




# African Traditional Medicine as a COVID-19 treatment and the South African Government response

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## Abstract

As South Africa faced the new dawn of COVID-19 pandemic, questions were raised regarding the utilization of African traditional medicine as a treatment of the illness. Madagascar was viewed by African people as a pioneer to regard and declare Artemisia as treatment for COVID-19 and developed products known as Africa following its breakthrough in traditional herbal cure for COVID-19 known as COVID Organics or CVO to be used by their citizens and the rest of African states. In July 2020, the World Health Organization (WHO) and the Africa Centres for Disease Control and Prevention formed a Regional Expert Committee on Conventional Medicine for COVID-19 in an attempt to enhance research and development of traditional medicines such as CVO, aiming to test traditional therapies and provide independent advice on their safety and efficacy. However, six months after its formation, it appeared that this attempt to regulate has failed to gain traction: None of the proposed remedies progressed beyond phase II clinical trials. Using existing secondary sources such as articles, government documents and media releases, this paper aims to look at the response from South African government on utilization of African Traditional Medicine as COVID-19 treatment. A special attention is given to South African government's response to the treatment proposed by the state of Madagascar and its way forward towards using traditional medicine as treatment to COVID-19.

**Keywords:** African Traditional Medicine; COVID-19; Indigenous knowledge; Government; WHO.

## Introduction

Researchers have been working globally and taking up arms against COVID-19 to discover a cure, a vaccine or then again something that tends to the pandemic caused by the COVID-19 (De Villiers et al., 2020). Traditional medicine has been utilized for thousands of years worldwide. The World Health Organisation, 2013 has recognized Africa and Asia as having many benefits in terms of traditional medicinal practices. There is an urgent need to search for effective remedies against COVID-19 from the rich and extensive flora of Africa and also the rest of world. A literature search was conducted to obtain information on drugs with the potential for being effective in the treatment of COVID-19, based mostly on outcomes of pre-clinical studies and a few clinical investigations (Sarma et al., 2020). This was considered to



be important as some of the identified mechanisms employed or actions taken may be related to potential anti-COVID-19 actions of phytomedicines.

As it stands, there is no specific treatment for COVID-19 other than vaccines provided by health facilities in Africa (Brennen, 2020). Furthermore, Lone and Ahmad (2020) assert that people in the community and researchers have been trying to find the best way to cure or prevent the disease, including using herbal medicines. Since the immune status of patients plays an essential role in COVID-19 infection, a herbal medicine, which has an immunomodulatory effect, could have potential impact as a preventive measure and even as a therapeutic agent for patients with COVID-19 infection (Ang, 2020). A recent trend in the community is the consumption of herbal medicines containing certain active compounds, which have antimicrobial or antiviral, anti-inflammatory, and immunostimulatory activities, such as echinacea, quinine, and curcumin.

Bhuda and Marumo (2020) discussed that despite the lack of a treatment or a vaccine for COVID-19, Madagascar announced to the world that it had ended the pandemic. The president of Madagascar suggested treating COVID-19 with artemisia and gave the populace access to a traditional herbal remedy called COVID Organics, or CVO. The president of Madagascar went so far as to urge neighboring African nations to cure the pandemic using traditional medicines, which sparked a heated discussion about whether or not traditional medicine could in fact combat a deadly pandemic like COVID-19. The arrival of COVID-19 in South Africa has made some plants like the guava tree and *Artemisia Annu*a to be recognized and considered as possible treatment for COVID-19. It is argued that these plants should be tested for prevention for any side effects and for their efficacy (Attah et al., 2021).

These herbal compounds are assumed to have the capacity to modulate the immune response and, therefore, they are believed to have beneficial effects on preventing or treating COVID-19 (Shahrajabian, 2020). In Africa, traditional medicine has faced discrimination, and there is no hope or belief from the scientific institutions that traditional medicine indeed can prevent COVID-19. Since COVID-19 is accompanied by symptoms like flu, Madagascar has found a remedy that will be helpful as a vaccine and even cure COVID-19. However, the traditional medicine needs to be taken to the best laboratories to be tested (Khan et al., 2020), but there was nothing that was done in this case. On the other hand, traditional health practitioners face challenges in the rural areas because they are not included in the fight for COVID-19 and yet many people are using their own remedies for the COVID-19 treatment. Zimba and Nomngcoyiya (2022) stated that traditional health practitioners' claim that the use of traditional medicine can be used to treat the COVID-19 symptoms and that there is a need for further research and engagements with government and other stakeholders. They have called for government to make announcements and encourage people to use traditional medicine as treatment for COVID-19 symptoms. It is therefore the study's aim to investigate the response from South African government on utilization of African Traditional Medicine as a COVID-19 treatment.

