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THE UNITED REPUBLIC OF TANZANIA
NATIONAL AUDIT OFFICE

PERFORMANCE AUDIT REPORT ON THE REGULATION OF TRADITIONAL AND ALTERNATIVE MEDICINE

CONTROLLER AND AUDITOR GENERAL
MARCH 2025

About the National Audit Office

Mandate

The statutory mandate and responsibilities of the Controller and Auditor-General are provided for under Article 143 of the Constitution of the United Republic of Tanzania of 1977 and in Section 10 (1) of the Public Audit Act, Cap 418.

NAOT Vision, Mission & Motto

Vision

A credible and modern Supreme Audit Institution with high-quality audit services for enhancing public confidence.

mission

To provide high-quality audit services through modernization of functions that enhances accountability and transparency in the management of public resources.

Motto

Modernizing External Audit for Stronger Public Confidence

ISO 9001:2015 Certified

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Independence and Objectivity: We are an impartial public institution, independently offering high-quality audit services to our clients in an unbiased manner.

Professional competence: We deliver high quality audit services based on appropriate professional knowledge, skills, and best practices.

Integrity: We observe and maintain high ethical standards and rules of law in the delivery of audit services.

Creativity and Innovation: We encourage, create and innovate value-adding ideas for the improvement of audit services.

Results-Oriented: We focus on achievements of reliable, timely, accurate, useful, and clear performance targets.

Team Work Spirit: We value and work together with internal and external stakeholders.

PREFACE

Pursuant to Section 28 of the Public Audit Act, Cap 418, I am mandated to conduct a Performance Audit (Value-for-Money Audit) to establish the economy, efficiency and effectiveness of any expenditure or use of resources in the Ministries, Departments and Agencies (MDAs), Local Government Authorities (LGAs) and Public Authorities and Other Bodies which involves enquiring, examining, investigating and reporting, as deemed necessary under the circumstances.

I have the honour to submit to Her Excellency, the President of the United Republic of Tanzania, Hon. Dr. Samia Suluhu Hassan, and through her to the National Assembly of the United Republic of Tanzania, the Performance Audit Report on the Regulation of Traditional and Alternative Medicine.

The report contains findings, conclusions, and recommendations directed to the Ministry of Health and President's Office Regional Secretariat and Local Government (PO-RALG). These entities were given the opportunity to review the report and provide comments, and I sincerely acknowledge that their inputs were constructive and valuable.

My Office will carry out a follow-up audit at an appropriate time regarding action taken in implementing the recommendations given in this report.

I would like to thank my staff for their commitment to preparing this report. I also acknowledge the audited entities for their cooperation with my Office, which facilitated the timely completion of the audit.

Charles E. Kichere
Controller and Auditor General
United Republic of Tanzania
March 2025

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CHMT	Council Health Management Team
DCS	Director of Curative Services
FYDP	Five-Year Development Plan
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plan
LGA	Local Government Authority
MoH	Ministry of Health
MUHAS	Muhimbili University of Health and Allied Science
NAOT	National Audit Office of Tanzania
NCDs	Non-Communicable Diseases
NIMR	National Institute of Medical Research
PO-RALG	President's Office – Regional Administration and Local Government
RHMT	Regional Health Management Team
RS	Regional Secretariat
SDGs	Sustainable Development Goals
TAHPC	Traditional and Alternative health practice council
TAM	Traditional and Alternative Medicine
WHO	World Health Organisation

EXECUTIVE SUMMARY

Background Information

Traditional medicine remains a vital part of healthcare for many Tanzanians, especially in rural areas with limited access to modern medical services. This is largely due to its accessibility, affordability, and cultural acceptability. According to the United Republic of Tanzania. National Health Policy, an estimated 60% of Tanzanians access healthcare through traditional healers.[1]

Traditional medicine practices in Tanzania are managed in accordance with the Traditional and Alternative Medicines Act of 2002, which oversees the functions of regulatory bodies and the responsibilities and obligations of all stakeholders involved in traditional medicine practices. The Ministry of Health, through the Traditional and Alternative Health Practice Council (TAHPC), is the main entity responsible for overseeing and regulating traditional medicine practices in Tanzania.

Based on these facts, the main objective of the audit was to assess whether the Ministry of Health and President's Office - Regional Administration and Local Government (PO-RALG) have effectively regulated traditional medicine to ensure the safety and quality of public health.

Main Audit Findings

Despite government efforts to promote traditional medicine, raise public awareness, and provide training to traditional health practitioners, the audit revealed cases of adverse health effects and unlawful practices that persist within the community.

The audit noted that there was inadequate regulation of the unlawful acts that occurred related to traditional medicine practices. Unregistered traditional health practitioners were noted to engage in prohibited practices, such as *"Ramli Chonganishi"* and other superstitions, posing significant risks to the community. The audit noted that, between the years 2020 and September 2024, 16 people died, as reported by the Tanzania Police Force, due to prohibited dangerous traditional medicine practices. Moreover, seven people were reported dead in the year 2023 after being

[1] United Republic of Tanzania. (2017). *National Health Policy*. Chapter 1, Section 2.17

administered unregulated traditional medicines by traditional health practitioners.

Adverse health effects and unlawful acts related to traditional medicine practices were mainly caused by inadequate registration of traditional medicines and practitioners, inadequate monitoring, and ineffective coordination of traditional medicine practices.

(a) Inadequate Registration of Traditional Medicines and Traditional Medicine Practitioners

The audit revealed significant gaps in the registration of traditional health practitioners and medicines, falling short of the targets set in TAHPC's strategic plan for 2016/17 to 2021/22. While TAHPC aimed to register 60,000 practitioners, only 53,499 (89%) were registered by June 2022, missing the target despite being two years ahead of schedule. Additionally, the practitioners' register lacked sufficient details, such as LGA, ward, street, or house numbers, hindering effective identification. As of June 30, 2024, TAHPC had registered 112 traditional medicines but no alternative medicines. This shortfall is primarily due to inadequate sensitization and awareness programs, leaving patients vulnerable to unsafe traditional medicines.

(b) Inadequate Supervision and Monitoring of Traditional and Alternative Medicine Practices

The audit noted inadequate supervision and monitoring of traditional and alternative medicine practices, despite efforts shown by TAHPC, highlighting weaknesses such as insufficient implementation of supervision activities, exclusion of traditional medicine activities from the AfyaSS digital supportive supervision system, inadequate planning by LGAs, and insufficient quality control of traditional medicines. While TAHPC conducted most planned supportive supervision activities from 2020/21 to 2023/24, post-market surveillance activities were conducted only twice, in 2021 and 2023, instead of annually as planned. Significant regional disparities were also observed, with several regions consistently excluded from supervision efforts.

Traditional medicine activities were not incorporated into the AfyaSS digital supportive supervision system, which limited the ability to monitor and

follow up on planned activities effectively. Furthermore, the audit revealed that some LGAs did not include or adequately budget for traditional medicine activities. Budget allocations for these activities significantly decreased from TZS 2 billion in 2023/24 to TZS 329 million in 2024/25, despite an increase in the number of LGAs planning for such activities.

(c) Inadequate Coordination on the Regulation of Traditional Medicine between MoH and PO-RALG

The audit noted significant gaps in coordinating traditional medicine activities. The Traditional and Alternative Medicine Coordinator at PO-RALG has no formal coordination and reporting framework for either the Traditional Alternative Medicine Section at the Ministry of Health or TAHPC.

Moreover, the audit noted that, the Assistant Director for the Traditional and Alternative Medicine Section at the Ministry of Health and the Registrar at TAHPC both report their information to the Chief Medical Officer (CMO) separately. This indicates that there was no established means for information reconciliation between them before submitting to CMO despite both being under the Ministry of Health. The ineffective reporting system was attributed to the inadequate coordination efforts on the traditional medicine activities at PO-RALG and the Ministry of Health, which resulted in the absence of coordinated plans and implementation reports between the two entities.

It was further noted that the Ministry of Health, through TAHPC, did not establish the Memorandum of Understanding with the Ministry of Home Affairs, which resulted in interference in some activities between the TAHPC and traditional health practitioners' associations.

The referral system was inadequately functioning even though MoH made an effort to provide guidelines and forms to accommodate the referral system between traditional health practitioners and the modern health system. The audit noted societies continued to depend on Traditional Medicine over Modern Healthcare and inadequate documentation of provided prescription and referral forms. The lack of documentation on referrals was attributed to the low awareness among traditional and alternative medicine practitioners regarding the importance of keeping patient records.

Audit Conclusion

The Audit acknowledges the efforts made by the Ministry of Health and PO-RALG in improving and ensuring public health safety through supporting and regulating the delivery of quality and safe traditional and alternative health services and medicines to the public. However, several shortcomings were noted that require attention to enhance the regulatory framework further, strengthen coordination, and ensure the safety and quality of traditional medicine practices in Tanzania.

Incidents of prohibited practices, such as the use of dangerous superstitions and "*ramli chonganishi*", have led to severe consequences, including fatalities. The audit indicated 16 fatalities between 2020 and 2024, which were attributed to dangerous traditional practices. Likewise, adverse health effects related to unregistered traditional medicine use have been documented. TAHPC reports show seven fatalities in 2023 linked to unregulated traditional medicine administration. These reports, however, only arise in cases that draw significant public attention, leaving many incidents potentially unrecorded.

The existence of unregulated practices and adverse health effects implies inadequate regulation of traditional medicines and traditional health practitioners in the country. The Ministry of Health and PO-RALG often become involved only after unlawful incidents have garnered public attention.

As indicated in the audit findings, inadequate registration of traditional medicine practices and practitioners, inadequate supervision and monitoring of traditional medicine activities and inadequate coordination of regulatory activities were the main causes of the presence of risky health practices and unlawful acts in the country.

Audit Recommendations

Ministry of Health is urged to:

a) Strengthen the registration procedures for Traditional Medicine health practitioners and medicines through ICT system registration and include tracing of traditional medicine facilities to ensure adequate registration;

b) Strengthen monitoring and supervision of traditional medicine practice through adequate planning, execution and enforcement of compliance to ensure the quality of traditional medicines and service delivery;

c) Establish a reporting framework to facilitate coordination among stakeholders on the implementation of traditional medicine activities; and

d) Establish an MoU with the Ministry of Home Affairs to clarify the roles and responsibilities of traditional health practitioner's associations to avoid interference with the TAHPC mandate.

PO-RALG is urged to:

a) Strengthen the availability of resources and inclusion of traditional and alternative medicine activities in the Council Comprehensive Health Plan (CCHP) to ensure adequate tracing, locating and registration of traditional health practitioners and medicines;

b) Strengthen monitoring and supervision of traditional medicine practices at the LGA that include the involvement of ward and village level and regional level to ensure the effective quality of traditional medicines and service delivery; and

c) Provide training for traditional health practitioners on referral procedures and launch community awareness campaigns to encourage the appropriate use of modern healthcare when necessary.

CHAPTER ONE

INTRODUCTION

1.1 Background

The World Health Organization (WHO) defines traditional medicine as the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures used to maintain health and prevent, diagnose, improve, or treat physical and mental illness. Furthermore, in Tanzania, traditional medicine is defined as a total combination of knowledge and practice, whether applicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disease and which may rely exclusively on past experience and observation handed down from one generation to another orally or in writing[2].

Additionally, in Tanzania, traditional medicine practice is carried out by providing herbal medicines, spiritual therapies, manual techniques and exercises to treat various diseases and maintain health[3].

Traditional medicine remains a vital part of healthcare for many Tanzanians, especially in rural areas with limited access to modern medical services. Alternatively, traditional medicine is widely used due to its accessibility, affordability and cultural acceptability. According to the United Republic of Tanzania. National Health Policy: 60% of the Tanzania population is estimated to access healthcare through traditional healers.[4]

Traditional medicine practices in Tanzania are managed following the Traditional and Alternative Medicines Act of 2002, the law overseeing the functions of regulatory bodies and the responsibilities and obligations of all stakeholders involved in traditional medicine practices. The Ministry of Health, through the Traditional and Alternative Health Practice Council (TAHPC), is the main entity responsible for overseeing and regulating traditional medicine practices in Tanzania.

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[2] Traditional and Alternative Medicine Act. (2002). *Section 3*
[3] Traditional Medicine for Community. (2009, April). *Part 2*
[4] Traditional Medicine for Community. (2009, April). *Part 1*

However, the sector faces challenges such as the lack of proper regulation, standardisation and adequate support, such as the provision of training for traditional health practitioners, which hinders the full realisation of its potential[5]. Improper use of traditional medicines poses significant risks, including the possibility of using unsafe or ineffective treatments, which can adversely affect public health.

To address these challenges, the National Five-Year Development Plan (2021/22 - 2025/26) includes measures to improve the provision and regulation of traditional medicine. The measures include ensuring the availability of quality traditional medicine products, enhancing the capacity of practitioners, and strengthening the regulatory framework to safeguard public health. The plan aims to enhance traditional medicine's contribution to the overall health sector by 2025, promoting its safe, effective and sustainable use.

Moreover, the United Republic of Tanzania. National Health Policy highlighted the need to integrate traditional medicine into the national healthcare system. In response, during the financial year 2023/24, the government initiated the integration of traditional medicines into the modern healthcare system in seven out of 28 regional referral hospitals. These hospitals include the Sekou Toure, Mount Meru, Bombo, Temeke, Morogoro, Mbeya, and Dodoma regional referral hospitals.

1.2 Motivation for the Audit

The Audit was motivated by various factors, as detailed below:

1.2.1 The Increased Use of Traditional Medicines without Control, Supervision and Research

The demand for and use of traditional medicines has increased worldwide, including in Tanzania, thus drawing public attention due to concerns such as malpractice, which puts the health of users at risk.

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[5] Mujinja, P. G., & Saronga, H. P. (2022). *Traditional and complementary medicine in Tanzania: Regulation, awareness, adherence, and challenges*. *International Journal of Health Policy and Management, 11*(8), 1496–1504. https://doi.org/10.34172/ijhpm.2021.51

Traditional medicines play a significant role in Tanzania's healthcare system, with over 60% of Tanzanians seeking treatment for diseases using traditional medicines. However, concerns have been raised regarding the lack of scientific research behind these remedies; some individuals continue to rely on traditional remedies without proper scientific backing, raising the risk of malpractice and health hazards[6].

Additionally, the Igunga District was reported to have 1450 registered practitioners as of November 2022, whereby most of the tuberculosis patients in this district seek first treatment from traditional health practitioners before going for further hospital treatment[7]. This practice can be risky, as traditional healers may not always be able to cure patients with traditional medicines, underscoring the need for better integration between traditional and modern healthcare systems.

Furthermore, The Health and HIV/AIDS Parliament Committee raised concerns about the increasing discovery of traditional medicines without sufficient consideration for their quality, effectiveness, and potential negative effects[8]. This trend was attributed to inadequate regulation and control of traditional and alternative medicines, posing patient risks. The Public Health Policy of 2017 also noted a rising trend in traditional medicine use, especially during epidemics such as HIV/AIDS, malaria, tuberculosis, and cancer. Therefore, there is a critical need for regulation, quality control, and support for traditional medicine practitioners to address these issues to minimise unforeseen side effects for consumers.

1.2.2 Inadequate Regulation of Traditional Practitioners

A study by P. Mujinja and H. Saronga (2022) on traditional and complementary medicine in Tanzania highlighted a need to effectively

[6] The Citizen Reporter. (February, 2022). *Over 60 percent of Tanzanians use herbs for treatment.* The Citizen, Mwananchi Communications Limited

[7] The Citizen Reporter. (November, 2022). *Traditional healers' role in TB prevention, control. The Citizen*, Mwananchi Communications Limited

[8] The Health and HIV/AIDS Parliament Committee. (2023). *Implementation report*.

control traditional medicines distributed to the public through traditional health practitioners[9].

The study revealed the existence of unregistered traditional health practitioners. The study further revealed that this was mainly caused by a lack of awareness among traditional health practitioners regarding the existence of a traditional medicine's regulatory authority, the high financial cost associated with licensing and building or renting of standard business premises, the time used for the registration process that includes travelling to submit application forms at various level of authorities from local street/village level to regional and TAHPC.

The order given on 23 March 2019 by the Regional Commissioner from Rukwa Region to arrest illegal Traditional Health Practitioners who were not registered also revealed unregistered practitioners. The order came after an outcry from citizens regarding the increase in unsatisfactory incidents caused by Traditional healers[10].

1.2.3 Promote Achievement of Sustainable Development Goals and National Five Years Development Plans

The Audit focuses on Goal 3 of the Sustainable Development Goals (SDGs), which aims to ensure healthy lives and promote well-being for all people of all ages. This goal seeks to improve Universal Health Coverage through target number 3.8, emphasising financial risk protection, quality essential healthcare services, and safe, effective, affordable essential medicines for all.[11]

In addition, the Health Sector Strategic Plan (HSSP), 2021 to 2026, indicated that the health sector, in its fourth broad outcome of FYDP III, priority number XII, planned to strengthen traditional and alternative medicine by

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[9] Mujinja, P. G., & Saronga, H. P. (2022). *Traditional and complementary medicine in Tanzania: Regulation, awareness, adherence, and challenges*. *International Journal of Health Policy and Management, 11*(8), 1496–1504. https://doi.org/10.34172/ijhpm.2021.51

[10] https://rukwa.go.tz/index.php/new/waganga-wa-kienyeji-kufyagiwa-sumbawanga-baada-ya-mauaji-ya-watoto-wawili

[11] sdg goal number 3 - Search (bing.com)

conducting comprehensive research on traditional medicine to generate enough evidence from traditional health practitioners about their Indigenous ways of managing diseases.

In addition, the Five-Year Development Plan of 2021/22-2025/26, through intervention number 6, aimed to improve traditional health services and alternative medicine in Referral Hospitals by 2025.

1.3 Audit Design

1.3.1 Audit Objective

The main objective of the audit was to assess whether the Ministry of Health and the President's Office - Regional Administration and Local Government has effectively regulated traditional and alternative medicine to ensure the safety and quality of public health.

1.3.2 Specific Objectives of the Main Study

Specifically, the audit focused on assessing:

(a) Whether Health risk practices and unlawful acts related to traditional medicine practices are regulated to ensure public safety;

(b) Effectiveness of registration procedures for traditional medicines and traditional medicine health practitioners to ensure voluntary compliance with traditional medicine regulations and guidelines;

(c) Effectiveness of the monitoring of traditional medicine practices to ensure safety effectiveness; and

(d) Effectiveness of the coordination of traditional and alternative medicine activities to ensure their effective implementation.

1.3.3 Scope of Audit

The main audited entities were the Ministry of Health and PO-RALG. The Ministry of Health, through the Section of Traditional Medicine and Traditional and Alternative Health Practice Council (TAHPC), is responsible for promoting, overseeing, and regulating traditional medicine practices in

Tanzania's mainland. PO-RALG, in collaboration with the Ministry of Health through its Coordinators of Traditional Medicine, is responsible for immediate monitoring and supportive supervision of traditional medicine practices at local government levels.

The audit focused on regulating traditional medicine, specifically on the registration, monitoring and coordination of practices related to traditional medicine.

The audit examined the registration of traditional medicines and practitioners, the tracing and locating of traditional health practitioners, medicines, and facilities per established registration standards, and the effectiveness of fee collection from traditional medicine practices.

In monitoring traditional medicine practices, the audit team included an assessment to verify if the quality and safety of traditional medicines and traditional health practitioners are supervised and monitored as per established standards. Also, the audit team assessed the compliance of traditional medicine practices and product advertisements with established requirements.

Furthermore, the audit assessed the effectiveness of coordination for traditional medicine activities. Under this aspect, the audit focused on the reporting structure of traditional medicine activities, the effectiveness of coordination with other stakeholders, and the assessment of the effectiveness of the referral system between the modern health system and traditional medicine.

The audit covered four financial years, from 2020/21 to 2023/24. This period was chosen to establish a trend in the performance of the government institutions responsible for regulating traditional medicine in the country.

1.4 Audit Question

To address the audit objective and specific objectives, four (4) key audit questions and their respective sub-questions were developed and utilized during the audit. A detailed list of these audit questions and sub-questions is presented in **Appendix 2**.

1.5 Assessment Criteria

The audit questions were developed based on the roles and responsibilities of the Ministry of Health (MoH) and the President's Office – Regional Administration and Local Government (PO-RALG), as outlined in relevant Acts, Regulations, International Standards, and Guidelines, which are further detailed below.

(a) Regulation of Traditional Medicine Practice to Safeguard Public Safety

Section 6.1(l) of the Traditional and Alternative Medicines Act, 2002 requires the Traditional and Alternative Health Practice Council to control the dissemination of information and all advertisements about traditional and alternative medicines.

Furthermore, Section 30 of the Act requires the Traditional and Alternative Health Practice Council to ensure that traditional and alternative practices do not involve dangerous practices of witchcraft or endanger the health of persons.

Regulation 15(1)(2) of the Traditional and Alternative Medicine (Registration of Medicines) Regulations, 2008, stipulates that no medicines shall be advertised until it has been examined and approved by the Traditional and Alternative Health Practice Council and after confirming that the provisions of these regulations have been followed an advertising permit will be issued.

Moreover, Part III of the Guidelines for Registration of Traditional Medicines in the WHO African Region, 2010, emphasizes that, the national authority in the Member States responsible for the regulation of traditional medicines should vet advertisements before their release to ensure that the public receives correct information about the product devoid of ambiguous or bogus claims. Additionally, the advertisement permit should be issued only after a satisfactory evaluation of the content of any advertisement.

(b) Registration of Traditional Medicines and Traditional health Practitioners to Ensure Voluntary Compliance with Traditional Medicine Regulations and Guidelines

Section 6(1)(f) & (g) of the Traditional and Alternative Medicines Act, 2002 mandates the Traditional and Alternative Health Practice Council to register and enrol individuals who meet the necessary requirements. Also, to register and regulate the traditional and alternative health delivery facilities.

