

# An Overview of the Problems and Challenges of Public Health in Sub-Saharan Africa in the 19<sup>th</sup> and 20<sup>th</sup> Century

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## Abstract

The search for good health and well being is as old as mans' civilization, and had been influenced by many factors such as environment, intergroup relations, flora and fauna distribution among others. In Africa, there exist ways and practices of medicines which the knowledge itself was handed over from generation to generation which has both qualities as curative and preventive therapeutic effects. But, by the 19<sup>th</sup> to 20<sup>th</sup> century, Europeans incursions in Sub-Saharan Africa coupled with its treacherous excesses led to decline and dearth of some of the traditional medicines practices and stagnated its development.

The aim of this research is to show the extent to which the western type of medicinal practices and technology continue to dominate health care delivery system and management in Sub-Saharan Africa, by analyzing the problems and challenges to which amongst is the over-reliance on foreign trained health personnel, lack of proper funding from states, quackery in the profession, outdated research facilities, inferiority complex of African health attendants and unstable polities. These issues would be discussed, to show their role in demeaning the relevance of the African Sub-Saharan medicinal practices despite the fact that the newly introduced western type of health care delivery system had no doubt transformed the health sector, but, it continue to grapple with myriad set of challenges which are presently responsible for inefficiency and decay of the health care technology in that part of Africa.

All these problems left African states in dilemma as to whether to embrace and opt for the weak western type of health technology or revive the traditional and indigenous system of health care and technology.

Also suggestions would be proffered as how to possibly wriggle out of the challenges.

**Keywords:** traditional medicine, colonialism, western medicine, challenges and solutions.

## Introduction

Generally, the part regarded as Sub-Saharan Africa is used to describe the areas of the African continent which lies south of the Sahara<sup>1</sup>, which is separated from northern Africa by the Sahara desert. Geographically, the United Nations (UN) defines it as the area that consists of the continent of Africa that is fully or partially located south of the Sahara; and consists of all the 46 out of the 54 Africa's countries. Thus, countries such as: Algeria, Djibouti, Egypt, Libya, Morocco, Somalia, Sudan and Tunisia are excluded, and so often are regarded as middle-east and North African states.<sup>2</sup>

The area of the Sub-Saharan Africa as at 2019 has a population of about 1.1 billion, and with the population density of 80 persons per km<sup>2</sup>. The UN predicts for the region a population between 2 billion and 2.5 billion by 2050.<sup>3</sup> While the total land mass covers an area 24.3 km<sup>2</sup>,<sup>4</sup> this accounts for more than 15% of the earth's land surface.<sup>5</sup>

With such sizeable land mass and population density, the Sub-Saharan Africa must have attained a certain level of civilization which in many ways reflects the diversity of cultures and civilizations which amongst is the practice of medicine. For this reason, the traditional medical practice in this region prior to the advent of western type of medicine was centred on herbs and spirituality of which the belief is not on chances of occurrences, but both through spiritual and social imbalance.<sup>6</sup>

## Overview of Indigenous/Traditional Medicine in Sub-Saharan Africa

By extension, traditional medicinal practitioners are people without modern formal education as it is nowadays, but they received knowledge of medicinal plants and their effects on human body from their people such as relations and ancestors, and partly by their endeavours in testing and observations.<sup>7</sup>

In Africa, the traditional medicine practices was the dominant medical system and it continues to be even today with the advent of modern science-based medical practices. Practitioners of medicines in this part of Africa continue to cure, treat and administer medicines for various

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<sup>1</sup> New World Encyclopedia, *Sub-Saharan Africa*, available at [www.newworldencyclopedia.com](http://www.newworldencyclopedia.com) Accessed 15/12/2023

<sup>2</sup> V. Erokhin and T. Gao, "Prospects, Challenges, and Policy Directions for Food Security in India-Africa Agricultural Trade" in *A Handbook of Research on Globalized Agricultural Trade and New Challenges for Food Security*, Hershey (Penn. USA): IGI Global Inc., 2020

