POLICY REVIEW
Policy Guidelines for Traditional Medicine Development-GHANA
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EXECUTIVE SUMMARY

Available data indicates that about 70% of Ghanaians use Traditional Medicine either solely or at certain points for their healthcare needs. The Traditional Medicine Practice Act 575 (hereby referred to as TMPA 575) came into effect in February 2000; but did little to streamline Traditional Medicine Practice. In 2005, Policy Guidelines for Traditional Medicine Development were drawn up as a driver for ensuring that (TMPA 575) was implemented properly and made operational. Thirteen years after the drafting of the policy, Thinknovate Ghana has conducted a policy review. In our review, we methodically evaluated the status and implementation of the aforementioned policy, the state of Traditional Medicine practice in Ghana.

Our finding is that the approach towards the policy formulation was a top-down approach that alienated key stakeholders which are the Traditional Medicine Practitioners (TMPs). Additionally, a lackadaisical approach (no prioritization, no implementation plan, no implementation quality indicators, no financial and human resource allocation, and poor inter-agency collaboration) towards Traditional Medicine resulted in a lack of buy-in towards implementation. Even though 70% of the population in certain instances rely on Traditional Medicine, it had never benefited from a clear political window in which it had been prioritised as an issue of national importance by any leading political party or player.

The results of the public value test conducted by Thinknovate Ghana indicate that the policy is currently of no benefit to the public. Therefore, we recommend that an extensive review of the policy and a new strategy towards implementation that involves key stakeholder be conducted.

INTRODUCTION

Public Policy can be defined as a set of decisions (course of action) authorised by the state (parliament, courts, government officials), and intended to create public value. Therefore a policy can only be deemed a success if it aids in the provision of public goods one of which is health improvement.

The Policy Analysis Triangle is a simple model for understanding the various sets of factors that are at work within the lifetime of a policy. It emphasises the central role of policy actors (all those who directly or indirectly benefit or influence the public good the policy aims to provide), but also highlights the links between actors and three other factors that influence decision making: context (the environmental, social and economic circumstances under which the policy was formulated and implemented), content (the actual ingredient of the policy that aims to provide the needed public good) and process (how the policy is thought off, formulated, engaged and implemented).
Traditional Medicine in Ghana, as defined by the late Prof. Marian Ewurama Addy, is “the beliefs, ideas and practices of a person recognized by the community in which he/she lives as competent and qualified to provide health care using naturally occurring substances. This can also include other methods based on the social, cultural and religious background as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social wellbeing and the causation of disease and disability.” In 2005, Policy Guidelines for Traditional Medicine Development were drawn up as a driver for ensuring that the Traditional Medicine Practice Act 575 (TMPA 575) was implemented properly and made operational. This was because TMPA 575 that came into effect in February 2000 did little to streamline Traditional Medicine Practice in Ghana. Our driver to review this policy was underpinned by the importance of Traditional Medicine use in Ghana. Available data indicates that about 70% of Ghanaians use Traditional Medicine either solely or at certain points for their healthcare needs. According to the World Health Organisation (WHO), there is approximately 1 Traditional Medicine Practitioner to 400 Ghanaians. More importantly, their spread is even across the country compared with orthodox healthcare practitioners.

The first paragraph of the introduction to the policy reads as follows; "In Ghana successive governments have recognized the importance of Traditional Medicine. The formation of the Ghana Psychic and Traditional Healers Association in 1961 and the establishment of the Centre for Scientific Research into Plant Medicine in 1975 attest to this fact. Also in 1991, the government established a unit for the coordination of Traditional Medicine (which is now Traditional and Alternative Medicine Directorate) which was followed by the setting up of the Food and Drugs Board in 1992, which among others, is to certify the sale of Traditional Medicine products to the public. In 2000, the government enacted the TMPC Act, Act 575 for the establishment of Traditional Medicine Council which is tasked with the responsibility for the registration of all Traditional Medical Practitioners in the country."

The objective of the Traditional Medicine Policy "is to provide a general policy direction or framework within which government's short to long-term plans on Traditional Medicine would be based." It was expected to cuts across sectoral boundaries and provide a national position for which all sectors have to buy in.
POLICY GOALS

The goals of the Policy Guidelines for Traditional Medicine Development (2005) are as follows;

1. All Traditional Medicines Practitioners (TMPs) shall be required to register an association and the Traditional Medicine Council with the view to enhancing the practice and eliminating quacks in the system.