Section 16(d) of the Traditional and Alternative Medicines Act, 2002 requires the Traditional and Alternative Health Practice Council to ensure that practitioners pay all required registration fees.

Regulation 11 of the Traditional and Alternative Medicine (Registration of Medicines) Regulations, 2008, states that "all traditional medicines shall not be used in any manner until they are registered by the Traditional and Alternative Health Practice Council except for emergency medicines".

Furthermore, the Parliamentary Health and HIV/AIDS Committee directive on Council meeting No. 62, dated 18 March 2023, requires the Traditional and Alternative Health Practice Council to Spot-Check and locate all traditional medicine practitioners in all areas, including remote rural areas.

Part II of the Guidelines for Registration of Traditional Medicines in the WHO African Region, 2010, emphasizes that the Member States should develop specific regulatory requirements regarding the quality control and safety of each category of traditional medicines based on the general minimum regulatory requirements.

(c) Effective Monitoring and Supervision of Traditional Medicine Practices in the Country

Section 6(1)(a) of the Traditional and Alternative Medicines Act, 2002 mandates the Traditional and Alternative Health Practice Council to supervise and control the practice of traditional and alternative health practitioners.

Section 7(a) of the Traditional and Alternative Medicines Act,2002 grants the Traditional and Alternative Health Practice Council the authority to

caution, censure, suspend from practice, remove an aide from the roll, or de-register a traditional or alternative health practitioner found guilty of professional misconduct, convicted of a criminal offence, or engaged in actions that lower the integrity of traditional or alternative medicine.

Regulation 10 of the Traditional and Alternative Medicine (Code of Ethics, Conduct and Practice) Regulations, 2010 mandates that a traditional health practitioner who wants to advertise their product must have the advertisement vetted by the Traditional and Alternative Health Practice Council before it goes public.

Part I of the WHO Guidelines on Safety Monitoring of Herbal Medicines in pharmacovigilance systems, 2004 urged that, the Member States should set up or expand and strengthen existing national drug safety monitoring systems to monitor herbal medicines and other traditional practices.

Part 4.3 on the Supervision and Inspection of the Guideline Standards for Traditional and Alternative Health Facilities of 2007 indicates that supervision is required to be conducted by the Registrar and responsible staff of TAHPC, the Regional Medical Officer's office staff, and the District Medical Officer's office staff. All supervision reports must be directed to the Registrar of TAHPC.

(d) Effective Coordination in Regulating Traditional Medicines in the Country

Section 6(1)(e) of the Traditional and Alternative Medicines Act, 2002, outlines the Traditional and Alternative Health Practice Council's function to coordinate efforts in different areas to develop traditional and alternative health science.

Para 1.6 of Guidelines for Integration of Traditional Medicine into Modern Health Services, 2022 outlines that the Ministry of Health should coordinate the integration, provide supportive supervision and monitor and evaluate the integration of traditional medicine into modern health facilities by training health care providers and their supervisors.

Also, para 3.5 of the same guideline states that traditional medicine services should be governed by the government in collaboration with other relevant stakeholders in order to ensure the availability of medicines such as Materia medica.

Para 4.5 (a) of the Guidelines of Referrals System to Tradition Medicine Services, 2020 requires all patients who received referrals from Traditional Medicine Providers to receive referral patient services and follow the procedure for attending to the patient in the relevant facility, including admission, to see a provider of modern medicine, examination and get medication or admission.

Part 4.5 of the Referral System of the Guidelines Standards for Traditional and Alternative Health Facilities of 2007 requires practitioners to ensure that they do not perform practices beyond their level of competency. They must refer complex cases on time. Also, it is the responsibility of the Regional Health Management Team/ Council Health Management Team (RHMT/CHMT) to ensure that an appropriate transfer system is in place.

1.6 Sampling, Method for Data Collection and Analysis

The audit team applied different sampling, data collection and analysis methods, as explained below, to come up with sufficient evidence regarding the performance of the Ministry of Health and PO-RALG in the regulation of traditional and alternative medicines.

1.6.1 Sampling

The purposive sampling method was employed to guide data collection, focusing on the key units of analysis of traditional medicines and traditional health practitioners. At the outset, we considered the scope of the audit, which encompassed all categories of traditional medicines and practitioners registered by the Traditional and Alternative Health Practice Council (TAHPC). This comprehensive approach ensured that the audit captured the diversity of practices and the corresponding regulatory challenges without restricting the analysis to specific types of medicines or practitioner categories.

To select regions for data collection, the audit team used the number of registered traditional health practitioners in a region as the primary

criterion. Based on this, percentile ranking was applied to categorize regions into four groups: (1) 0% - 25% representing regions with a lower number of practitioners, (2) 26% - 50% representing regions with lower medium density, (3) 51% - 75% representing regions with upper medium density, and (4) 76% - 100% representing regions with high practitioner density. From each category, the region with the highest number of practitioners was selected for verification. This approach resulted in the selection of Arusha, Dodoma, Dar es Salaam, and Simiyu as the representative regions for the audit. Details of the analysis and selection process using the percentile ranking are outlined in **Appendix 3**.

Due to the lack of comprehensive information on traditional and alternative health practitioners at the LGA, ward, and village/street levels, we employed a snowball sampling approach to identify specific locations for verification within the selected regions. LGA coordinators, who possessed knowledge of practitioner activities in their areas, guided the team to relevant wards and villages where practitioners were likely to be found. Based on these recommendations and considering time and budget constraints, we visited one LGA in each region, selecting LGAs closest to the regional offices. The selected LGAs were Arusha District Council in the Arusha Region, Dodoma City Council in the Dodoma Region, Temeke Municipal Council in the Dar es Salaam Region, and Bariadi District Council in the Simiyu Region.

Within each LGA, one ward and two villages or streets were purposefully selected for verification. The sampling aimed to include a minimum of five entities per site, encompassing two traditional health practitioners, two alternative practitioners, and one store or factory. This approach enabled the audit team to assess regulatory activities across various sectors within the selected locations. In instances where practitioners from a specific category were unavailable in a selected ward, the team exercised flexibility by substituting with entities from other categories to maintain the target sample size. This adaptive approach ensured adequate representation while considering local availability and logistical constraints.

1.6.2 Methods for Data Collection

The audit collected qualitative and quantitative data to provide robust and compelling evidence regarding MoH's and PO-RALG's performance in

regulating traditional medicines. We applied various methods, including interviews, document review, and physical observation, to gather information from the audited entities.

(a) Interviews

Interviews were conducted to obtain information and seek clarification on information obtained through reviewed documents. The following officials were interviewed: Assistant Director of the Traditional and Alternative Medicine Section and Registrar from the Ministry of Health; Director of Health, Social Welfare, and Nutrition Services Division; and Coordinator for traditional medicines from PO-RALG.

Interviews were conducted with key officials, including the Regional Medical Officer (RMO) and Regional Coordinator (traditional and alternative medicine) from Regional Secretariat Offices. At Local Government Authorities, the District Executive Director, District Medical Officer, LGA Coordinator (traditional and alternative medicine); Ward Executive Officer (WEO) and Village Executive Office were interviewed. . **Appendix 4** provides detailed information on the officials interviewed, their respective entities, and the rationale for their selection.

(b) Documents Review

We reviewed documents from the Ministry of Health, PO-RALG, RS and LGAs to get comprehensive, relevant and reliable information on the Performance of both the Ministry of Health and PO-RALG on the regulation of traditional medicine in the country.

& and Incidence Reports The audit team reviewed documents from the audited entities covering the period under review, from 2020/21 to 2023/24. These documents included key planning documents, performance reports, progress monitoring reports, and evaluation reports. **Appendix 5** provides a list of the reviewed documents and the rationale for their selection.

1.6.3 Physical Verification

Physical verifications were conducted in the selected regions, LGAs, wards, and villages/streets to verify and assess the working environment of practitioners. These verifications included onsite visits to selected practitioners' facilities to observe and document the location and condition of their premises, storage practices for traditional medicines and working tools, and the validity of their registration certificates. During these site visits, auditors conducted interviews with practitioners, recorded observations through detailed notes, and captured photographic evidence to support their findings.

1.6.4 Data Analysis Methods

The audit utilized a combination of qualitative and quantitative analysis methods tailored to effectively address the audit objectives and comprehensively evaluate the performance of the Ministry of Health (MoH) and the President's Office – Regional Administration and Local Government (PO-RALG) in regulating traditional medicine.

Analysis of Qualitative Data

The qualitative data analysed in this audit included interviews, document reviews, and observations from site visits. The key methods used were:

Content Analysis: Interview responses were categorized based on themes such as registration challenges, unlawful practices, and monitoring weaknesses. For instance, interviews with LGA coordinators and practitioners revealed systemic issues like delays in registration and ineffective supervision.

Case-Based Analysis: Specific cases, including deaths resulting from unregulated practices and the impact of inadequate monitoring, were analysed in-depth to understand recurring issues and their implications. Public notices and malpractice reports from agencies like the Tanzania Police Force and TAHPC provided insights into adverse health effects and fatalities.

Comparative Analysis: Themes were compared across regions, such as Arusha, Simiyu, Dodoma, and Dar es Salaam, to identify disparities in

regulatory activities and practitioner compliance. The findings were presented in narrative form, supported by evidence from interviews and official reports.

Analysis of Quantitative Data

The quantitative data analysis included statistics on practitioner registration, budget allocations, retention fees, supervision activities, and deaths. The key methods applied were:

Descriptive Statistics: Data on the number of registered practitioners, retention fees collected, and supportive supervision activities were summarized as totals, averages, and percentages. For example, the analysis quantified a significant gap in retention fees, with an average collection rate of only 7%.

Trend Analysis: Time-series data, such as annual budgets, were analysed to identify trends over the audit period (2020–2024). The analysis showed a declining trend in supervision activities over the years.

Regional Comparisons: Data were disaggregated by region to compare performance and compliance levels. This revealed discrepancies in the registration of medicines administered by practitioners across different regions. The data was visualized through tables and figures, clearly identifying key trends and gaps. Findings were corroborated with contextual evidence to ensure reliability.

1.7 Validation of the Audit

The Ministry of Health and PO-RALG reviewed the draft report and provided comments on the information and figures presented. They subsequently confirmed the accuracy of the data included in this audit report (refer to **Appendix 1**).

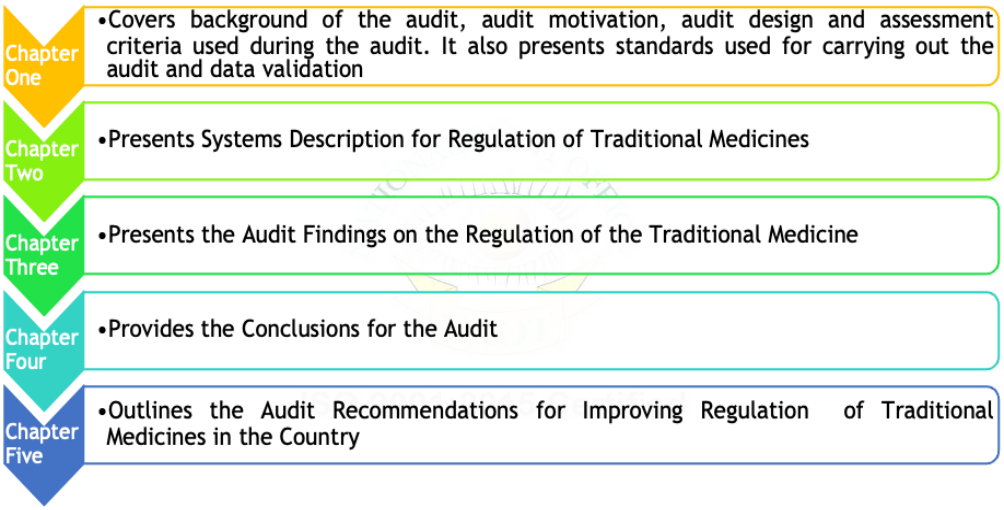
Additionally, the information was cross-verified and discussed with experts in traditional medicine and alternative health practices to ensure the validity of the facts and findings presented in the report.

1.8 Standards Governing the Audit

This audit was conducted in accordance with the International Standards of Supreme Audit Institutions (ISSAIs) issued by the International Organization of Supreme Audit Institutions (INTOSAI). These standards emphasize the importance of rigorous planning and execution, requiring the audit team to obtain sufficient and appropriate evidence to support all findings and conclusions.

1.9 Structure of the Audit Report

The main parts of the audit report cover the following:



CHAPTER TWO

THE SYSTEMS FOR THE REGULATION OF TRADITIONAL AND ALTERNATIVE MEDICINE

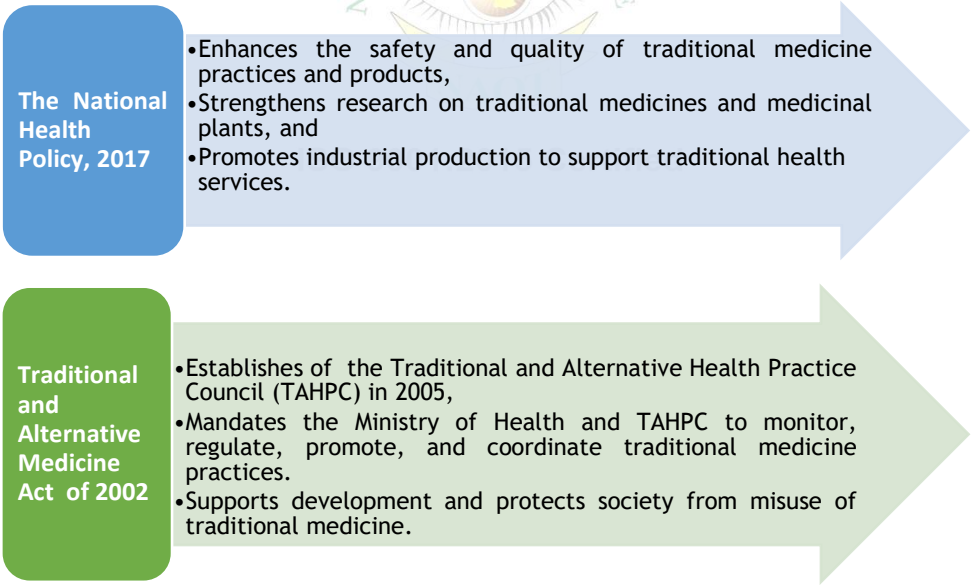
2.1 Introduction

This chapter describes the country's system for regulating traditional medicines. It presents the policies and legislations, strategies, and guidelines in place, as well as the roles and responsibilities of the key players in relation to regulating traditional medicines in the country. It also describes how the processes and activities are supposed to ensure the effective regulation of traditional medicines.

2.2 The Governing Policy and Legislation

Figure 2.1 provides the details on the governing policy and legislation regarding the regulation of traditional medicine.

Figure 2. 1: The Governing Policy and Legislation

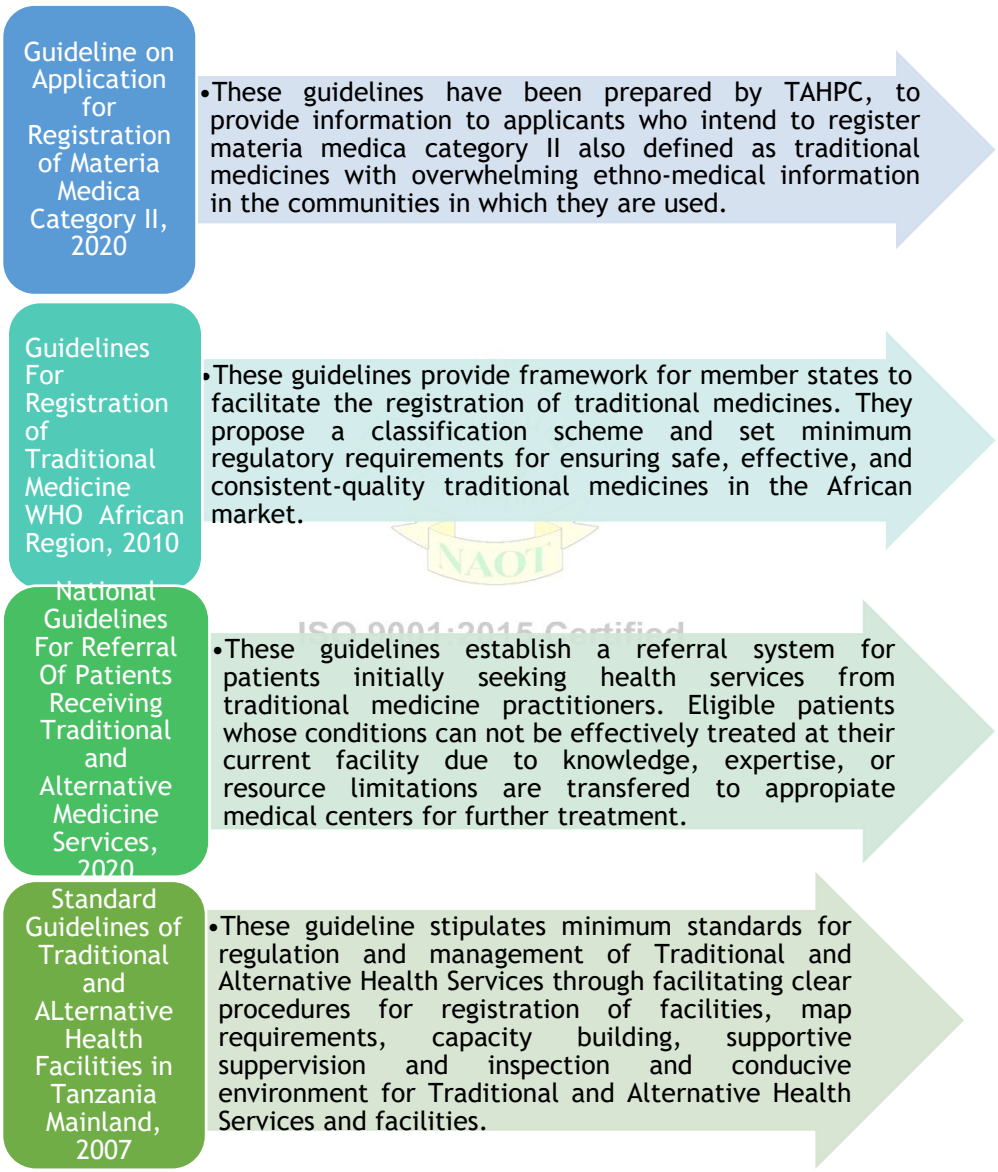


Source: Auditors' Analysis of the Guidelines, 2024

2.3 Guidelines for the Regulation of Traditional and Alternative Medicine

Figure 2.2 provides the details on the Governing guidelines regarding the regulation of traditional and alternative medicine.

Figure 2.2: Governing Guidelines in the Regulation of Traditional and Alternative Medicine



Source: Auditors' Analysis of the Guidelines in the Regulations of Traditional and Alternative Medicine, 2024

2.4 The Plans and Strategies for Regulating Traditional Medicine

Figure 2.3 provides details on the plans and strategies regarding the regulation of traditional medicine.

Figure 2.3: Plans and Strategies of Regulation of Traditional Medicine

WHO Traditional Medicine Strategy 2014-2023

- This strategic document was developed in response to the World Health Assembly resolution on traditional medicines (WHA62.13). The strategy aims to harness traditional medicine's potential contribution to health and wellness. It promotes the safe and effective use of traditional medicine through regulation, research, and integration into health systems where appropriate.

National Traditional and Alternative Medicine Strategic Plan I (2016/17-2021/22)

- The strategic Plan was established so as to increase the traditional and alternative medicine services and uses of traditional and alternative medicines, but also in its efforts to improve the quality of medicinal products through agriculture and manufacturing.

The Health Sector Strategic Plan V (July 2021 - June 2026)

- This strategic plan aims to improve the provision of health services. Among other things, it focuses on integrating evidence-based traditional and alternative medicine into health services. It strengthens frameworks for managing research and providing natural or alternative therapies while fostering collaboration with other sectors to preserve environmental and medicinal resources used in traditional and alternative medicine.

Source: Auditors' Analysis of the Plan and Strategy, 2024

2.5 The Role and Responsibilities of Key Stakeholders in the Regulation of Traditional and Alternative Medicine

2.5.1 The Key Stakeholders

The key stakeholders in regulating traditional medicine include the Ministry of Health (MoH) and the President's Office - Regional Administration and Local Government Authorities (PO-RALG). Additionally, it includes research institutes, traditional health practitioners, and beneficiaries (patients). Their roles and responsibilities are explained below.

