ORIGINAL ARTICLE

ALTERNATIVE MEDICINE IN TANZANIA AND ITS HEALTH IMPLICATIONS

Edmund J. Kayombo

ABSTRACT

Background: The introduction of alternative medicine in Tanzania has opened a new window where patients suffering from health conditions that were not effectively managed by the present medical systems (conventional and traditional medicine).

Objective: To establish the discipline of alternative medicine introduced in Tanzania, their distribution and overall impact on healthcare

Methods: Through literature search both published and online in Tanzania, it has been found many alternative medicines are being introduced private practitioners

Results: Nearly all introduced disciplines are located in few regional administrative headquarters and very few in district administrative headquarters and one in rural village. These introduced disciplines of alternative medicine are addressing specific ill health conditions that were not well managed by the conventional and traditional medicine. Even though there are relatively many alternative health centers few had been registered traditional and alternative health practitioners council.

Conclusion: Since the services provided by alternative is needed by all people effort by the government support to be sent to rural areas as well.

Keywords: Tanzania, traditional medicine, conventional medicine, alternative medicine, ill health conditions, Tanzania traditional alternative medicine ACT.

INTRODUCTION

The increasing use of alternative medicine (AM) worldwide has opened eyebrows to biomedical with concern on safety and efficacy on human being [1,2,3]. The United Republic of Tanzania (URT) is one of the African countries that have medical pluralism in healthcare [4,6] and one of the components in the medical pluralism is AM. Medical pluralism refers to employment of more than one medical system in a community [7,8]. In Tanzania we had traditional medicine (TM) as the only medicine for providing healthcare before the missionaries and colonial government [9,10]. Missionaries and colonial government brought and introduced conventional medicine in the community [11], which is now the official healthcare system in the country. In late 1980s AM was being introduced in Tanzania [11,12]. Alternative medicine (AM) is any practice that is put forward as having the healing effects of medicine, but does not originate from evidence gathered using the scientific methods [13,14,15]. AM consists of a wide range of healthcare practices, products and therapies [13,14,15,16,17].

There is a wide range of disciplines of AM. Some of these include homeopathy, naturopathy, chiropractic, energy medicine, various forms of acupuncture, traditional Chinese medicine, Ayurvedic medicine, and Christian faith healing [15,16,17,18]. AM is being practiced all over the world as a response to some of the diseases which have no cure in the allopathic medicine or that shown drug resistance as well as to emerging and old age diseases [1,19]. There is an increasing number of people using AM on healthcare both in developed and developing countries [19-23], implying that it alleviates pains from the ill health conditions suffered by the people. The main criticism among the medical professionals, however, AM is not based on scientific evidence as is conventional medicine [3,19,24]. Some of disciplines of AM are being introduced in the United Republic of Tanzania as a response to inadequacy of drugs in conventional health facilities and old age diseases. Very few studies have been on AM in Tanzania and all of them were of exploratory in nature to show the existence of AM [4,11,12].

The Health System in Tanzania

Tanzania is in East Africa bordering the Indian Ocean on the east, on the north by Uganda and Kenya, on the west by Burundi, Rwanda, and to west by Congo, and on the south by Mozambique, Zambia, and Malawi. Tanzania has about 48 million people and of these 48.7% are males (25). Kiswahili and English are both official languages and other languages used in Tanzania include Arabic and more than 120 local languages (26). About 70% of the Tanzania population lives in rural areas (25,27). Tanzanian growth rate is 2.9%, with 54/1000 of the underfive mortality rate, and an average life expectancy of 61 years (25).

The health status of the Tanzanian population has continued to improve in recent years (28). This is evidenced by WHO (29) and Unicef (30) who have shown there has been an improvement of the life expectancy at birth, adult mortality and declined child mortality to 81 per 1000
live births for 2006-2010. On the other hand neonatal mortality and maternal mortality are declining at slower pace. Child deliveries in health facilities and deliveries with a skilled birth attendant has increased but at slower pace in rural areas. HIV is still one of the major health concerns in Tanzania; but like other health problems is declining gradually. The prevalence of HIV/AIDS among adults has declined from 8.4% in 1996 to 5.1% in 2011. Similarly malaria prevalence has been reduced from 18% in 2002/08 to 9.2% in 2011/12 (31). Respiratory infections including tuberculosis are among the leading causes of mortality.