2. To assist the genuine practitioners, the umbrella association of Traditional Medicine (TM) shall be encouraged to organize training and educational programmes on good manufacturing practices.

3. TMPs shall keep accurate records of all their practices

4. TMPs shall be encouraged to use modern facilities to diagnose and monitor the management of patients.

5. Traditional Medicine shall be provided in all public health institutions. The purpose is to offer patients/clients options for health service from which to choose.

6. Appropriate standards of practice shall be set as and when facilities improve to make it easier for enforcement of legislation.

Thirteen years on, Thinknovate Ghana has undertaken a review of this policy to ascertain whether it is meeting the policy goals and to evaluate whether it satisfies the public policy test of ensuring “public value.”

METHOD

The policy was subjected to a template of standard questions designed by our team of researchers. This template was used to ensure consistency and a uniform framework in the policy review process. We also held qualitative discussions with some policy actors, the general public and TMPs to elicit their views on the current state of the practice of Traditional Medicine Practice in Ghana. Additionally, we wrote to the Traditional and Alternative Medicine Directorate (TAMD) of the Ministry of Health (MOH) to elicit information on the progress of the implementation of this policy. Amongst the information we requested were;

1. Evidence of a comprehensive implementation plan following the drafting of the policy.
2. Evidence of the resources (financial and human) specifically allocated for the implementation of the policy.
3. Evidence of any reviews of the policy that have been performed since its drafting.
4. Evidence of the existence of a Traditional Medicines Practitioners Register (TMPR) and a summary of the total number of TMPs nationally and regional breakdown if available.
5. Evidence of the existence of Standard Operating Procedures (SOPs) or any similar documents as stipulated by the policy document.
6. Evidence of a prototype for the documentation of Patients Diagnosis, Treatment and Medication Records as stipulated by the policy document.

7. Evidence of a collaborative rollout plan for the integration of Traditional Medicine into public health institutions as stipulated by the policy document.

8. Evidence of any draft or implemented standards of practice as stipulated by the policy document.

9. Evidence of accredited training programs and relevant curriculum for existing TMPs as stipulated by the policy document.

10. Evidence of a detailed structured research and development plan as stipulated by the policy document.

KEY FINDINGS

Our Traditional Medicine Practice policy seems to suffer from a syndrome of “non-decision”. In our view, even though the policy was formulated using considerable time and at taxpayers’ expense, there either was a lack of commitment from the policy initiators, a deliberate attempt at not addressing the problems inherent in Traditional Medicine Practice or some viewed tackling the problems as simply best avoided. In some instances also we have concluded that some oversights made implementation an impossibility. Therefore, in the thirteen years, this policy may have offered little “public value.”

To explain this, we would rely on the Policy Formulation Triangle as mentioned in the introduction. Our review will look at the key components of the triangle to explain as to why in our view this policy has failed to deliver on the potentials of its key goals. It must be stated that for any policy to have adequate buy-in prior to implementation, all four components (actors, content, context and process) must be in synchrony.

ACTORS

At the Stage Setting phase, the policy initiators seem to have tried to factor in most actors including:

- Ministry of Health (MOH)
- Ghana Health Service (GHS)
- Food and Drugs board, now the Food and Drugs Authority (FDA)
- Ghana National Drug Programme
- Centre for Scientific Research into Plant Medicine, now Centre for Plant Medicine Research
- Centre for Scientific and Industrial Research
- Ghana Federation of Traditional Medicine Practitioners Associations, GHAFTRAM
- Ghana Medical Association
- Nurse and Midwife Council
- Pharmacy Council
- World Health Organization, WHO
- DANIDA
- Sociology and Biochemistry Departments of University of Ghana
- Faculty of Pharmacy of Kwame Nkrumah University of Science and Technology
It is clear from the document that a number of others were missed. A few we have identified include:

- Politicians
- General public
- Media
- Traditional Medicine Practitioners with no association
- Transport Owners
- Law enforcement
- Civil Society Organisations
- Ministry of Education/ Ghana Education Service
- Ministry of Lands and Forestry and the Forestry Commission

These missed actors whom we have termed "HIDDEN ACTORS" could have contributed a lot in ensuring that the policy had better buy-in. Their absence coupled with no clear plan for the active education of these actors on the benefits of this policy seems to have had a negative effect on successful implementation. Publicity and education, for example, could have been better leveraged if the media were well engaged. Ignoring key political players meant that the new policy received low priority and lacked the political will required to ensure the needed resources were allocated.