Table 2. 1: Roles and Responsibilities of Key Stakeholders in the Regulation of Traditional Medicine

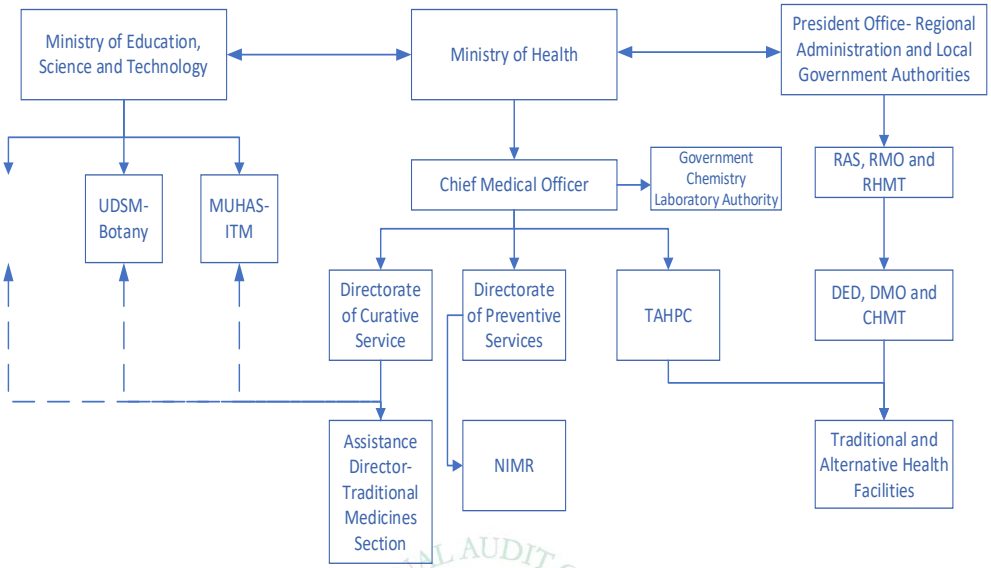
S/N	Stakeholder	Agency/Division	Roles
1	Ministry of Health	Directorate of Curative Services-Traditional and Alternative Medicine Section	The Traditional and Alternative Medicine Section provides support and regulation of traditional and alternative medicines. Also, it implements various activities, including reviewing, formulating, and monitoring the implementation of policy guidelines concerning traditional medicine and other emerging healing systems.
		Traditional and Alternative Health Practitioners' Council (TAHPC)	Registering all traditional health practitioners in Tanzania's mainland. The LGA also supervises, monitors, and supports delivering traditional medicine services to the public.
		Government Chemist Laboratory Authority (GCLA)	Verifying the chemical composition of substances in traditional medicine to see if they are safe for human use before the medicines are registered by the Traditional and Alternative Health Practice Council (TAHPC) and added to the list of registered traditional medicines.
		National Institute of Medical Research (NIMR)	• To undertake research in order to identify the type of traditional medicine practice, document and use the materials for training • To undertake research on medicinal plants and prepare medicines to facilitate registration.
2	PO-RALG	Regional Secretariats	• To undertake robust monitoring and supportive supervision, as well as identifying and locating traditional health practitioner's facilities. To control the movement of traditional health practitioners from one LGA to another by providing an introductory letter (by the LGA traditional medicine coordinator).
		LGA's	

S/N	Stakeholder	Agency/Division	Roles
3	Others	MUHAS-Institute of Traditional Medicine (ITM)	• To undertake research to identify the type of traditional medicine practice, • document and use the materials for training, • To undertake research on medicinal plants and prepare medicines by healers to facilitate registration. • To train standardized traditional medicine practice
		Sokoine University Agriculture (SUA)	• To undertake research on medicinal plants. • To verify the chemical composition of substances in traditional medicine. • To undertake research of soil and environment suitable for high yield of medicines from medicinal plants.
		University of Dar Es Salaam-Botany (UDSM)	
		Traditional Health Practitioners	To provide healthcare through traditional medicine or other traditional means. Traditional health practitioners are required to ensure they are registered to offer traditional medicine or other traditional healthcare services to the community. They must also observe all healthcare guidelines and laws to maintain public health quality and safety.

Source: Auditors' Analysis of Stakeholder Roles, 2024

Summarized information on the relationship between the key stakeholders is as detailed in **Figure 2.4.**

Figure 2. 4: Relationship of Key Stakeholders in the Regulation of Traditional and Alternative Medicine



Source: Traditional and Alternative Health Practice Institutional Arrangement in National Health Delivery System, Health Integrative Services, 2023

2.6 The Key Processes for the Regulation of Traditional Medicine

The process, activities and responsible actors involved in regulating traditional medicine are described in **Table 2.2.**

Table 2. 2: Processes for the Regulation of Traditional Medicine

Stage Name	Activities	Responsible Actor(s)
Process for Regulation of Traditional Medicine		
Registration and Licensing of Traditional or Alternative Health Practitioners and Facilities	• Submission of application form	• Traditional health practitioner
	• The vetting process to identify the applicant at the village level	• VEO
	• Issuance of written statement by village council	• Village Council
	• Approval of application and statement by ward executive officer	• WEO
	• Submission of application form and payment of registration	• Traditional health practitioner

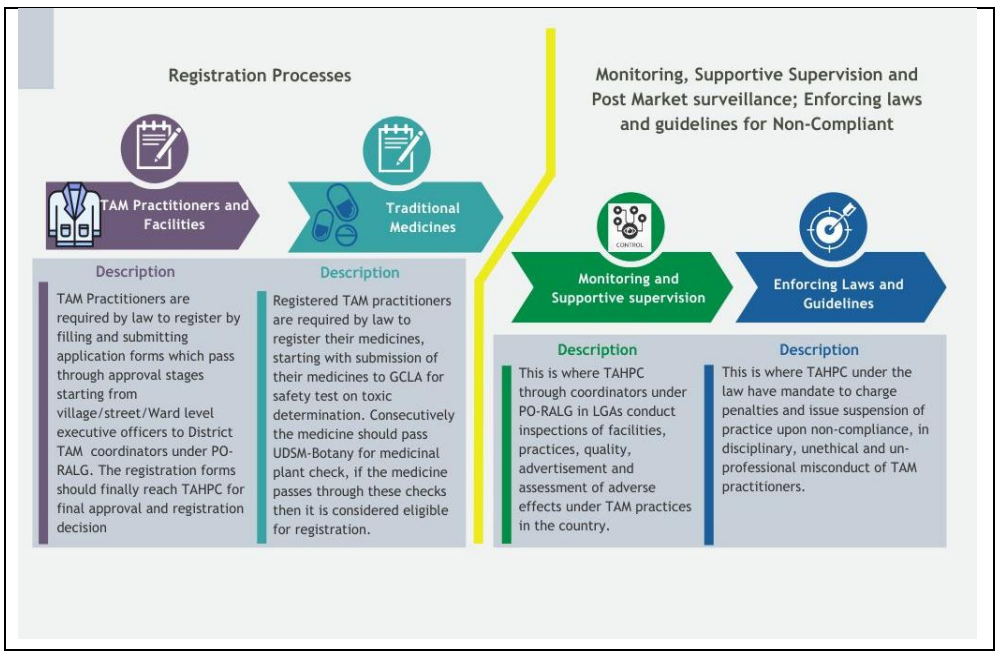
Stage Name	Activities	Responsible Actor(s)
	fees to the LGA Traditional Medicine Coordinators	
	• Signings and submission of applications to TAHPC through Region	• LGA Traditional Medicine Coordinators (TAMCo) • Regional Traditional Medicine Coordinators (TAMCo)
	• Approval and issue provisional registration of practitioner by TAHPC within 60 days	• TAHPC
	• Publishing newly registered practitioners	
Registration of Traditional Medicines	• Submission of application to register traditional medicines • Payment of registration fees	• Traditional medicine practitioner
	• Safety test, determine if the medicines are toxic, and produce expert reports.	• Government Chemist Laboratory Authority (GCLA)
	• Confirmation on the medicinal plant used (checking if it is not on the list of risk plants to disappear)	• UDSM-Botany
	• Registration of traditional medicine (provisional/full)	• TAHPC
Monitoring, supportive supervision and post-market surveillance (PMS) of Traditional Medicine Practices	• Conducting inspections of practitioners' facilities. • Conducting supervision to verify the quality of traditional medicines delivered to the public • Assessing the adverse effects of traditional medicines on the public. • Controlling the dissemination of information and advertisements about traditional and alternative medicines.	• LGAs through TAMCo • TAHPC

Stage Name	Activities	Responsible Actor(s)
Enforcing Laws and Guidelines for Non-Compliant Traditional Medicine Practitioners	• Charging penalties for non-compliance. • Suspension due to disciplinary misconduct.	▫ TAHPC

Source:Auditors' Analysis on the Process for Regulation of Traditional Medicine, 2024

Figure 2.5 provides a further description of the process for the regulation of traditional and alternative medicine.

Figure 2. 5: Processes for Regulation of Traditional and Alternative Medicine



Source: Auditors' Analysis of the Process for the Regulation of Traditional and Alternative Medicine, 2024

2.7 Resources for Regulation of Traditional and Alternative Medicine

The Ministry of Health and PO-RALG are jointly responsible for regulating Traditional and Alternative Medicine. Below are the financial and human resources needed to regulate traditional and alternative medicine at the Ministry of Health.

2.7.1 Financial Resources for the Regulation of Traditional and Alternative Medicine

Tables 2.3 and **2.4** show the financial resources allocated to the Traditional and Alternative Medicine Section and the TAHPC to facilitate the implementation of traditional medicine activities**.**

Table 2. 3: Budgeted Funds to Facilitate traditional Medicine Activities by the Traditional Medicines Section under the Curative Division

Financial Year	Budgeted Fund (TZS in Million)	Fund Disbursed (TZS in Million)	Percentage of funds Released (%)
2020/21	Not budgeted	Not budgeted	Not budgeted
2021/22	494	50	10
2022/23	409	126	31
2023/24	572	10	2

Source: Itemized Report for Traditional Medicines Section, 2021-2024

Table 2.3 indicates that during the financial year 2020/21, the Ministry of Health did not allocate any amount to the section because of the constraint on the budget ceiling allocated to the curative division. However, for the financial years 2021/22 to 2023/24, the Ministry of Health allocated the budget as Other Charges (OC) to facilitate traditional and alternative medicine activities such as monitoring traditional and alternative medicine practices and community sensitization on disease treatment upon reliance of traditional medicine practices. During these years, the disbursed budget was less than 40%. The highest disbursed budget was in the financial year 2022/23, which stood at 31%, and the lowest disbursed budget was in the financial year 2023/24, which was 2%.

Table 2. 4: Budgeted Funds to Facilitate Regulation of Traditional and Alternative Medicine Activities by TAHPC

Financial Year	Budgeted Fund (TZS in Million)	Fund Disbursed (TZS in Million)	Percentage of funds Released (%)
2020/21	288	210	73
2021/22	288	233	81
2022/23	288	204	71
2023/24	288	209	73

Source: Itemized Report for TAHPC, 2021-2024

From **Table 2.4**, the Ministry of Health approved the budget to facilitate traditional medicine activities through TAHPC. Allocations were made for the financial years 2020/21 to 2023/24, with a constant budget of TZS 288 million. In these financial years, the funds released were above 70%; where 81% was the highest released budget in 2021/22, , while the lowest release of 71% was noted in 2022/23.

2.7.2 Human Resources for the Regulation of Traditional Medicine

The Ministry of Health has allocated staff, as shown in **Table 2.5**, to ensure the proper functioning of activities related to providing and regulating traditional medicines in the country**. Tables 2.6** to **2.8** detail the Human resource status categorized by their professions to Traditional Medicine Section and Traditional and Alternative Health Practice Council, respectively, for the Financial Year 2023/24.

PO-RALG has nominated one staff member as the coordinator, a co-opted staff member at PO-RALG headquarters. There are also 26 regional secretariats and 185 Local Government Authorities, making 212 coordinators available in mainland Tanzania'.

Table 2. 5: Human Resources Status in the Traditional Medicine Section

Financial Year	Number of Required Staff	Number of Available Staff	Percentage Gap
2020/21	7	6	14
2021/22	7	5	29
2022/23	7	6	14
2023/24	7	5	29

Source: Scheme of Service for Traditional Medicine Section, 2021-2024

Table 2.5 shows the staff status at the Traditional Medicine Section for the period under review. For the financial years 2020/21 and 2022/23, the number of allocated staff was 86%, while for the financial years 2021/22 and 2023/24, the allocated staff was 71%.

Furthermore, the audit analysed staff shortages across key professional categories for the financial year 2023/24, affecting the Traditional and Alternative Medicine Section's operational efficiency, as detailed in **Table 2.6.**

Table 2. 6: Human Resources Status categorized in Key Profession at Traditional Medicine Section

S/N	Official Position	Profession	Number of Required Staff	Number of available Staff
1	Assistant Director	-	1	1
2	Senior Medical Doctor	Medicine	1	0
3	Medical Doctor I	Medicine	2	1
4	Senior Pharmacist	Pharmacy	1	1
5	Nursing Officer II	Nursing	1	2
6	Social Welfare Officer II	Community and social welfare	1	0
Total			**7**	**5**

Source: Scheme of Service for Traditional Medicine Section, 2024

Table 2.6 indicates that the Traditional Medicine Section has filled 5 of the seven required key positions. While some roles, such as the Assistant Director and Senior Pharmacist, have been adequately staffed, positions such as Senior Medical Doctor and Social Welfare Officer II remain unfilled. Additionally, the nursing officer position is at a surplus of one staff member.

Table 2. 7: Human Resources Status at Traditional and Alternative Health Practice Council

Financial Year	Number of Required Staff	Number of Available Staff	Percentage Gap
2020/21	26	4	85
2021/22	26	5	81
2022/23	26	5	81
2023/24	26	6	77

Source: Scheme of Service for TAHPC, 2019-2024

Table 2.7 shows the staff status at TAHPC for the period under review. This indicates that the number of available staff is less than 30%. The highest number of allocated staff was 6 in the financial year 2023/24, and the lowest was 4 in the financial year 2020/21.

Furthermore, the Audit analysed the staff shortage across key professional categories affecting the LGA's operational efficiency for the financial year 2023/2024, as detailed in **Table 2.8.**

Table 2. 8: Human Resources Status Categorized in Key Profession at Traditional and Alternative Health Practice Council

Position	Profession	Required number of staff	Available number of staff	Gap of staffing
Registrar	Registrar	1	1	0
Deputy Registrar (Legal Officer)	Legal Officer	1	0	1
Regional and LGACoordinators (Medical Officer, Nursing Officer)	Senior Medical Officer	2	0	2
	Senior Nursing Officer	2	0	2
Registration and licensing Officer (Nurse, HO, SWO)	Nursing Officer I	2	1	1
	Health Officer I	2	0	2
	Social Welfare Officer I	2	1	1
Quality Control and Assurance Officer (Medical Officer, Pharmacist)	Medical Officer I	2	0	2
	Pharmacist	3	1	2
Accreditation and Continuous Professional Development (Medical Officer, Nursing Officer)	Senior Nursing Officer	1	0	1
	Senior Medical Officer	1	0	1
Administration, Planning and Finance (Accountant, HS)	Accountant	1	1	0
	Health Secretary	1	1	0
P/Secretary	Personal Secretary	1	0	1
Driver	Driver	1	0	1
Office Attendant	Health attendant	1	0	1
Data Officer	IT Personnel	2	0	2
TOTAL		**26**	**6**	**20**

Source: Scheme of Service for TAHPC, 2024

Table 2.8 demonstrates that the Traditional and Alternative Health Practice Council (TAHPC) has filled only 6 of the 26 required staff positions, highlighting significant human resource shortages. While the Registrar and a few administrative roles, such as Accountant and Health Secretary, are adequately staffed, other positions remain unfilled, including Deputy Registrar, Quality Control Officers, and Accreditation Officers.

Furthermore, a complete lack of essential support staff, such as Personal Secretaries, Drivers, Office Attendants, and Data Officers, further hinders the LGA's operational effectiveness. The shortage of Regional and LGA Coordinators and Registration and Licensing Officers limits the LGA's capacity to effectively monitor and regulate traditional and alternative medicine practices.

In addition to staffing shortages, the Traditional and Alternative Health Practice Council (TAHPC) lack of operational vehicles. The lack of vehicles makes it nearly impossible to reach communities, inspect facilities, and provide on-the-ground support to practitioners.

CHAPTER THREE

AUDIT FINDINGS

3.1 Introduction

This chapter presents the audit findings on the regulation of traditional and alternative medicine as performed by the Ministry of Health and President Office - Regional Administration and Local Government (PO-RALG). These findings include an assessment of the regulation of health risk practices and unlawful acts related to traditional medicine practices. They also include the registration process for traditional medicine, monitoring and supervision activities, and coordination of the traditional medicine activities and stakeholders. The details of the findings are explained hereunder.

3.2 Presence of Health Risk Practices and Unlawful Acts Associated with Unregulated Traditional Medicine within the Community

During the audit, it was noted that despite government efforts to promote traditional medicine, raise public awareness, provide training to traditional health practitioners, and hold annual events such as Traditional Medicine Week, cases of adverse health effects and unlawful practices still occur within the community. The observed malpractices were associated with people engaging in the practice of traditional medicine without being registered by TAHPC. This occurs despite the requirement spelt out in Section 30 of the Traditional and Alternative Medicines Act,2022. This section explicitly prohibits any person from practising witchcraft or engaging in traditional or alternative health practices that are likely to be, harmful to the health or life of another person.

These include the presence of incidences of adverse health effects from using traditional medicine and inadequate regulation of unlawful acts related to traditional medicine practices in the community.

These factors are further described as follows:

3.2.1 Inadequate Regulation of Unlawful Acts Related to Traditional Medicine Practices

The Ministry of Health, in collaboration with PO-RALG, is required to ensure that traditional health practitioners adhere to ethical conduct as indicated in Regulation 8 of the Traditional and Alternative Medicine Regulations of 2008. This is done by ensuring that traditional health practitioners adhere to health guidelines, do not involve themselves in malpractices, and refrain from undermining the works of other practitioners.

The audit noted that there was inadequate regulation of the unlawful acts that occurred related to traditional medicine practices. Both the Ministry of Health and PO-RALG lack records of unlawful acts related to traditional medicine practices. This was because they do not systematically record statistical data on these incidents within the community. The audit noted that, in some instances, the Ministry of Health and PO-RALG only become involved after incidents have occurred and received community attention, prompting special investigations.

The main unlawful acts that were commonly highlighted by the interviewed officials were attacks on individuals with albinism, persecution of alleged witches, use of human body parts in rituals, conducting '*Ramli Chonganishi'*, and child exploitation and abuse.

This lack of data for the incidences related to unlawful acts limited the auditors' ability to analyse the extent of occurrence of these unlawful acts and how the Ministry of Health and PO-RALG regulate them.

As a result, auditors relied on information from the Tanzania Police Force that was publicly available to assess the existence of unlawful practices tied to traditional medicine.

A review of public notices on the official Instagram account for the Police Force (@polisi. Tanzania) revealed that unregistered traditional health practitioners continue to engage in prohibited practices, which led them to become suspects in criminal offences.

Furthermore, the Tanzania Police Force reported that, between the year 2020 and September 2024, 16 people fell victim to unlawful activities

related to traditional medicine. These incidents involved dangerous, prohibited practices that resulted in fatalities, as shown in **Table 3.1.**

Table 3.1: Number of People Reported to Fall Victim of Prohibited Dangerous Traditional Medicines Practices

Date of Public Notice	Region	LGA	Number of Victims	Remarks
04/09/2024	Ruvuma	Tunduru DC	2	Found dead
28/08/2024	Singida	Singida RuralDC	3	Found dead
28/08/2024	Dodoma	Chemba DC	7	Found dead
16/06/2024	Kagera	Muleba DC	1	Found dead
03/04/2024	Shinyanga	Shinyanga Rural DC	1	Found dead
13/01/2024	Mwanza	Sengerema DC	2	Found dead
Total			**16**	

Source: Auditors' Analysis from Tanzania Police Force's Public Notices Issued between Year 2020 to September 2024

Table 3.1 shows 16 victims were found dead due to prohibited dangerous traditional medicines practices. These events occurred between the year 2020 to year 2024 but were all reported in the year 2024.

The audit field visit conducted in four regions of Arusha, Dodoma, Dar es Salaam and Simiyu could not establish the extent of occurrence of these incidences and how they are regulated due to the absence of reports regarding these incidents. The reports were unavailable despite having a coordinator at the LGA level responsible for traditional medicine activities.

The lack of systematic data collection and reporting by the Ministry of Health and PO-RALG is a significant contributing factor. Both entities rely on reactive measures, often only becoming involved after incidents gain community attention or are reported by external entities such as the Tanzania Police Force. Additionally, the absence of a structured approach to monitoring LGA-level traditional medicine activities further exacerbates the issue.

The absence of detailed records limits the ability of regulatory authorities to analyse and address the extent of unlawful traditional medicine practices effectively. It also hinders proactive regulation and enforcement of ethical

guidelines for traditional health practitioners. Consequently, dangerous and prohibited practices continue to pose significant health and safety risks to the community, as evidenced by the fatalities reported.

3.2.2 Existence of Adverse Health Effects on People from Using Unregistered Traditional Medicines

The audit found that TAHPC does not systematically record incidents of adverse health effects caused by unregistered traditional medicines. Malpractice reports are prepared only in cases where incidents attract significant public attention, leaving many cases undocumented. Available reports for the financial years 2022/23 and 2023/24 revealed seven deaths in 2023 due to unregulated traditional medicine practices. However, no records of such incidents were available for 2020, 2022, or 2024. Moreover, no reports or records related to adverse health effects were found during visits to sampled RS and LGA offices.

A review of available TAHPC's Malpractice Reports for the financial years 2022/23 and 2023/24 noted that seven people died in the year 2023 after being administered unregulated traditional medicines by traditional health practitioners, as shown in **Table 3.2**.

Table 3.2: Number of Deaths Reported to be Caused by Administering Unregulated Traditional Medicines

Region	Reported Death(s)	Number of practitioners involved	Year Reported
Simiyu	2	1	2023
Lindi	5	1	2023

Source: TAHPC's Malpractices Report 2020-2024

Table 3.2 shows the number of deaths reported by TAHPC in 2023 related to administering traditional medicines. The Table further shows that no deaths or adverse health effects were recorded in the years 2020, 2022, and 2024.

During the visit to the sampled RS and LGAs offices, there were no reports regarding the incidents of adverse health effects. The audit noted that the absence of records/reports showing the occurrence of adverse health

effects was caused by an inability to track these incidences in the community.

The occurrences of adverse health effects and unlawful acts related to traditional medicine practices were caused by inadequate registration of traditional medicines and practitioners, inadequate monitoring, ineffective coordination of traditional medicine practices and inadequate community awareness on the knowledge about the potential health hazards.