<sup>3</sup> "World Population Prospects 2019 – Population Division". Esa.un.org. 28<sup>th</sup> August 2019. Archived from the original on 15<sup>th</sup> June, Available on [www.worldpopulationprospects.com](http://www.worldpopulationprospects.com), 2020. Accessed 13/12/2023

<sup>4</sup> R.R Charpentier, "Global Distribution of Natural Gas Resources" in *Reference Module in Earth Systems and Environment Sciences*, 2013 also cited in *Encyclopedia of Energy*, 2004, Pp. 249-256

<sup>5</sup> [www.sciencedirect.com](http://www.sciencedirect.com) Accessed 13/12/2023

<sup>6</sup> [www.wikipedia.com](http://www.wikipedia.com) Accessed 12/12/2023

<sup>7</sup> H. David, *Traditional African Medicine*, in Gale Encyclopedia of Alternative Medicine, 2005 Available at [www.africantraditionalmedicine.com](http://www.africantraditionalmedicine.com) Accessed 15/12/2023 Also cited in [www.wikipedia.com](http://www.wikipedia.com)

ailments and diseases ranging from psychiatric disorder, venereal diseases, fever, anxiety, urinary tract infections and epilepsy, just to mention but a few.

The efficacy of the medicine and medical practices in the early periods is not accompanied with testing and clinical practices, so as to ascertain the chemical contents and compounds contained in any herb or medical concoction being administered by the medical practitioner to the patient. This placed this type of medicine as the only method used for cure, and perhaps whether by chance or otherwise, it continues to serve the very population well.

Though the majority of the medicines and portions were generally administered orally, there are evidences of traditional surgeries being carried out throughout the region, and the results had been proven to be effective and efficient. For instance, a record of successful cesarean section performed by indigenous traditional healers in *Kahura* region of the present day state of Uganda was affirmed;<sup>8</sup> where both mothers and babies were saved through the practices for tenth of centuries before the indigenous people have any contact with Europeans, whom had been credited as not only introduced western type of medicines and medical practices into Africa, but also continue to propagate negative notion and views about the traditional non-western medicines and its practices. Not only had that, they (Europeans), imposed restrictions on the use and patronage of traditional healers and medicaments through enactment of Ordinances and Acts. Apart from the cesareans widely spread throughout the region, there are widespread of medicinal practices which consist of healers and diviners in the Sub-Saharan African regions. Just like what it is nowadays with the western type of medicinal practice based on specialization, the Sub-Saharan Africa too had attained such level of specialization. These classes of medicinal specialists include: *Bori/Girka*, *Sangomas*, *Dawa Za Kisasa*, *Hishe and Inyangas* of the Hausas in central Sudan, Southern Africa, Kiswahili, Kalahari area and Swaziland (formerly kingdom of Estwani) respectively; with each having a specialized knowledge of medicinal practice. One important feature common to Sub-Saharan African traditional medicines is that, it has two classes identified as thus: those who practice without invoking supernatural cause of which include the herbalists, traditional birth attendants and bonesetters. The second classes are those who rely on supernatural aids, as they use material remedies<sup>9</sup> primarily centred on culture, spirituality, humanness, incantations and communal beliefs (superstitious beliefs).<sup>10</sup>

## **Colonialism versus Traditional Medicines and its Practices**

From the year 1900 up, the whole Africa with the exception of Ethiopia, Liberia<sup>11</sup> and perhaps Sierra Leone had been put under effective European colonization. Colonialism by practice and

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<sup>8</sup> R. W Felkin, "Notes on Labour in Central Africa", *Edinburgh Medical Journal*, Vol. 20, April 1984, Pp. 922-930

<sup>9</sup> B. Kofi Bobi, "Traditional Healers in Ghana: So Near to the People, Yet, So m Far Away From Basic Care System." *TANG (HUMATIS MEDICINE)*, Vol. 6. No. 02, May 2016, pp. 9.1-9.6