Another ignored fact was that prior to the passing of TMPA 575, though there was no written policy, Traditional Medicine had been practised long enough for oral tradition policies to be in existence. This reality meant that TMPs needed more engagement as to why they needed to wholeheartedly accept the law of 2000 that this policy was aimed at underpinning. There is no evidence available to us that such engagement happened prior, during or after the policy was written. Neither is there evidence of a strategy to ensure this over the past thirteen years.

CONTENT

OBSERVATION ON VARIOUS SECTIONS OF THE POLICY GUIDELINES FOR TRADITIONAL MEDICINE DEVELOPMENT (2005)

The content of any policy must include amongst others, structures or mechanisms for implementation, resource availability, and indicators for monitoring and evaluating progress as well as timelines for review. None of these seem to have been captured in the Policy Guidelines for Traditional Medicine Development (2005).

Whilst the technical intention of the policy document is not in question, this intention seems not to have resulted in the changes in behaviour the policy formulators had in mind. This stems from the following;

1. **The practice of Traditional Medicine and regulatory legislation:**
   
   **Observation:** Before the development of this policy, there was in the existence TMPA 575 which provides guidelines for the practice and regulation of practitioners. The policy does not clearly indicate how it would ensure that the provisions of TMPA 575 are made operational. Also, there were no clear timelines for developing guidelines to be used by TMPs in public health institutions. Neither are there any guidelines for record keeping templates and standards for the practice of Traditional Medicine Practice. Finally, the relevance of these documents to the practice of Traditional Medicine is not stated. The directorate must be requested to make the
provision for these documents. During this review, such information was requested from the TAMD with little success.

2. Re-organization and management of Traditional Medicine associations
   Observation: There are no clearly outlined modalities for recognizing and registering Traditional Medicine Associations. According to the policy, there are several associations, of which the policy named and recognized GHAFTRAM, as a federation of those associations; though it accepts that not all associations for TMPs fall under this umbrella. One can only wonder how the policy envisages providing managerial oversight to this federation and the other associations. The policy also fails to provide clear modalities for the restructuring of associations and for mobilizing and organizing TMPs.

3. Intellectual Property Rights Protection
   Observation: Though the policy recognizes the difficulty in patenting herbal products, it doesn't provide an insight into how these difficulties can be overcome. An assumption is made in the policy that by providing education to TMPs on copyright, trademark laws, and developing system and guidelines for Intellectual Property Rights for TMP, the problem of secrecy and loss of detailed information through oral tradition will be fixed. Considering that TMPs have historically practised with little hindrance and without information sharing, a lack of clear explanation of the relevance of intellectual property may be a major contributor to the low number of Traditional Medicine Product patents taken since 2005. There seems to be little proof of a system that protects and harnesses Intellectual Property.

4. Professionalization of TM through formal training
   Observation: The policy touches on the need for the practice of Traditional Medicine to be professionalised but has no detail on how this will be achieved. Further, though the policy touches on funding from government for the said training, evidence from budgetary allocation to the MOH does not suggest that specific funds have been set aside. It also provides little information on how TMPs training needs will be identified and how these needs would inform the professionalisation drive. Additionally, there appears to be no consideration for a specific training curriculum for the TMPs with any formal education.

5. Research and Product Development
   Observation: Though the Food and Drugs Authority (FDA) is mandated to have oversight responsibility on clinical trials, the policy provides no guidelines on how TMPs can apply to the FDA for inclusion into such clinical trials. There seems not to be any information on Adverse Drug Reaction reporting to the FDA, which house the National Centre for Pharmacovigilance. Chronic toxicity studies on traditional medicinal products have not been encouraged over the years. A clear short to long-term research plan from this policy would have projected refining of the practice of Traditional Medicine. The lack of toxicity studies for Traditional Medicine serves as one of the mitigating factors for the registration of such products by the FDA. We also found no evidence of an appropriate harmonization of research methods for TMPs or any plans for that to be achieved.

6. Public Information, Education & Communication on Rational use of Traditional Medicine
   Observation: No clear plan or scope for public education is provided, neither is there specific understanding of the kind of curriculum required to be studied by trainee TMPs. The policy also
fails to outline the process by which current practising TMPs will be up-skilled. At the time of the publication of this policy, KNUST had started a degree programme in Herbal Medicine; however, the policy failed to outline how graduates from this program will be absorbed into the public health delivery system. There is no plan for the training of media practitioners on TMPA 575 or any other aspect of the practice of Traditional Medicine. This is partly due to the lack of inclusion of the media in the policy formulation stage as actors.