The lack of comprehensive records limits the capacity of regulatory authorities to analyse and respond to the occurrence of adverse health effects caused by unregistered traditional medicine. This oversight allows unsafe practices to persist, increasing the risk of harm to community members. Furthermore, the reliance on public outcry as a trigger for action leaves many incidents unaddressed, undermining the effectiveness of the regulatory framework and eroding public trust in traditional medicine governance.

3.3 Inadequate Registration of Traditional Health Practitioners and Medicines

Despite having the TAHPC's 5-year Strategic Plan of 2016/17 to 2021/22 and Regulatory frameworks in place that insist on registering traditional health practitioners and traditional medicines, there have been significant gaps in identifying and registering traditional health practitioners and traditional and alternative medicines. Additionally, the collection of retention fees from registered practitioners has been inadequately implemented, as further explained hereunder:

3.3.1 Inadequate Tracing and Locating of Traditional Health Practitioners for Registration

The audit revealed that the TAHPC, in collaboration with local government authorities, did not adequately trace and identify all traditional health practitioners within their localities. This is contrary to Regulation 24, Part II of the Traditional and Alternative Medicine Regulations (Registration of Practitioners and Health Facilities) of 2007, which requires the Registrar to maintain a comprehensive register of all traditional health practitioners, including their addresses and locations. Although the existing register includes practitioner information, such as names, phone numbers, regions,

license numbers, and expiration dates, it lacks detailed location data, including LGAs, wards, streets, villages, and house numbers.

This lack of information hinders the effective tracing and monitoring of practitioners. It does not align with the requirements of Part II of the Traditional and Alternative Medicine Regulations (Registration of Practitioners and Health Facilities) of 2007, regulation 24, which requires the Registrar to maintain a comprehensive register of all traditional medicine practitioners, including their addresses and locations.

Furthermore, the Parliamentary Health and HIV/AIDS Committee directive on Council meeting no. 62, dated 18 March 2023, emphasizes the need for TAHPC to identify and locate all traditional medicine practitioners, including those in remote areas. The TAHPC's strategic plan for 2016/17 to 2021/22 also set a target to trace and register 60,000 practitioners. However, these requirements were not fully met.

In regions such as Arusha, Dodoma, Dar es Salaam, and Simiyu, coordinators were unable to provide accurate numbers of practitioners in their areas. Village and street executives also lacked information on the number and validity of practitioners in their localities. The identification challenge is further exacerbated by the dispersed nature of practitioners in remote locations and the limited resources available for monitoring. The audit noted that there was only one coordinator assigned per LGA, increasing the challenge of tracing and monitoring these practitioners.

Table 3. 3: Registration Condition of Traditional and Alternative Health Practitioners

LGA	Visited Practitioners	Registered Practitioners	Unregistered Practitioners	Percentage Unregistered (%)
Dodoma TC	6	3	3	50
Arusha DC	4	4	0	0
Temeke	7	2	5	71
Bariadi DC	4	3	1	25
Total	**21**	**12**	**9**	**43**

Source: Auditors' Analysis of Registration Status of Traditional Health Practitioners, *2024*

As seen from **Table 3.3**, of the 21 visited traditional health practitioners, only 12 were registered, which is equal to 43%. In Temeke, 71% of visited

traditional health practitioners who were not registered, which was the highest of all visited LGAs.

The inadequate tracing and locating of traditional health practitioners can be attributed to several factors. Village and street executives are not actively involved in monitoring traditional medicine activities, limiting their ability to undertake localized oversight and reporting. Additionally, the TAHPC register lacks detailed location information, such as LGAs, wards, villages, and house numbers, making it challenging to pinpoint practitioners. Identification challenges are further compounded by the dispersed and remote locations of many practitioners, which further complicates tracing efforts. Furthermore, the allocation of only one coordinator per LGA is insufficient to effectively manage the large number of practitioners, highlighting significant resource constraints.

3.3.2 The Ministry of Health and PO-RALG Inadequately Register Traditional Health Practitioners, Medicines and Facilities

The registration of traditional health practitioners and their remedies by TAHPC was not adequately done. Various weaknesses were noted, such as the failure to register all traditional health practitioners and medicines and the exclusion of PO-RALG authorisation from the Traditional Medicines Registration System. The aforementioned weaknesses were contrary to requirements indicated in Part II of the Traditional and Alternative Medicine Regulations (Registration of Practitioners and Health Facilities) of 2007, Regulation 24. This regulation requires the Registrar to keep and maintain a register for all registered Traditional Health practitioners with their address and location of their premises.

The noted weaknesses are further explained below:

(a) Not all Targeted Traditional Health Practitioners were Registered

The Health Strategic Plan for Traditional and Alternative Medicine 2016/17 to 2021/22 aimed to register 60,000 traditional health practitioners by June 2022. The target originated from the estimated 75,000 traditional health practitioners scattered across the country in 2016.

However, the reviewed register for Traditional Health Practitioners for the financial year ending June 2024 shows that, TAHPC has registered a total of

53,499 practitioners. Despite being two years ahead of the planned timeline, which was June 2022, TAHPC only met 89% of the target.

From these 53,499 registered practitioners, auditors could not establish the actual number of registered practitioners regional-wise, which could facilitate various decision-making steps aimed at supporting traditional medicines, such as training and supportive supervision visits. This limitation was caused by the failure to upload all information in the current Health Practitioner Registration System (HPRS) used for registration.

Additionally, the audit noted that TAHPC was still guided by the registration targets that were set in the strategic plan for 2016/17 to 2021/22. The strategic plan for the financial year 2022/23 to 2027/28, which was submitted to the management for review in March 2023, had not been approved at the time of this audit, which is a delay of 20 months.

The audit further noted that, in all visited sampled RS and LGA offices, there were no registration records showing the status of practitioners operating at the regional and LGA levels.

The failure to register all targeted practitioners was primarily caused by inadequate sensitization and awareness programs to inform traditional health practitioners about the importance of registration. Other contributing factors include delays in approving the updated strategic plan, incomplete uploads of registration data into the HPRS, and insufficient coordination between TAHPC and local government authorities in maintaining regional and LGA-level registration records.

The failure to register all traditional health practitioners as per the target has several consequences. Lack of comprehensive registration, for example, undermines efforts to regulate the sector, leaving many practitioners unmonitored. In addition, the absence of regional-level data impedes decision-making processes, such as planning for training and supervision and, most critically, the existence of unregistered practitioners. Lack of data also allows the continued administration of unsafe traditional medicines, posing significant health risks to patients, as detailed in **Section 3.2.2** of this audit report.

The existence of unregistered traditional medicines results in the administration of unsafe traditional medicines to patients, which puts their health at risk, as shown in **Section 3.2.2** of this audit report.

(b) Prolonged Time for Registration Procedures for Traditional Health Practitioners

During the Audit, 50 out of 53,499 application forms were sampled to assess the registration timeline. The analysis revealed delays in the registration process contrary to Section 22 of the Traditional and Alternative Medicines Act, 2002, together with Sections 2, 3, 4, and 5, which required the whole registration process to be completed in 270 days (60 days at registrar level, 30 days at Village Government, 90 days at Ward Development Committee and 90 days at Health Committee level). **Table 3.4** indicates the extent of delays in the registration of practitioners at different levels of authorization.

Table 3.4: Time Taken for Registration of Practitioners at Different Levels of Authorization

Authorization Level	Time Required (Days)	Number of Delayed Applications	Average of Delayed Timelines (Days)
Village Government	30	7	212
Ward Development Committee	90	1	99
LGA Level	90	10	266
Registrar	60	29	279

Sources: Auditors' Analysis on the Sampled Application Forms, 2024

Table 3.4. shows that, the average delay timeline for approval of the application forms for the registration of practitioners at the village government level was 212 days for seven applications and at the ward level, applications were delayed by an average of 99 days for one application, while at the LGA level, the average delayed time was 266 days for ten applications. The issuance of certificates by the Registrar took an average of 279 days from the date of approval from the LGA level.

Further interviews with TAHPC officials during a factual clearance meeting held on 19 December 2024 indicated that the noted prolonged time since the approval at the LGA level and issuance of certificate at TAHPC was

attributed to delays in receiving application forms from the LGA level after being approved. However, the TAHPC did not demarcate and provide clarity on the time taken since approval at the LGA level and receipt of the application form at TAHPC. This was due to the lack of a detailed register at TAHPC used to register the application form sent by the LGA Traditional and Alternative coordinators. The existing register at TAHPC only records the number of forms received from a particular LGA or region without providing specific details, such as the name of the traditional health practitioner and authorization date at the LGA level.

Therefore, from the established time differences between approving levels, the registration timeline shows prolonged time in completing the registration process for practitioners, and some applications took 685 days (two years) beyond the required 270 days.

The audit noted that, TAHPC took the initiative to improve the registration process by starting using the Health Practitioners Registration System (HPRS) in June 2023, allowing practitioners to complete the application process online.

To review the impact of this ICT system on the registration timeline, the audit team sampled 10 applications submitted between 1 March 2024 and 23 December 2024, as indicated in **Appendix 8**.

Appendix 8 shows the time taken for practitioners' registration application approval from the village level to the Registrar. The appendix shows the application dates, approval dates by the registrar, and the time taken between application and approval.

The noted results were that two out of 10 applications exceeded the required time of 60 days for approval by the registrar; one took 105 days, and the other one took 65 days.

The prolonged registration process discourages voluntary registration among traditional medicine practitioners and increases the likelihood of unlicensed traditional medicine practices.

(c) Exclusion of PO-RALG Coordinator Authorization in the Health Practitioner Registration System (HPRS)

During the audit, it was noted that the Health Practitioner Registration System (HPRS) developed for registration of practitioners did not include features for authorization of practitioners' applications by Traditional and Alternative Medicine Coordinators at LGA offices. This contravened Part II of the Traditional and Alternative Medicine Regulations (Registration of Practitioners and Health Facilities) of 2007, Regulation 5, This regulation requires that application forms be submitted for approval at the Village/Street Government level, Ward Development Committee, and then forwarded to the Council Director.

The audit noted that, after the applicants (practitioners) obtain the minutes from the village/street, they upload the application to the system without seeking approval from the LGA and regional offices as practised before the introduction of the system. This practice omitted required approval from traditional medicine coordinators at the LGA and regional levels. As a result, practitioners' registration status has not been updated at the LGA and regional levels.

This omission has created challenges in monitoring and managing the registration of practitioners at the LGA and regional levels. Without authorization from RS and LGA coordinators, there is reduced accountability and limited ability to enforce regulatory requirements. The oversight gap undermines the registration process and potentially increases the risk of unauthorized practitioners operating within these jurisdictions.

The cause of this gap was the lack of involvement of Traditional and Alternative Medicine Coordinators from PO-RALG's Health Division during the system's design and implementation. The Ministry of Health developed the HPRS without prioritizing the inclusion of traditional medicine registration activities, resulting in a system that does not reflect the complete regulatory framework.

(d) Inadequate Registration of Traditional and Alternative Medicines

A review of the TAHPC Register for Registered Traditional and Alternative Medicines for the financial years 2020/21 to 2023/24 revealed inadequate registration of both traditional and alternative medicines. While TAHPC

registered 112 traditional medicines during this period, no alternative medicines were registered by TAHPC, contrary to Part IV of the Regulations for Registration of Materia Medica, 2008, Regulation 11, which requires TAHPC to ensure that no Materia Medica is used in any manner whatsoever unless registered by TAHPC.

During an interview with TAHPC officials for the purpose of establishing names of unregistered alternative medicines, it was noted that TAHPC were not in a position to provide such information because the responsibility for registering alternative medicines was transferred to TMDA due to a lack of laboratory facilities necessary to conduct the required medicine tests at TAHPC. Nevertheless, TAHPC did not have an official document authorizing the transfer of this responsibility.

Further analysis of the register indicated that 90 traditional medicines were registered during the period under review, as indicated in **Table 3.5**

Table 3.5: Number of Registered Traditional and Alternative Medicines

Financial Year	Registered Traditional Medicine	Registered Alternative Medicine
2020/21	45	0
2021/22	8	0
2022/23	22	0
2023/24	15	0
Total	**90**	**0**

Source: Traditional and Alternative Medicines Register for Financial Years 2020/21 to 2023/24

Table 3.5 shows the number of traditional and alternative medicines registered by TAHPC. In the financial year 2020/21, TAHPC registered the highest number of traditional medicines, totalling 45. The lowest number of registrations occurred in the financial year 2021/22, with only eight traditional medicines being registered.

In addition, interviews with Traditional and Alternative Medicines Coordinators revealed that no official list of unregistered traditional medicines used by practitioners in sampled LGAs was available. The absence of documentation was attributed to the non-standardized and informal naming of these medicines, further highlighting gaps in regulation and oversight.

Site visits to 19 traditional health practitioners across four regions (Arusha, Simiyu, Dar es Salaam, and Dodoma) revealed significant non-compliance. Of the 499 medicines administered by these practitioners, only eight were registered. Notably, one practitioner in Arusha accounted for all eight registered medicines, as indicated in **Table 3.6.**

Table 3.6: Registration of Medicines from Traditional Practitioners

Region	Practitioners	Number of Medicines administered	Registered Medicines
Dodoma	Practitioner 1	50	0
	Practitioner 2	5	0
	Practitioner 3	7	0
	Practitioner 4	10	0
	Practitioner 5	3	0
	Practitioner 6	20	0
Arusha	Practitioner 1	15	0
	Practitioner 2	54	0
	Practitioner 3	60	0
	Practitioner 4	14	8
Dar es Salaam	Practitioner 1	10	0
	Practitioner 2	5	0
	Practitioner 3	6	0
	Practitioner 4	5	0
	Practitioner 5	5	0
Simiyu	Practitioner 1	20	0
	Practitioner 2	100	0
	Practitioner 3	60	0
	Practitioner 4	50	0
Total	**19**	**499**	**8**

Source: Auditors' Analysis of Medicines Registration from Visited Practitioners, 2024

Table 3.6 shows the number of traditional medicines prepared by practitioners and the number of registered traditional medicines. Notably, a practitioner in Arusha has managed to register eight traditional medicines, which is significantly higher compared to other practitioners in the visited locations, as there were no registered traditional medicines. This practitioner stands out by producing traditional medicines on a large scale and operating with a factory, unlike other visited practitioners.

The causes for inadequate registration of traditional medicines were:

(i) High Registration Cost

Through interviews with the visited traditional medicine practitioners, it was mentioned that one of the primary causes of inadequate registration of traditional medicines was the high registration cost. This cost originated from one of the registration pre-requirements as per Regulation 11 (b) of Traditional and Alternative Medicine Regulations (Regulation of Materia Medica), which requires registration of medicine to acquire a certificate of toxicological analysis and or tests by the Government Chemist Laboratory Authority (GCLA), as being the referral and accredited laboratory services in the Country.

Furthermore, a review of the 5th Edition Price List document published by GCLA revealed that it costs around USD 560 to verify the chemical composition of traditional medicines through their testing and/or analysis of plants and herbs. Consequently, interviewed practitioners revealed that the cost is excessively high, discouraging compliance with the registration requirements.

However, the same document provides a window of cost reduction for testing of Traditional medicines by USD 152, bringing the registration cost to around USD 408. This reduction is granted to a Practitioner who fills a special request form provided by TAHPC for subsidizing laboratory testing costs, which must be endorsed and approved by the Coordinators and TAHPC determination.

Despite these combined efforts by TAHPC and GCLA, many practitioners, particularly those operating on a small scale, still find the cost unaffordable, leaving their medicines unregistered. Through interviews with TAHPC officials, it was further highlighted that the high cost was primarily driven by the expensive chemical reagents used in the examination of traditional medicines.

(ii) Failure to Encourage Traditional Medicines Practitioners to Register

Additionally, TAHPC did not take proactive initiatives to encourage or facilitate the registration of alternative medicines. The absence of campaigns, outreach programs, or simplified processes reflects limited engagement with stakeholders. This inadequate enforcement of regulations

has contributed to the persistent gap in the registration of alternative medicines.

(iii) No Effective Actions have been Taken Against Defaulters

Furthermore, despite the efforts of TAHPC to regulate the quality and safety of traditional medicines through market surveillance conducted in the years 2021 and 2023, which identified non-compliance among traditional medicines circulating in the market, the measures taken against non-compliance were minimal which included non-penalizing of fines. Unregistered traditional medicines continue to exist in the market, highlighting gaps in enforcement and the need for more effective actions to address these non-compliance issues.

The lack of effective action against defaulters was attributed to the inadequate resources at TAHPC, which currently has only 6 out of the required 26 staff. Additionally, they lack a vehicle to facilitate necessary movements for immediate action.

3.3.3 Inadequate Collection of Retention Fees from Traditional Medicine Practitioners After Registration

The review of TAHPC's cash books for the financial years from June 2020 to June 2024 revealed that the collection of annual fees from traditional practitioners was inadequately implemented. As shown in **Table 3.7,** the actual fee collection was low compared with what was legally expected, as indicated in Section 16 of the Traditional and Alternative Medicine Act, 2002. This Section requires the TAHPC to ensure practitioners pay fees in relation to practising traditional medicine, whereby traditional medicine practitioners have to pay an annual retention fee of TZS 30,000 after being registered to comply with the regulations for practising traditional medicine.

Table 3.7: The Revenue Collection on Retention Fees from Traditional Medicine Practitioners

Financial Year	Cumulative Registered Practitioners	Amount of Retention fees to be collected (TZS in Million)	Collected Retention Amount (TZS in Million)	Percentage of Collection (%)
2020/21	25,756	700	50	7
2021/22	36,824	772	60	8
2022/23	43,453	1,104	60	5
2022/24	53,499	1,303	92	7
Total		***4,264***	***295***	***Average=7***

Source: TAHPC Revenue Cash Book 2019-2024

Table 3.7 demonstrates the variation between the expected and actual revenue collected from retention fees, with an average collection rate of only 7% of the actual amount equivalent to TZS 295 million for the four financial years under review.

Through interviews with TAHPC officials and those from local government authorities, it was noted that inadequate collection of retention fees was attributed to ineffective means of conducting close follow-ups with the practitioners.

For instance, the audit noted ineffective coordination and low efforts by LGA coordinators of traditional and alternative medicine in collaborating with ward and village-level officials, as well as with TAHPC, to conduct close follow-ups on traditional and alternative medicine practices within their localities, which makes it difficult to track and identify people providing traditional medicine services.

This has led to the voluntary paying of retention fees by practitioners and reduced revenue collected, affecting the ability to conduct Traditional and Alternative Medicine activities.

3.4 Inadequate Monitoring and Supervision of Traditional and Alternative Medicine to Ensure Voluntary Compliance with Regulations and Guidelines

Despite the Ministry of Health and PO-RALG efforts in ensuring adequate monitoring and supportive supervision for traditional and alternative medicine, such as the development of the Afya Supervision System (AfyaSS), development of the guidelines of application for registration of Materia medica category II, training to traditional and alternative health practitioners on ethics, code of practices and conduct; the audit noted shortcomings regarding monitoring and supervision, control of advertisement and enforcing compliance that requires attention and improvement as further explained below:

3.4.1 Ineffective Supervision and Monitoring of Traditional Medicine Practices

The audit noted inadequate supervision and monitoring of traditional medicine practices by TAHPC. The noted various weaknesses related to the conduct of supervision and monitoring include insufficient implementation of supervision activities, the exclusion of traditional medicine activities from the digital supportive supervision system (AfyaSS), inadequate planning for supervision activities by LGAs, and insufficient quality control of traditional medicines. This is further explained as follows:

(a) Inadequate Implementation of Supervision Activities on Traditional Medicine Practices by TAHPC

The review of the National Traditional and Alternative Medicine Council Strategic Plan I of 2016/17 – 2021/22 indicated that, TAHPC, in its priority area of Traditional Medicine and alternative healing, planned to carry out quarterly supervision of 600 practitioners between June 2018-21. During supportive supervision, the supervising team is supposed to monitor the status of infrastructure, resources (practitioner and Materia medica) and service delivery (professional conduct, ethics, service standards and referral system). The supervision visit is required to include traditional and alternative medicine practitioners.

The review of the action plans and implementation reports of TAHPC for the financial years 2020/21 to 2023/24 revealed that TAHPC conducted

supervision activities as planned, except for the post-market surveillance activity, which was scheduled to be conducted each year. However, it was conducted only twice during the financial years 2020/21 and 2022/23, while skipping it in the financial years 2021/22 and 2023/24, as shown in **Table 3.8**

Furthermore, the analysis of TAHPC's implementation reports from 2020/21 to 2023/24 revealed significant regional gaps in the conduct of supportive supervision for traditional and alternative medicine practices. While some regions, such as Dar es Salaam, Morogoro, Kilimanjaro, and Arusha, were consistently covered across all reviewed periods, several regions, including Mtwara, Lindi, Ruvuma, Njombe, Iringa, Dodoma, Singida, and Mbeya, have not been reached.

This uneven coverage highlights a gap in the oversight of traditional and alternative medicine practitioners, potentially leaving gaps in compliance with service standards, ethics, and infrastructure requirements in uncovered areas.

Table 3.7: Status of Planned and Implemented Supportive Supervision Activities

Financial Year	Number of Planned Supportive Supervision Activities	Number of Supportive Supervision Activities Conducted
2020/21	5	5
2021/22	4	3
2022/23	5	5
2023/24	5	4

***Source*:** Auditors' Analysis Health Sector Performance Profile 2019/20 – 2023/24, 2024

Table 3.8 shows the status of the supportive supervision activities conducted during the period under review. The Table reveals that supportive supervision activity of traditional medicine services was conducted as planned except for financial years 2021/22 and 2023/24, where one activity for post- market surveillance was not conducted.

According to the interviews with Officials from the Ministry of Health and TAHPC, it was revealed that the reason for the inadequate conduct of supportive supervision activities by TAHPC was due to insufficient human resources to carry out these activities. The required number of human

resources at TAHPC was 26, but there were six staff members available. Due to this shortage, it was noted that, these six staff in collaboration with regional and LGA traditional medicine coordinators, conduct supervision together.

