



SYMPOSIUM ON AFRICAN TRADITIONAL MEDICINE • GULU UNIVERSITY

Uganda's Herbal Medicine Heritage

*From Import Dependency to Health Sovereignty:
Investing in Uganda's Herbal Heritage*

Mr. Steven N. Rogers, PhD • Executive Director

Ntama B. Bahati • Senior Policy Analyst

Three Pillars, One Argument

A justice case, an evidence case, and an investment case — built to be heard together.

01



The Cost of Forgetting

Ntama B. Bahati

What Uganda loses — in language, in economics, in unclaimed value — when African medical knowledge is dismissed as “traditional.”

02



The Value of Remembering

Mr. Steven N. Rogers, PhD

The evidence base, policy momentum, and protections already within reach — if resourced.

03



The Call to Invest

Both Presenters

What government must do first, and the wider coalition of investors that follows its lead.

01



PILLAR 01

The Cost of Forgetting

Presented by Ntama B. Bahati, Senior Policy Analyst

WHY THIS CONVERSATION, WHY NOW

Illness Does Not Wait

Somewhere in Uganda, right now, a patient is being treated for malaria, for hypertension, for a difficult birth. Investing in home-grown medicine is not a bet on a future problem — it is a response to a need that never pauses.

The question is not whether to invest in African herbal medicine, but when and how much. Every day of delay costs lives and opportunities.

AFRICA'S IMBALANCE

25%

of the global disease burden

3%

of the world's medicines
manufactured

60–70%

of medicines Africa consumes are imported — primarily from
India and China

90–95%+

of active pharmaceutical ingredients are imported, even
where products are packaged locally

Why Words Carry Weight

The same plant-based science is called “phytomedicine” in Europe and “traditional” in Uganda. This paper retires the catch-all term and uses five precise ones instead.



African Herbal Medicine

The formulated product —
extract, tincture, capsule,
tea.



African Indigenous Knowledge

The community-held
knowledge behind a
formulation.



African Medical Knowledge System

The full system of
diagnosis, therapy, and
training.



African Ethnomedicine

The peer-reviewed
academic field studying
this knowledge.



African Pharmacopeia

The codified, standardized
formulary this work builds
toward.

What Dependency Costs Uganda



\$27–29B

Africa's pharmaceutical market today, projected toward \$50B by 2030



~\$500M+

Uganda's annual pharmaceutical import bill — nearly doubled since 2019



\$100–150M

Retainable annually if standardized African herbal medicine displaced 20–30% of that bill



\$11B

African Development Bank estimate of investment needed by 2030 to build local pharmaceutical manufacturing

Prunus Africana: Exporting the Cure, Not the Value

Uganda's montane forests hold a medicinal tree used for generations to treat prostate and urinary conditions. Almost none of its global value returns home.



The lesson is not that harvesting should stop — it is that Uganda must capture this value at home through local processing, standardization, and manufacturing.

02



PILLAR 02

The Value of Remembering

Presented by Mr. Steven N. Rogers, PhD, Executive Director

The Knowledge Base Is Already Here

This is not a historical curiosity. It is a living, adaptive medical knowledge system that has sustained African communities for generations — and is now at risk of fading.



70–80%

of people in the WHO African Region have used African herbal medicine as primary health care



~60%

of Ugandans seek care from traditional and complementary medicine providers before, during, or after formal care



1 : 200–400

ratio of traditional health practitioners to people, versus roughly 1 doctor per 20,000 people

Uganda has been named among countries facing the highest risk of herbal-medicine-knowledge extinction as elder knowledge-holders are not replaced by a documented next generation.

Emerging Ugandan Success Stories



Presidential Endorsement

President Museveni publicly backed herbalist David Ssenfuka's decade-long cancer and diabetes research, calling it a national treasure (2026).



Faith Leadership Behind Research

The Inter-Religious Council of Uganda endorsed the research after a State House meeting, while urging tighter regulation against fraudulent practitioners.