WHO (29) has further shown recently, the country has experienced outbreaks of new/re-emerging conditions such as dengue as well as other emergencies and resistances diseases to allopathic drugs. In addition, neglected tropical diseases such as lymphatic filariasis also remain a burden in Tanzania. Noncommunicable diseases (NCDs) are perceived to be on the increase. Road accidents, diabetes, cardiovascular diseases and cancer are amongst leading causes of death in the adult population. Efforts on prevention are being scaled up to improve the health wellbeing (28,29, 30, 31).

The vision of Tanzania on health by year 2015 aimed at: reduce morbidity and mortality by providing quality health care, ensure that basic health services are available and accessible, prevent and control communicable and noncommunicable diseases, advocate to the citizens about the preventable diseases, create awareness in individual citizen on his/her responsibility on his/her health and health of the family; improve partnership between public & private sector, religious institutions, civil society and community in provision of health services, plan, train, and increase the number of competent health staff; identify and maintain the infrastructures and medical equipment as well as increase availability of essential medicines and health technologies; and review and evaluate health policy, guidelines, laws and standards for provision of health services (29,32).

However, notable challenges still exist in human resource for health management particularly in the production and skills distribution; health financing; persistent stock-outs of medicines and health technologies due to underfunding, inadequacies in the procurement and distribution system as well. Donor funds are decreasing annually especially the Health Basket funds. In order to meet the named challenges there is a need to strengthen the private/public relationship on healthcare practices. Hence there is a need of taking traditional and alternative healthcare practitioners on board to improve health wellbeing as anticipated in the Tanzania vision 2025.

It is being known that many people in Tanzania and other developing countries do not access the allopathic services (33,34,35,36); and thus seek health services to traditional health practitioners (33,34,35,36) and nowadays to alternative health practitioners. TM and its practitioners in Tanzania are known by the community where they live and

**Conceptual framework**

Traditional and conventional medicine was the known ones where one would seek healthcare (5, 42). However in recent years there a growing number of new emerging diseases, drug resistance diseases and old age diseases of which both traditional and conventional medicine cannot address them effectively (43-46). These health problems have created the opportunities for other scientists to look for another window; and hence the emergency of the AM. AM was introduced 1980s in Africa (12,46). However it is not known

i. Which disciplines of AM are introduced
ii. How are they distributed
iii. What health conditions do they manage and who are their clients
iv. Legal control mechanism in place to control the practice
v. Challenges if any on the practice

**Research Methods**

The sources of information were from literature review within the country and outside of the country, digitalized information and websites were critical scrutinized; and then summarized. The summarized findings are presented below.

**Introduction of Alternative medicine in Tanzania**

In Tanzania TM has been practiced separately from allopathic medicine since the colonial period. In late 1980’s alternative healing system was introduced in Tanzania by private practitioners as a way of filling in gaps on healthcare system (11, 12). According to the Tanzania National Traditional and Birth Attendants Implantation Policy Guideline (5) alternative healing system covers the following disciplines established international such homeopath medicine, chiropractic, message, bach flower remedies, aromatherapy, acupuncture and acupressure, ayuverdic medicine, reflexology magnetic therapy, radionic medicine, sauna bath, fasting therapy, crystal therapy, polarity therapy, natural path, hydropath and other established system.

Most of all disciplines of AM reported by URT (5) are being introduced in Tanzania. The most popular ones include Massage, Chiropractic and Osteopathic manipulative medicine, Traditional Chinese Medicine (TCM), Oriental medicine, Homeopath, Ayuverda and Yunan medicine (see table 1). The first AM discipline to be introduced was
Traditional Chinese Medicine (TCM). The introduction of TCM in Tanzania seems to be impact of collaboration with China. TCM became into use in 1987 as a response to the first President of Tanzania Mwalimu Julius Nyerere who invited them to help prevent the spread of AIDS in country with traditional Chinese medicines (11, 12). The first Health experts worked at Muhimbili Medical Centre (now the Muhimbili National Hospital) who focused on HIV/AIDS. The other TCM practitioners came with the main objective of providing healthcare to Chinese railway workers in Tanzania but also provided treatment to local people as well (11). Hsu (11) has argued that the first Chinese medical clinic was set up in 1996 in Dar es Salaam, at Upanga, catering to the upper middle classes.