7. **Standardization, quality assurance and large-scale production**

   **Observations:**

   I. The policy fails to define guidelines for the standardization of Traditional Medicine products. Though it touches on the need for TMPs to adhere to Good Manufacturing Practice (GMP), the policy fails to outline how this will be achieved in collaboration with FDA (the agency mandated by law to regulate GMP). There is very little in the policy by way of how TMPs will be encouraged to shed the cloak of secrecy and register their products with the FDA. Having touched on large scale manufacturing of traditional medicinal products, the policy does not provide a framework or timelines to ensure or promote this.

   II. There is little by way of details as to what standardized tests are required for traditional medicines considering that minimum safety and efficacy standards were already in place. It also does not clarify how collaboration will be fostered between testing centres and TMPs to ensure cost does not interfere with the evaluation of medicinal products. The policy also fails to highlight the significant skew of the availability of institutions responsible for traditional medicinal product safety evaluation in the south of the country compared to the north, and that may act as a disincentive for TMPs in the northern parts. If steps were taken to fix this disproportionate distribution of testing centres, it will help eliminate the issue of geographical access. There is no evidence of resource allocation for the support of future or existing testing centres in terms of equipment, human and infrastructure development.

   III. The policy stipulates that a legal review of Intellectual Property Right needs to be conducted with respect to Traditional Medicine. As of this review, there is no evidence of initiation, on-going or completion of the policy review as to Intellectual Property Rights. Additionally, parliamentary proceedings have been suspended on the Right to Information Bill and this is a missed opportunity to reaffirm and incorporate TMPs as stakeholders in the legal review process.

8. **Documentation, information exchange and baseline data collection**

   **Observation:** The first edition of the Ghana herbal pharmacopoeia was published in 1992 before the publication of the policy. The policy is silent on this and gives no scope for the incorporation of the Ghana herbal pharmacopoeia into a routine compendium for TMPs. Though a number of documents like Standard Operating Procedures (SOP) are mentioned in the policy, it is silent on guidance on how these will be developed or which institutions will have responsibility for their development. There is no specific plan for how the knowledge of TMPs will be harnessed and incorporated into these documents, neither is there any evidence for a national library of traditional medicinal products. There is an ambiguity on the recognized institutions responsible for the documentation of the traditional medicinal raw materials, intermediates and finished products.
9. **Biodiversity conservation and sustainable harvesting**  
**Observation:** The policy does not outline guidelines on how collaborations with agencies such as the Ministry of Agriculture and Forestry Commission etc. will be achieved on the issue of sustainability and biodiversity. In fact, at the policy formulation stage, these institutions were not considered as important actors. Without such collaboration, it is our view that without oversight responsibility, the directorate will struggle to implement this aspect of the policy. If this is not achieved, then any potential for large-scale traditional medicine production will not be sustainable as raw material stocks will be compromised.

10. **Global Networking and Collaboration**  
**Observation:** There is no framework around training needs for TMPs to allow collaboration within the country amongst TMPs to ensure that the barrier of secrecy does not prevent international collaboration. Additionally, there is no mentioned of training of TMPs on negotiation at the international level to foster positive collaboration. The policy does not indicate that at the time of its formulation, international collaboration was already taking place to some extent, resulting in significant quantities of alternative medicines especially from Asia finding its way on to the Ghanaian market. Also, the aim and benefit of such collaboration to TMPs and the practice of Traditional Medicine, in general, is not indicated. The policy is also silent on a clear strategy and timelines to achieve such collaboration.

11. **Technology transfer and commercialization of best products and practices**  
**Observation:** The policy has no strategy, no resource allocation or specific program outline for promoting the large-scale production of traditional medicinal products. Also, there is little indication of how TMPs will be supported in this area and in the critical area of research and development. There is little emphasis on environmental preservation and reforestation to ensure that plant stocks, a major source of raw material is sustained.

12. **Integration of TM/CAM (Complementary Alternative Medicine) into national health systems and commercialization**  
**Observation:** Though laudable, the policy fails to state how this will be achieved and what timelines will be followed. It is also silent on what collaboration will be required, what institutions will that be with and any implementation strategy. As at the time of finalising this review, MOH in its Holistic Assessment Report released in July 2018, indicated that only 13.1% of Regional and District hospitals provided TM as an alternative healthcare pathway, a slight drop from 13.2% in 2016. These figures are a far cry from the 100% the policy aims for.

