


Traditional Medicine's Contribution to Health Care Access in Burkina Faso

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In Burkina Faso, a sub-Saharan country with limited resources, the biomedical healthcare system is faced with the challenge of guaranteeing better financial and geographical accessibility of healthcare to the population, leading to health inequalities. Against this backdrop, 85% of the population rely on traditional medicine for healthcare.¹ In view of the crucial role of traditional medicine in access to health care in Burkina Faso, it was legally recognised in 1994 by the public health code as an important link in the health system that can contribute to achieving health for all.² A national policy on traditional medicine was then developed and regularly revised to promote its role in the formal health system. In the same vein, regulatory frameworks for the profession of traditional health practitioners, traditional medicine establishments and the registration of traditional medicines, as well as a code of ethics guaranteeing the professional ethics of traditional practitioners, have been developed.²

The contribution of traditional medicine to access to healthcare is first and foremost the marketing of low-cost phytomedicines. At present, six phytomedicines, which are locally produced, geographically available at all levels of the healthcare system and more affordable than modern treatments, are on the National List of Essential Medicines.³ These include 2 antimalarial drugs (N'DRIBALA and SAYE), an anti-sickle cell drug (FACA), a cough suppressant/expectorant (DOUBA), an anti-amoebiasis drug (AMIBEX) and an anti-asthenic drug (KUNAN).³ Malaria and sickle-cell anaemia are diseases with a high public health burden in Burkina Faso, making phytomedicines against these diseases a major contribution to access to healthcare. In addition to Burkina Faso, FACA also has Marketing Authorisations in other West African countries, including Côte d'Ivoire. In accordance with the regulations in force in Burkina Faso, the efficacy and safety of these phytomedicines are guaranteed by at least 20 years' experience of use of the medicinal plants of which they are composed and by the ethnomedical evidence of the finished

products (evaluative survey of at least 30 people in the community who have already used the phytomedicine for the disease claimed). Data on all these aspects must be documented in the marketing authorisation application dossiers for the phytomedicinal products concerned. These dossiers are in turn assessed by a national technical committee of experts for the evaluation of marketing authorisation applications for herbal medicinal products, which ensures that the data provided is convincing. Once on the market, registered herbal medicinal products are integrated into the national pharmacovigilance system to continuously monitor their safety in use.

In terms of human resources for traditional medicine, traditherapists are an important link in Burkina Faso's healthcare system. The country has 1.8 traditional practitioners per 1000 inhabitants, compared with 0.9 conventional practitioners (doctors, nurses or midwives) per 1000 inhabitants, giving twice as much access to traditional healthcare as to modern healthcare.² In addition to their strong demographics, traditional practitioners have a better territorial distribution and reside in local rural communities, unlike conventional healthcare professionals who are generally concentrated in the country's main cities.

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Given its strong contribution to financial and geographical access to healthcare, traditional medicine thus helps to reduce health inequalities within the population of Burkina Faso. However, in order to increase the contribution of traditional medicine to achieving universal health coverage in Burkina Faso, efforts still need to be made in terms of good collaboration between conventional and traditional medicine, training and education of traditional practitioners and substantial funding for research and development of medicines derived from traditional medicine accessible to all.

Author Contributions

KO: Conceptualization, Writing original draft. **WHB:** Writing review & editing. **RS:** Conceptualization, Supervision, Writing review & editing. All authors have approved the final draft of the manuscript.

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Data Availability Statement

All data for this study were provided in the manuscript or cited in references.

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