Auditors wanted to assess the performance of available staff in relation to the number of registered practitioners to be supervised, but they could not establish this because there was no annual set target on the number of practitioners to be supervised. Instead, TAHPC only planned for a number of supervisions to be conducted.

With a total of six available staff at TAHPC and 210 regional and LGA coordinators available, each TAHPC Staff and Regional and LGA coordinator has to supervise a total number of 8,500 and 243 practitioners, respectively, given the total number of registered 53,499 practitioners to be supervised, as indicated in **Table 3.9**.

Table 3. 8: Workload Distribution Across Supervision Levels

Supervision Level	Number of Supervisors	Practitioners Supervised	Ratio
TAHPC Staff (National Level)	6	53,499	1:8,500
Regional and LGA Coordinators (Regional Level)	210	53,499	1:243

***Source*:** Auditors' Analysis from TAHPC's Staffing Level and CCHP, 2024

(b) Exclusion of Traditional Medicine Activities from Digital Supportive Supervision System (AfyaSS)

The Ministry of Health launched the digital supportive supervision system (AfyaSS) in the financial year 2020/21. The specific goal of AfyaSS is to enhance and facilitate supportive supervisory activities in Tanzania's planning, coordination, implementation, and follow-up processes, as well as to get rid of paperwork.

Through the interviews with officials from four visited regions of Dar es Salaam, Arusha, Dodoma, Simiyu and LGAs, the audit noted that activities related to traditional medicine were not incorporated into the system to ensure close supervision/follow-up on planned activities.

Furthermore, through interviews with Officials from the Traditional and Alternative Medicine Section at the Ministry of Health, it was noted that, all health sectorial activities were included in AfyaSS except for traditional medicine activities, which were overlooked during the initial stage of developing the information system.

The audit noted that currently, the coordinators from RS and LGAs do not report the status of implemented activities at their level. They only report upon request by the Ministry of Health/TAHPC.

This led to inadequate regulation of traditional medicine activities by the regional and LGA coordinators due to a lack of reporting and monitoring tools.

(c) Inadequate Planning of Traditional Medicine Activities in Comprehensive Council Health Planning (CCHP)

A review of Comprehensive Council Health Plans for the period under review indicated that, LGAs did not adequately plan for traditional and alternative medicine activities in their annual comprehensive council health plans, contrary to Objective 12 of the Comprehensive Council Health Planning Guidelines (2011). This objective emphasizes mapping, registration, advocacy, and establishing a regulatory framework for these practices. This is further detailed below:

(i) Non-Inclusion of Traditional Medicine Activities in the CCHP

A review of CCHP for the period under review revealed the presence of LGAs, which did not plan for traditional medicine activities, as indicated in **Table 3.10.**

Table 3. 9: Number of LGAs that Planned for Traditional Medicine Activities

Financial Year	Total Number of LGAs Eligible for Planning Traditional Medicine Activities	Number of LGAs which Planned for Traditional Medicine Activities
2023/24	184	159
2024/25	184	174

Source: Auditors' Analysis of the CCHP for Financial Years 2023/24 – 2024/25

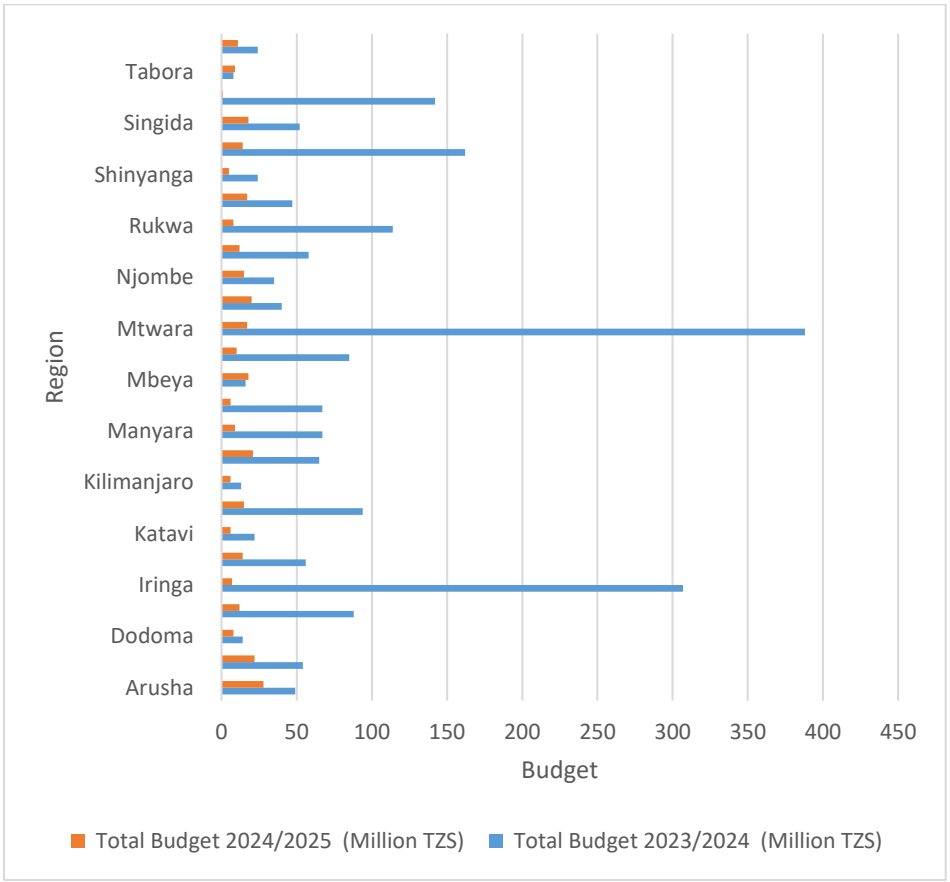
Table 3.10 indicates that across 184 LGAs in 26 regions, 25 LGAs in the financial year 2023/2024 and 10 LGAs in the financial year 2024/2025 did not plan for traditional medicine activities.

(ii) LGAs did not Adequately Budget for Traditional and Alternative Medicine Activities

Additionally, for the LGAs that planned for traditional medicine activities, their budget allocated for the implementation of traditional and alternative medicine activities decreased significantly from TZS 2 billion in the 2023/24 financial year to TZS 329 million in the 2024/25 financial year, as shown in **Figure 3.1.**

Despite the decrease in the budget, there was an increase in the number of LGAs budgeting for traditional medicine activities during this period, from 159 LGAs to 174 LGAs. It was further noted that all 25 LGAs that did not plan for traditional and alternative medicine activities in the financial year 2023/24 had planned budgets for such activities during the financial year 2024/25. However, 10 LGAs with planned budgets during the financial year 2023/24 did not plan for the financial year 2024/25, as indicated in **Appendix 6(b).**

Figure 3. 1: LGAs Budgets in a Region for Traditional Medicine and Alternative Activities



Source: CCHPs for Financial Years 2023/24 and 2024/25

Figure 3.1 shows the total budgets for the implementation of traditional medicines activities in each region in Tanzania Mainland. The figure highlights regions with average higher budgets in the financial year 2023/24 compared to the financial year 2024/25. In particular, the Mtwara and Iringa regions were allocated more than TZS 300 million in the financial year 2023/2024, while the lowest budget was in the Songwe region, with a total allocation of TZS 658,000 in the financial year 2024/25.

Through the interview with PO-RALG officials, it was noted that the absence of plans and the existence of low budgets were attributed to the low priority given to traditional medicine interventions. This is due to the fact that, despite guidelines requiring the inclusion of traditional medicine interventions in LGA plans, 25 LGAs failed to include them in 2023/24, and

10 LGAs omitted them in 2024/25. This indicates a lack of appropriate attention to traditional medicine during the planning process.

Furthermore, budget allocations for traditional medicine interventions dropped significantly from TZS 2 billion in 2023/24 to TZS 329 million in 2024/25. This substantial reduction demonstrates a declining financial commitment, reflecting that traditional medicine is not prioritized in ensuring substantial funds are allocated for their activity implementation.

(d) Inadequate Monitoring of Quality of Traditional Medicines

The Traditional and Alternative Health Practice Council carries out monitoring of traditional medicine practices, including quality monitoring. This activity begins with monthly data collection, which is reported quarterly. These data concern post-market surveillance, the registration status of Materia medica, traditional health practitioners, traditional health facilities, and awareness of traditional medicine. Methods used to collect the data include inspections, surveys, interviews, and training and capacity building for traditional medicine practitioners.

During the audit, it was noted that, for the period under review, the Traditional and Alternative Health Practice Council (TAHPC) conducted only two post-market surveillance activities to monitor the adverse effects of traditional medicines in the year 2021 and year 2023 without establishing a continuous monitoring system. This is contrary to the recommendations provided in Part III of the WHO guidelines for the registration of traditional medicines in the African Region (2010). This WHO guideline emphasizes that member countries should establish national surveillance systems to monitor and evaluate any adverse effects. Also, the lack of post-market surveillance undertaking is contrary to Para 4.1.6.2.4 of the TAHPC Medium Term Strategic Plan (2022/23 – 2025/26), which outlines the need for annual post-market surveillance of registered Materia medica.

Further interviews with officials from the Ministry of Health and PO-RALG indicated that there was not an appropriate quality control system in place for traditional medicines. This is due to a lack of regular monitoring across the country, limiting the ability to track the quality of traditional medicines, their registration status, and any associated adverse effects.

The lack of an appropriate established quality control system led to the inability to continuously monitor the market on the quality of various

traditional medicines, including the status of their registrations and the detection of adverse effects associated with these medicines.

Furthermore, the audit team noted the main factors that contributed to inadequate monitoring of the quality of traditional medicine as explained below:

(i) Inadequate Planning of Monitoring Activities

Through interviews conducted with Traditional and Alternative Medicine Coordinators in the visited four regions and four LGAs, all eight (8) interviewed TAM coordinators indicated that they lack the capacity to conduct regular quality monitoring of facilities used to deliver traditional medicine services.

The review of the approved budget for TAHPC activities showed that they planned to monitor activities for all the financial years under audit. However, the plans were insufficient to meet the current demand for traditional medicine practitioners, as indicated in **Table 3.11**.

Table 3. 10: Planned Monitoring Activities by TAHPC

Financial Year	Activities	Targeted Region
2020/21	To conduct sensitization/supervision with LGA traditional and alternative health by June 2021.	Kilimanjaro, Arusha, Singida
	To conduct sensitization/supervision with LGA traditional and alternative health by June 2021	Songwe, Mbeya
	To conduct Inspection/ supervision of production areas of Materia medica/ health facilities, shops and stores by June 2021	Dar es Salaam, Tanga
	To conduct supervision of production areas of Materia medica by June 2021	Not specified
	To conduct post-market surveillance of registered traditional medicine by June 2021	Not specified
2021/22	To conduct supportive supervision of traditional health practitioners and traditional health facilities by June 2022	Dar es Salaam, Morogoro

Financial Year	Activities	Targeted Region
	To conduct supportive supervision of production areas of Materia medica by June 2022	Dar es Salaam
	To conduct sensitization/supervision with LGA traditional and alternative health by June 2022	Not specified
	To conduct post-market surveillance of registered traditional medicine by June 2022	Not specified
2022/23	To conduct sensitization/supervision of traditional and alternative health practitioners in 12 regions by June 2023	Not specified
	To conduct supportive supervision of traditional and alternative health facilities, shops and stores by June 2023	Mwanza, Dar es Salaam, Mbeya, Dodoma
	To conduct supervision of production areas of Materia medica by June 2022	Not specified
	To conduct Inspection Materia medica during nanenane and sabasaba exhibition for 8 Zones by 2023	Not specified
	To conduct post-market surveillance of registered traditional medicine by June 2023	Not specified
2023/24	To conduct sensitization of LGA traditional and alternative health practitioners in 4 regions by June 2024	Not specified
	To conduct supportive supervision of health facilities, shops and stores in 2 regions by June 2024	Not specified
	To conduct supervision of production areas of Materia medica by June 2024	Not specified
	To conduct Inspection of Materia medica and registration of traditional practitioners during Sabasaba and Nanenane National Exhibition by 2024	Not specified
	To conduct post-market surveillance of registered traditional medicine by June 2024	Not specified

Source: Auditors' Analysis of approved budget for TAHPC for Financial years (2020/21 – 2023/24)

The activities listed in **Table 3.11** indicate efforts by TAHPC to supervise, inspect, and sensitize traditional and alternative health practitioners and traditional health facilities across Tanzania. However, these activities were not sufficient to cover the entire nation comprehensively. While the activities target specific regions each year, with a maximum of three out of 26 regions in the Tanzania mainland, other activities did not specify the target number of regions for supervision, leaving significant gaps in oversight. For instance, in 2020/21, only seven regions (Kilimanjaro, Arusha, Singida, Songwe, Mbeya, Dar es Salaam, and Tanga) were targeted. In the financial year 2020/21, only two regions of Dar es Salaam and Morogoro were covered. Similarly, in the financial year 2022/23, only four regions were covered (Mwanza, Dar es Salaam, Mbeya, Dodoma). The strategy does not ensure systematic coverage of all 26 regions of mainland Tanzania.

Moreover, the covered activities do not seem to follow a structured and equitable plan for nationwide coverage. While regions like Dar es Salaam and Mbeya have appeared repetitively in multiple years, others have been omitted entirely, creating disparities in enforcement and oversight. Though valuable, the focus on specific events such as the Nanenane and Sabasaba exhibitions does not replace the need for comprehensive, year-round inspections and sensitizations in all regions.

3.4.2 Ineffective Control of Advertisements Posted Across the Streets for Traditional Medicine Practices

Traditional and Alternative Health Practice Council (TAHPC) did not effectively implement the vetting of advertisements that are posted across the streets for traditional and alternative medicines. TAHPC failed to carry out the planned quarterly checks and did not remove unapproved advertisements as outlined in its strategic plan. This is also contrary to Part 3 of the Guidelines for Registration of Traditional Medicines in the WHO African Region (2010), which requires national authorities to vet advertisements before their release to ensure accurate and non-misleading information about traditional medicines.

Similarly, Section 6 (1)(i) of the Traditional and Alternative Medicines Act (2002) mandates the Traditional and Alternative Health Practice Council (TAHPC) to control the dissemination of information and advertisements related to traditional medicines.

Additionally, the National Traditional and Alternative Medicine Council Strategic Plans I of the financial year 2016/17 – 2021/22[12] revealed that TAHPC, in its priority area of traditional medicine and alternative healing, planned to identify, remove, and carry out quarterly checks of all unrequired traditional medicine advertisement posts in the LGAs by June 2018-22 to promote TAHPs' adherence to National guidelines.

However, this activity was not implemented. During the audit, it was noted that TAHPC currently controls advertisements through radio and TV by issuing permits. However, interviews with TAHPC officials revealed that they cannot control traditional medicine advertisements through street posters because it is the role of PO-RALG to control all advertisements.

However, this is not the case because TAHPC is required to vet advertisements before their release to ensure that the public receives correct information about the product that is devoid of ambiguous or bogus claims. This requirement is indicated in Part III of the Guidelines for Registration of Traditional Medicines in the WHO African region of 2010 and Section 6(1) (i) of the Traditional and Alternative Medicines Act 2002. Due to this non-compliance by TAHPC, advertisements on traditional medicines continue to be posted in the streets, as shown in **Photo 3.1,** without following the procedures for disseminating information related to traditional medicines.

[12] This Strategic Plan has expired and the new one of financial years 2022/23 – 2027/28 is yet to be approved.

Photo 3.1: Traditional medicine advertisements posted across the street taken by Auditor on 24/07/2024 at Mama Kibonge Buza, Dar es Salaam

Further inquiries on the extent of vetting conducted for traditional medicines advertisements by the traditional and alternative medicine coordinators revealed that no vetting was done. Instead, cultural officers were responsible for vetting all advertisements in Local Government Authorities, including traditional medicine advertisements, but no initiatives were taken by TAHPC to involve cultural officers in vetting traditional medicine advertisements. The role of cultural officers in vetting traditional medicine advertisements was because traditional medicine was previously under the Ministry of Culture and Tourism. As a result, there were no specific records on vetting for traditional medicine advertisements in

LGAs. Additionally, cultural officers did not have the necessary training to evaluate traditional medicine advertisements in line with the established guidelines.

3.4.3 Inadequate Enforcement of Compliance with Traditional Medicine Regulations

A review of the National Traditional and Alternative Medicine Strategic Plan (2016/17–2021/22) and the TAHPC Medium-Term Strategic Plan (2022/23–2025/26) revealed that TAHPC did not include enforcement activities to ensure compliance with guidelines and regulations. This contradicts Section 6(1) of the Traditional and Alternative Medicines Act, 2022, which assigns the Traditional and Alternative Health Practice Council the responsibility to register, regulate, and enforce standards for traditional and alternative health facilities.

The main issues entailed in the enforcement of compliance with traditional medicine regulations include registration of traditional medicines, practitioners, traditional medicine facilities and adherence to standards and guidelines. The audit team noted that all these aspects, which could assist in the enforcement of compliance with traditional medicine guidelines, were not in place.

However, the audit noted that TAHPC conducted enforcement activities on an ad hoc basis, as indicated in **Table 3.12**

Table 3. 11: Implemented Ad hoc Enforcement Activities

Date of the Letter	Reference Number	Action Taken by TAHPC
25 June 2024	MC.71/141/01/78	Summons Practitioner to appear before the Traditional Medicine Registration Committee
27 July 2022	HF.209/615/01A/103	Cancellation of the registration status of the traditional medicine Practitioner
10 October 2022	HF.209/615/01C/40	Requesting Tanzania Telecommunication Regulatory Authority (TCRA) to issue directives to the media to prevent the promotion of non-compliant advertisement of traditional and alternative medicine
28 July 2022	MC.118/174/01/35	

Source: Auditors' Analysis Correspondence Letters on Implemented enforcement,2024

The audit identified that the primary reason for inadequate enforcement was TAHPC's failure to integrate enforcement activities into its strategic and operational plans. During the financial years under review (2020/21–2023/24), TAHPC did not allocate resources or define specific enforcement measures, relying instead on sporadic and reactive actions. This lack of planning undermined the LGA's ability to systematically enforce compliance with traditional medicine regulations.

The lack of an enforcement plan led to issues such as unsanitary storage of medicines and inadequate documentation of patient information. These were observed during the site visit at the sampled RSs and LGAs, as explained below;

a) Unhygienic Storage of Materia Medica and Traditional Medicines

Site visits conducted to Traditional Health Practitioner's facilities (vilinge), the audit noted that the storage for Materia medica and traditional medicines was not in compliance with basic hygienic standards contrary to para 4.7.2 of the Standard Guidelines for Traditional and Alternative Health Facilities (2007). The guidelines require traditional medicines to be stored in moisture- and air-proof containers, kept in cases out of children's reach, and made of plastic or amber glass to block light and protect photosensitive substances.

However, the audit noted medicines were found to be stored in non-airtight containers, in close proximity to moisture-prone areas, and in conditions where temperature and humidity control were lacking. There were also indications of possible contamination due to dust and pests with inadequate ventilation, as shown in **Photo 3.2.**

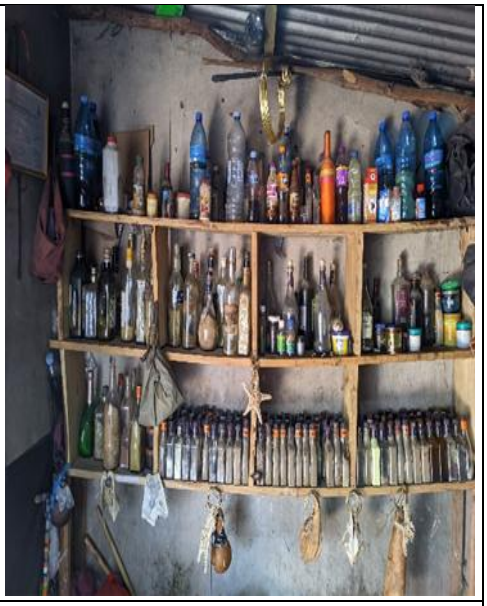
	
Photo 3.2: Left: Photo showing Medicines being placed on the floor in unfriendly humid conditions. Photo taken by auditors at Buza, in Dar es Salaam, on 14 September 2024	***Right:*** Photo showing medicines have been stored in non-airtight containers in close proximity to the roof sheet (moisture-prone area). Photo taken by auditors at Dutwa in Simiyu region on 18 September,2024

Table 3.13 provides details of the kinds of traditional medicines, the required storage conditions, and the actual storage conditions found during the site visits.

Table 3. 12: Status of Storage of Traditional Medicines

Traditional Medicine	Storage Condition		Effect to Health
	Standard	Actual Found	
Dried Herbs (Leaves, Roots, etc.)	Airtight glass jars or metal tins	Kept open on the floor/dirty plastic bottles	Mould growth can cause allergic reactions or respiratory issues; degraded herbs may lose efficacy or become toxic.
Powdered Herbs	Dark, airtight glass jars or resealable bags with desiccants	Stored in plastic bags	Moisture can lead to Mould; exposure to air and light can cause loss of active compounds, reducing therapeutic benefits.
Essential Oils	Amber glass bottles with tight caps	Stored in plastic bottles/ konyagi bottles	When applied, oxidized oils can cause skin irritation, sensitization, or allergic reactions.
Resins	Airtight containers (glass or metal tins)	Stored in plastic bags	Contaminated resins can cause skin irritation or allergic reactions.
Tinctures (Alcohol-Based Extracts)	Amber glass bottles with secure caps	Stored in plastic bottles	Evaporation of alcohol may lead to microbial contamination; degraded tinctures can lose potency or develop harmful by-products.
Syrups (Honey or Sugar-Based)	Glass bottles with tight-fitting lids	Stored in unsanitary konyagi bottles/plastic bottles	Fermentation or microbial growth can cause stomach upset or food poisoning.
Fresh Plant Material	Refrigeration or cold storage in breathable containers	Kept open on the floor	Spoiled material can cause stomach upset, nausea, or infections if consumed.