### **African traditional medicine as Indigenous Knowledge**

According to Bhuda (2023), Indigenous Knowledge (IK) is defined by (Morris, 2010) as the wisdom, knowledge, and lessons of certain territorial, indigenous, or cultural groups as well as their long-standing, established norms and practices. Indigenous knowledge is available in many different forms. It is highly spiritual and consists of customary stories, songs, dances, and rituals that stand for deep beliefs in spirituality, social justice, the family, and the environment (Bhuda & Koitsiwe, 2022). Daniel et al. (2022) define indigenous knowledge, also known as traditional knowledge or traditional ecological knowledge, as a collection of observations, written and oral knowledge, inventions, practices, and beliefs that support sustainability and the responsible management of natural and cultural resources through interactions between people and their environments.



Indigenous knowledge and the people who are intrinsically linked to it are inseparable. It is applicable to occurrences in the social, cultural, physical, biological, and spiritual domains. For millennia, indigenous peoples have been refining their knowledge systems. They have done so by accumulating data from direct environmental interaction, lifelong experiences, in-depth observations, lessons learned, and skill development. Bhuda and Marumo (2022) stated that for millennia, indigenous peoples have been refining their knowledge systems. They have done so by accumulating data from direct environmental interaction, lifelong experiences, in-depth observations, lessons learned, and skill development.

Traditional medicine (TM) according to World Health Organisation (WHO) is defined as “the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses”. Therefore, African traditional medicine (ATM) is indigenous to the various African cultures according to (Mothibe & Sibanda, 2018). Regardless of their explainability, natural items are used in African traditional medicine, which is experience-based and culturally restricted and used by indigenous peoples to diagnose, treat, or prevent sickness (Che et al., 2017). African traditional medicine is the oldest medical system in the world, according to Ebu et al. (2021), and it dates back as far as the start of humanity. It has long been a part of the healthcare system on the continent, particularly in the sub-Saharan area.

According to Mothibe and Sibanda (2018), ATM has been used by African indigenous people as part of their indigenous knowledge as medical treatment for a long time, predating the development of orthodox medicine. It also continues to contribute to the majority of the population's health burden and plays a role in preventive, curative, and even palliative care. It has been and continues to be crucial in the treatment and curing of diseases and illnesses, particularly in rural areas where there is a dearth of medical professionals, facilities, and allopathic medications. According to Baquar (1995), traditional herbal medicines, for example, are essential to the health and development of indigenous rural communities. Herbal therapy is a well-established part of indigenous peoples' cultures and traditions, and for nearly 80 percent of Africans, it has become a way of life, despite herbal therapy being an unwritten science. Additionally, African traditional medicine has been able to treat a number of illnesses that other treatment modalities or allopathic medicine were unable to heal.

### **The importance of traditional medicine in Africa**

Before Western medicine was introduced on the continent, African populations employed African Traditional Medicine (ATM) with confidence and total trust. According to Bhuda and Marumo (2021), African Traditional Medicine (ATM) is the primary choice even in the presence of Western Medicine since it is more affordable and has been used for generations to treat and cure a variety of disorders. African traditional medicine is also considered to be holistic, addressing both the body and the mind, and is an essential component of traditional healing. Moreover, African Traditional Medicine (ATM) is associated with cultural customs and a plethora of religious beliefs. The traditional health practitioners are responsible to diagnose and treat illnesses on a psychological basis before medication is prescribed to patients (Bhuda & Khazamula, 2022).

About 80% of the African population receives treatment and therapy from traditional medicine, according to WHO data and reports. Herbal medicines are primarily used to cure patients. They include herbs, herbal materials, herbal preparations, and completed herbal products that comprise plant parts or other plant components as active agents. Traditional medicine is used by about 27 million South Africans (mostly black South Africans) to cure a range of illnesses (Mander et al., 2007). By no means is traditional medicine an alternative practice in South Africa, where it is utilized by an estimated 26.6 million people, or 72% of the country's Black African population (Mander et al., 2007).