**CONTEXT**

The policy was formulated in an environment where Traditional Medicine had been practised with no serious regulation, and by TMPs many of whom had very little education and kept little documentation. Their practice was also characterised by secrecy with most knowledge passed down by oral tradition. Compounding this further was the high level of superstition that was attached to healing powers. Also, the individual associations of TMPs appeared not to be well represented at the grassroots level and there was often misunderstanding and lack of information sharing. There was also considerable suspicion amongst members of different groups and personality projections, coupled with power and ego clashes. As a result, using just identifiable associations as a means of selecting the main actors at the policy formulation stage was a missed opportunity that was bound to handicap policy implementation.
There was also mistrust between the TMPs and regulatory and research institutions as most TMPs had reservations about these organisations and their intentions. In addition, there was the high patronage of these TMPs by the citizens who found traditional medicine, cheaper, more accessible and devoid of significant language barriers. As a result, the perceptions and understanding of the need for proper regulation of the practice were different for all actors. This made it difficult to use the bottom-down approach that seems to have been adopted in drafting this policy. Another complication was the fact that the practice of Traditional Medicine had been poorly resourced from a financial standpoint. It was therefore important that buy-in was obtained at the outset amongst all actors and especially the hidden political actors who hold budgetary responsibility and prioritise different aspects of healthcare provision. Lastly, even though 70% of the population in instances rely on Traditional Medicine, it had never benefited from a clear political window in which it had been prioritised as an issue of national importance by any leading political party or player.

**PROCESS AND STRATEGY**

With the above context in mind and an understanding that, the policy change process takes place over time, there was a need to map out a clear chronology of the steps that had resulted in the practice not being streamlined five years after the passing of TMPA 575. Having a clear chronology would have provided critical information that could have contributed to a sound implementation plan being drawn during the formulation of the policy. This implementation plan would have aided the tracking of progress and identify challenges that could trigger a policy review.

A look at the list of actors makes it clear that a top-down approach was settled on at the stage setting which meant the policy was going to be implemented by instruction, though the policy itself says in the preamble that it was going to ensure engagement and collaboration. We come to this view based on the following:

1. Too much concentration on central actors (TMC, CSRPM, FDA, Traditional and Alternative Medicine Directorate TAMD of the MOH etc.) during the stage setting, policy formulation and implementation phases.
2. Very little emphasis on TMPs collaboration and education.
3. No clear implementation plan with quality assurance indicators to track implementation
4. No timelines set for policy re-evaluation.
5. Poor actor and stakeholder engagement (drivers, Traditional Medicine peddlers, media etc.)

This approach to the formulation process alienated those who needed to be influenced most (TMPs) to ensure that the policy was implemented successfully. This strategy in our view was not well thought through as the regulatory bodies like the FDA and TAMD lacked the financial and human resources for instruction and enforcement to be effective.

A look at the content also shows how a lack of adequate information from the TMPs may have contributed to the lack of depth around how the policy was going to be communicated to ensure implementation was successful.
IMPLEMENTATION

In every policy process, the four factors of the Policy Analysis Triangle (actors, context, content and process) interrelate, affecting one another and drive the direction of implementation. Thus successful implementation hinges on all factors having a clear implementation plan, review milestones, collaboration plans etc. In our view this policy suffered from poor factor interaction. As a result, though a problem had been identified, the policy formulators failed to find a political window to make the need for streamlining Traditional Medicine practice a political priority. Consequentially, implementation was always going to be fraught with challenges. Compounding this further was the fact that due to poor engagement, social values that tilt towards Traditional Medicine practice status quo were not in sync with the agenda of the policy formulators. Finally, the policy document did not seem to have identified any civil society groups or policy entrepreneurs who had an interest in health generally or Traditional Medicine specifically to engage with.

Having centralised the drafting of this policy with little collaboration at the periphery, the most feasible implementation strategy was top-down as most decisions had been made at a national level with little by way of information as to how these will translate into operating instructions for use by TMPs. In our view, implementation was seen as a technical process to be conducted by administrative agencies, using their own policy bureaucrats. Unfortunately, this was always going to fail as most of the agencies lacked the human resource for such an approach. A better approach would have been collaboration using consensus building, whilst decentralising implementation through trained TMPs.