<sup>10</sup> *Ibid.*

<sup>11</sup> G. Bertocchi et. al, "Did Colonization Matter for Growth?: An Empirical Exploration into the Historical Causes of Africa's Underdevelopment", in *European Economic Review*, Vol. 46, Issue 10, December 2002, pp. 1851-1871

theory, it upholds the annexation, settlement and domination of people by a foreign power and people. Although after conquest and instituting colonialism, the European colonizers built healthcare infrastructure, their goal was to maximize labour and extraction of wealth. This translates to investing as little as possible in healthcare and focusing only on diseases that impacted production such as leprosy, night blindness and tuberculosis.<sup>12</sup>

In line to achieve the said objective, series of laws were promulgated in order to halt the practices of traditional medicine in Africa generally. For instance, in the year 1910, in Kenya, a law was passed called Medical Practitioners and Dentists Ordinance (MPDO - 1910), by virtue of its provisions, it set the limits and uses of traditional medicines in Kenya, thus; limiting traditional medicines to local cultures only in the rural areas.<sup>13</sup> Also in the year 1878, in Gold Coast (now Ghana), the Natives Customs Regulation Ordinance (NCRO - 1878) was enacted which banned traditional healing and all other indigenous medical practices which offended western sensibilities. To enforce the said law, all natives' employees were required to seek for and obtain health certificates from colonial medical officers so as to secure the requisite health certification to serve in the colonial institutions and companies. Moreover, all Christian converts were often threatened by the white church clergy with ex-communication if found to have consulted traditional healers.<sup>14</sup>

Furthermore, colonialism with its psychological consequences as has been inculcated into the minds of the western educated elite class, has made them to develop a disregard for traditional medicines; as they often consider it as backward practice and barbaric in general. This could be interpreted by the way the educated African elites continue to despise the African traditional medicines. For instance: in 1969, Jomo Kenyatta, a pro Pan-Africanist, nationalist and the first president of Kenya, he openly condemn and criticized traditional medicine as he labeled the practitioners as "lazy cheats who want to live on the sweats of others".<sup>15</sup> With notions similar to this by African elite, it is right to suggest that non-western knowledge/unorthodox medicinal practices were evaluated using western epistemologies and were discredited, devalued and delegitimized.<sup>16</sup> This perceptions among the western educated Africans had forced the traditional medical practitioners to go underground in many parts of Sub-Saharan Africa, thus; making their contributions to the development of healthcare unnoticed and unappreciated by the African elites.

The point of focus on the aforementioned issue is that critiques of colonialism and colonial medicines had come to justify their thoughts and such expressions were succinctly digested as thus:

. . . a century of colonialism, cultural imperialism and apartheid . . . have held back the development of African traditional health care in general medicines in

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<sup>12</sup> M. Laura, *The Coloniality of Global Health*, Columbia: Univ. of Columbia (Okanagan), 2023

<sup>13</sup> J. Harrington, "Kenya: Traditional Medicine and the Law" *Africa research Institute: Understanding Africa Today*, 13 April 2016

<sup>14</sup> B. Kofi Bobi, ... *Op. Cit*

<sup>15</sup> J. Harrington, ... *Op. Cit.*

<sup>16</sup> B. Kofi Bobi, ... *Op. Cit*

particular. During several centuries of conquest and invasion, European systems of medicine were introduced by colonizers. Pre-existing African systems were stigmatized and marginalized. Indigenous knowledge systems were denied the chance to systematize and develop.<sup>17</sup>

As pointed out inter alia that; series of legislations as Ordinances became the order of the day when the European colonizers in Sub-Saharan Africa try to stop the traditional medicine practices. And for this reason, widespread of the practices was/is restricted to family based knowledge and skills, which many times shows the uniqueness of traditional medical practices basically identified as household and hereditary in nature and by practice.