Source: Auditors' Analysis of Traditional Medicine Storage Conditions, 2024

The most common issues with improperly stored traditional medicines include loss of potency due to heat, light, or air exposure; microbial contamination from mould in damp conditions; and the formation of toxic

by-products in degraded materials. These are particularly prevalent in dried herbs, powders, infused oils, syrups, and fermented preparations, often leading to allergic reactions and even adverse health effects.

The unsanitary storage of medicines was due to delayed inspections, which could force the practitioners to follow the established requirements. It was further noted that they had not been properly trained in the specific requirements for the storage of medicines, and there was the absence of formalized guidelines to ensure the long-term preservation of medicinal quality.

Unsanitary storage practices were observed in all visited Local Government Authorities (LGAs) and regions, including Dodoma, Arusha, Simiyu, and Dar es Salaam, highlighting the need for improving the knowledge on handling and quantification of traditional medicines as well as provision of awareness to ensure the safety and quality of traditional medicines.

The inappropriate storage condition poses potential health risks such as toxicity and adverse effects to patients who may receive harmful or ineffective treatments since there is a high risk of compromising the safety and quality of traditional medicines.

b) Inadequate Documentation of Patient Information

The audit noted that inadequate enforcement conducted by traditional medicine practitioners led to non-adherence to established requirements, one being a lack of documentation of patient information and prescriptions contrary to Regulation 15 of the Traditional and Alternative Medicine Regulations of 2008. This regulation requires practitioners to maintain detailed patient records, including personal details, ailment, prescribed medicine, dosage, and consultation dates.

During the field visit, auditors observed inadequate documentation of patient information by the traditional medicine practitioners. It was noted that out of 19 visited practitioners, only one practitioner kept full records as required, namely, the patients' names, ages, sex, weight and Ailments. Two practitioners kept information about the illness and associated costs; the other 17 did not keep any information.

Further analysis showed most practitioners did not keep patients' records/information due to reliance on oral communication over formal documentation keeping of information as required by the regulations. Since most traditional medicine practitioners (26) were illiterate, they could not read or write.

This was noted to be mainly attributed to inadequate enforcement of compliance of practitioners regarding record keeping/documentation of patient information since the coordinators were not familiar with these practitioners' locations. Moreover, the practitioners had no standardized documents for record keeping and had less awareness of the patients' record-keeping requirements.

Lack of documentation leads to an inability to track treatment outcomes for research and knowledge preservation regarding the enhancement of traditional medicine practices. Also, this causes hindrances in integrating and referring traditional medicine with modern healthcare services.

3.5 Inadequate Coordination on the Regulation of Traditional Medicine between MoH and Po-RALG

The audit identified several gaps in the coordination of traditional medicines activities, such as inadequate reporting framework in the operation of traditional medicines activities, ineffective coordination between the Ministry of Health and Traditional and Alternative Medicines Practitioners Associations, and inadequate functional Referral system between traditional and alternative medicines practices with modern health care system.

The noted gaps are generally caused by inadequate coordination between MoH and PO-RALG contrary to the requirements of Section 6(3) of the Traditional and Alternative Act, 2002, which requires the Ministry of Health (MoH) through TAHPC to establish cooperation with other bodies such as PO-RALG particularly through the preparation of Memorandum of Understanding (MoU) for the purpose of implementing functions or objectives of the LGA.

The noted weaknesses are further elaborated hereunder:

3.5.1 Reporting Framework for the Operation of Traditional Medicine Activities was not Adequately Functioning

A review of the Proposal for Strengthening the Provision of Traditional and Alternative Medicine in Tanzania, 2021, developed by the Ministry of Health and the Interviews with the Traditional and Alternative Medicine Coordinator at PO-RALG revealed that, the reporting system on the implementation of traditional medicines activities was not adequate to achieve expected coordination of traditional medicines practices in the country. This is because reporting of traditional medicine practices from the community levels, LGAs, and regionals to PO-RALG was carried out on request.

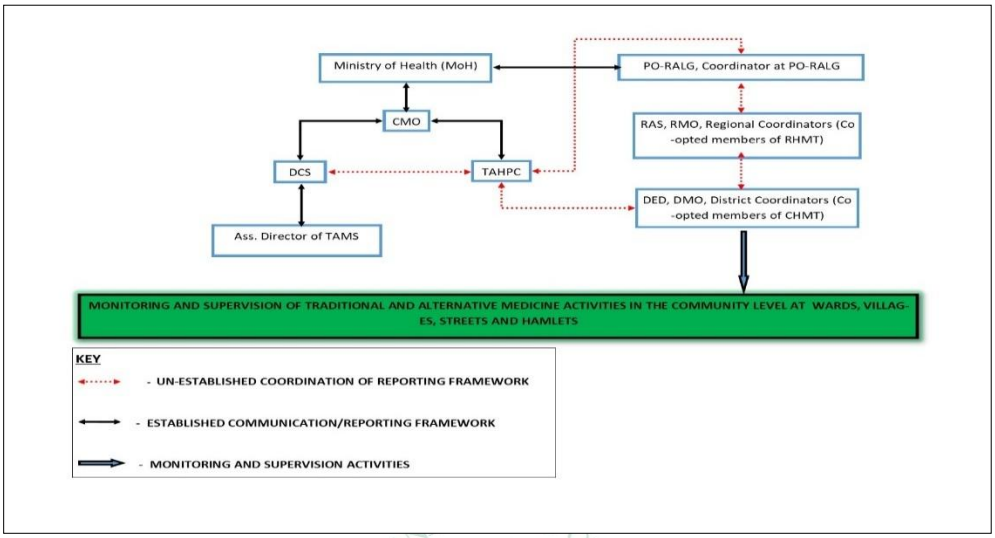
It was further responded that, the Traditional and Alternative Medicines Coordinator at PO-RALG has no formal coordination and reporting framework to either the Traditional or Alternative Medicines Section at the Ministry of Health or TAHPC.

Moreover, the audit noted that, the Assistant Director for the Traditional and Alternative Medicines Section (TAMS) at the Ministry of Health and the Registrar at TAHPC are both required to report their information to the Chief Medical Officer (CMO).

However, neither TAMS nor TAHPC had a reporting framework. Despite this, TAMS is responsible for coordinating the registration of traditional health practitioners implemented by TAHPC as outlined in Approved Functions and Organisation Structure of the Ministry of Health, 2022.

A further illustration of the existing reporting framework for traditional medicine activities is shown in **Figure 3.2.**

Figure 3.2: Showing Existing Reporting Framework between The Ministry Of Health (TAHPC and Traditional Medicine Section) and PO-RALG



Source: Auditors' Analysis of Data Collected through Interviews and Document Reviews, 2024

The ineffective reporting system is attributed to the inadequate coordination efforts on the traditional medicines activities at PO-RALG and the Ministry of Health. This has resulted in the absence of coordinated plans and implementation reports between TAMS and TAHPC. Consequently, this situation hinders the effective assessment of duties related to practising traditional medicines in the country.

3.5.2 Ineffective Coordination of Traditional Medicine Practices with Other Stakeholders

During the interviews with Officials from TAHPC, it was revealed that 26 associations were involved in traditional medicine practice by supporting and organizing various traditional medicine activities in communities. These associations were registered under the Ministry of Home Affairs (MoHA).

However, the Audit identified instances of interference between TAHPC and these associations, particularly concerning the collection of registration fees from practitioners, as highlighted by TAHPC officials and Practitioners through interviews. Moreover, the review of Minutes from Council Meetings No. 54, 59, 62, 63, and 64, held between September 2021 and May 2024,

highlighted the interference of these associations with TAHPC's objectives related to the regulation of traditional medicines practitioners. It was reported in the minutes, that in some instances these associations collected fees from practitioners as association fees, but they were labelled as government registration fees for practising traditional medicines.

The interference of such activities was caused by the absence of a memorandum of understanding between the Ministry of Health and the Ministry of Home Affairs, which the Ministry of Health should have established through TAHPC.

This is contrary to Section 6(3) of the Traditional and Alternative Medicines Act, 2002, which requires the Ministry of Health, through TAHPC, to establish a memorandum of Understanding with the Ministry of Home Affairs to coordinate the supervision and control the practice of Traditional and Alternative Health Practitioners and to promote enforcement of traditional and alternative healthcare.

The disruption caused by these associations can be traced to inadequate coordination between the Ministry of Home Affairs and the Ministry of Health regarding the terms and conditions that should govern the associations' operations in the community.

The existence of these Associations confuses the practitioners, who see no need to register with TAHPC, leading to traditional medicine practitioners being demotivated from registering with TAHPC.

3.5.3 Inadequate Functioning of a Referral System between Traditional and Alternative Medicine Practices and the Modern Healthcare System

The audit found that the process was inadequately functioning despite the Ministry of Health's efforts to implement a referral system between traditional medicine practitioners and the modern healthcare system. Although guidelines and forms were provided to facilitate referrals, the system's implementation remained problematic.

Para 4.3 of the National Guidelines for Referrals of Patients Receiving Traditional and Alternative Medicine (2020) specifies that referrals should start at the community or home level, directing patients to a traditional

medicine centre, where they may be referred to an alternative medicines centre or a modern healthcare facility. Conversely, referrals can also be made from a modern healthcare centre to either an alternative or traditional medicines centre.

The audit further noted that communities continued to rely more on traditional medicines than on modern healthcare, and there was insufficient documentation of prescriptions and referral forms, as explained here under;

a) Society's Continued Reliance on Traditional Medicines Despite Modern Healthcare Recommendations

From the visit and discussion with 20 traditional medicines practitioners from four visited regions of Arusha, Dodoma, Dar es Salaam and Simiyu regions, it was noted that, other patients, mostly located in Rurals areas, prefer to seek medical assistance from traditional medicines practitioners because of the societal belief that, modern health care treatments are more expensive than traditional care.

Even though Para 4.4 (b) of the national guidelines for referral patients receiving Traditional and Alternative Medicine of 2020 requires patients who are subjected to contagious and rapidly spreading diseases, accidents, undergoing circumcision, pregnancy, infant, children under five years of age, Tuberculosis, HIV/AIDS, Leprosy, etc. to be referred to modern healthcare treatment. Still, many patients subjected to these conditions prefer to attend sorely on traditional medicine treatment.

Practitioners further reported that, the distance barrier to modern health care facilities, especially in most rural areas, compared to traditional medicine facilities and lack of community sensitization on diseases that require immediate medical assistance from modern health facilities were factors that make the patients prefer traditional medicines as compared to modern medicines.

During a field visit in the Simiyu region on 17 September 2024, the audit team interviewed nine traditional medicines practitioners out of 17 attending the training conducted by the Ministry of Health on how to attend to cholera patients and provide appropriate referrals. The interview focused on assessing their level of knowledge of the referral system, and it was noted that, all nine had such knowledge. They further responded that,

despite having such knowledge, a challenge comes with the patients as they mostly prefer having traditional medicine treatments over modern health treatment due to traditional beliefs and the long distance to locate modern medicine facilities.

i. *Cultural and Traditional Beliefs*

Many patients come from communities where traditional medicine has been practised for generations, fostering trust and familiarity. Moreover, cultural belief was one of the six factors that determined traditional medicine use in Tanzania, as highlighted in an article by Stanifer JW. et al. (2015) titled "The Determinants of Traditional Medicine Use in Northern Tanzania: A Mixed Method Study."

ii. *Long Distance to Locate Modern Health Facilities*

Many communities, especially in rural or remote areas, face challenges in reaching Modern healthcare centres due to their geographic location, taking into consideration that, the availability of dispensaries in the country stood at 49% as of October 2024. The time and financial cost associated with travel can discourage individuals from seeking medical care, particularly when alternative options, such as traditional medicine, are more readily accessible.

The distance barrier significantly limits the ability of individuals to receive timely and modern medical treatment, further contributing to reliance on traditional medicine practices. An example of research conducted in Kishapu District Council in Tanzania in November 2024[13] analysed the accessibility status of patients using walking only and a combination of walking and usage of motor devices. The results of the walking scenario indicated that the travel times to the health centres and hospitals exceeded 2 hours.

Further efforts were made during the Audit to establish an actual picture of the distance barrier to modern healthcare in rural areas in Tanzania.

[13] Kimario, Evord, et al. (2024). Identifying Optimal Locations for the Development of Health Facilities Towards the Attainment of Universal Health Coverage Using Geospatial Techniques in Kishapu District, Tanzania. *vol. 90, no. 1033694*.

However, no data were available from PO-RALG on the nearest/furthest distance from the community to the healthcare facilities to substantiate the condition.

The distance barrier increases the risk of health complications for patients from delayed medical assistance.

b) Inadequate Documentation of Provided Prescription and Referral Forms from Traditional Medicine Centres to Facilitate Referrals

The audit noted that the requirement for prescription information and documents was not functional. This is because traditional and alternative health practitioners did not prepare documentation/records of prescribed medicines or have knowledge of the existence of referral forms provided alongside the guidelines.

During the site visits to traditional medicine practitioners in Arusha District Council, Bariadi District Council, Dodoma City and Temeke Municipal Council, it was noted that, none of the practitioners kept documentation for their referrals. The audit noted that traditional health practitioners did not adhere to the requirement of filling out the prescription form and documenting it for ease of referral.

One of the noted reasons for Practitioners not adhering to documentation requirements was due to low awareness among traditional and alternative health practitioners regarding the importance of keeping patient records despite being one of the requirements as stated in Para 4.5 of the National Guidelines for Referral Patients receiving Traditional and Alternative Medicine of 2020. The guidelines require modern health facilities that are being referred from traditional or alternative treatment to attain information on any medicines used from prescription before referral attendance and to recognize the official referral form from the traditional or alternative health practitioner.

Further analysis of the consequences of inadequate documentation in facilitating the referral of patients ruled that it led to hindrances in the coordination required to make referral functioning among Traditional, Alternative medicine and Modern health care services.

CHAPTER FOUR

AUDIT CONCLUSION

4.1 Introduction

This chapter presents the audit conclusions based on the audit objective and sub-objectives by considering the audit findings presented in this report. The conclusion is categorized into two main parts: general and specific conclusions, as detailed below.

4.2 General Conclusion

The Audit acknowledges the efforts made by the Ministry of Health and PO-RALG in improving and ensuring public health safety through supporting and regulating the delivery of quality and safe traditional and alternative health services and medicines to the public. However, several shortcomings were noted that require attention to further enhance the regulatory framework, strengthen coordination, and ensure the safety and quality of traditional medicine practices in Tanzania.

Incidents of prohibited practices, such as the use of dangerous superstitions and "*ramli chonganishi*", have led to severe consequences, including fatalities. The audit indicated 16 fatalities between 2020 and 2024, which were attributed to dangerous traditional practices. Likewise, adverse health effects related to unregistered traditional medicine use have been documented. TAHPC reports show seven fatalities in 2023 linked to unregulated traditional medicine administration. These reports, however, only arise in cases that draw significant public attention, leaving many incidents potentially unrecorded.

The existence of unregulated practices and adverse health effects implies inadequate regulation of traditional medicines and traditional practitioners in the country. The Ministry of Health and PO-RALG often become involved only after unlawful incidents have occurred and garnered public attention.

Inadequate registration of traditional medicine practices and practitioners, insufficient supervision and monitoring of traditional medicine activities

and inadequate coordination of regulatory activities were the main causes of the presence of risky health practices and unlawful acts in the country.

4.3 Specific Conclusions

4.3.1 Inadequate Registration of Traditional Medicines and Traditional Health Practitioners

The audit concluded that significant challenges persist in the registration, tracking, and fee collection from traditional health practitioners and medicines, undermining regulatory efforts. The Traditional and Alternative Health Practice Council (TAHPC) aimed to register 60,000 practitioners by 2022 but fell short, with only 53,499 registered by mid-2024.

Inadequate tracking is due to limited data collection and a lack of involvement from local government officials. The incomplete data in the Health Practitioner Registration System (HPRS) also hinders efficient monitoring and supervision.

Further, the system used to register traditional health practitioners lacks approval by traditional medicine coordinators at regional and LGA levels, resulting in minimal local oversight. Additionally, alternative medicines have not been registered since TAHPC's establishment, and only 112 traditional medicines have been registered. The high registration cost at the Government Chemist Laboratory Authority (GCLA) discourages many practitioners from formal registration, leaving unverified medicines in the market and potentially endangering public health.

The collection of retention fees from registered practitioners has also been inadequately managed, with an average collection rate of only 7% over five years. This shortfall, caused by poor follow-up and limited coordination at the local level, reduces the resources available for oversight activities and undermines TAHPC's ability to fulfil its mandate effectively.

4.3.2 Inadequate Supervision and Monitoring of Traditional and Alternative Medicine Practices

The audit concluded that there were significant shortcomings in the monitoring and supervision of traditional medicine practices by the

Traditional and Alternative Health Practice Council (TAHPC). Despite plans for quarterly supervision, only a few activities were conducted due to staff shortages, with the number of implemented supervisions drastically falling short of targets.

Traditional medicine activities were excluded from the Ministry of Health's Afya Supportive Supervision System (AfyaSS), limiting effective oversight and reporting. This lack of integration hampers coordination and the ability to track traditional medicine practices across regions.

Quality control of traditional medicines is inadequate, with only two post-market surveillance activities conducted in the last four years. Insufficient staffing and budget constraints have prevented regular monitoring of medicine quality, leaving gaps in safety oversight.

Furthermore, the audit concluded that there was ineffective control of advertisements for traditional medicines, with misleading promotions continuing due to poor enforcement. Additionally, unhygienic storage practices and a lack of patient record-keeping were noted, stemming from weak enforcement of regulations and inadequate training for practitioners.

4.3.3 Inadequate Coordination on the Regulation of Traditional and Alternative Medicine between MoH and PO-RALG

The audit concluded that there was inadequate coordination between the Ministry of Health and the President's Office - Regional Administration and Local Government in regulating traditional medicines. Although the Traditional and Alternative Medicines Act of 2002 mandates collaboration, the reporting framework for traditional medicine practices was fragmented. The reporting was inconsistent, with a non-functional reporting framework between PO-RALG and the Ministry of Health or TAHPC, resulting in disjointed and uncoordinated information about traditional medicine activities.

Additionally, there was an absence of MoU between the Ministry of Health and the Ministry of Home Affairs, which could oversee 26 traditional medicine associations identified during the Audit. The absence of MoU has allowed these associations to interfere with TAHPC's mandate. Some

associations collect registration fees from practitioners under the guise of government fees, causing confusion among traditional medicine practitioners and leading to financial losses for TAHPC.

Ineffective referral systems between traditional and modern healthcare services indicate inadequate coordination. Although guidelines exist, patients in rural areas often rely on traditional medicine due to cultural beliefs, perceived cost, and distance from modern facilities.

Finally, documentation and record-keeping for referrals and prescriptions were found to be inadequate. Traditional medicine practitioners were unaware of referral forms or proper documentation practices, resulting in a lack of essential patient information for coordination between Traditional and modern healthcare treatment.

CHAPTER FIVE

AUDIT RECOMMENDATIONS

5.1 Introduction

This chapter provides recommendations to the Ministry of Health and PO-RALG on what should be done to improve the regulation of traditional medicine practices in the country.

Auditors acknowledge the government's effort to regulate traditional medicine practices in the country. However, more interventions are required to improve the observed gaps.

The National Audit Office expects that based on the 3Es of Economy, Efficiency and Effectiveness principles, these recommendations need to be fully implemented to improve the regulation of traditional medicines in the country.

The recommendations are specifically addressed to the Ministry of Health and PO-RALG as herein below.

5.2 Recommendations to the Ministry of Health and PO-RALG

5.2.1 Registration of Traditional and Alternative Health Practitioners and Medicines

The Ministry of Health is urged to:

a) Strengthen the registration procedures for traditional health practitioners and medicines through the ICT registration system, including tracing practitioners, medicines, and facilities to ensure adequate registration and renewal.

PO-RALG is urged to:

a) Strengthen the availability of resources and include traditional and alternative medicine activities in the CCHP to ensure adequate tracing, locating, and registration of traditional health practitioners and medicines.

5.2.2 Monitoring and Supervision of Traditional and Alternative Medicine Practices

The Ministry of Health is urged to:

a) Strengthen monitoring and supervision of traditional medicine practices through adequate planning, execution, and compliance enforcement to ensure the quality of traditional medicines and service delivery.

PO-RALG is urged to:

a) Strengthen monitoring and supervision of traditional medicine practices at the LGAs, including the involvement of ward, village and regional levels, to ensure effective provision of traditional medicines service delivery.

5.2.3 For Coordination of Regulatory Activities for Traditional and Alternative Medicine Practice

The Ministry of Health is urged to:

a) Establish a communication and reporting framework to facilitate coordination among stakeholders on the implementation of traditional medicine activities.

b) Establish MoU with key stakeholders such as the Ministry of Home Affairs to clarify the roles and responsibilities of traditional medicine practitioners' associations to avoid interference with TAHPC mandate.

PO-RALG is urged to:

a) Provide training for traditional health practitioners on referral procedures and launch community awareness campaigns to encourage the appropriate use of modern healthcare when necessary.

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APPENDICES

Appendix 1 (a): Responses from the Ministry of Health

This part provides the responses from the Ministry of Health. The responses are divided into general and specific comments for each issued audit recommendation.

A: Overall Responses

The Traditional and Alternative Health Practice Council agreed with the auditor's recommendations observed in the performance audit and will work in collaboration with the Ministry of Health and other stakeholders to ensure that all areas highlighted in the report are fully implemented based on the 3Es of Economy, Efficiency and Effectiveness principles, to improve the regulation of traditional medicine in the country.