### Table 1: Disciplines of Alternative Medicine Introduced in Tanzania

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Discipline</th>
<th>Number of centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Massage</td>
<td>36</td>
</tr>
<tr>
<td>2</td>
<td>Oriental medicine (Korean)</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Chinese</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Ayurvedic medicine</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Yunani</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Homeopath</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Chiropractic</td>
<td>5</td>
</tr>
</tbody>
</table>

Besides Chinese traditional medicine other AM disciplines were introduced in Tanzania such homeopath. It was Jeremy, Camilla Sherr and Sigsbert Rwegasira who were the founders of homeopath in Africa (46). These founders of homeopath aimed at bringing relief to HIV/AIDS patients through homeopathic treatment, to develop nutrition, farming and health promoting programs, to support homeopathic education, to establish homeopathic research and to spread homeopathy throughout Tanzania and Africa (46). They started Natural Therapies Centre in Dar es Salaam, Tanzanian, Sigsbert Rwegasira being the director and the founder of homeopath in Tanzania (46). It was not easy at first to introduce homeopath in Tanzania. Medicine is money business making, and thus there were many obstacles along the way despite being well known in the world (46). Rwegasira with his team were seen as quacks in the practice. Rwegasira worked hard to accomplish and now homeopath has been established in Tanzania with more than five centres.

Chiropractic has been introduced in recent years and now being practiced in many parts of Tanzania. It is a form of alternative medicine that focuses on diagnosis and treatment of mechanical disorders of the musculoskeletal system, especially the spine, under the belief that these disorders affect general health via the nervous system. Chiropractic physicians focus on the promotion of health through the alignment of the musculoskeletal structure. Training for Chiropractic therapies and techniques are being planned to be carried in Mwanza and Mbeya 2016. According to chiropractor in Dar es Salaam (47) and Hands across bodies Society it is very likely there are many centers especially in big urban centres. Other Disciplines of AM practiced in Tanzania as shown by Hands across bodies Society (48) include message, aromatherapy, acupuncture and acupressure, ayuverdic medicine, reflexology, magnetic therapy, medicine, sauna bath, fasting therapy, natural path, hydropath are being practiced in small scale.

### Distribution of practices of Complementary and alternative medicine centers in Tanzania

AM is new medical system, and thus its distribution of AM centers in Tanzania is like the conventional medicine when it was introduced in the country by missionary and colonizers at the end of 19th century. Hsu (11) showed TCM was spread to other regional headquarter like Arusha, Moshi, Mbeya, Iringa, Dodoma, Mwanza and Shinyanga. However many clinics short lived in 2001 (11). Currently there is no records TCM, but there likely to be present in Dar-es-Salaam City practicing together with conventional medicine and as well as in some regional headquarters.

It has to be acknowledged that AM healing systems in Tanzania was introduced by private health practitioners and are for business. Therefore most of AM healing system are found in regional headquarters mostly in Arusha, Moshi, Mbeya, Iringa, Dodoma, Mwanza but are concentrated in Dar-es-Salaam city where the markets are (See table 2). Very few CAM health centers have gone to district level and very few in rural villages.

### Table 2: Massage centers

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Regional/District Headquarter</th>
<th>Number of centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dar-es-Salaam</td>
<td>34</td>
</tr>
<tr>
<td>2</td>
<td>Arusha</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Moshi</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Mwanza</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Lushoto</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Zanzibar</td>
<td>9</td>
</tr>
</tbody>
</table>

### Health conditions being managed

Literature reviewed show most of health conditions which make people to seek healthcare to AM are diseases that have shown resistant to conventional drugs like malaria, HIV/AIDS and some fungal infections to mention few (11, 12). Many patients who go for traditional and alternative medicine are those who suffer from serious ailments such as pneumonia, infertility and other incommunicable diseases but also provide treatment for addicts who want to recover from substance abuse (46). Many patients seek healthcare AM for back and neck pain, diabetes, blood pressure, fertility and others. It is these health conditions which make patients flock to AM clinics in Tanzania and also in other developing countries. Traditional and alternative medicine have been reported to be alleviating pains to people suffering to all type of cancers and people living with HIV and AIDS.

Xinhua News Agency (12) on the otherhand has reported...
TCM treat many diseases including HIV. Some of health conditions being managed by TCM include asthma, high blood pressure, diabetes, rheumatism, and reproductive health problems to women. As argued by one of the users of TCM who was interviewed by Xinhua News Agency (12);

“-------The decoction of Chinese herbs is really good at relieving abdomen pains, stopping cough and severe diarrhea.

Further she said

“I thank the Chinese doctors for the past 11 years. I have not only survived this fatal disease but also been able to continue to work as a typist to support myself and my family.”