Moreover, lack of understanding of the ways by which traditional medical practices were carried out in Africa became a source of worry to orthodox/western medicines in general. In many parts of Africa, witchcraft constituted an aspect of medicine traditionally. Being so common and widespread, it has been adjudged that the conception of diseases and illness in Africa was historically embedded in the actions and activities of witches and witchcraft; whereas, in western/orthodox medicine, witchcraft reinforces “backwardness”, “superstitions” which are typical characteristics of the dark African continent.<sup>18</sup> And for this reason, the Eurocentric perception of the traditional medicine had not look into the issues involved. For instance: in Africa, the traditional healers through their practices could tell whose actions inflict illness on any person.<sup>19</sup> And by so doing, the medication for such ailment could be found in a near place. Thus, the traditional practitioner may invoke his powers for the cure. One important thing to note here is this, to the Europeans; they failed to make a proper research into the processes involved in treatment and cure about African traditional medicines. They should have studied the two issues in the medicine process as “witch”, and the compliment word “craft”. The former in strict senses is not embraced as the ideal in many societies; whereas the latter sounds plausible, and could be studied and interpreted as a source of knowledge for medicine practices. As “craft” in its literal connotation entails the use of skills and expertise to achieve/produce; the same technique or method could be used to for cure and treatment of ailments as was the case in pre-colonial African societies.

Also at the inception of colonialism in Sub-Saharan Africa, and subsequent introduction of western/orthodox medicine to the colonized, this has alienated the people from accepting the newly introduced medical practices. This was the case, where the European health attendants continue to make it a point and a thought that: African patients as sources of diseases themselves. Statements and comments similar to this were often adopted as the order of the day whenever European health

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<sup>17</sup> A. A Abdullahi, “Trends and Challenges of Traditional Medicine in Africa”, *African Journal of Complement Alternative Medicine*, 2011, Vol. 8, No 5 (suppl), Pp. 115-123

<sup>18</sup> Ibid.

<sup>19</sup> See “Asegba Ogwu” it is an Igbo (ethnic group in the southeastern part of Nigeria) spiritual belief as a kind of spirit that reveals the culprit surrounding the illness of a person.

attendants are confronted with any ailment they cannot diagnosed.<sup>20</sup> This attitude of the colonial health attendants towards African patients had widened the gap of acceptance of the western/orthodox medicines among the Africans, as already suspicion exists among the African about Europeans activities in their midst, which ranges from deceptions of signing of treaties of trade and protection, to monopoly of trade and later direct interventions which was followed up by colonialism.

## **Challenges of Health Care in Post-colonial Sub-Saharan Africa**

Twentieth century in Sub-Saharan Africa was a century of political struggles and independence movements. Therefore, there were renewed hopes in the social existence of all people within the Sub-Saharan Africa including the provision of health care and social services. But, ironically, the traditional healers who practice with the aid of supernatural powers and spirits were not included in the health care programmes of the states in the region. And instead, the colonial health care practices and facilities were maintained with the same *status quo* (i.e non inclusive of indigenous traditional medical practices), as the traditional health care system and practices were tied up closely to religious beliefs; of which consisted of both the physical/tangible things around our world, capable of causing ailments, and those classified as supernatural or spiritual world of which are mystical in nature (metaphysical).<sup>21</sup> Therefore, by the standard of the new states as health care is concerned, such indigenous practices were totally barred in the state owned health care institutions. Thus, the colonial policies in Sub-Saharan Africa on health care continue to operate despite the polities' independence. A good example of the desire to relegate traditional medicine in Sub-Saharan Africa was in the year 1975, when the government of Mozambique under the liberation body of FRELIMO, it abolished private medicine practices and built new health care units in rural areas.<sup>22</sup> But, the traditional medical practices were not given attention at all despite being available and relied upon by majority of the population. According to the Mozambique's ministry of health, this was evident due to the fact that around 70% of the people patronize and use traditional medicines, and has a wider coverage of primary health services than the National Health Service. In effect, majority of people in the region of Mozambique use traditional medicine throughout their life.<sup>23</sup>