B: Specific Responses

No	Recommendation	MOH Comment(s)	Action(s) to be taken	Timeline
Objective 1: Registration of Traditional, Alternative Practitioners and Medicine				
i	Strengthen the registration procedures for traditional health practitioners and medicines through the ICT registration system, including tracing of practitioners, medicines, and traditional medicine facilities to ensure their adequate registration and renewal.	MoH agreed the recommendation should be rephrased to read as follows: "Strengthen the registration procedures for Traditional health practitioners and medicines through the ICT registration system, including tracing of practitioners, medicines and facilities to ensure adequate registration and renewal."	For traditional health practitioners, registration using the ICT system (HPRS) started in November 2023. A review will be done accordingly to improve the system. Registration of facilities is still done using forms. Efforts to integrate within the Health Facility Registration System (HFRS) are in progress.	Ongoing process By June 2026 By June 2026

No	Recommendation	MOH Comment(s)	Action(s) to be taken	Timeline
			Efforts to establish a system will be made to facilitate online registration.	
			Registration of facilities is still done using forms. Efforts to integrate within the Health Facility Registration System (HFRS) are in progress.	By June 2026
			The registration of traditional medicine is still done using Manual forms. Efforts to establish a system will be made to facilitate online registration.	By June 2026
Objective 2: Monitoring and Supervision of Traditional and Alternative Medicine				
i	Strengthen monitoring and supervision of traditional medicine practices through adequate planning, execution and enforcement of compliance to ensure the quality of traditional medicines and service delivery.	MoH agreed to strengthen the monitoring and supervision of traditional medicine practice through adequate planning, execution and enforcement of compliance to ensure the quality of traditional medicines and service delivery.	To develop a planning and supervision framework that will be implemented on a quarterly basis. To conduct training sessions with traditional health practitioners and manufacturers of traditional medicines so that they comply with	By June 2026

No	Recommendation	MOH Comment(s)	Action(s) to be taken	Timeline
			guidelines to ensure the quality of traditional medicines and service delivery.	
			To conduct training sessions with traditional health practitioners and traditional medicines manufacturers so that they comply with guidelines to ensure the quality of traditional medicines and service delivery.	By June 2026
Objective 3: Coordination of Regulatory Activities for Traditional and Alternative Medicine Practice				
i	Establish communication and a reporting framework to facilitate coordination among stakeholders on the implementation of traditional medicine activities.	MoH agreed and rephrased it to read as follows; Establish communication and reporting framework to facilitate coordination among stakeholders on the implementation of traditional medicine activities.	To conduct stakeholders' meetings for planning, monitoring and evaluation in order to generate a comprehensive implementation report.	By June 2026
			To establish a communication and reporting framework to facilitate coordination among stakeholders on the implementation of traditional	By June 2026

No	Recommendation	MOH Comment(s)	Action(s) to be taken	Timeline
			medicine activities.	
ii	Establish an MoU with key stakeholders such as the Ministry of Home Affairs to clarify the roles and responsibilities of traditional medicine practitioners' associations to avoid interference with TAHPC mandate. .	MoH agreed to establish an MoU. The recommendation was rephrased to read as follows: "Establish MoU with key stakeholders such as the Ministry of Home Affairs to clarify the roles and responsibilities of traditional medicine practitioner's associations to avoid interference with TAHPC mandate. TMDA for issues regarding registration of alternative medicines and, GCLA for issues regarding laboratory investigation as a traditional medicine requirement for registration of traditional medicines	To conduct stakeholders' meetings for planning, monitoring and evaluation in order to generate a comprehensive implementation report. To establish communication and reporting framework MoU with key stakeholders to facilitate coordination among stakeholders on the implementation of traditional medicine activities. Establish an MoU with key stakeholders to facilitate the implementation of traditional medicine activities.	By June 2026 By June 2026

Appendix 1 (b): Responses from the President's Office- Regional Administration and Local Government (PO-RALG)

This part provides the responses from PO-RALG. The responses are divided into general and specific comments for each issued audit recommendation.

A: Overall responses

PO-RALG agrees with the recommendations given since they will strengthen the implementation of Traditional and alternative medicines

B: Specific Responses

No	Recommendation	PO-RALG Comment(s)	Action(s) to be taken	Timeline
Objective 1: Registration of Traditional, Alternative Practitioners and Medicine				
i	Strengthen the availability of resources and include traditional and alternative medicine activities in the CCHP to ensure adequate tracing, locating, and registration of traditional health practitioners and medicines.	PORALG to continue overseeing LGAs and Regions allocating resources and include traditional and alternative medicine activities in the CCHP to ensure adequate tracing, locating, and registration of traditional health practitioners and medicines	• To write a directive letter to all regions to oversee the inclusion of traditional and alternative medicines and • To ensure all LGAs are allocating funds for traditional and alternative medicines. This will be done during the Council	Jan 2025 Feb 2025

			CCHP analysis conducted by PO-RALG	
Objective 2: Monitoring and Supervision of Traditional and Alternative Medicine				
i	Strengthen monitoring and supervision of traditional medicine practices at the LGA, including the involvement of ward, village, and regional levels, to ensure the effective quality of traditional medicines and service delivery.	PORALG will continue overseeing LGAs and Regions, allocating resources, and including traditional and alternative medicine activities in the CCHP to ensure adequate monitoring and supervision involving ward, village, and regional levels to ensure the provision of traditional medicines and service delivery.	• To write a directive letter to all regions to oversee the inclusion of traditional and alternative medicines and; • To ensure all LGAs are allocating funds for traditional and alternative medicine activities.	Jan 2025 Feb 2025
Objective 3: For Coordination of Regulatory Activities for Traditional and Alternative Medicine Practice				
i	Provide training for traditional health practitioners on referral procedures and launch community awareness campaigns	• PORALG, in collaboration with MoH, will strengthen community awareness of traditional	• To write a directive letter to all regions to oversee the commemorati on in their	Aug 2025

	to encourage the appropriate use of modern healthcare when necessary.	medicine and alternative medicine practice through the Commemoration days at all levels (Village, LGA and Regional) and general village assemblies. • PORALG, in collaboration with the Ministry of Health (MoH) to disseminate referral system procedures to traditional practitioners and raise awareness about utilizing the modern healthcare system for their clients when needed	LGAs • To allocate funds for these activities in CCHP • To disseminate referral system procedures to traditional practitioners and raise awareness about utilizing the modern healthcare system for their clients when needed	Feb 2025 By May 2025

Appendix 2: Audit Question and Sub-Questions

This part provides the audit questions and sub-questions answered during the audit.

Audit Question 1:	**To *what extent has the Ministry of Health (MoH) ensured that health risk practices and unlawful acts related to traditional medicines are regulated to ensure public safety?***
Sub-Question 1.1	Are unlawful acts related to traditional medicine practicing in the community exist and are regulated?
Sub-Question 1.2	Are there reported incidents of adverse health effects from using traditional medicines?
Audit Question 2:	***Does the Ministry of Health and the PO-RALG register traditional medicines and practitioners to ensure voluntary compliance with established standards?***
Sub-Question 2.1	Does the Ministry of Health and the PO-RALG effectively trace and locate traditional medicine practices in the community?
Sub-Question 2.2	Does the Ministry of Health and the PO-RALG efficiently and effectively register traditional medicine practitioners, medicines and facilities?
Sub-Question 2.3	Does the Ministry of Health and the PO-RALG collect all fees from traditional medicine practices as required?
Audit Question 3:	**Does the *Ministry of Health and the PO-RALG effectively monitor and supervise traditional medicine practices in the country to ensure voluntary compliance with traditional medicine regulations and guidelines?***
Sub-Question 3.1	Does the Ministry of Health and the PO-RALG ensure the quality of traditional medicine practices are effectively monitored and supervised?
Sub-Question 3.2	Does the Ministry of Health and the PO-RALG effectively control the advertisements for traditional medicine practices?
Sub-Question 3.3	Does the Ministry of Health and the PO-RALG enforce compliance with the traditional medicine practice requirements?
Audit Question 4:	***Does the Ministry of Health and the PO-RALG ensure effective coordination in regulating traditional medicine practices in the country to ensure they are effectively implemented?***

Sub-Question 4.1	Does the Ministry of Health and the PO-RALG have an effective reporting system for traditional medicine activities?
Sub-Question 4.2	Does the Ministry of Health ensure effective coordination of traditional medicine activities with other stakeholders in the country?
Sub-Question 4.3	Does the Ministry of Health and the PO-RALG ensure referral systems are effectively functioning and coordinated between traditional medicines and modern health systems?

Appendix 3: Selection of Regions Visited during the Audit

This part provides details of the zonal offices to visit during the audit.

Region	Number of Practitioners	Percentile Ranking	Selection
Songwe	117		
Manyara	382		
Rukwa	473		
Njombe	562		
Mbeya	633		
Iringa	708		
Arusha	786	25%	Selected
Katavi	854		
Singida	986		
Kagera	1,020		
Lindi	1,023		
Mara	1,106		
Mtwara	1,212		
Dodoma	1,217	50%	Selected
Pwani	1,365		
Tanga	1,416		
Kilimanjaro	1,453		
Kigoma	1,688		
Ruvuma	1,698		
Dar es Salaam	2,012	75%	Selected
Mwanza	2,034		
Geita	2,051		
Morogoro	2,514		
Shinyanga	2,543		
Tabora	5,823		
Simiyu	7,777	100%	Selected

Source: Traditional and Alternative Practioners' Register as of June 2024

Appendix 4: List of Interviewees and Reasons for the Interviews

This part provides details on the list of officials interviewed during the audit.

Entity	Department/ Division/Section	Officer to be Interviewed	Reason for Interview
Ministry of Health	Division of Curative Services	Director of Curatives Services	To assess the effectiveness of coordination in the regulation of traditional medicines.
	Traditional and Alternative Medicine Section	Assistant Director-Traditional and Alternative Medicine Section	To assess the level of: • Monitoring the quality of traditional medicine services; and • Capacity building to staff in the regulation of traditional medicines.
	Traditional and Alternative Health Practices Council (TAHPC)	Registrar	To assess the: • Effectiveness of TAPHC in controlling the quality of traditional medicines while in use by the Traditional Healthcare Facilities; • Capacity of TAHPC in managing the quality of Traditional medicine, Traditional medicine practitioners and traditional health facilities; and • Coordination between TAHPC and other stakeholders, such as LGAs and RSs, in discharging its function in relation to the regulation of traditional medicines in the country.
PO-RALG	Health, Social Welfare, and Nutrition Services Division	Director	To assess the effectiveness of facilitation of traditional medicine activities for RS and LGAs.
		Coordinator for traditional medicines	To assess:

Entity	Department/ Division/Section	Officer to be Interviewed	Reason for Interview
			(a) The performance of PO-RALG in the regulation of traditional medicines; and (b) Effectiveness of coordination in the regulation of traditional medicines.
Regional Secretariat Offices (RSs)	Health, Social Welfare, and Nutrition Services Section	Regional Medical Officer (RMO)	To assess the regulation of traditional medicine activities in the region.
		Regional Coordinator (traditional Medicines)	To assess: (a) The performance of RSs in the monitoring of traditional medicines; and (b) Effectiveness of coordination in the regulation of traditional medicines.
Local Government Authorities	Health, Social Welfare, and Nutrition Services Division	District/Municipal/ City Executive Director	To assess the effectiveness of facilitation of traditional medicine activities.
		District/Municipal/ City Medical Officer	To assess the effectiveness of facilitation of traditional medicine activities.
		LGA Coordinator (Traditional Medicines)	To assess effectiveness of the: (a) Registration process for traditional medicine practices (b) Monitoring and supervision activities.
	Administration (Wards and Villages)	Ward Executive Officer (WEO)	To assess the effectiveness of the registration process of traditional medicine practitioners at the ward level.

Entity	Department/ Division/Section	Officer to be Interviewed	Reason for Interview
		Village Executive Office	To assess the effectiveness of the registration process of traditional medicine practitioners at the village level.

Source: Auditors' Analysis from the Institutional Organisation Structure, 2024

Appendix 5 : List of Documents that have been reviewed during the Audit

This part provides details on the list of documents reviewed during the audit.

Category	Title of the documents to be reviewed	Reason
Strategies and plans from MoH, TAHPC, PO-RALG	• Health Sector Strategic Plan IV (HSSP-IV) 2015-2020 • Annual Plan for the Curative Services Department under the Ministry of Health for Years 2019/20-2023/24; • National Traditional and Alternative Medicine Strategic Plan 2016/17-2021/22; • TAHPC Medium Term Strategic Plan 2022/23 - 2025/26; • TAHPC Annual Plans, 2019/20-2023/24	To assess: • The extent of HSSP and the TAHPC strategic Plans envisaged the regulation of traditional medicines; • whether regulation of traditional medicine is well Planned and Budgeted; and • Whether TAHPC allocate a budget for monitoring and evaluation of the provision of support and regulation of traditional medicines
Annual progress reports of the curative services directory of the Ministry of Health	• Annual Implementation reports of the Ministry of Health Curative Services directorate (2019/20-2023/24)	To assess whether: • The Ministry of Health monitors the regulation of traditional medicines • The allocated resources for the regulation of traditional medicines are effectively utilized
TAHPC's Performance Reports on the Provision of support and regulation of traditional medicines	• The TAHPC annual reports (2019/20-2023/24); • TAHPC Quarterly reports on the regulation of traditional medicines • Database of registered traditional	• To assess whether TAHPC effectively regulate the traditional medicines and those in use in integrated Healthcare system; and • To assess whether TAHPC adequately monitors and evaluates the safety and

Category	Title of the documents to be reviewed	Reason
	practitioners, traditional health facilities; and • Pharmacovigilance reports on the market authorization of registered traditional medicines.	quality of the registered traditional medicines.
Assessment Reports on Traditional Medicines	• In-Depth Assessment of the Regulation System of Traditional Medicines in Tanzania.	To assess whether TAHPC ensure that recommendations issued to Traditional medicine practitioners are implemented and the traditional medicines remain within the margin of safety.
Monitoring and Evaluation Reports	• Monitoring and Evaluation reports (PO-RALG) • Monitoring and Evaluation reports (RS) • Monitoring and Evaluation reports (LGA)	To assess whether PO-RALG, RS and LGA effectively monitor and evaluate the support and regulation of traditional medicines.
Published Reports on the performance of regulation of traditional medicines	• Customer Satisfaction Reports; • Quarterly Reports on the Management of regulation of traditional medicine from RSs and LGAs • Reports of Regular Inspections of Traditional Medicine Healthcare Facilities	To assess whether customers are satisfied with the coordination services provided at Traditional Healthcare Facilities.

Source:Auditors' Analysis on the Reviewed Documents, 2024

Appendix 6: LGAs that did not Plan for Traditional and Alternative Medicine Activities

This part provides details on the LGAs that did not plan the activities for traditional and alternative medicine practices for 2023/24.

S/N	LGA	Region
1	Ubungo MC	Dar Es Salaam
2	Chamwino DC	Dodoma
3	Kongwa DC	
4	Iringa MC	Iringa
5	Muleba DC	Kagera
6	Mpimbwe DC	Katavi
7	Mwanga DC	Kilimanjaro
8	Siha DC	
9	Kiteto DC	Manyara
10	Mbulu DC	
11	Mbulu TC	
12	Tarime TC	Mara
13	Rungwe DC	Mbeya
14	Morogoro MC	Morogoro
15	Nanyumbu DC	Mtwara
16	Makete DC	Njombe
17	Rufiji DC	Pwani
18	Kishapu DC	Shinyanga
19	Maswa DC	Simiyu
20	Igunga DC	Tabora
21	Tabora MC	
22	Urambo DC	
23	Bumbuli DC	Tanga
24	Kilindi DC	
25	Korogwe DC	

Source: Auditors' Analysis on the CCHP, 2024

Appendix 7: LGAs that did not Plan for Traditional and Alternative Medicine Activities

This part provides details on the LGAs that did not plan the activities for traditional and alternative medicine practices for 2024/25.

S/N	LGA	Region
1	Bukombe DC	Geita
2	Rorya DC	Mara
3	Babati TC	Manyara
4	Ulanga DC	Morogoro
5	Newala DC	Mtwara
6	Kahama MC	Shinyanga
7	Ileje DC	Songwe
8	Mbozi DC	Songwe
9	Nzega DC	Tabora
10	Pangani DC	Tanga

Source: Auditors' Analysis on the CCHP, 2024

Appendix 8: LGAs' Budget for the Implementation of Traditional and Alternative Activities

This part provides details of the LGAs' allocated budgets for the implementation of traditional and alternative medicine activities for the financial year 2023/24.

LGA	Region	Budget (TZS)
Arusha CC	Arusha	32,640,000
Arusha DC	Arusha	1,590,000
Karatu DC	Arusha	760,000
Longido DC	Arusha	3,900,000
Meru DC	Arusha	660,000
Monduli DC	Arusha	1,070,000
Ngorongoro DC	Arusha	8,400,000
Dar es Salaam CC (Ilala MC)	Dar Es Salaam	12,480,000
Kigamboni MC	Dar Es Salaam	2,560,000
Kinondoni MC	Dar Es Salaam	10,479,976
Temeke MC	Dar Es Salaam	28,460,000
Bahi DC	Dodoma	100,000
Dodoma CC	Dodoma	3,070,000
Kondoa DC	Dodoma	1,600,000
Kondoa TC	Dodoma	4,960,000
Mpwapwa DC	Dodoma	3,800,000
Bukombe DC	Geita	520,000
Chato DC	Geita	34,652,660
Geita TC	Geita	11,520,000
Geita DC	Geita	30,720,000
Mbogwe DC	Geita	760,000
Nyang'hwale DC	Geita	10,200,000
Iringa DC	Iringa	6,000,000
Kilolo DC	Iringa	296,441,000
Mafinga TC	Iringa	4,240,000
Biharamulo DC	Kagera	16,200,000
Bukoba DC	Kagera	4,320,000
Bukoba MC	Kagera	6,248,960
Karagwe DC	Kagera	2,880,000
Kyerwa DC	Kagera	25,240,000
Misenyi DC	Kagera	320,000
Ngara DC	Kagera	1,020,000
Mlele DC	Katavi	15,115,000
Mpanda MC	Katavi	400,000
Nsimbo DC	Katavi	5,840,000
Tanganyika DC	Katavi	480,000

LGA	Region	Budget (TZS)
Buhigwe DC	Kigoma	2,280,000
Kakonko DC	Kigoma	1,716,000
Kasulu DC	Kigoma	4,100,000
Kasulu TC	Kigoma	3,960,000
Kibondo DC	Kigoma	2,400,000
Kigoma DC	Kigoma	480,000
Kigoma/Ujiji MC	Kigoma	62,275,000
Uvinza DC	Kigoma	16,760,000
Hai DC	Kilimanjaro	340,000
Moshi DC	Kilimanjaro	1,940,000
Moshi MC	Kilimanjaro	720,000
Rombo DC	Kilimanjaro	8,100,000
Same DC	Kilimanjaro	1,800,000
Kilwa DC	Lindi	2,320,000
Lindi MC	Lindi	52,520,000
Liwale DC	Lindi	2,160,000
Mtama DC	Lindi	780,000
Nachingwea DC	Lindi	2,473,982
Ruangwa DC	Lindi	4,850,000
Babati DC	Manyara	40,719,200
Babati TC	Manyara	240,000
Hanang DC	Manyara	24,300,000
Simanjiro DC	Manyara	1,400,000
Bunda DC	Mara	26,950,000
Bunda TC	Mara	80,000
Butiama DC	Mara	12,860,000
Musoma DC	Mara	13,320,000
Musoma MC	Mara	7,119,075
Rorya DC	Mara	4,320,000
Serengeti DC	Mara	500,000
Tarime DC	Mara	1,880,000
Busokelo DC	Mbeya	2,000,000
Chunya DC	Mbeya	4,980,000
Kyela DC	Mbeya	1,749,025
Mbarali DC	Mbeya	510,000
Mbeya CC	Mbeya	7,252,000
Gairo DC	Morogoro	12,480,000
Ifakara TC	Morogoro	8,057,142
Kilosa DC	Morogoro	9,120,000
Malinyi DC	Morogoro	3,315,000
Mlimba DC	Morogoro	2,400,000
Morogoro DC	Morogoro	20,360,000
Mvomero DC	Morogoro	15,660,000

LGA	Region	Budget (TZS)
Ulanga DC	Morogoro	13,744,078
Masasi TC	Mtwara	40,000
Masasi DC	Mtwara	2,420,000
Mtwara DC	Mtwara	150,000
Mtwara MC	Mtwara	32,700,000
Nanyamba TC	Mtwara	6,720,000
Newala DC	Mtwara	342,085,000
Newala TC	Mtwara	2,520,000
Tandahimba DC	Mtwara	1,520,000
Buchosa DC	Mwanza	9,660,000
Ilemela MC	Mwanza	3,100,000
Kwimba DC	Mwanza	8,160,000
Magu DC	Mwanza	3,907,283
Misungwi DC	Mwanza	1,840,000
Mwanza CC	Mwanza	8,070,000
Sengerema DC	Mwanza	520,000
Ukerewe DC	Mwanza	4,490,000
Ludewa DC	Njombe	1,235,500
Makambako TC	Njombe	320,000
Njombe DC	Njombe	1,220,000
Njombe TC	Njombe	26,580,000
Wanging'ombe DC	Njombe	5,565,587
Bagamoyo DC	Pwani	500,000
Chalinze DC	Pwani	8,880,000
Kibaha DC	Pwani	2,998,400
Kibaha TC	Pwani	4,320,000
Kibiti DC	Pwani	27,900,000
Kisarawe DC	Pwani	7,142,000
Mafia DC	Pwani	492,079
Mkuranga DC	Pwani	6,120,000
Nkasi DC	Rukwa	101,980,000
Sumbawanga DC	Rukwa	6,200,000
Sumbawanga MC	Rukwa	5,550,000
Mbinga DC	Ruvuma	8,400,000
Mbinga TC	Ruvuma	800,000
Namtumbo DC	Ruvuma	2,240,000
Nyasa DC	Ruvuma	14,878,199
Songea DC	Ruvuma	3,760,000
Songea MC	Ruvuma	15,120,000
Tunduru DC	Ruvuma	1,540,000
Kahama MC	Shinyanga	3,920,000
Msalala DC	Shinyanga	4,560,000
Shinyanga DC	Shinyanga	11,320,000

LGA	Region	Budget (TZS)
Shinyanga MC	Shinyanga	2,960,000
Ushetu DC	Shinyanga	1,140,000
Bariadi DC	Simiyu	5,148,000
Bariadi TC	Simiyu	15,130,000
Busega DC	Simiyu	52,680,000
Itilima DC	Simiyu	2,579,000
Meatu DC	Simiyu	86,850,000
Ikungi DC	Singida	1,600,000
Iramba DC	Singida	3,962,000
Itigi DC	Singida	1,875,000
Manyoni DC	Singida	19,804,978
Mkalama DC	Singida	8,900,000
Singida DC	Singida	6,120,000
Singida MC	Singida	9,740,000
Ileje DC	Songwe	7,100,000
Mbozi DC	Songwe	7,680,000
Momba DC	Songwe	67,950,000
Songwe DC	Songwe	380,000
Tunduma TC	Songwe	58,600,000
Kaliua DC	Tabora	4,300,000
Nzega DC	Tabora	1,680,000
Nzega TC	Tabora	1,330,000
Uyui DC	Tabora	300,000
Handeni TC	Tanga	320,000
Handeni DC	Tanga	1,000,000
Korogwe TC	Tanga	5,040,000
Lushoto DC	Tanga	520,000
Mkinga DC	Tanga	2,340,000
Muheza DC	Tanga	450,000
Pangani DC	Tanga	11,680,000
Tanga CC	Tanga	3,060,000
Total Budget for All LGAs		**TZS2,090,601,124**

Source: LGAs' Approved Budget and Plans for Financial Year 2023/24

Appendix 9: LGAs that allocated Budgets for Traditional and Alternative Medicine Activities

This part provides details of the LGAs' allocated budgets for the implementation of traditional and alternative medicine activities for the financial year 2024/25.