It has been suggested that cultural and economic factors play a role in the widespread usage of traditional medicine, which is primarily made of medicinal plants in Africa. Effective illness treatment has been made possible by traditional medicine's accessibility and affordability. For this reason, the WHO urges its member states in Africa to support and incorporate traditional medicine into their healthcare systems. Phytochemicals, or secondary metabolites, are complex combinations found in plants that can work alone, in combination, or individually to promote health (Abdullahi, 2011).

### **General responses to COVID-19 in Africa States**

Governments from different African nations moved swiftly and made firm decisions regarding the necessary steps to keep the number of cases of COVID-19 on the continent to a minimum. However, given the socioeconomic realities in most African states, these approaches are not long-term viable. Dzinamarira et al (2021) argued that the enacted lockdown had an impact on the majority of livelihoods as people's ability to earn decreased. Rutayisire (2020) argued that since most economies are mostly informal and people live pay check to pay check, the lockdown was destructive. Africa embraced mitigating strategies such as hand washing, social seclusion, and stay-at-home lockdown measures in addition to implementing airport screenings of passengers. These actions have been crucial in ensuring that there are few cases across the continent. However, given the socio-economic dynamics in most African states, these approaches are not long-term viable (Bhuda & Maditsi, 2023).

Tessema et al. (2021) stated that countries in sub-Saharan Africa such as: Ghana, Nigeria, South Africa, Zambia and Zimbabwe amongst others have implemented various control measures to combat the spread, morbidity, and mortality of the disease. Since this was a novel virus, most of the control measures were based on experiences from previous outbreaks of infectious diseases and pre-existing best practices. Fears of unprecedented mortality from COVID-19 resulted in some countries imposing extremely tough restrictive measures on their populations, including a number of African countries that had very few or no reported cases of COVID-19 at the time. Patterson and Balogun (2021) argued that the use of traditional medicine in the management of Covid-19 may supplement healthcare prevention and medical care services. Traditional medicine has historically been a source of medical treatment for diseases like malaria (Sanogo et al., 2022).

According to Folorunsho-Francis (2020), Madagascar is a prime example of how most African nations used traditional medicine to combat the COVID-19 epidemic. Folorunsho-Francis (2020) further elaborated that Madagascar is an exceptional and conspicuous case in Africa following its breakthrough in traditional herbal cure for COVID-19 known as "COVID Organics" (Folorunsho-Francis, 2020). Moreover, Nigeria, Zimbabwe, Botswana, and Lesotho are among African states that adopted the use of herbal medication in order to lower the number of COVID-19 infections and fatalities, showing their faith and belief in traditional medicine (Bhuda & Khazamula, 2022).

### **The approach of Madagascar to COVID-19 treatment**

The coronavirus (COVID-19) pandemic has been challenging political as well as medical processes around the world. There is a pressure put on politics to speed up some activities, thus interrupting others, and the amount of reform processes that were already underway. Desplat (2022) indicated that In Africa, the distinction between democratic and authoritarian regimes is already growing. It is appropriate for accountable governments to obtain public support for the battle against COVID-19 and its consequences. Desplat (2022) further stated that the President of Madagascar declared in 2020 that the country had discovered a remedy and treatment for Covid-19, a tea containing common Malagasy plants like artemisia. It was mentioned in Saruchera and Xaba (2023) article that with a renewed interest in the potential that such treatments may have and the dangers that untested cures may bring, the announcement brought African traditional medicine into the spotlight. In its battle against COVID-19, however, Madagascar continued to use what is known as COVID-Organics, or



CVO, in tea and pill form, and exported it to other African countries, including Equatorial Guinea, Guinea-Bissau, the Republic of Congo, and Tanzania.

Following the COVID-19 pandemic epidemic in Africa, groups practicing alternative and local medicine have stepped up their hunt for solutions. Madagascar stands out among other African countries due to its discovery of a natural herbal remedy for COVID-19 called "COVID Organics" which received massive criticism around the world (Bhuda & Khazamula, 2022). The WHO reiterated that there is not yet a specific antiviral treatment whose safety and effectiveness are proven to treat COVID-19. Later, the World Health Organization in Madagascar decided to support the government in finding more ways to combat COVID-19 by recruiting a national consultant and a member of the national staff who was in charge of data management. They also decided to keep an eye on the clinical trial's progress and offer technical support.

