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Nigerian Healthcare System and Global Public Health  
Politics

*What has traditional medicine got to do with it?*

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Traditional healing is “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 illnesses” (World Health Organization [WHO] 2000, p. 3.). This definition highlights an important characteristic of traditional medicine: It is not devoid of any sound expertise. On the contrary, it is a healthcare system grounded in socio-cultural beliefs that have withstood the test of time.

Though a vibrant part of the Nigerian cultural heritage, the Nigerian government has been struggling to integrate traditional medicine into the Nigerian public healthcare system for years. This essay explores whether it makes any sense to do so or whether the conventional healthcare system is even reconcilable to Nigerian traditional medicine [NTM]. To achieve this aim, it asks the question, what benefits the Nigerian healthcare system stands to gain by doing this and how such a system could facilitate the global public health political agenda of securing adequate access to good health for all Nigerians.

Ensuring access to effective healthcare and promoting well-being for all at all ages has since the 1970s continued to gain considerable traction in global healthcare politics and discourses. It occupies a top position in the UN Sustainable Development Goals (Goal 3). (Good) health is, according to Article 1 of the Alma Ata Declaration 1978 – the most significant milestone in global public health politics – the “state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, a *fundamental human right*. The attainment of the highest possible level of health constitutes thus a vital global social goal whose realization requires the action of many other social and economic sectors in addition to the healthcare sector (Alma-Ata 1978 (1)).

It is trite that the Nigerian healthcare infrastructure has for ages been struggling to come to terms with the huge Nigerian population. It would thus be illusory to expect conventional medicine alone to be able to deal with the unsurmountable medical challenges that Nigerians face. Judging from the present state of the Nigerian public healthcare sector, it is plausible to assume that the attainment of the global healthcare goal of securing ‘good health for all at all ages’ requires the collaborative efforts of all relevant stakeholders and institutions. A huge proportion of Nigerians will at some point in their lives consult a traditional health practitioner or take NTM either as a complementary treatment to conventional medicine or for lack of other options. Oyebola (1980, p. 23) estimates that up to 80% of the Nigerian rural population relies solely on traditional medicine. Indigenous medicine, an integral part of the Nigerian health

heritage throughout history, could most certainly facilitate the achievement of this global public health goal. The three main questions that arise in this respect are: Is integrating traditional medical practices into the Nigerian public health system reasonable considering the peculiar nature of the NTM? If yes, what might this interaction look like? Lastly, what benefits might accrue from such a synergy? To answer these questions, it is imperative to understand the peculiar features of NTM.

Just like Western medicine, the primary concern of the NTM is securing and promoting good health. In practice, however, both systems are not comparable and for the most part contradictory. Apart from the obvious difference that modern medicine relies primarily on scientifically proven therapies, whereas traditional medicine is based on experience, one feature that sets Nigerian traditional medicine apart from conventional medicine is its humanistic tendencies.

Historically, an illness was considered in the Nigerian traditional health practices as a manifestation of a disequilibrium between the physical and metaphysical state of being (AU Decade of Traditional Medicine (2001-2010, p. 2). Sicknesses are still much presumed in NTM to underlie an internal conflict, which could either be physical or metaphysical. So, the primary goal of a traditional healthcare intervention is to bring about an equilibrium state in the sick person through the administration of natural (plant- and animal-based) medicine and/or spiritual interventions. Some traditional health practitioners thus employ religious practices like prayers and incantations in conjunction with physical treatments. The spiritual component of the NTM is one of the most controversial topics in contemporary Nigerian healthcare discourse not least because it is difficult to draw a line between traditional medicine in a real sense and other widely practiced purely indigenous spiritual healing practices that rely on spiritual/supernatural interventions and rituals (so-called *Babalawo*).

Despite this contradiction, to discredit NTM is tantamount to ignoring the obvious truth, which is that the Nigerian conventional medical healthcare system cannot accommodate the medical needs of the Nigerian general population. Without the help of auxiliary healthcare regimes, more than half of the Nigerian population would be cut off from medical treatment either because they cannot afford conventional treatments, or because they do not have access to such facilities.

The first approach that comes to mind with regard to integrating traditional medicine into the Nigerian healthcare system is a healthcare model like the “barefoot doctors.” Used in Chinese

rural areas until the 1980s and most recently in Ethiopia, barefoot doctors are members of rural communities given minimal basic medical and paramedical education necessary for the provision of healthcare services in their various localities. The use of such community health workers in Ethiopia is said to have led to a tremendous improvement in maternal and child health, good malaria management, improved community hygiene, sanitary conditions, and above all, a massive reduction in morbidity from infectious diseases (Mulugeta, 2020). Many Nigerian traditional practitioners today are literate, very knowledgeable in the act of healing, passionate about their job, and highly respected in most Nigerian rural settings. Therefore, it is assumed that they are the ideal candidates for such community-based health traineeship and work programs. The success of the *Traditional Birth Attendants training program of the Brown Button Foundation* in the Western part of Nigeria proves that such a system if effectively implemented would be of tremendous benefit to the Nigerian healthcare system (see Iwenwanne, May 24, 2019).

Another approach that promises great benefits is the incorporation of traditional medicine into primary and secondary school curricula. This would enable children in communities with limited or no access to conventional healthcare infrastructure (doctors, hospitals, and pharmacies) to learn from a young age about traditional medical interventions and alternative medical self-help strategies.