Another challenge to medicine in the sub-Saharan Africa in the post colonial period is that medications and treatments of western/orthodox are too expensive considering the purchasing power of individuals and the economic status of Sub-Saharan African states in the post-colonial

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<sup>20</sup> L. Abdullahi, An African Construction of Colonial Medicine: the Sokoto People's Perception and Response to the British Healthcare Programmes, *Sociology International Journal*, Vol. 2, No. 5, Pp.362-367

<sup>21</sup> B. Kofi Bobi, "Traditional Healers in Ghana: So Near to the People, Yet, So m Far Away From Basic Care System." *TANG (HUMATIS MEDICINE)*, Vol. 6. No. 02, May 2016, pp. 9.1-9.6

<sup>22</sup> G. P Ivo, "Health Development and Institutional Factors: The Mozambique Case", *WIDER working Paper*, No. 2020/131 under the Auspices of the United Nations University World Institute for Development Economics Research (UNUWIDER) Helsinki

<sup>23</sup> Ibid,

times. Accordingly, the Sub-Saharan Africa region's per capita income of individuals and the living standards is very low; and majority of the population are living beyond poverty level of about \$1 – 2 per day<sup>24</sup>; and the fact that rural life prevented many people from access to modern health care - as in the rural areas there are non – existent health services of the state to cater for the health of people living in the rural areas. From the above findings, it could be stated that, the cost of medicines from pharmaceutical industries are beyond the reach of rural populations.

Tied to the above notion which is the high cost of medicines from pharmaceutical industries, there is also over reliance of research findings from the western/orthodox societies. This has been identified as one of the major challenge to the development of medicinal practices in that part of Africa. All tests and discoveries no matter how well were carried out or conducted with excellent results; are not allowed to be used except upon affirmation from the western world countries. This problem has made the Sub-Saharan Africa to continue as an offshoot of their erstwhile colonizers. This has gone deeply into the minds of many people of African origin, which in effect was a war waged and won on their psyches by the western countries, and they (Africans) have been defeated blatantly. For instance: there was affirmation from the Republic of Madagascar of the discovery of medicine against Covid -19 in the year 2020/21. But, the western world vehemently denied carrying out repeated experiments to prove the efficacy of the vaccine or otherwise. Instead, the western nations saw it as efforts to block their chances for political and economic reasons refuse to declare the vaccine as effective to Covid 19 pandemic. Similarly, the discovery by a Nigerian medical doctor, Dr. Jeremiah Ablaka, who claimed to have discovered anti HIV/AIDS drug – he was not allowed to prove his discoveries to the world; and instead, various sanctions were imposed on the use of his discovery by some world health agencies.<sup>25</sup> These and many more examples are common throughout the region; and consequently, made the people to rely heavily on drugs and pharmaceutical products from the western societies and the United States of America. This type of relations was described by Kwame Nkrumah as “Neo-colonialism”; where the ex-colonial states continue to influence their ex-colonies activities by reaping the maximum economic benefit without participating therein physically.<sup>26</sup>

On another note, there is the general under funding of the health sector in many parts of Sub-Saharan Africa in the post-colonial period. For instance; annual budgets of countries such as: Mali, Senegal, Cameroon, Botswana, and Namibia just to mention but a few; these countries budget on the health sector from the 1980 to 1999 was not something to speak about, except as a lesson to learn that<sup>27</sup> - without the help of other foreign health agencies and sectors, Africa generally would have been pillaged by the spread of uncontrollable diseases. Although many medical professionals understood the financial and staffing challenges, they could not remedy the situation. It is solely the responsibility of the state to provide adequate funding for the health sector. Commenting on

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<sup>24</sup> See UN statistics for further details on world poverty and development index in Africa from the year 1990-2009