LGA	Region	Budget (TZS)
Arusha CC	Arusha	8,600,000.00
Arusha DC	Arusha	2,215,000.00
Karatu DC	Arusha	6,170,000.00
Longido DC	Arusha	2,362,030.23
Meru DC	Arusha	6,920,000.00
Monduli DC	Arusha	526,313.67
Ngorongoro DC	Arusha	1,040,000.00
Dar es Salaam CC (Ilala MC)	Dar Es Salaam	2,000,000.00
Kigamboni MC	Dar Es Salaam	3,120,000.00
Kinondoni MC	Dar Es Salaam	3,880,000.00
Temeke MC	Dar Es Salaam	10,910,000.00
Ubungo MC	Dar Es Salaam	1,745,000.00
Bahi DC	Dodoma	1,120,000.00
Chamwino DC	Dodoma	1,232,000.00
Dodoma CC	Dodoma	600,000.00
Kondoa DC	Dodoma	1,785,000.00
Kondoa TC	Dodoma	800,000.00
Kongwa DC	Dodoma	320,000.00
Mpwapwa DC	Dodoma	2,090,000.00
Chato DC	Geita	3,277,500.00
Geita TC	Geita	3,230,000.00
Geita DC	Geita	300,000.00
Mbogwe DC	Geita	3,525,625.00
Nyang'hwale DC	Geita	2,140,000.00
Iringa DC	Iringa	2,220,000.00
Iringa MC	Iringa	960,000.00
Kilolo DC	Iringa	1,020,000.00
Mafinga TC	Iringa	2,423,000.00
Biharamulo DC	Kagera	1,180,000.00
Bukoba DC	Kagera	1,620,000.00
Bukoba MC	Kagera	2,999,975.00
Karagwe DC	Kagera	2,988,000.00
Kyerwa DC	Kagera	3,170,000.00
Misenyi DC	Kagera	30,000.00
Muleba DC	Kagera	1,320,000.00

LGA	Region	Budget (TZS)
Ngara DC	Kagera	550,000.00
Mlele DC	Katavi	1,751,464.99
Mpanda MC	Katavi	240,000.00
Mpimbwe DC	Katavi	2,000,000.00
Nsimbo DC	Katavi	1,240,000.00
Tanganyika DC	Katavi	300,000.00
Buhigwe DC	Kigoma	100,000.00
Kakonko DC	Kigoma	800,000.00
Kasulu DC	Kigoma	1,560,000.00
Kasulu TC	Kigoma	2,053,334.56
Kibondo DC	Kigoma	1,000,000.00
Kigoma DC	Kigoma	560,000.00
Kigoma/Ujiji MC	Kigoma	2,380,000.00
Uvinza DC	Kigoma	6,800,000.00
Hai DC	Kilimanjaro	1,260,000.00
Moshi DC	Kilimanjaro	1,660,000.00
Moshi MC	Kilimanjaro	240,000.00
Mwanga DC	Kilimanjaro	280,000.00
Rombo DC	Kilimanjaro	1,630,000.00
Same DC	Kilimanjaro	880,000.00
Siha DC	Kilimanjaro	240,000.00
Kilwa DC	Lindi	950,000.00
Lindi MC	Lindi	8,150,000.00
Liwale DC	Lindi	2,644,291.43
Mtama DC	Lindi	800,000.00
Nachingwea DC	Lindi	6,995,921.49
Ruangwa DC	Lindi	1,554,558.31
Babati DC	Manyara	2,300,000.00
Hanang DC	Manyara	2,240,000.00
Kiteto DC	Manyara	920,000.00
Mbulu DC	Manyara	720,000.00
Mbulu TC	Manyara	486,831.02
Simanjiro DC	Manyara	2,000,000.00
Bunda DC	Mara	1,354,000.00
Bunda TC	Mara	832,500.00
Butiama DC	Mara	775,000.00
Musoma DC	Mara	477,000.00
Musoma MC	Mara	1,640,000.00
Serengeti DC	Mara	320,000.00
Tarime TC	Mara	360,000.00
Tarime DC	Mara	300,000.00
Busokelo DC	Mbeya	294,000.00
Chunya DC	Mbeya	3,580,000.00

LGA	Region	Budget (TZS)
Kyela DC	Mbeya	1,035,000.00
Mbarali DC	Mbeya	5,570,000.00
Mbeya CC	Mbeya	5,610,000.00
Rungwe DC	Mbeya	2,015,000.00
Gairo DC	Morogoro	1,236,000.00
Ifakara TC	Morogoro	1,822,732.13
Kilosa DC	Morogoro	1,200,000.00
Malinyi DC	Morogoro	1,047,000.00
Mlimba DC	Morogoro	800,000.00
Morogoro DC	Morogoro	2,750,000.00
Morogoro MC	Morogoro	430,000.00
Mvomero DC	Morogoro	520,000.00
Masasi TC	Mtwara	240,000.00
Masasi DC	Mtwara	60,000.00
Mtwara DC	Mtwara	2,008,000.00
Mtwara MC	Mtwara	7,694,760.00
Nanyamba TC	Mtwara	480,000.00
Nanyumbu DC	Mtwara	4,314,964.92
Newala TC	Mtwara	800,000.00
Tandahimba DC	Mtwara	1,020,000.00
Buchosa DC	Mwanza	2,005,000.00
Ilemela MC	Mwanza	2,820,000.00
Kwimba DC	Mwanza	3,480,000.00
Magu DC	Mwanza	3,090,100.00
Misungwi DC	Mwanza	2,190,000.00
Mwanza CC	Mwanza	2,883,000.00
Sengerema DC	Mwanza	2,130,000.00
Ukerewe DC	Mwanza	1,600,000.00
Ludewa DC	Njombe	1,770,000.00
Makambako TC	Njombe	400,000.00
Makete DC	Njombe	1,500,000.00
Njombe DC	Njombe	780,000.00
Njombe TC	Njombe	8,587,000.00
Wanging'ombe DC	Njombe	1,934,432.10
Bagamoyo DC	Pwani	1,860,000.00
Chalinze DC	Pwani	160,000.00
Kibaha DC	Pwani	1,000,000.00
Kibaha TC	Pwani	200,000.00
Kibiti DC	Pwani	1,703,003.38
Kisarawe DC	Pwani	510,000.00
Mafia DC	Pwani	300,000.00
Mkuranga DC	Pwani	4,823,330.42
Rufiji DC	Pwani	1,052,500.00

LGA	Region	Budget (TZS)
Nkasi DC	Rukwa	3,085,000.00
Sumbawanga DC	Rukwa	3,173,059.85
Sumbawanga MC	Rukwa	1,450,429.84
Mbinga DC	Ruvuma	2,340,000.00
Mbinga TC	Ruvuma	478,924.00
Namtumbo DC	Ruvuma	800,000.00
Nyasa DC	Ruvuma	10,017,197.00
Songea DC	Ruvuma	2,400,000.00
Songea MC	Ruvuma	600,000.00
Tunduru DC	Ruvuma	810,000.00
Kishapu DC	Shinyanga	1,200,000.00
Msalala DC	Shinyanga	600,000.00
Shinyanga DC	Shinyanga	1,720,000.00
Shinyanga MC	Shinyanga	560,000.00
Ushetu DC	Shinyanga	720,000.00
Bariadi DC	Simiyu	2,435,000.00
Bariadi TC	Simiyu	120,000.00
Busega DC	Simiyu	218,257.94
Itilima DC	Simiyu	2,400,000.00
Maswa DC	Simiyu	1,600,000.00
Meatu DC	Simiyu	7,520,000.00
Ikungi DC	Singida	1,732,500.00
Iramba DC	Singida	1,440,000.00
Itigi DC	Singida	239,227.00
Manyoni DC	Singida	5,800,680.20
Mkalama DC	Singida	540,000.00
Singida DC	Singida	2,360,000.00
Singida MC	Singida	5,490,000.00
Momba DC	Songwe	88,320.77
Songwe DC	Songwe	80,000.00
Tunduma TC	Songwe	490,000.00
Igunga DC	Tabora	2,360,000.00
Kaliua DC	Tabora	3,840,000.00
Nzega TC	Tabora	850,000.00
Tabora MC	Tabora	80,000.00
Urambo DC	Tabora	800,000.00
Uyui DC	Tabora	1,200,000.00
Bumbuli DC	Tanga	750,000.00
Handeni TC	Tanga	1,080,000.00
Handeni DC	Tanga	678,948.87
Kilindi DC	Tanga	2,880,000.00
Korogwe DC	Tanga	560,000.00
Korogwe TC	Tanga	444,000.00

LGA	Region	Budget (TZS)
Lushoto DC	Tanga	820,000.00
Mkinga DC	Tanga	440,000.00
Muheza DC	Tanga	480,000.00
Tanga CC	Tanga	3,366,200.00
Total Budget for All LGAs		**327,627,914.12**

Source: LGAs' Approved Budget and Plans for Financial Year 2024/25

Appendix 10: Timeline for processing application for registration of Traditional Health Practitioners

This part provides details on the timeline for processing the application for registration of Traditional Health Practitioners. NB: Time Used is expressed in DAYS.

Applicant	Reg. number	Date of application	Date of authorization at Village level	Date of authorization at Ward level	Date of authorization at the LGA level	Date of authorization by Registrar
Applicant 1	MRG/144/TP/00065/2024	18/07/2023	24/07/2023	24/07/2023	25/07/2023	01/03/2024
Time used		-	6	0	1	220.00
Applicant 2	NJB/171/TP/00064/2024	05/10/2023	14/10/2023	29/10/2023	05/11/2023	01/03/2024
Time used		-	9	15	7	117
Applicant 3	NJB/171/TP/00065/2024	10/08/2023	14/08/2023	14/08/2023	02/09/2023	01/04/2024
Time used		-	4	0	19	212
Applicant 4	TPT-221	24/01/2024	24/01/2024	24/01/2024	25/01/2024	01/04/2024
Time used		-	0	0	1	67
Applicant 5	TBR/252/TP/00387/2023	22/01/2024	24/01/2024	22/02/2024	15/04/2024	01/07/2024
Time used		-	2	29	53	77
Applicant 6	NJB/172/TP/00002/2023	18/04/2023	03/10/2023	01/11/2023	01/11/2023	01/11/2023
Time used		-	168	29	0	0
Applicant 7	MRA/123/TP/00086/2024	28/08/2023	04/09/2023	04/09/2023	30/10/2023	01/03/2024
Time used		-	7	0	56	123
Applicant 8	TBR/257/TP/00323/2024	03/10/2023	04/10/2023	06/10/2023	06/10/2023	01/03/2024
Time used		-	1	2	0	147
Applicant 9	TBR/257/TP/00324/2024	04/07/2023	04/07/2023	11/07/2023	02/08/2023	01/03/2024
Time used		-	0	7	22	212

Applicant	Reg. number	Date of application	Date of authorization at Village level	Date of authorization at Ward level	Date of authorization at the LGA level	Date of authorization by Registrar
Applicant 10	TBR/257/TP/00325/2024	12/07/2023	13/07/2023	13/07/2023	13/07/2023	01/07/2024
Time used		-	1	0	0	354
Applicant 11	TBR/257/TP/00326/2024	12/09/2023	16/09/2023	18/09/2023	23/11/2023	01/07/2024
Time used		-	4	2	66	221
Applicant 12	TBR/257/TP/00328/2024	25/05/2023	25/05/2023	30/05/2023	20/10/2023	01/07/2024
Time used		-	0	5	143	255
Applicant 13	MRA/123/TP/00084/2023	03/06/2022	03/06/2022	03/06/2022	03/11/2022	01/01/2024
Time used		-	0	0	153	424
Applicant 14	MRA/123/TP/00084/2023	05/11/2023	05/11/2023	05/11/2023	30/01/2024	30/01/2024
Time used		-	0	0	86	0
Applicant 15	TBR/257/TP/00345/2024	06/03/2023	07/03/2023	07/03/2023	20/06/2024	01/07/2024
Time used		-	1	0	471	11
Applicant 16	TBR/257/TP/00329/2024	07/11/2023	07/11/2023	07/12/2023	20/06/2024	01/07/2024
Time used		-	0	30	196	11
Applicant 17	TBR/257/TP/00331/2024	19/10/2023	19/10/2023	19/10/2023	20/06/2024	01/07/2024
Time used		-	0	0	245	11
Applicant 18	TBR/257/TP/00334/2024	14/06/2023	14/06/2023	14/06/2023	20/06/2024	01/07/2024
Time used		-	0	0	372	11
Applicant 19	TBR/257/TP/00342/2024	08/10/2023	08/10/2023	08/10/2023	20/06/2024	01/07/2024
Time used		-	0	0	256	11
Applicant 20	TBR/257/TP/00343/2024	08/03/2023	08/05/2023	15/08/2023	15/09/2023	01/07/2024
Time used		-	61	99	31	290

Applicant	Reg. number	Date of application	Date of authorization at Village level	Date of authorization at Ward level	Date of authorization at the LGA level	Date of authorization by Registrar
Applicant 21	TBR/257/TP/00344/2024	06/03/2023	06/12/2023	07/02/2024	20/02/2024	01/03/2024
Time used		-	275	63	13	10
Applicant 22	MRG/144/TP/00064/2024	24/04/2024	24/04/2024	24/04/2024	03/05/2024	01/07/2024
Time used		-	0	0	9	59
Applicant 23	TBR/257/TP/00338/2024	18/06/2023	07/07/2023	07/08/2023	07/09/2023	01/07/2024
Time used		-	19	31	31	298
Applicant 24	TBR/257/TP/00339/2024	13/06/2023	06/10/2023	13/10/2023	14/10/2023	01/07/2024
Time used		-	115	7	1	261
Applicant 25	TBR/257/TP/00340/2024	13/07/2023	13/07/2023	13/07/2023	20/06/2024	01/07/2024
Time used		-	0	0	343	11
Applicant 26	MRG/144/TP/00022/2024	26/03/2022	26/03/2022	26/03/2022	07/08/2022	01/03/2024
Time used		-	0	0	134	572
Applicant 27	MRG/144/TP/00056/2024	23/04/2022	24/04/2022	28/04/2022	28/04/2022	01/03/2024
Time used		-	1	4	0	673
Applicant 28	MRG/144/TP/00022/2024	13/04/2022	15/04/2022	16/04/2022	16/04/2022	01/03/2024
Time used		-	2	1	0	685
Applicant 29	MRG/144/TP/00021/2024	23/04/2022	04/05/2023	05/05/2023	05/06/2023	01/03/2024
Time used		-	376	1	31	270
Applicant 30	PWN/187/TP/00084/2022	21/05/2021	23/05/2022	23/05/2022	23/06/2022	01/03/2023
Time used			367	0	31	251
Applicant 31	PWN/187/TP/00085/2022	27/03/2022	27/03/2022	07/04/2022	07/04/2022	01/07/2022
Time used			0	11	0	85

Applicant	Reg. number	Date of application	Date of authorization at Village level	Date of authorization at Ward level	Date of authorization at the LGA level	Date of authorization by Registrar
Applicant 32	PWN/187/TP/00086/2023	18/06/2023	21/06/2023	03/07/2023	04/07/2023	01/09/2023
Time used			3	12	1	59
Applicant 33	TBR/257/TP/00336/2024	01/03/2023	02/07/2023	04/07/2023	04/07/2023	01/07/2024
Time used		-	123	2	0	363
Applicant 34	TBR/257/TP/00335/2024	19/06/2023	20/06/2023	21/06/2023	22/06/2023	01/07/2024
Time used		-	1	1	1	375
Applicant 35	TBR/257/TP/00333/2024	04/07/2023	11/07/2023	13/07/2023	20/06/2024	01/07/2024
Time used		-	7	2	343	11
Applicant 36	TBR/257/TP/00332/2024	29/06/2023	06/07/2023	10/07/2023	10/07/2023	01/07/2024
Time used		-	7	4	0	357
Applicant 37	TBR/257/TP/00330/2024	25/10/2023	25/10/2023	26/10/2023	26/10/2023	01/07/2024
Time used		-	0	1	0	249
Applicant 38	TBR/257/TP/00320/2024	09/10/2023	10/10/2023	10/10/2023	10/10/2023	01/07/2024
Time used		-	1	0	0	265
Applicant 39	TBR/257/TP/00321/2024	03/10/2023	11/10/2023	04/11/2023	06/11/2023	01/07/2024
Time used		-	8	24	2	238
Applicant 40	TBR/257/TP/00322/2024	18/09/2023	19/09/2023	19/09/2023	19/09/2023	01/07/2024
Time used		-	1	0	0	286
Applicant 41	MWZ/162/TP/00074/2021	20/06/2020	18/07/2020	24/07/2020	25/09/2020	01/03/2021
Time used			28	6	63	157
Applicant 42	MWZ/162/TP/00075/2021	04/01/2021	22/01/2021	29/03/2021	03/05/2021	01/07/2021
Time used			18	66	35	59

Applicant	Reg. number	Date of application	Date of authorization at Village level	Date of authorization at Ward level	Date of authorization at the LGA level	Date of authorization by Registrar
Applicant 43	MWZ/162/TP/00076/2021	05/01/2021	22/01/2021	29/03/2021	03/05/2021	01/07/2021
Time used			17	66	35	59
Applicant 44	MWZ/162/TP/00077/2021	05/01/2021	22/01/2021	29/03/2021	03/05/2021	01/07/2021
Time used			17	66	35	59
Applicant 45	MWZ/162/TP/00078/2021	05/01/2021	22/01/2021	29/03/2021	03/05/2021	01/07/2021
Time used			17	66	35	59
Applicant 46	MWZ/162/TP/00079/2021	04/01/2021	22/01/2021	29/03/2021	03/05/2021	01/07/2021
Time used			18	66	35	59
Applicant 47	MWZ/162/TP/00080/2021	04/01/2021	22/01/2021	29/03/2021	03/05/2021	01/07/2021
Time used			18	66	35	59
Applicant 48	MWZ/162/TP/00081/2021	05/01/2021	22/01/2021	29/03/2021	03/05/2021	01/07/2021
Time used			17	66	35	59
Applicant 49	MWZ/162/TP/00082/2021	05/01/2021	22/01/2021	29/03/2021	03/05/2021	01/07/2021
Time used			17	66	35	59
Applicant 50	MWZ/162/TP/00084/2021	05/01/2021	22/01/2021	29/03/2021	03/05/2021	01/07/2021
Time used			17	66	35	59

Source: Traditional Health Practitioners Application Forms for Year 2021 to 2024

Appendix 11: Timeline for processing application for registration of Traditional Health Practitioners using the HPRS

This part provides details on the timeline for processing the application for registration of Traditional Health Practitioners using the ICT system (HPRS)

Name	Date of Application	Date of Approval	Time Used (Days)
Practitioner A	11/12/2024	12/12/2024	1
Practitioner B	18/07/2024	31/10/2024	105
Practitioner C	18/01/2024	23/03/2024	65
Practitioner D	24/06/2024	23/07/2024	29
Practitioner E	08/05/2024	23/05/2024	15
Practitioner F	11/07/2024	23/07/2024	12
Practitioner G	29/10/2024	29/10/2024	0
Practitioner H	22/10/2024	23/10/2024	1
Practitioner I	21/10/2024	23/10/2024	2
Practitioner J	11/11/2024	26/11/2024	15
Practitioner K	03/08/2024	23/08/2024	20
Practitioner L	26/08/2024	23/09/2024	28
Practitioner M	17/05/2024	23/06/2024	37

Source: Auditors' Analysis from the HPRS, 2024

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