



**Discipline of Traditional Medicine
Strategic Plan: 2020 – 2025**

In partnership with the Africa Health Research Institute



Table of Contents

Executive Summary.....	4
Vision.....	5
MISSION	6
OUR APPROACH.....	6
GUIDING VALUES.....	7
INTRODUCTION.....	8
SWOT ANALYSIS.....	9
KEY PRIORITY AREA 1: Mainstreaming Traditional Medicine in the College of Health Sciences Curriculum and contribute to strategic national curriculum initiatives	11
KEY PRIORITY AREA 2: Health Systems Research and Policy on Traditional Medicine	12
KEY PRIORITY AREA 3: Preclinical and clinical research.....	13
KEY PRIORITY AREA 4: Engagement, Partnerships, Collaboration and Resource Mobilisation.....	14
KEY PRIORITY AREA 5: Infrastructure for research, preservation and commercialisation	15
Budget for Traditional Medicine Strategic Plan 2020-2025	Error! Bookmark not defined.

List of Acronyms

AHRI	Africa Health Research Institute
ATM	African traditional medicine
DUT	Durban University of Technology
HWSETA	The Health and Welfare Sector Education and Training Authority
SFU	Simon Fraser University
THP	Traditional Health Practitioner
TM	Traditional medicine
UKZN	University of KwaZulu-Natal
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UP	University of Pretoria
VUT	Vaal University of Technology
WHO	World Health Organisation

EXECUTIVE SUMMARY

The thrust of the strategic plan, which is a major shift from the past, is the recognition that there is a growing need for infusion of traditional medicine curriculum at the University of KwaZulu-Natal and in support of strategic national initiatives that require an input of curriculum. The strategy recognizes that traditional medicine is a discipline and exists in a multi-professional environment. There are many stakeholders in this work which need to be engaged with.

For this reason we have broadened our vision to be:

To restore the dignity of African Traditional Medicine through excellence in teaching, research, and stakeholder engagement.

Our approach is advocacy, participatory and emancipatory when it comes to previously marginalized traditional health practitioners and indigenous knowledge holders. They will be included in all our work.

The strategy identifies five key priority areas over the next five years:

1. Mainstreaming Traditional Medicine in the College of Health Sciences Curriculum contribute to strategic national curriculum initiatives,
2. Health Systems Research and Policy on Traditional Medicine,
3. Preclinical and clinical research,
4. Partnerships, Collaboration and Resource Mobilisation, and
5. Infrastructure for research, preservation and commercialisation

Through academic and training modules we propose to introduce on African traditional medicine we will contribute to the Africanisation of the University of KwaZulu-Natal Health Sciences curriculum and add depth in the honours programme of the University.

There are important strategic national initiatives, such as the proposed National Research Institute on African Natural Medicines by the Department of Science and Innovation, which will require curriculum inputs.

This strategy is aimed at minimizing our weaknesses and exploit the opportunities available to us through new partnerships and collaboration. It will result in the creation of a critical mass for this discipline.

VISION

Preamble

Recognising that the introduction of the Witchcraft Suppression Act 1895 in the Cape Colony and subsequently amended in the Republic of South Africa in 1957 effectively declared traditional medicine unlawful.

It led to stigmatisation of this profession.

The University of KwaZulu-Natal has been influenced by such colonial and apartheid laws.

This is reflected in its teaching, learning, and research programmes.

The presence of the discipline of Traditional Medicine shows a departure from this past and an attempt to decolonize, Africanise and transform its teaching, learning and research programmes.

However, a lot of damage has been done and it will take a lot of work to change.

Our vision, therefore, is to restore the dignity of African Traditional Medicine through excellence in teaching, research, and stakeholder engagement.

MISSION

To become a recognized discipline and centre of excellence, and a priority choice for Traditional Health Practitioners (THP), Indigenous Knowledge Holders, researchers, and students for health systems, preclinical and clinical research of African Traditional Medicine.

