

## Editorial: “African Indigenous Knowledge Systems and Public Healthcare”

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The United Nations Human Rights Commission and the World Health Organization (WHO) indicate that access to healthcare is increasingly being acknowledged as a human right. However, the global analysis of the health situation in most world regions, especially in Africa, show that many countries are still faced with challenges of inequity. In the context of this Special Issue on African Indigenous Knowledge Systems and Public Healthcare, health equity refers to the differences in the quality of health and health care across different populations, i.e. differences in the "presence of disease, health outcomes, or access to health care" across racial, ethnic, sexual orientation and socio-economic groups. The WHO has adapted the definition of public health following the Acheson report, 1988 which refers to public health as “*the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society*” (Acheson, 1988; WHO). Thus, it is not concerned with a particular disease.

The focus of the International Symposium on Indigenous Knowledge Systems and Public Health Care in Southern and Eastern Africa, held in Kigali, Rwanda, 25-26 April 2016, was on equity in healthcare and healthcare leadership. Six sessions focused on health and/or indigenous knowledge systems. After an assessment process based on the substance and scientific value as judged by the Scientific Committee of the symposium, some presenters at these six sessions were invited to submit full text articles for this special issue. In total, 14 papers have been accepted for this special edition. The collection of the papers included in this special issue reflects the emphasis of the symposium on describing the role of African Indigenous Knowledge Systems in offering alternative solutions to public health inequity experienced in several African health care systems. One of the proposed solutions to this inequity is to integrate indigenous knowledge systems (IKS)-based healthcare services into the mainstream national healthcare system.

The concept ‘Indigenous Knowledge’ (IK) refers to community-based knowledge, technologies, practices and belief systems, which is used synonymously with traditional and local knowledge. This differentiates the knowledge developed by a given community from the international knowledge system generated in research centres, and universities. IK has long been marginalized by Western knowledge systems in the search for sustainable solutions to developmental challenges including mitigating the challenges of health equity and public health. This is due to the dominance of western knowledge system and its wide acceptance by younger generations who value more western values and lifestyles while being oblivious to the moral, psychic and spiritual character of IKS.

The IKS-based healthcare systems are commonly referred to as African Traditional Medicine (ATM), Chinese medicine, or traditional health practices based on the continent and

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communities where they are practiced. They include medication therapies that involve the use of herbal medicines, animal parts and/or minerals and non-medication therapies if they are carried out primarily without the use of medication, as in the case of acupuncture, manual therapies and spiritual therapies. The WHO Centre for Health Development (2008) defines TM as:

*“The sum total of all knowledge practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing.”*

Traditional healthcare providers such as traditional healers and traditional midwives have gained recognition and confidence in their respective communities. Although biomedically trained healthcare workers may underestimate the value and importance of traditional healthcare workers, the integration of the latter into the mainstream healthcare system will resolve not only issues related to health equity but also streamline the true Africanisation of healthcare services. Moreover, IKS-based healthcare services use a holistic approach in the diagnosis and treatment of diseases as they consider the physiological, psychological, spiritual, economic, environmental and social aspects of health. This is in line and agreement with the definition of “health” as proposed by the WHO which states that “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Recently this statement has been expanded to include the ability to lead a “socially and economic daily productive life” (WHO, 2014).

In addition, the WHO Regional Committee for Africa adopted a resolution in the year 2001 on “Promoting the role of Traditional Medicine in Health Systems: a strategy for the African Region” (WHO, 2001). This resolution recognized the importance and potential of African traditional medicine for the achievement of Health for All in the African region. In another meeting, the Heads of African States and governments declared 2001-2010 as the Decade for African Traditional Medicine (WHO, 2001). In a recent meeting of African Health Ministries, they extended the period from 2011 to 2020 as the second decade for African Traditional Medicine (WHO, 2011). To achieve these political goals, African governments need to develop a generation of cadres, skillful public health leaders, who embrace the virtues of inter-disciplinarily in a poly-epistemic world, where knowledge systems are complementary rather than competitive.

It is on the basis of the above considerations that the papers in this Special Issue present perspectives on several issues related to African Indigenous Knowledge Systems and Public Health care. We invite you to savour these valuable contributions to the advancement of health care in Africa.

## References

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