NTM has been used for ages for treating maladies ranging from malaria, typhoid fever, and mental illnesses to bone fractures. Some Nigerian herbal remedies are said to be effective treatments for the ongoing COVID-19 epidemic and even HIV/AIDS (or at least help in managing their symptoms). The pathways through which Nigerian traditional medicine works regarding these illnesses remain largely unknown and very controversial. Thus, the first step toward integrating traditional medicine into the healthcare system is by instituting a research regime for accessing the medical properties of remedies used in the NTM and their efficacies. The success of such an approach depends in my view, however, largely on the cooperation of traditional practitioners, particularly regarding the composition of the respective medicines and concoctions. Experience suggests that traditional practitioners are ever so reluctant to disclose the active constituents of their herbal remedies for fear of others copying their practices. This challenge can be overcome by conceptualizing a cooperation system that motivates traditional medicine practitioners to disclose relevant information without having to divulge their professional secrets.

Thanks to the Traditional Complementary and Alternative Medicine Department, launched by the Nigerian government in 2017 – and entrusted with the duties *inter alia* of coordinating research on the safety and efficacy of potential herbal remedies, as well as training researchers from governmental and non-governmental institutions and traditional medical practitioners – Nigeria, has a solid foundation for achieving an effective integration. However, one cannot ignore the obvious fact that most Nigerian research centers and communal developmental projects are poorly funded. Funding could thus be a stumbling block to realizing all the approaches discussed above. Hence, the Traditional Complementary and Alternative Medicine Department should take proactive steps in securing funds, for example, by encouraging or fostering arms-length collaborations and partnerships between private persons (individuals or corporates) and health authorities.

In conclusion, traditional medicine is an important part of the Nigerian health heritage and will willy-nilly remain a controversial but unavoidable pillar of the Nigerian health system in the next decades. If Nigeria is to achieve its international obligation of ensuring access to healthcare, it is inevitable that it integrates traditional medicine into the Nigerian healthcare system. As Article one of the Alma Ata Declaration (1978) rightly pointed out, achieving the global public health goal of securing and providing adequate access to good health will sometime require the collaborative efforts of all relevant stakeholders. This is particularly true for the Nigerian public healthcare narrative. From the discussions in the preceding paragraphs, it is evident that the aforementioned global healthcare goal can only be achieved in Nigeria if relevant stakeholders – the government, private persons, businesses, for example, in form of corporate social responsibility, NGOs, and private tertiary and research institutions – get involved in the process.

## **References**

- Abdullahi, A. A. (2011). Trends and challenges of traditional medicine in Africa. *African journal of traditional, complementary and alternative medicines*, 8(5S).
- Adefolaju, T. (2011). The dynamics and changing structure of traditional healing system in Nigeria. *International Journal of Health Research*, 4(2), 99-106.
- Mulugeta, Gebrehitwot (April 8, 2020). *Barefoot Doctors and Pandemics: Ethiopia's Experience and Covid-19 in Africa*. African Arguments.

<https://africanarguments.org/2020/04/barefoot-doctors-and-pandemics-ethiopias-experience-and-covid-19-in-africa/> (accessed June 29, 2022).

Iwenwanne, Valentine (May 24, 2019). *Training for Quality Delivery: Brown Button's drive to improve TBAs skills in Lagos*. Nigeria Health Watch.

<https://nigeriahealthwatch.com/training-for-quality-delivery-brown-buttons-drive-to-improve-tbas-skills-in-lagos/#.XWPYbpAo80M> (accessed June 29, 2022).

Ogundele, S. O. (2007). Aspects of indigenous medicine in South Western Nigeria. *Studies on Ethno-Medicine*, 1(2), 127-133. DOI: 10.1080/09735070.2007.11886305.

Oyebola, D. D. O. (1980). Traditional medicine and its practitioners among the Yoruba of Nigeria: a classification. *Social Science & Medicine. Part A: Medical Psychology & Medical Sociology*, 14(1), 23-29.

Scientific Technical Research Commission. *Plan of action on the AU Decade of Traditional Medicine (2001 - 2010): implementation of the decision of the Lusaka summit of Heads of state and government* (AHG/DEC.164 (XXXVII)). African Union Common Repository. <http://archives.au.int/handle/123456789/1838> (accessed June 29, 2022).

Soewu, D. A., Dedeke, G. A., Ojo, V. A., & Soewu, O. K. (2012). Trade in Non-mammalian Wild animals for Traditional African Medicine in Ogun State, Nigeria. *Global Journal of Medical Research (GJMR)*, 16(1), 7-16.

The Nigerian Federal Ministry of Health Traditional. Complementary and Alternative Medicine.

[https://www.health.gov.ng/index.php?option=com\\_content&view=article&id=135&Itemid=500](https://www.health.gov.ng/index.php?option=com_content&view=article&id=135&Itemid=500) (accessed June 29, 2022).

Wen, C. (1975). Barefoot doctors in China. *Nursing digest*, 3(1), 26-28.

World Health Organization. (2000). *General guidelines for methodologies on research and evaluation of traditional medicine* (No. WHO/EDM/TRM/2000.1). World Health Organization.