Elders and Former Officials Mobilize

Former Chief Justice Wako Wambuzi and other elders joined a foundation board supporting rigorous validation of promising remedies.



Practitioners Organize Themselves

18+ healer organizations formed the Re-Union of Traditional Healers and Herbalists Association; over 300 herbalists now registered.



Traditional Institutions as Regulatory Partners

The National Drug Authority and the Buganda Kingdom signed an MOU: the Kabaka champions safe drug use; the Kingdom helps herbalists reach GMP standards.

The Groundwork Is Laid — It Needs Resourcing



The policy architecture exists on paper. What is missing is a funded pipeline to make it real.

Intellectual Property & Benefit-Sharing



The Legal Gap

Uganda's Industrial Property Act restricts patenting medicines, leaving only the weak Trade Secrets Protection Act as a fallback — discouraging both practitioners and investors.



The Trust Gap

Herbalists resist the 2019 Act's disclosure requirements, fearing standardization could expose their knowledge without protecting who owns it.



The Fix

Pair any disclosure requirement with enforceable access-and-benefit-sharing rules — so communities share in the value their knowledge creates, not just exporters.

03



PILLAR 03

The Call to Invest

Presented jointly by Bahati and Mr. Rogers

Five Investments That Change the Trajectory

1



Fund the research pipeline

A direct budget line for the NCRL and university units (Gulu, Makerere) to move remedies through clinical testing.

2



Finish and resource the 2019 Act

Fully implement the National Council with a real budget for licensing and safety standards.

3



Legislate benefit-sharing

Enact enforceable rules so knowledge-holders profit alongside investors and exporters.

4



Incentivize local manufacturing

Tax and GMP-upgrade incentives for domestic, standardized herbal medicine production.

5



Protect the raw material base

Fund cultivation and conservation of medicinal plants under commercial pressure, like *Prunus africana*.

Building a Broader Investment Coalition

Government funding is necessary but not sufficient. A government-anchored regulatory framework is what makes this wider circle of capital possible.



Diaspora & Private Capital

Ugandan diaspora bonds and direct investment vehicles turning individual goodwill into pooled, patient capital.



Development Finance Institutions

The African Development Bank estimates \$11B is needed by 2030 for African pharmaceutical manufacturing.



Pharmaceutical & Nutraceutical Partners

Contract manufacturing, licensing, and technology-transfer partnerships already used elsewhere on the continent.



Philanthropic & Faith Networks

IRCU's public endorsement and the 200+-member East Africa Philanthropy Network as an organized funding channel.



University & Research Funders

International alumni and scholarship bodies already funding documentation and training in Uganda.



Multilateral & UN Agencies

UNICEF's model of formally engaging traditional healers as health partners, aligned with the WHO Global Strategy.

Government First. Not Government Only.

None of the investors on the previous slide will commit capital until government has answered one question: is this sector safe and legal to invest in?

1

Legal certainty

Only government can create a lawful pathway from formulation to registered, licensable product.

2

Quality standards

Only a credible National Drug Authority standard lets investors tell validated products from unproven ones.

3

Raw-material protection

Only a state can bind everyone to conserve a shared forest resource like *Prunus africana*.

4

Enforceable benefit-sharing

Only legislation converts an investor's promise to knowledge-holders into a binding obligation.

Every dollar government commits makes the next dollar — from any source — easier to raise.



THE CALL TO INVEST

“What specific investments will Uganda make in the African pharmacopeia, in district herbal gardens, in URSB registration waivers for healers, and in research grants for young scientists — and what will government do to make that investment the foundation a wider coalition of investors can build on?”

Somewhere in Uganda, right now, a patient is being treated. Let us build this pipeline together.



Thank You

Let's discuss how Gulu University, the Ministry of Health, Uganda's traditional practitioners, and a wider investment coalition can build this pipeline together.

Mr. Steven N. Rogers, PhD • Executive Director

Ntama B. Bahati • Senior Policy Analyst