It is being shown by medical analysis that the Chinese formulae have 40-50 percent effective in reducing the amount of HIV virus, increasing the number of CD4 and immunization cells in the human body

Scienceblog (47) has reported homoeopathy is particularly efficient in AIDS because it boosts the immune system. Many patients flock to homopathic clinics demanding more homoeopathy. The practitioner of homoeopath argued treating AIDS with classical homoeopathy was the easiest part of our life today; there was no shortage of miracle results on a daily basis. Scienceblog (47) further argued most patients have been cured by the concoctions and drugs provided by traditional and alternative health practitioners depending on the degree of health conditions. It is very likely many in Tanzanians cannot do without traditional and alternative medicine for their healthcare both in urban and rural areas. In addition Scienceblog (47) has reported the success rate was somewhere between 90-95% in substantially reducing symptoms and alleviating side effects. Patients often come back within 1-2 weeks with a total alleviation of symptoms, more energy, better appetite, increased weight and a big smile on their faces; and malaria cases are usually better within a day or two.

On chiropractic and osteopathic manipulative medicine on the otherhand treatment involves manual therapy, especially manipulation of the spine, other joints, and soft tissues, but may also include exercises and health and lifestyle counseling (49). In Dar-es-Salaam there is number of centres offering these services to many people who have disc, spinal, nerve back ache and neck ache.

The major users of AM by sex both in developing and developed countries are women and by age are mainly above 40 years. However there are cases where even children use AM. For example where malaria has shown resistance children can use AM as an alternative.

Legal system that control practices of alternative medicine

Tanzania government has established Traditional and Alternative medicines ACT no 23 of 2002. In the Act there is a component of Traditional and Alternative Health Practitioner's Council which is the regulatory body for the traditional and alternative health practitioners and it is this body which registers traditional and alternative of traditional healers (50,51). The registration starts from the village where the practitioner is known how he became a healer and his competence. The form is passed to the ward level for scrutiny then to the district and regional level. After being satisfied the form is sent to TAHPC for registration. The alternative health practitioners on the otherhand, the applicant has to submit any degree or certificate of recognized institute and any relevant document to support registration to TAHPC. According to the Act number 23 of 2002 TAHPC has the power to register and regulate the traditional and alternative health delivery facilities, to regulate and set standards where possible for traditional and alternative health material remedies and practices, to caution, censure, suspend from practice or remove from roll an aide or de register a traditional health practitioner or alternative practitioners who has i; being found guilty of professional misconduct; and ii. been convicted of criminal offence or has lowered the estimation of traditional or alternative medicine integrity to mention few. Many practitioners of AM in Tanzania registered by the TAHPC.

Health implication with alternative in medical pluralism

The introduction of alternative medicine in Tanzania has widened scope of health seeking behavior to various ill health conditions especial to people living in urban where these AM services are available. People are pragmatic on case of ill health conditions, instead of going to conventional and TM now people can seek healthcare to AM as another option which can bring immediately a better result. As argued by the Acting Assistant Director, Traditional and Alternative Medicine section in the Ministry of Health, Tanzania people tend to opt for alternative treatment for two main reasons - out of desperation and due to ignorance and social orientation (52). He further stressed when people suffer from incommunicable diseases which cannot be cured using conventional treatment, they tend to turn to TM and AM which at times works better than allopathic medicine to some health conditions like asthma, cancer, malaria, stomach ulcers to mention few (52).

AM is common in the Far Eastern countries (53) and in some countries like China it integrated in the National healthcare system (54, 55). Even though AM is being criticized and discounted as a legitimate source of knowledge for health care by bio-medical practitioners because it does not follow the orthodox view of positivism; and as argued by Kim (57) a lack of an evidence-based approach, insufficiently reliable reference resources, and insufficient time to incorporate new courses as critics, but many people are using and had shown positive AM alleviating ill health condition. As argued elsewhere AM services are being used in developed countries (18, 33,53). For example in USA it is being estimated about 34 billion dollars per annum is spent on complimentary medicine in a 2007 survey (57). In some countries homeopath is ranking second after conventional medicine (58). Distribution of practices of AM centers in Tanzania is mainly urban centres and mostly in Dar-es-Salaam City. AM is still new and has not gained popularity in Tanzania. That is why very few centre of AM are found in rural areas.
The limited distribution of AM in rural areas is noted in Kenya, South Africa, Mali, Ghana and very likely to other African countries as well (59-63). However it is different from countries of the far East like India, China, Korea, Japan where AM is found even in rural areas (64,65). This partly influenced with policy and politicians for ensuring desirable changes happen as a way promoting health.