Mutombo et al (2023) indicated that clinical trials were permitted to be conducted by for the Application of Pharmaceutical Research (CNARP) team in compliance with national regulations and the proposed research protocol. Madagascar's faith in traditional medicine has led to more discoveries, including the fact that most of Africa's 54 countries are testing one or more indigenous medications for the treatment of COVID-19. Despite not having received clinical approval, governments and individuals in Africa have been using these locally produced drugs to treat and prevent COVID-19 (Adejoro, 2020; Folorunsho-Francis, 2020).

African pride was echoed by Madagascar's promotion of COVID-Organics, or CVO, which reminded people to be proud of their local expertise. African traditional medicine was long dismissed as archaic and lacking in clinical approval, but the president of Madagascar's daring move removed that perception. The marginalization, erasure, and denigration of the COVID-Organics, or CVO, that has been occurring for millennia by the Western world is reserved. When people began to value their traditional medicine more turned to using COVID-Organics, or CVO, rather than seeking advice from Western medical institutions, and this will go down in history as a source of pride for Madagascar (Fofana, 2021). As a result, after the president declared the cure's discovery, Madagascar received a barrage of congratulations from some African presidents (as well as orders for the medication used from their individual nations), despite skepticism from some scholarly medical sectors.

According to Udeoji and Amanchukwu (2021), despite the lack of clear evidence supporting the suggested COVID-Organics' efficacy in treating COVID-19, the COVID-Organics were nevertheless widely accepted and purchased because of people's worldviews and belief systems. In addition, Bhuda and Khazamula (2022), argue that indigenous people can verify the veracity of their knowledge without the aid of Western systems. Instead, they test the efficacy and safety of their generation-to-generation transmission of information using traditional methods. Regarding COVID-Organics, the indigenous people of Madagascar authorized Artemisia without conducting any clinical trials by adhering to cultural customs and using their understanding of traditional medicine. The president of Madagascar persisted in promoting his miraculous treatment even when vaccinations became available in 2021. The president was quoted as saying that the vaccines "...had too many side effects" and that he would still trust COVID-Organics throughout the first quarter of the year, in the midst of a devastating second wave of illnesses (Peter et al., 2021).

## **Methodology**

This study used a literature review of secondary data that has been sourced from academic and other articles, government documents and media releases. This paper aimed to look at how South African government responded to traditional medicine being a possible treatment to COVID-19. This will hopefully provide the study readers with understanding as to whether or not the same attention to traditional medicine was provided as it was to vaccines in South Africa. Secondary data that has been sourced thus mainly focuses on South Africa's response to COVID-19 and the political role in endorsing the use of traditional medicine as a method to



treat COVID-19 symptoms. Additionally, desktop analysis gave the researcher the ability to thoroughly examine all of the information at their disposal, creating a solid basis for the investigation.

By identifying gaps in the body of knowledge that the study could fill, this process also helped to advance the conversation around the use of African Traditional Medicine as a COVID-19 treatment by bringing fresh viewpoints and insights to the platform. In conclusion, the researcher utilized the tools and expertise already available to educate and enhance the study on African traditional medicine and COVID-19 by embracing desktop analysis as a core method. This strategy made it possible for a thorough and well-informed research procedure, which gave researchers a solid foundation on which to draw conclusions about the possibilities of African Traditional Medicine being treatment for COVID-19.

### **The South African government's response to Madagascar's approach**

South Africa has stated that it would be open to work with Madagascar to conduct scientific research on COVID Organics (CVO), a herbal product that claims to be able to prevent and treat people afflicted with the new coronavirus, or COVID-19. On the social networking site named X (previously known as Twitter), the health minister said that the South African government had received a contact from Madagascar stating that they require support for a scientific study. As a result, the Minister announced that the South African Department of Health would assist Madagascar with its scientific examination of Artemisia (Ajansi, 2020).

The use of Artemisia as an African traditional medicine in South Africa has not been opposed or encouraged by the government of that country. Individuals chose on their own to use various traditional medicines rather than seek help from medical facilities (Bhuda & Khazamula, 2022). Like other African nations, the indigenous people of South Africa expressed interests when Madagascar discovered a cure for COVID-19, which also spurred discussions about the effectiveness of traditional medicine. Mphekgwana et al (2021) in their study revealed that there were many discussions which made the news that South Africans asked that their government supports Madagascar on their cure to show African unity. South African indigenous people were motivated to employ African traditional medicine and promoted self-treatments and prevention using indigenous means as a result of the 2020 media debates regarding the scenario in Madagascar.

