# Integrating Traditional Medicine: A Commentary on Uganda's Healthcare Policy and Practice, 2021-2026

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## Abstract

This commentary provides a critical analysis of the integration of traditional medicine into Uganda's formal healthcare system, focusing on the period from 2021. It argues that prevailing policy frameworks exhibit a significant gendered oversight, undermining equitable integration. Employing a qualitative document analysis methodology, this study systematically examines key policy documents, including the 2021 National Policy on Traditional and Complementary Medicine. This is complemented by a review of selected contemporary case studies and institutional reports to triangulate findings. The analysis reveals that, despite legislative progress, implementation remains fragmented and fails to address the gendered dynamics of practice. It foregrounds the central, yet often unrecognised, role of women as custodians and practitioners of indigenous knowledge, demonstrating how their expertise is systematically sidelined. Consequently, the specific health needs of the women and girls they predominantly serve are neglected. This oversight perpetuates a systemic undervaluation of women's epistemic contributions within the health sector. The commentary concludes by advocating for a more equitable, gender-sensitive integration model. For Uganda's health governance, this necessitates moving beyond tokenistic inclusion to foster collaborative partnerships that validate traditional medical knowledge as a vital component of a decolonised, accessible, and culturally resonant healthcare system.

**Keywords:** *Traditional medicine, Healthcare policy, Uganda, Integration, Decolonisation, Global health governance, Ethnomedicine*

# INTRODUCTION

The integration of traditional medicine into national health systems represents a significant policy direction across Africa, aimed at improving healthcare access, affordability, and cultural

relevance (Guillaume et al., 2022). Within this continental context, Uganda's 2021-2022 policy initiative to formally integrate traditional medicine into its primary healthcare framework is a salient case study. This policy emerges from a recognition of traditional medicine's enduring prevalence and its role in providing care, particularly in underserved communities (Johnson et al., 2022). However, scholarly analyses of such integration efforts frequently overlook critical dimensions of their implementation. Existing literature often focuses on pharmacological potential or regulatory challenges, while paying insufficient attention to the gendered dimensions of care provision and the fragmented nature of policy execution (Muyambo, 2022; Omotoye, 2022). Furthermore, the policy landscape is shaped by a tension between global biomedical paradigms and local epistemologies. As Guillaume et al. (2022) observe in related health policy contexts, international agendas and donor priorities can sideline endogenous knowledge systems, even those with deep community trust. Uganda's policy thus constitutes an assertion of epistemic sovereignty, yet its implementation is fraught with complexities arising from this very tension (Powers, 2022).

A crucial, yet under-examined, aspect of this complexity is the holistic nature of traditional medicine, which is often inextricably linked to socio-spiritual frameworks (Guyo & Yu, 2022). As Shishima (2022) and Mason (2022) note, traditional medicine encompasses spiritual, psychological, and physical well-being, with practices like divination providing culturally specific aetiologies for illness. This presents a fundamental integration challenge: a reductionist approach that extracts only 'active compounds' risks negating the holistic efficacy and cultural meaning of the practice (Kandel, 2022). Concurrently, implementation is mediated by contemporary socio-political dynamics, including land commoditisation that threatens access to medicinal plants and digital divides that shape knowledge dissemination (Idowu, 2022; Kandel, 2022). This commentary addresses these gaps by arguing that a successful integration policy must systematically account for the central, yet often overlooked, role of women as practitioners and caregivers, and must navigate the fragmentation caused by competing institutional and epistemic authorities. Through a qualitative analysis of policy documents and contemporary case studies, this article examines how gendered oversight and implementation fragmentation undermine the policy's coherence and its potential to achieve equitable, culturally grounded healthcare in Uganda.

## ANALYSIS AND DISCUSSION

The analysis reveals a persistent gap between policy rhetoric endorsing traditional medicine and its operationalisation within Uganda's health system, characterised by fragmented implementation and a systemic gendered oversight (Kandel, 2022). Policy documents, such as the National Traditional and Complementary Medicine Policy, formally acknowledge the sector's value (Johnson et al., 2022). However, the analytical focus on service provision and regulation consistently fails to integrate a gendered lens, thereby obscuring the central role of women as both primary practitioners and patients within community-based traditional healthcare (Muyambo, 2022; Omotoye, 2022). This omission constitutes a critical implementation flaw, as it prevents the development of targeted support mechanisms, training, or resource allocation that address the specific needs and knowledge of women practitioners (Idowu, 2022).

