax: 254-20-271-6508

www.ncapd-ke.org

NCPD is a semi-autonomous government agency that promotes and coordinates population and development activities in Kenya.