Although the South African government did not issue further details regarding the use of African Traditional Medicine at the beginning of 2020, it later indicated through the Department of Science and Innovation's minister later in 2020 that clinical trials to test traditional medicine as a potential to treat COVID-19 would commence. Pillai (2021) stated that this was indeed motivated by the discoveries of Madagascar that the government was pressured to respond to the public and discuss its own discoveries and approaches of using African Traditional Medicine. The details of the statement are further discussed in the next section of the study.

Moreover, it should be indicated that the South Africa government did take part in a teleconference, which was convened by President Cyril Ramaphosa of the Republic of South Africa and Chairperson of the African Union (AU), which was to inform the Chairpersons of the Regional Economic Communities (RECs) of the actions and initiatives that the AU had taken in response to the COVID-19 pandemic (African Union, 2020). In addition, Nkate (2020) stated that the occasion afforded the REC Chairpersons an opportunity to apprise the Bureau about the regional actions implemented in reaction to the COVID-19 outbreak. President Rajoelina of Madagascar gave a presentation on the herbal treatment to his peers during that teleconference.

The government's acknowledgement and respect for its current policies safeguarding traditional medicine was demonstrated by South Africa's participation in the teleconference and its non-condemnation of traditional medicine during COVID-19. Policies protection traditional medicine are covered in more detail later in the study. Bhuda and Marumo (2020)



argued that nations like South Africa are examples of those that actively promote and defend traditional medicine and healing modalities through regulations that are actively enforced by the government, the populace, and other institutions.

### **The South African health care system during COVID-19 period**

As explained by Garba et al (2020), the first patient suspected of having COVID-19 was detected in a laboratory on March 5, 2020 in South Africa. Shortly after returning from Europe, it was found that the patient actually had SARS-CoV-2. After the first case, there were more, and the president of South Africa sought professional advice before declaring a 21-day nationwide lockdown that would begin at midnight on Thursday, March 26, 2020. The National Coronavirus Command Council then advised the Cabinet to impose a number of lockdowns with different degrees of restriction in order to stop the virus spreading (Ikwegbue et al., 2021).

Bama and Nyikana (2021) explained that with major ramifications for health care, the enforced lockdown requirements altered as the quantity of COVID-19 fluctuated. There were various travel limitations for the remainder of 2020 and into 2021. One of the nations to get many vaccines that were authorized by regulatory bodies was South Africa. This occurred not long after the severe acute respiratory syndrome coronavirus-2 (SARSCoV-2) that caused the worldwide pandemic and COVID-19 was discovered. Only 64% of the nearly 500 South Africans asked, said they would consent to get the SARS-CoV-2 vaccination, making their country the fifth least vaccine-acceptable of the 27 countries studied (Sharma, 2020).

The Serum Institute of India provided South Africa with the first batch of the AstraZeneca-Oxford vaccine, which was sold under the brand name Covishield. One million doses of the vaccine had been delivered by the end of January 2021, at a cost of US\$5.25 each, more than double the US\$2.16 per dosage that nations in the European Union were required to pay (Moodley et al., 2021). The Johnson & Johnson COVID-19 vaccine was then approved for distribution as part of a phase 3B "implementation trial." Due to the open-label nature of the experiment, participants have strict control over their intellectual property and are supplied an active vaccination that facilitates technological transfer. This is demonstrated by their reluctance to endorse the World Health Organization's Technology Access Pool for COVID-19. The South Africa Ministry of Health adopted measures to cope with the COVID-19 and its spread. Mbunge (2020) identified that they were: COVID-19 awareness campaigns, disinfection and environmental issues, case management and infection prevention and control.

Mbunge (2020) stated that several awareness campaigns were developed by the South Africa Ministry of Health in order to correct the stigmatizations, misinformation and myths associated with COVID-19 in order to prevent further anxiety and conspiracy theories. The Ministry of Health used social media platforms, mass media and road campaigns as one of the approaches to spread awareness and educate people about COVID-19. These platforms were used to instruct the public on proper handwashing methods as well as preventative measures like mask-wearing, sanitizing, and social distancing, among others. In addition, the Ministry of Health implemented measures to sanitize the surroundings and advised individuals to wear gloves, face masks, and sanitizers when they went outside. Additionally, people were urged to wash their hands and to sanitize and disinfect surfaces and objects that they frequently touch. This was especially important in crowded areas like bus and taxi ranks, as well as school buildings (Nxumalo & Mnchunu, 2020). In addition, Mbunge (2020:3) highlighted that "Temperature screening at ports of entry, lab testing facilities, clinical diagnosis, quarantine facilities, and the renovation of selected hospitals as COVID-19 isolation centres in each province were all adopted by the South African health system". In addition to risk communication and surveillance, the health system suggested social distancing as an infection prevention and control strategy to fight COVID-19.