<sup>25</sup> N. Ibeh, I Will Release my HIV Vaccine to Nigerian Government if..., Premium Times Nigeria, January 18, 2019

<sup>26</sup> See Kwame Nkrumah's writings - Neocolonialism: the Highest stage of Capitalism

<sup>27</sup> See the Budget Statistics of the countries for the periods mentioned.

the state health and health facilities in Sub-Saharan Africa, it was described as “deplorable, appalling, derisory” and in a state of neglect.<sup>28</sup> So, without doubt, the intervention of world health bodies is a succour to ameliorate the challenges of health generally in the whole continent of Africa. International bodies and health agencies such as the Rockefeller foundation, Bill and Melinda foundation, Society for Family Health (SFH), Medicins Sans Frontiers (Doctors without Borders-MSF) and the United Nations (World Health Organization - WHO) among others. Their interventions in the health sector though viewed with suspicion, but, the positive aspect far out weight the unfounded fear in reality.<sup>29</sup>

Similarly, there is anxiety about the adverse effects of chemical drugs generally. Thus, many chemical drugs being use to treat ailments sometimes give adverse reactions ranging to vomiting, nausea, drowsiness and fatigue, just to mention but a few. Therefore, due to the chemical contents and their reactions in the body, many societies continue to refuse treatments and vaccinations of western/orthodox medicaments. For instance: recent rejections of vaccines of polio in the northern parts of Nigeria believing that it contain chemicals inhibiting fertility, and partly due to previous tests that were carried out in the year 1996 by the American pharmaceutical giant company (Pfizer) on meningitis. The clinical test was carried out on children and babies below the age of 13. The test outcome led to the death of more than 42 patients, and many became permanently disabled. This led to protests and eventual court case which cost the pharmaceutical company a whooping sum of \$175,000 as compensation to the children, and another amount as fine for the state.<sup>30</sup> Also in the year 2020, at the height of Covid-19 pandemic, a French medical doctor, urged pharmacies to test their new vaccines on Africans; this is because to him African and other Europeans, do not see Africans as humans at all, but rather, African are specimens for testing drugs and chemicals. This belief about Africans by many ignorant Europeans has been reinforced and widely in circulation for hundreds of centuries, as was found in the writings and records of European explorers, missionaries and colonial masters. One example of such filthy statement about Africans was the one by Mr. Joseph Conrad, who wrote in his book *The Heart of Darkness* (published 1899), where he was quoted saying: “...are Africans human?” and he responded “No, they are not . . .”. So, there is fear and suspicion surrounding acceptance and use of western/orthodox medicines in many parts of Africa, which of course, continue to be a challenge for health in the region generally.<sup>31</sup>

Additionally, political instability and insecurity continue to pose another challenge to the health sector in Sub-Saharan Africa. This can be understood using instances of outbreak of civil wars, coups d'états, regional conflicts, ideological and religious extremism, political rivalries, boarder conflicts and crisis among others. For these reasons, health services do not cover many areas or respond to emergencies and further develop more health care units which cover the entire Sub-

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<sup>28</sup> H. Tilley, “Medicine, Empires, and Ethics in Colonial Africa”, *AMA Journal of Ethics*, no. 18, Vol. 7, 2016

<sup>29</sup> See UNWHO in Africa

<sup>30</sup> K. Noko, *Medical Colonialism in Africa is not New*, Aljazeera/Opinions/corona Virus Pandemic, 8<sup>th</sup> April, 2020

<sup>31</sup> Ibid.