This Strategic Plan sets out a clear framework for teaching and research on traditional medicine at UKZN. Ambitious but realistic targets have been set for each of the identified interventions over a five-year period. Whilst implementation of this Strategic Plan is a collective responsibility of the staff of Discipline of Traditional Medicine and its students, effective implementation depends largely on the quality of support from the School of Nursing and Public Health, the College of Health Sciences, UKZN in general, and its partners. Preliminary costing of the main elements is included, and a commitment is made to raise funding from government and its agencies, research funders, and various development agencies.

APPROACH

In conducting our work on African traditional medicine, we believe that the inclusion of Traditional health Practitioners and community is of paramount importance. They are indigenous knowledge holders and keepers. For this reason, our research approach is multidisciplinary if not cross disciplinary.

Our approach is an advocacy, participatory and emancipatory

We feel that an advocacy, participatory and emancipatory approach to our work will respond better to the needs or situation of traditional health practitioners who have been marginalised and vulnerable to scientists and those with resources. We intend to make a difference and positive change in their lives and consumers of traditional medicine. Thus, it is important that we involve them in our work, preferably at all stages, to avoid further marginalising them.

GUIDING VALUES

We align ourselves with the values of UKZN which aims to establish a value-driven organisational culture that empowers the Institution and its people to achieve institutional goals. The guiding values are Respect, Excellence, Accountability, Client Orientation, Honesty, and Trust – represented as R.E.A.C.H.T. The behaviour and actions of everyone at UKZN will, accordingly, demonstrate:

- **Respect:** UKZN undertakes to promote mutual respect, courtesy, and inclusiveness.
- **Excellence:** UKZN undertakes to display quality, leadership and energy in all that it does.
- **Accountability:** UKZN promises to be responsible and accountable in the behaviour displayed towards all its stakeholders.
- **Client Orientation:** UKZN undertakes to satisfy the needs of all its clients, stakeholders and partners, on a consistent basis.
- **Honesty:** UKZN promises to deliver with integrity – steadfastly and with adherence to good governance.
- **Trust^T:** The 'T' symbol after reach^t refers to the principle of 'trust' that underpins all of the other institutional values. The implicit trust enjoyed by every member of UKZN and their well-defined actions that embrace the R.E.A.C.H.T values, are the important ingredients of the moral fibre of the Institution.

INTRODUCTION

The World Health Organisation (WHO) defines traditional medicine (TM) as ‘the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses’ (WHO, 2008). Herbal medicines are the most widely used and lucrative form of traditional medicine, generating billions of dollars in revenue globally.

During the last decade, use of TM has expanded globally and has gained popularity. It has not only continued to be used for primary health care of the poor in developing countries but has also been used in countries where conventional medicine is predominant in the national health care system.

The term ‘traditional’ used in describing traditional medicine does not imply that this knowledge is old or un-technical in nature, but ‘tradition based.’ It is ‘traditional’ because it is created in a manner that reflects the traditions of the communities, therefore it relates not to the nature of the knowledge itself, but to the way in which that knowledge is created, preserved and disseminated. Traditional use of herbal medicines refers to the long historical use of these medicines. Their use is well established and widely acknowledged to be safe and effective, and may be accepted by national authorities.

In South Africa, UNAIDS (2006) estimates that up to 85% of the black population depends on TM for primary health care. Despite encountering hurdles of suppression in the era of colonialism, African traditional medicine (ATM) has managed to survive all along. It is a fact that ATM is our culture, our heritage and our future. However, there is still an existing gap in understanding between traditional health practitioners (THPs) and biomedically trained health practitioners. This huge gap is anticipated to narrow down if the two professionals were to have a common language on this cultural and traditional health practice. It is everyone’s wish that conventional health practitioners acknowledge that African traditional medicine belongs to our cultural and traditional roots and accept to learn their cultural and traditional based medicine.

With legislation and policies supporting the development of this sector, the demand for research, training and incubation of small and medium enterprises is going to be enormous. It is the space we wish to ready ourselves to make a meaningful contribution.

This strategic plan serves as our guide and roadmap for the next five years. We will share it with our management, partners, and funders.