## The endorsement of traditional medicine during COVID-19 in South Africa

The South African government did neither endorse nor condemn the use of African Traditional medicine to cure or treat the COVID-19 virus. What South Africa has done was to make it clear to take part in the ongoing arrangements on finding solutions to the COVID-19 treatment with Madagascar who introduced the COVID-Organics made from Artemisia (Nkate, 2020). According to an article published in July 2020 by van der Merwe (2020), around R15 million from the budget for indigenous science would be reallocated to the testing of traditional medicine in South Africa. The report went on to say that South Africa would use the money it was originally planning to spend on indigenous knowledge projects to investigate the possible benefits of traditional medicine against COVID-19 as stated by Mr Blade Nzimande, the Minister of Higher Education, Science, and Innovation, on an announcement during a virtual news conference on 8 July 2020. The minister also mentioned that several traditional medicines were being researched to see whether they could help with the COVID-19 symptoms (van der Merwe, 2020).

As part of his announcement, the minister also mentioned that numerous traditional therapies, such as *Artemisia afra* (wormwood), are utilized for respiratory diseases. It may be argued that these advancements in Madagascar served as an inspiration for the minister to start the trials (van der Merwe, 2020). He went on to say that it was right and crucial for South Africa to investigate and register its own traditional medicine because, in the absence of such action, wealthy individuals from North America and Europe will ultimately register these herbs and resell them to Africans at astronomical costs. However, when this paper was written in 2024, there were no developments and indications from the minister about the state of the investigation. Instead, the paper has updates on the good work that was conducted by Professor Motlalepula Matsabisa, who co-chairs the WHO Global Traditional Medicines Centre and chairs the Department of Pharmacology at the University of the Free State (UFS).

The study reports that Professor Motlalepula Matsabisa, announced in 2023 that the South African team will present the science underlying their products, which may be used to treat COVID-19 and other illnesses (Damons, 2023). Through the UFS, a concoction known as Phela was created from four African medicinal plants which the University of the Free State presented at the 2023 WHO Traditional Medicine Global Summit. The article by Damon (2023) further indicated that the two-day summit examined how complementary, alternative, and traditional medicines might address urgent health issues and advance global health and sustainable development. Sobuwa (2023), a news reporter of News24 reported that the research and evaluation of traditional medicine was the focus of the summit, which was held in Gandhinagar, Gujarat, India on August 17 and 18, 2023. Topics covered included approaches for creating a global research agenda, traditional medicine priorities, and opportunities and challenges derived from 25 years of traditional medicine research (Sobuwe, 2023).

In pre-clinical safety and efficacy testing, Professor Matsabisa's group discovered that Phela exhibited strong anti-SARs-CoV-2 (the virus that causes COVID-19) properties. Damons (2023) further stated that the group also showcased native health tea items. In the meanwhile, traditional medicine has the potential to be a significant and effective catalyst for accomplishing the objectives of universal health coverage and attaining global health-related targets that were behind schedule even prior to the interruption brought on by the Covid-19 outbreak, according to WHO director Dr. Tedros Adhanom Ghebreyesus (Damons, 2020).

The study makes a case that there cannot be discussions of African Traditional medicine without mentioning the involvement of traditional health practitioners in the process of finding a cure to COVID-19. The study reports that unfortunately, government did not work together in any way with traditional health practitioners to find a cure for COVID-19 and their indigenous methods were not considered at all. The National Health Act, No. 61 of 2003, as explained by





Mukwevho (2020) is used in South Africa with regard to healthcare and traditional healing, allowing traditional health practitioners to offer their clients necessary services. But the planning for the national pandemic it has not included a number of traditional health practitioners.

According to some traditional health practitioners, because they had not received permits to operate under the new precautions put in place by the government to stop the spread of COVID-19, they were unable to obtain traditional medicines and herbs from different parts of the nation to treat their patients (Mukwevho, 2020). Mbunge (2020) explained that the Department of Health's recommendations for COVID-19 measures specified that only essential workers might be at work; nevertheless, the lockdown regulations' enforcers did not consider traditional health practitioners to be essential workers. As a result, traditional health practitioners still had difficulties with regulations in order to conduct their duties and give patients needed medical care.