Throughout this review, we have tried without success to obtain a concise policy implementation plan from the MOH or the TAM Directorate. It is therefore difficult to benchmark the implementation against any quality assurance indicators. We, therefore, used qualitative measures, public enquiries and practitioner feedback as a means of tracking the success or otherwise of the policy's implementation strategy. A few things were evident:

1. Most TMPs were not conversant with Act 525, neither were they aware of the existence of the policy.
2. Many Ghanaians were willing to still purchase traditional medicines from hawkers and peddlers irrespective of source.
3. Few Ghanaians were aware of the existence of the policy.
4. Considerable amounts of plant material were still being sold in the raw state with little information about what they were.
5. There was no evidence of specific funds allocated for the implementation of this policy over the 13 years that it had been operational.
6. There is no evidence of a review or intent to review the policy.

PUBLIC VALUE TEST

Public value has emerged as an increasingly ubiquitous term in the politics and public administration literature and has featured even more commonly in public sector improvement programmes. It aims to
measure the success of public policy in the view of the general public who are supposed to benefit from implementation. It is often qualitative. In this review, we used public interviews to ascertain whether the six goals of this policy document had been met in the eyes of the general public. In doing this a number of questions were posed to random members of the public. A pictorial summary of the results are as follows:

1. Is Traditional Medicine Practitioner required by law to be registered in Ghana?

![Pie chart showing the results for question 1](image1.png)

2. In your View is the practice of Traditional Medicine being well regulated?

![Pie chart showing the results for question 2](image2.png)

3. Is the advertising of Traditional Medicine in Ghana regulated by law?

![Pie chart showing the results for question 3](image3.png)
4. Is there a law in Ghana governing the practice of Traditional Medicine in its entirety?

From the results, the majority of Ghanaians (90%) knew that TMPs needed to be registered. However, 99% of respondents were of the view that Traditional Medicine Practice was not being well regulated with 80% of respondents unaware that the advertising of traditional medicines was subject to regulation. Finally, only half (50%) of respondents were aware that there was a law regulating Traditional Medicine Practice in its entirety.

We are therefore of the view that is a huge gap between the policy intentions and the reality of Traditional Medicine practice. Our view is based on the qualitative examples as follows;

a. The widespread illicit peddling of traditional medicines still persists.

b. Illicit claims about the ability of some products to cure chronic diseases and similar spurious claims are made routinely with no sanctions meted out to the offenders.

c. Illicit advertising occurs in the full glare and to the hearing of regulators and citizens with no action taken.

d. Standardization of herbal medicines has not happened to any serious extent.

e. There has been little or no improvement in the quality of patient care; neither has the hygienic condition around Traditional Medicine Practice improved.

f. Though institutions, such as the Faculty of Pharmacy and Herbal Medicine, have a programme to train herbal medicine practitioners, little integration of the practice of Traditional Medicine into the mainstream healthcare system has occurred.

g. The TAMD has failed to date to have a consistent documentation protocol or SOP for Traditional Medicine practice; neither have they managed to organise TMPs so as to eliminate mistrust.

h. Most Traditional Medicine products especially those peddled in markets and on the streets have little by way of standardised content information.
i. Microbial contamination of many of these products cannot be ascertained and the risk to patients unknown. This could contribute to the global issue of increasing antimicrobial resistance.

**RECOMMENDATION**

The Policy as it stands has the requisite technical input to streamline the practice of Traditional Medicine if implemented properly. We, therefore, recommend the following;

1. A policy dialogue which attracts all interest groups and **ALL** actors.

2. Identification of the interdependent actor roles/responsibilities and how to leverage these in implementation.

3. Education especially for TMPs and citizen groups on the need to streamline the practice of Traditional Medicine, whilst acknowledging the role it plays in healthcare must be prioritized and intensified.

4. Incentives based on a clear understanding of barriers to knowledge sharing by TMPs could be provided, as a means of ensuring standardisation and registration of medicinal products.

5. Introduce a quality assurance framework backed with the political will to ensure interaction among actors is monitored and policy implementation timelines are tracked.

6. That a collaborative approach (bottom up) is used to re-implement the policy rather than stick to the authoritarian top-down approach.

7. That routine antimicrobial screening of traditional medicinal products on sale to the public is undertaken to promote patient safety.

**INVITATION OF VIEWS**

Thinknovate Ghana wishes to hear from the general public regarding the above recommendations and other aspects of the policy review undertaken in this document.

Members of the public can submit comments and feedback via the contact details below.

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