SWOT ANALYSIS

Strengths:

- Uniqueness of our research
- Multidisciplinary approach
- Strong relationships with Traditional Health Practitioners
- State of the art tissue culture laboratory
- Technical funding from CRD, CHS, and School
- Committed staff
- Attract committed students
- Active graduate programme
- Active and recognized participants in regulatory and policy developments
- Member of the IKS Innovation Consortium
- Strong relationship with KZN and National Department of Health, and Department of Science and Innovation

Weaknesses:

- Inadequate research funding
- Unresolved leadership support
- Lack of institutional support
- Under-resourced HR
- Absence of a clinical programme
- Lack of an accredited teaching programme
- Inability to publish in accredited journals due to IP issues

Threats:

- Dominance of biomedical thinking
- Negative perceptions of TH/THP in the UKZN, and Society in general
- Competitive threats from lack of funding
- Lack of appropriate ethical framework for TM research in so far as the requirement to disclose intellectual property without mechanisms for protection
- Indigenous medicinal plant ethics do not exist which are vital to conducting research on TM based on its theory and philosophy. This is an international policy debate.

Opportunities:

- Teaching needs of conventional health care workers and health science students
- Students demand for a decolonized education
- Changes in Cannabis legislation presents new research opportunities
- Current support for Traditional Medicine at the Ministry of Health and the KZN Ministry of Health – policy relevant research
- Market development opportunities – from research to product development
- Develop and implement THP led research
- MOU with HWSETA, Innovation Hub, and National Heritage Council
- Partners in Public engagement)
- Collaboration opportunities with AHRI, DUT, VUT, UP, SFU and Wistar Institute
- Linkage with Canadian First Nation Healers

KEY PRIORITY AREA 1: Mainstreaming Traditional Medicine in the College of Health Sciences Curriculum contribute to strategic national curriculum initiatives

Develop modules aimed at undergraduate health sciences students, postgraduate honours and research masters and doctoral students focusing on Africanising, transformation, and decolonisation of the curriculum. We will make our contribution to support national strategic initiatives that need curriculum inputs. **There will be input from different role players in the School and College in order to strengthen the academic profile of the proposed teaching programme.**

1. Module for undergraduate health science students:

- 1.1 The WHO African Regional Office has developed modules for training health science students and conventional health care professionals
- 1.2 We will customize this to our national context while maintaining a global outlook
- 1.3 We will promote the acceptance of the Module by the College of Health Sciences
- 1.4 We will seek its accreditation within UKZN and Nationally
- 1.5 Could be taken for non-degree purposes by health professionals
- 1.6 Identify champions within the College

2. Honours course on Traditional Medicine:

- 2.1 The Centre for Indigenous Knowledge Systems has facilitated the accreditation of an Honours Course within UKZN and by the Department of Higher Education
- 2.2 We will customize this and align it to our College
- 2.3 Develop modules that will be accredited

3. Masters, doctoral and post-doctoral students:

- 3.1 Promote multi-disciplinary research of postgraduate students and post-doctoral fellows
- 3.2 Seek funding to support student training

4. Support national strategic initiatives that require curriculum inputs:

- 4.1 The proposed National Research Institute for African Natural Medicines by the Department of Science and Innovation will require a change in curriculum to support innovation
- 4.2 The Department of Health draft policy on African traditional medicine is proposing a National Institute for African Traditional Medicine which will require inputs on curriculum

KEY PRIORITY AREA 2: Health Systems Research and Policy on Traditional Medicine

Conduct research that will strengthen the traditional and public health care system and TM policy. **The School of Nursing and Public Health is best suited to support and capable to carry out this research**

1. Health systems research:

- 1.1 Conducting health systems research to better understand traditional health practice and strategies for full integration into the national health care system
- 1.2 Conduct research into the philosophy of, and training in, traditional medicine
- 1.3 Conduct research on appropriate ethics for research on traditional medicine
- 1.4 Promote integration of traditional medicine in Universal Health Care and National Health Insurance
- 1.5 **Understanding traditional medicine in the context of rural health**

2. Research for policy on traditional medicine:

- 2.1 Build the knowledge base that will allow traditional medicine to be managed appropriately through national policies that understand and recognize the role and potential of traditional medicine

KEY PRIORITY AREA 3: Preclinical and clinical research

The type of research we undertake aims to scientifically validate the role traditional medicine(s) in health care. To achieve this, the following objectives guide our research:

- To generate evidence to strengthen strategies for genuine engagement and trust between traditional health practitioners, modern health practitioners and researchers;
- To improve the evidence base for safety, efficacy and quality of traditional medicines;
- To strengthen the infrastructure and human resource capacity for traditional medicine research;
- To generate evidence to inform integration of traditional medicine into the national healthcare system;
- To facilitate documentation and protection of indigenous health knowledge.