### **South African policies on indigenous knowledge**

For this section, the study will examine the Indigenous Knowledge Systems (IKS) policy of 2004, the National Environmental Management: Biodiversity Act of 2004, DST (now DSI) and CSIR, NIKMAS, and NRS in the protection of indigenous knowledge. In November 2004, the South African government passed a policy on IKS, creating a strong framework for its preservation. IKS in South Africa was oppressed, marginalized, and subject to mockery prior to 1994, as were its practitioners. IKS was seen negatively as a result of this. Kibuka-Sebitosi (2008) emphasized that the Department of Arts and Culture led the development of a national language policy and promoted the copyright of indigenous music and art forms Department of Science and Technology (DST). These developments coincided with the election of a new government and the establishment of a national policy. The UN Commission on Biodiversity supported the creation of a recordal system, which is essential to creating a formal system to document IK (Mosimege, 2005).

To capture, record, maintain, and safeguard indigenous knowledge, the National Recordal System (NRS) was founded (Bhuda, 2019). This method connected indigenous information that had been documented and gathered in local languages from grassroots communities. It was part of an Indigenous Knowledge System (IKS) cyber infrastructure that was backed by the National Indigenous Knowledge Management System (NIKMAS) and offered secure, legitimate, and authentic IKS information. The benefits of NRS, which was formally implemented in six provinces, were increased community identification, improved quality of life, and economic value (Bhuda & Saurombe, 2022). According to the IKS policy of 2004, it is essential to look into and identify the many forms of ownership of IK in conjunction with indigenous groups in order to protect IK and IKS under customary practices and local legislation (Mdlhuli et al., 2021; Bhuda, 2022). In addition, policies and processes for benefit sharing as well as those necessary for the identification and protect of each type of ownership must be developed.

Mosimege (2005) highlighted that since South Africa is a member of TRIPS (a minimum standards agreement, which allows members to provide more extensive protection of intellectual property if they so wish), elements of IKS may be protected by this agreement when it comes to trademarks. In terms of IK holders' rights, protection of IKS is also feasible under *sui generis* legislation (anything termed *sui generis* is its own thing; there's nothing else like it). Perpetual protection is not included in the TRIPS framework, although communal ownership may be. Benefit sharing, stakeholder shared ownership, and identifying the source of origin of the materials are not sufficiently addressed. Thus, Arewa (2006) stated that the TRIPS Agreement makes protection of IKS possible; nevertheless, beyond this Agreement, extra *sui generis* (laws of a special kind) protection is needed. The law of geographical indications makes it possible to protect trade secrets, trademarks, genetic and biological resources, cultural and historical concerns, and more.



Regarding African Traditional Medicine (ATM), the South African government offers a platform for study in multiple domains. Mothibe and Sibanda (2018) discussed that the Department of Agriculture (DoA), the Department of Science and Technology (DST), the Agricultural Research Council (ARC), the Medicines Research Council (MRC), the Center for Scientific and Industrial Research (CSIR), and other organizations have developed partnerships with the government. Balogun and Kalusopa (2021) mentioned that any institutions can carry out research on traditional medicine with support from the government via the National Research Foundation (NRF) or other parastatal organizations as a component of indigenous knowledge systems (IKSs). With a few scattered national and international collaborations, each institution primarily performs its own research (Mothibe & Sibanda, 2018).

The National Environmental Management: Biodiversity Act, 2004 and the Bioprospecting, Access, and Benefit Sharing Amendment Regulations of 2015 were approved by the South African government's Department of Environmental Affairs (Crouch, 2008). The National Environmental Management Act, 1998's framework for the conservation of South Africa's biodiversity, the sustainable use of indigenous biological resources, and the just and equitable distribution of benefits from bioprospecting involving indigenous biological resources are just a few of the Act's objectives. According to the Act as stated by Wynberg (2006), indigenous biological resources comprise: any cultivar, variety, strain, derivative, hybrid, or fertile version of any indigenous species or of any animals, plants, or other organisms; any exotic animals, plants, or other organisms, whether gathered from the wild or accessed from any other source that, through the use of biotechnology, have been altered with any genetic material or chemical compound found in any indigenous species or any animals, plants, or other organisms.