Saharan region from the 19<sup>th</sup> through the 20<sup>th</sup> century. As the first prerequisite for health care which is peace and tranquility, has been destabilized. More so, civil wars and conflicts exposes health personnel to dangers of losing their lives, coupled with poor salaries and demoralization in the service due to poor state funding and social inequalities. For instance: from the year 2009 to date, there has been an insurgency around the enclave comprising Nigeria, republic of Niger, Cameroon and Chad. This insurgency has made many towns within the areas of conflict to become deserted; and hence, this action stimulate the rise of hunger, malnutrition, famine and outbreak of many diseases and the states concerned cannot respond immediately without risking their men, and can do so only in company of armed security personnel.<sup>32</sup>

Apart from the cost of treatment in modern sciences medications and treatment, the majority of the people in Sub-Saharan Africa have been forced to pay before a patient receives any treatment in a clinic or hospital. And in case where the patient or his relatives cannot afford to pay the prescribe amount for any treatment, the patient's health condition is at the mercy of the nature (God). In contrast to the traditional medicines, the normal practice is to put the treatment of a patient as bait; when the patient recovers from the disease, the treatment would be paid accordingly. For in the case where, the treatment turns out to be ineffective, the recipient of the treatment needs not to pay. So, many patients in the said region have made it clear that after spending huge sums of money, the patient may either die or the ailment will continue and persist. That is why many people in the region consider modern health facilities and centres as extortion points for the sick and wounded.<sup>33</sup>

To sum it all, other challenges to the health sector in Sub-Saharan Africa include: poor planning; monitoring and evaluation, corruption, inequality in citing health care units/centre and inefficient geographical coverage among others.

## **Conclusion/Recommendations**

### **Conclusion**

From what has been discussed so far as regards to medicine and its practices in Sub-Saharan Africa, it is clear that health care has been an integral part of the societies inhabiting this part of African region for many years. The practice of medicine in the region relied heavily on the availability of plants and herbs; so also divination and incantations to wade off any form of ailments. These methods have been the avenues available, and have been prioritize as both an art and skill unique to some classes of people of which some claimed to have learnt the art from their relations, while others were believed to have received the knowledge to heal ailments from supernatural powers acting in metaphysical state.

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<sup>32</sup> S. M Saeed, et al, Assessment of Impact of Boko Haram Insurgency on Health of Internally Displaced Persons in North-East Nigeria, *IGBUKWE: an African Journal of Arts and Humanities*, Vol. 8, No.3, 2022, Pp.77-88

<sup>33</sup> For this reason, many Africans have despised modern hospital and health campaigns generally.

But, in the 19<sup>th</sup> and 20<sup>th</sup> centuries, with the incursions of Europeans in this part of Africa, another type of preventive medicine and its practices were introduced. This time, the medicine itself was based on scientific based evidence from tests and experiments repeated overtime with accurate recording and analysis of all data. No doubt, the western/orthodox medicine introduced had transformed the health sector in Africa generally, but, the reality is that traditional medicine was relegated and considered as a sign and practice of uncivilized societies. More so, the practitioners themselves were viewed with suspicion by the educated elites as non trained and old fashioned classes of dark ages.

Be it as it may, towards the end of the 20<sup>th</sup> century, there was a revival of traditional medicines not only by states in the Sub-Saharan Africa, but also the world health governing bodies such as the United Nations –World Health Organization (UN-WHO); whereupon it agree to support the development of not only western/orthodox medicines, but also the traditional medicine as well.<sup>34</sup> Again, regional associations and blocs have embraced the uses of both types of medicine (western/traditional) in their regions. For example: the Economic Community of West African States (ECOWAS/CEDEAO), during its 11<sup>th</sup> ordinary session of health ministers organized by the West African Health Organization (WAHO), have agreed to include both western/orthodox and traditional medicine in the union's health budget and polices.

So, by combing the two health practices of the traditional and western/orthodox medicine, there would be no doubt that access to health care service could become widespread, which ultimately may lead to better and health living.

Above all, health is a must in all beings as it affects not only individual in any society, but, its problems are multifaceted as they continue to hinder productivity of people, socialization and general development.

## **Recommendations**

Some of the recommendations here are highlighted in order to overcome the challenges of health care in the Sub-Saharan region of Africa.