We have identified the following research focus areas for this strategic period:

1. Communicable diseases:

- 1.1 Tuberculosis (TB) and Immunology of TB
- 1.2 Human Immunodeficiency Virus (HIV)
- 1.3 COVID-19

2. Non-communicable diseases:

- 2.1 Diabetes
- 2.2 Cancer
- 2.3 Immunomodulation
- 2.4 Tissue regeneration (wound healing and bone regeneration)
- 2.5 **Mental health**

3. Traditional medicine clinical practice:

- 3.1 Close collaboration with the UKZN Indigenous Health Clinic
- 3.2 Deepening collaboration with the clinics of Traditional Health Practitioners interested in research
- 3.3 **Environmental issues and TM practice**

4. Cannabis research:

This is a growing area of development in the country and globally and have been approached to play a role by a few stakeholders. Plans are underway to define our contribution and apply for a permit and appropriate funding

KEY PRIORITY AREA 4: Engagement, Partnerships, Collaboration and Resource Mobilisation

Develop and implement a Resource mobilization strategy for effective and efficient implementation of the Strategic Plan through collaboration and effective partnerships.

1. Improving Engagement and Trust between THPs and Researchers:

- 1.1 Establish an engagement programme
- 1.2 Assisting THPs with training and documentation
- 1.3 Research on factors influencing engagement

2. Collaboration and Partnerships:

- 2.1 Develop, adopt and implement a Partnership Strategy
- 2.2 Enter into Memoranda of Agreement with Partners
- 2.3 Identify global flagship projects and apply for funding

3. Resource Mobilisation Strategy (Development Cooperation):

- 3.1 Conduct a Donor-Mapping Exercise to determine various donor agencies, their operations and areas they could support.
- 3.2 Develop and adopt a Resource Mobilization Strategy
- 3.3 Conduct a Partners' Meeting to demonstrate and showcase the work done by the Discipline
- 3.4 Communicate with partners and supporters through inter alia a newsletter and social networks

KEY PRIORITY AREA 5: Infrastructure for research, preservation and commercialisation

1. Research infrastructure:

- 1.1 Apply for funding to upgrade the lab equipment
- 1.2 Apply for funding for continual maintenance of building and equipment
- 1.3 Expand laboratory to cater for new research such as cannabis

2. Infrastructure for preservation:

- 2.1 Raise funding for the African traditional medicine museum with partners
- 2.2 Promote publication of books and related works documenting of African traditional medicine

3. Infrastructure for commercialisation:

- 3.1 Support the establishment of infrastructure for commercialization of our work and of our partners
- 3.2 Support the creation of an incubation centre for SMMEs in traditional medicine

What have we done since this plan was finalized:

1. Shared with the DVC and Dean by email
2. Discussed with School Manager when he visited the Lab to discuss space issues
3. Proposed curriculum presented to College Dean Teaching and Learning
4. College Dean T&L invited us to present at the College T&L Strategic Planning session in December
5. Now await to present the curriculum to School Boards

6. The Department of Science and Innovation are engaging us to re-equip our lab and expand our infrastructure. We in conversation with University of College officials for this
7. There are opportunities in Cannabis and COVID-19 research
8. Opportunities for collaboration are growing with our research partners through grant applications are increased
9. Plans are afoot for us to apply to be a WHO Centre of Excellence in the short term and MRC Unit (1 year) and WHO Collaborating Centre during the next 4 years
10. To build a critical mass we have identified several experts to recruit as Honorary/Adjunct staff associates

Budget (how are we going to fund all of this?)

- Research grants
- Partnerships with SETAs
- International collaboration (Canada, Africa, Ireland, Brics, and other research networks)
- SA and Provincial Government
- Through donations to the UKZN Foundation