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Furthermore, implementation is fragmented across governance levels (Mason, 2022). National policy objectives are often disconnected from local realities, where traditional healers operate (Muyambo, 2022). Case studies indicate that district-level health plans frequently lack concrete budgetary or programmatic provisions for collaboration with traditional practitioners, particularly at the community level where women are most active (Kandel, 2022; Powers, 2022). This creates a policy vacuum in which integration becomes ad hoc and dependent on individual initiative rather than structured institutional support. Consequently, the potential for synergistic partnerships between allopathic and traditional systems, especially in maternal and mental health where women's reliance on traditional care is well-documented, remains largely untapped (Shishima, 2022; Udoewa, 2022).

The evidence suggests this fragmentation is exacerbated by a parallel oversight in monitoring and evaluation frameworks (Omotoye, 2022). Reports and policy reviews predominantly measure integration through infrastructural inputs or the number of registered practitioners, metrics which fail to capture qualitative aspects of care, gendered access, or the socio-cultural efficacy of treatments as perceived by communities, particularly women (Guillaume et al., 2022; Jacobs et al., 2022). Without indicators that foreground gender and localised health outcomes, policies risk reinforcing a superficial form of integration that marginalises the very actors—women practitioners—who are essential to its success at the grassroots level (Mason, 2022; Southall, 2022). This analysis therefore concludes that substantive integration requires a fundamental reorientation of policy implementation to explicitly address gendered roles and rectify the disconnect between national strategy and localised, community-led practice.

# CONCLUSION

This commentary has examined Uganda's ambitious post-2021 policy trajectory to integrate traditional medicine into its national health system (Shishima, 2022). The analysis, drawing on qualitative document analysis of policy frameworks and contemporary case studies, reveals a consistent pattern: while policy rhetoric advances, implementation remains fragmented and critically overlooks gendered dimensions (Jacobs et al., 2022; Shishima, 2022). The formal recognition of medical pluralism marks a significant discursive shift, yet the transition to equitable practice is hindered by unresolved structural inequities and a pervasive lack of actionable detail regarding the role of women (Southall, 2022).

The central argument is that without deliberate structural interventions, integration risks becoming a superficial co-option of traditional systems rather than a genuine partnership (Guillaume et al., 2022). This is evidenced by the gap between regulatory frameworks and on-ground realities, such as the absence of standardised national accreditation, inconsistent referral pathways, and a stark lack of dedicated budgetary allocation (Udoewa, 2022). Crucially, the analysis identifies a gendered oversight: women, who constitute the majority of both users and practitioners of traditional care at the community level, are rendered invisible in implementation plans, thereby perpetuating existing health access inequalities (Guillaume et al., 2022; Muyambo, 2022).

Consequently, this commentary forwards targeted recommendations (Idowu, 2022). First, the establishment of a transparent national accreditation system must proactively include and validate women practitioners (Guyo & Yu, 2022). Second, mandatory reciprocal training for biomedical and traditional practitioners must address gender-specific health knowledge and barriers. Third, integration requires financial institutionalisation through dedicated budget lines to fund community-based pilots, research, and the accreditation process itself. The implications for African Studies are substantial, offering a critical lens on medical pluralism and post-colonial governance, where integration becomes a site for negotiating state authority and cultural legitimacy (Idowu, 2022; Johnson et al., 2022).

Future research must therefore prioritise gendered analyses, including longitudinal studies on women's lived experiences of navigating dual systems and critical examinations of the political economy of integration (Kandel, 2022). Comparative studies with other African nations are also needed (Johnson et al., 2022). In final reflection, Uganda's policy endeavour encapsulates the continental struggle to build culturally resonant healthcare. Achieving this necessitates moving beyond fragmented implementation towards a respectful synthesis of knowledges that centrally addresses structural and gender inequities, forging a healthcare future that is both effective and authentically inclusive (Mason, 2022; Omotoye, 2022).

# CONTRIBUTIONS

This commentary makes a distinct contribution by analysing the integration of traditional and biomedical healthcare in Uganda as a dynamic, state-mediated process rather than a simple binary. It provides a critical, contemporary assessment of the 2021 Traditional and Complementary Medicines Act, arguing that its implementation up to 2026 will be a definitive test for national health policy. The analysis foregrounds Ugandan institutional perspectives and regulatory challenges, offering a nuanced case study for broader African Studies debates on modernity, legitimacy, and medical pluralism.

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