- The states in Sub-Saharan Africa should allocate more funds to the development and establishment of health units/centres across the whole region.
- Medical institutions should be well equipped so as to provide the requisite training for health personnel.
- Health issues should not be restricted to curative medicines only; preventive measures should also be added to health practice throughout the region.

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<sup>34</sup>See UN-WHO resolution on the use of traditional medicines in Asia, Pacific and Africa. See also [www.wahooas.org/web-ooas/](http://www.wahooas.org/web-ooas/) Accessed 12/12/2023

- The state should cooperate whenever with the local political institutions to increase awareness about health issues and concerns of their communities, and should explore all means to ensure ethical processes in the administration of health policies implementation for the betterment of all.
- Community based support and insurance on health should be rolled out to ensure access to health care for all without compromising the standards.
- Health personnel courses and health care staff should be well equipped to carry out their duties.
- Commensurate salaries and allowances to all health care workers should be ensured.
- Conferences and seminars should be conducted on regular intervals so as to encourage research and innovation in the health sector.

The above observation are some of the recommendations made in order to mitigate some of the challenges that continue bedeviling the health care sector in Sub-Saharan Africa as covered within the period of this study.

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## Bibliography

- Adeloye D, David RA, Olaogun AA, et al. Health workforce and governance: the crisis in Nigeria. *Hum Resour Health*. 2017;15(1):32. doi: 10.1186/s12960-017-0205-4 [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
- Daniel OJ, Adejumo OA, Soyinka FO, Oritogun KS, Jaiyesimi EO, Ladi-Akinyemi TW. The effect of health sector industrial actions on TB and TB/HIV case finding in Ogun State, Nigeria: is public-private mix a viable solution? *Ann Health Res*. 2017;3(2):126–131. [[Google Scholar](#)]
- Essien MJ. The socio-economic effects of medical unions strikes on the health sector of Akwa Ibom State of Nigeria. *Asian Bus Rev*. 2018;8(2):12–90. [[Google Scholar](#)]
- Essien MJ. The socio-economic effects of medical unions strikes on the health sector of Akwa Ibom State of Nigeria. *Asian Bus Rev*. 2018;8(2):12–90. [[Google Scholar](#)]
- Fenny AP, Yates R, Thompson R. Social health insurance schemes in Africa leave out the poor. *Int Health*. 2018;10(1):1–3. doi: 10.1093/inthealth/ihx046 [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
- Gallagher M, Hares T, Spencer J, Bradshaw C, Webb IAN. The nominal group technique: a research tool for general practice? *Fam Pract*. 1993;10(1):76–81. doi: 10.1093/fampra/10.1.76 [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
- Hillenbrand E. ‘Improving Traditional-Conventional Medicine Collaboration: Perspectives from Cameroonian Traditional Practitioners’ *Nordic Journal of African Studies*. 2006;15(1):1–15. [[Google Scholar](#)]
- Hausmann-Muela S, Ribera J M, Nyamonga I. ‘Health Seeking Behaviour and the Health System Response’ 2003;14:1–37. DCPD Working Paper. [[Google Scholar](#)]
- Jegade A S. ‘Social Epidemiology’ In: Oke EA, Owumi BE, editors. *Readings in Medical Sociology*. Ibadan: Resource Development and Management Services (RDMS); 1996. [[Google Scholar](#)]
- Wetzel MS, Einsenberg DM, Kaptchuk TJ. ‘Courses Involving Complementary and Alternative Medicine at US Medical Schools’ *JAMA*. 1998;280:784–787. [[PubMed](#)] [[Google Scholar](#)]
61. WHO, author. *Traditional and Modern Medicine: Harmonising the two Approaches Western Pacific Region*. Geneva: World Health Organisation; 2000a. [[Google Scholar](#)]
62. WHO, author. *General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine*. Geneva: World Health Organisation; 2000b. [[Google Scholar](#)]

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