The reviewed literature in Tanzania showed people who were using AM were the people suffering chronic diseases like diabetes, HIV/AIDS, cancer, fertility health problems. These illnesses are on increase and are dilapidating the active labourforce (33,66,67). The findings from the reviewed literature in Tanzania are underscored by Matheka and Demaio (66) who have argued the use of AM is common among patients with chronic diseases in developing countries. Similar findings have been reported in developed countries like Netherland, USA, and France (38,68 69). WHO (38) reports on the otherhand has shown 70-80 % of patients in developed countries use at least one form of AM. It is thus AM is not for people living in underdeveloped countries but also to in developed countries. The evidences found from literature reviewed are suggesting AM can alleviate suffering for the people living with HIV/AIDS, Cancer, and diabetic, mental illness. People are being pragmatic, always on the watch out which remedies can alleviate or cure the health problem people are suffering (34,70). The positive impact of AM is likely to be based to theory of homeopath where patients are likely people to be more connected to their energy, to the earth, to their bodies or perhaps, there have been fewer generations of allopathic suppression (71). However rising use of AM in the management of diabetes and other chronic diseases is an emerging public health concern given the potential adverse effects, drug interactions and benefits associated with its use (60).

The high number of people using of traditional and alternative medicine in the world (2,65) has led WHO to call each government should establish legal framework of the practice of TM and AM (72 73). The government of Tanzania responding WHO has developed legal framework of traditional and alternative medicine (5, 50, 51). From the analysis by Kassilo et al (74) towards development of African traditional medicine, Tanzania is among the more than half of the countries in the African Region that have developed national policies on traditional medicine and regulation is one of the components of such policies. In addition it is among the eighteen countries that have developed national codes of ethics to ensure the safety, efficacy and quality of traditional medicines. Moreover it among the twenty-one countries that has developed legal frameworks that provide for accreditation, registration of traditional health practitioners (THPs) AM health practitioners and the establishment of a THP Council for regulation of traditional medicine practice and products. The Traditional and alternative practitioners council is in the process of registering herbal medicine products from traditional health practitioners using WHO Guideline.

The council is aware non-regulation of traditional and herbal medicines poses a health risk to the populations. However the Act and regulations are in English which is a foreign language to most traditional and alternative health practitioners in Tanzanians to comprehend. Plans are in place to produce a translated version in Kiswahili the common language to many people in Tanzania.

To promote traditional and alternative medicine the government established the traditional medicine unit in the Ministry of Health (and now a sub Directory). The traditional medicine sub directory section is working to unify traditional health practitioners and alternative healing systems and their respective health practitioners as well as mobilize them to form their own associations.

**Challenges of alternative medicine health practitioners**

Alternative medicine practitioners in Tanzania are new and have challenges on their practices. Among the challenges found in the literature review include

1. The government hesitated during the introduction of Homeopath. The practitioners were thought to be quacks and charlatans. The pioneers had to fight hard to convince homeopath has role in management of health problems
2. Many people were attracted with the provision of healthcare by the use of TCM but later people began to withdraw after finding out that it did not work to their expectations
3. Tanzania has few AM practitioners to cover the country for the clients who want to opt for AM especially in the rural areas
4. Tanzania has no institute for training alternative health practitioners for building workforce on AM
5. AM practitioners are being invaded by quacks who claim that they are providing alternative medicine while not and hence creating a bad image on AM practitioners
6. Inadequate experts AM for inspection of practices on healthcare and thus some have misunderstanding between the government coordinator of traditional and alternative medicine practitioners
7. According to the regulation of the Traditional and alternative medicine Act no 23 all practitioners of traditional and alternative medicine are expected to be registered by TAHPC. However most of them are not registered.

**CONCLUSION**

The introduction of alternative medicine in Tanzania has added a component in medical pluralism and opened a new window where people can seek healthcare to health problems that are managed by the conventional and traditional medicine and as well as those that have shown resistance to present drugs whether conventional or traditional medicine. While these services are need by all people both in urban and rural, almost all these services are found in few regional headquarters and very few district headquarters. It is being known the practitioners
of homeopath are private health providers and business people, the government should partial support them by reducing tax of the imported to practitioners who send these services to rural areas. In addition create an environment by introducing training centers of alternative medicine in the country in order to increase the number of health providers in this field.

Despite the usefulness of the alternative medicine it is being criticized that it is not evidence based as is conventional medicine. It has to be noted it is difficult to show evidence to every health problems in laboratory. For instance recent carried study which was part of a Swiss evaluation of complementary and alternative medicine where more than 6,000 patients has concluded more effective communication patterns by complementary and alternative medicine could play an important role in allowing patients to maintain more positive outcome expectations than conventional medicine (75). All in all study has to be carried to assess the health outcome for the users of AM now and in the future

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