**IPROSA**
INDIGENOUS PROFESSIONS
OF SOUTHERN AFRICA

**C20 Priorities for Equitable Health for All:**
Positioning Indigenous Health Knowledge Systems (IHKS) as a Community-Anchored
Health System Response
Contact: Bhanekazi Mpumlwana and Kristine Wanjiru
To engage on this brief, please email: info@iprosa.org / www.iprosa.org

**C20**
SOUTH AFRICA

## 1. Introduction

Africa stands at a crossroads. Deepening poverty, fragile health systems, and widening inequities demand urgent, inclusive solutions. More than 460 million people in sub-Saharan Africa live in extreme poverty, and over 80% of the world's extreme poor reside in rural areas, where access to healthcare is most limited. Economic and institutional imbalances, driven by development models that prioritize profit over people and systemic underinvestment in public services, have left millions without adequate care, reinforcing cycles of ill health, exclusion, and social fracture.

In this context, Indigenous Health Knowledge Systems (IHKS) and African Natural Medicines (ANM) serve as frontline, high-trust, low-cost, community-anchored health systems, providing primary care for 60–80% of Africans, particularly in rural and underserved areas. Indigenous Health Practitioners (IHPs) deliver holistic care that integrates physical, psychological, spiritual, and ecological well-being while sustaining cultural continuity and planetary stewardship. Communities trust these systems because they are culturally relevant, spiritually grounded, and effective.

Despite their essential role, IHKS and ANM remain operationally marginalized and systemically excluded from national health strategies, underfunded, and legally vulnerable. Recognition has not translated into structural integration, dedicated investment, or governance reform, undermining Africa's ability to achieve universal health coverage (UHC), climate resilience, and sustainable development. Progress on institutionalising IHKS remains limited,[1] with commitments lacking sustained political will, budgetary allocations, or structural reforms.[2]

Global well-being economy frameworks demonstrate that health is not a cost but an investment that drives human, social, economic, and planetary resilience. Integrating IHKS into this framework expands health coverage, reduces the cost of ill health, and anchors development in community-led, culturally grounded, and sustainable solutions. Positioning IHKS as a community-anchored health system response

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[1] Structural barriers impeding the full integration of Traditional Medicine include: (1) outdated or culturally restrictive legal and regulatory frameworks, (2) chronic underinvestment and invisibility in research, innovation, and financing agendas, (3) misclassification and lack of labour protections for IHKS practitioners, (4) weak data governance, market access, and intellectual property protections, and (5) limited public budget allocations.

[2] African governments and international partners have repeatedly affirmed their support for Indigenous knowledge systems and traditional medicine through instruments such as: WHO Traditional Medicine Strategy (2014–2023), United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007), African Union Plan of Action on Traditional Medicine (2001–2010, extended to 2020), Convention on Biological Diversity (CBD) Nagoya Protocol, the 2030 Agenda for Sustainable Development (SDGs 3, 10, 13, 15, and 17), Agenda 2063: The Africa We Want (Aspiration 1 & 5), One Health Joint Plan of Action (FAO, WHO, UNEP, WOAH, 2022), Brazil G20 2024 (Health Policy Priorities on Integrative and Traditional Health Systems).

is therefore not optional; it is a strategic necessity. It ensures Africa's most trusted, accessible, and sustainable health resources are mobilized to deliver equity, resilience, and inclusive well-being at scale.

## 2. Background and Context

The urgency to institutionalize IHKS is grounded in evidence and practical realities. Rural and Indigenous populations face deep inequities, including poverty, climate shocks, food insecurity, limited access to healthcare, and extractive economic pressures. Over 460 million people in sub-Saharan Africa live in extreme poverty, and more than 80% of the world's extreme poor reside in rural areas. Chronic underinvestment in health systems, coupled with systemic neglect of Indigenous knowledge, perpetuates social fractures, limits human potential, and obstructs inclusive development.

IHKS and ANM provide primary care for 60–80% of Africans, particularly in rural and underserved areas. Indigenous Health Practitioners deliver holistic care integrating physical, psychological, spiritual, and ecological well-being while safeguarding cultural continuity and environmental stewardship. Communities trust these systems because they are effective, culturally relevant, and spiritually grounded. Yet despite their societal, economic, and environmental value, IHKS remains structurally excluded from financing, policy, markets, and innovation ecosystems.

Practical challenges to institutionalizing IHKS are well-documented. Fragmented legal and policy frameworks leave practitioners vulnerable, and capacity constraints in health ministries hinder integration. Underinvestment in training, research, and codification restricts scalability. Systemic biases prioritize biomedical frameworks over Indigenous epistemologies, while women, youth, people with disabilities, and LGBTQ+ communities are often excluded from decision-making, limiting their role as co-creators of health solutions. Engagement mechanisms are inconsistent, and integration with UHC, digital health, and One Health frameworks remains limited.