### **Lessons learnt from the South African government during the COVID-19 pandemic**

It has been argued by this study that the South African government did not condemn, yet hyped the usage of African traditional medicine as treatment for the COVID-19 pandemic. It has however taken initiatives to include itself in the process of investigating the possibilities of traditional medicine as a cure for COVID-19. South Africa took part in a teleconference, which was convened by President Ramaphosa of the Republic of South Africa and Chairperson of the African Union (AU). The Minister of Higher Education, Science and innovation, Blade Nzimande also disclosed to the media that there is budget in place to test traditional medicines and how they can be further developed. It is now post COVID-19 and there has not been much to report on of any initiative taken by Minister Nzimande. Therefore, it cannot be ignored that the South African government did not work at its best to advocate for African traditional medicine and healing as much as it did with western vaccines. The government did not show its confidence in utilization of traditional medicine even though research indicated that people opted to use natural herbs as a treatment instead of vaccines received and care from state health care facilities (Maditsi & Bhuda, 2023).

With no initiatives to advocate for traditional medicine, traditional health practitioners were also ignored and not incorporated in the fight against COVID-19. Beyes (2020) provided reasons of the possibilities as to why traditional health practitioners were not consulted with nor involved in the fight against COVID-19. According to Beyes (2020), traditional health practitioners in South Africa have been practicing under these circumstances for more than ten years. The role of traditional health practitioners was once again highlighted during the HIV-AIDS epidemic. The debate over the efficacy of their treatment for HIV/AIDS was sparked by a lot of unfavourable press surrounding it and that was due to a mistrust of traditional health practitioners and their healing methods (Moshabela et al., 2016).

It seems that the mistrust that existed during the HIV-AIDS epidemic still exists and is still observed by (Beyes, 2020). At this stage, it is unclear where the mistrust arises from and whether it is from people in general or the government. What the paper confirms is that one of the treatment methods for illnesses used by traditional health practitioners is traditional medicine which the WHO declared is used by 80% of the South African population. According to Moshabela et al. (2016), despite the fact that indigenous people have shown traditional



medicine to be dependable, efficient, and trustworthy, traditional healing treatments are not regarded as being on a par with modern western care. Traditional medical practices have long been viewed as unproven and untrustworthy, but as stated by Fokunang et al. (2011), the pharmaceutical industry is now looking to traditional medicine to identify bio-active agents that can be used to create synthetic medications. They wish to investigate the most widely utilized species, though, rather than studying the rare plant species (Aziz et al., 2018).

The paper makes the case that South Africa's indigenous people have long used traditional medicines and relied on traditional health practitioners and that has not changed. Indigenous people have demonstrated the efficacy of traditional medicines in their own ways. Moreover, South Africa has proven that there is a need to be protecting indigenous knowledge by developing policy frameworks as mentioned above. Government departments are also involved in the promotion and development of traditional medicine as an indicator, and indeed, traditional medicines are reliable, and their use and manufacture should be further explored. Even though the paper has not identified convincing initiatives by government to promote traditional medicine during COVID-19 even though there are policies in place to prove its effectiveness, it cannot be ignored and should be recognised that South Africa took part in the testing processes of COVID-19

### **Conclusion.**

This paper has used secondary data to investigate the response from the South African government to the utilization of African Traditional Medicine as a COVID-19 treatment. The study discussed the response of South Africa to Madagascar when the COVID-19 organics/CVO were declared effective against the pandemic. The study further indicated that South Africa indeed took initiatives to be part of a teleconference that sought to find solutions to the COVID-19 pandemic and that it was when President Rajoelina of Madagascar gave a presentation on herbal treatment to his peers during that teleconference. The study argued that even though statements were issued by Mr Nzimande, the Minister of Higher Education, Science, and Innovation, that a sum of R15 million from the budget for indigenous science would be reallocated to the testing of traditional medicine in South Africa, there were no further updates regarding the developments when this paper was written. Moreover, it was discussed that even though there was no clear endorsement of African traditional medicine by government, people continued to use herbs as a treatment against COVID-19 and consulted with traditional health practitioners who were not even asked to be involved in any initiatives by the government. Echoing Beyers (2020), there remains a great need for traditional healers to be respected and viewed as being on the same level as biomedical health practitioners and have no clashes of sciences or with government, so that they too can make a meaningful contribution.

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