Well-being economy approaches provide a strategic framework for IHKS to address these gaps. IHKS underpins well-being across human, social, economic, and planetary dimensions. It supports primary healthcare, food security, biodiversity stewardship, climate resilience, and regenerative economic practices, sustaining livelihoods and promoting long-term resilience. Integrating IHKS into health and sustainable development agendas can reduce pressures on health systems, mitigate the social and economic cost of ill health, and advance equity, resilience, and inclusive growth.

Global commitments, including the WHO Traditional Medicine Strategy, UNDRIP, AU Plan of Action on Traditional Medicine, Agenda 2063, and One Health frameworks, remain insufficiently systematized and operationalized. Recognition without systematic integration, intentional investment, and governance reforms leaves practitioners legally marginalized and undermines their role as co-creators of equitable, sustainable health systems.

This evidence underscores the need to shift from recognition to innovative empowerment through:

- Upskilling and codification: enabling Indigenous Health Practitioners to innovate, co-create, and transmit knowledge through training, curricula, and research hubs.
- Inclusive governance: embedding Indigenous voices, including Indigenous leaders, women, youth, people with disabilities, and LGBTQ+ communities, in decision-making with enforceable legal safeguards.
- Solidarity, equity, and sustainability: upholding Indigenous agency, ensuring fair benefit-sharing, mobilizing financing to redress historic inequities, and fostering community-led, environmentally sustainable development.

- Urgency of action: institutionalizing IHKS as a matter of survival, resilience, and justice.

This policy calls for a G20 Africa IHKS Compact, with a dedicated fund representing a new social contract. It positions Indigenous agency, codification, and innovation at the center of culturally relevant, holistic, and people-centered development. It advances universal health coverage, climate resilience, and sustainable futures while ensuring Indigenous-led solutions are central to equitable health, innovation, and community well-being.

## Policy recommendations for the G20:

### 4.1. Strengthen Legal and Regulatory Protection for IHKS and Traditional Medicine Value Chains
Institutional safeguards and culturally aligned, and enforceable laws are needed to secure legal protection, support ethical governance, and ensure sovereignty. As part of the Compact, the G20 must urge national governments and regional bodies to:

- Establish culturally aligned legal instruments recognizing IHKS practitioners and ANM as formal contributors to national health systems.
- Harmonize policies to eliminate gaps, misclassification, and barriers to practice.
- Protect communal intellectual property and implement equitable benefit-sharing in line with the Nagoya Protocol.
- Fund legal support and advisory mechanisms to enable communities and practitioners to enforce their rights over Indigenous knowledge.

### 4.2. Integrate IHKS and ANM within National Health Systems
IHKS and ANM are central to primary healthcare yet remain marginalized in policy, workforce planning, and training. G20 governments, working with national governments, academic institutions, IHPs, and communities must:

- Mainstream IHKS as an independent pillar in national health systems, primary care, and universal health coverage, drawing on models like Traditional Chinese Medicine and Ayurveda.
- Embed Indigenous practitioners, leaders, women, youth, and marginalized groups in workforce planning, referral systems, and governance.
- Develop IHKS curricula with universities and IHPs; establish codification districts, research hubs, and community health facilities.
- Link IHKS with human, animal, and environmental health initiatives to deliver holistic, measurable outcomes aligned with sustainable development and climate resilience.
- Support government–community collaboration hubs ("codification districts") to embed IHKS in health planning, monitoring, and One Health initiatives.

### 4.3. Secure Sustainable Financing and Foster Innovation, Market Access, and Practitioner Development
Chronic underinvestment limits IHKS as a driver of equitable health, innovation, and ecological sustainability. The G20 must catalyse partnerships to:

- Establish a dedicated fund to support codification districts, Indigenous-led R&D, practitioner development, market access, and community health entrepreneurship.
- Enable multichannel financing through direct grants, blended finance, and matching contributions with national governments to maximize reach and sustainability.
- Prioritize community-driven allocation with proposals evaluated by Indigenous leaders, practitioners, and local organizations, ensuring alignment with cultural priorities, regenerative practices, and equitable inclusion of women, youth, and marginalized groups.

- Link disbursements to measurable outcomes such as expanded primary care coverage, codification of Indigenous knowledge, practitioner training, ecological stewardship, and economic empowerment, while investing in infrastructure like digital platforms, research hubs, medicinal plant cultivation, and community health centers.

**4.4. Institutionalize Inclusive Governance, Knowledge Systems, and R&D**

To sustainably embed IHKS and Natural  Medicine in national development strategies, the G20 should commit to mobilising political will and financing for institutionalisation. Regional bodies and national governments must:

- Establish Indigenous-led councils and decision-making platforms to co-govern IHKS policies, funding, and health integration.
- Implement Free, Prior, and Informed Consent (FPIC) protocols for all Indigenous knowledge initiatives, ensuring ethical engagement and cultural sovereignty.
- Develop community facing research hubs and centers of excellence for codification, innovation, knowledge transfer, and evidence generation that prioritize ecological stewardship and community well-being.
- Invest in enabling infrastructure including digital platforms, monitoring systems, and community innovation spaces to link research, practice, and policy in measurable, scalable ways.