

FEDERAL REPUBLIC OF NIGERIA
FEDERAL MINISTRY OF HEALTH &
SOCIAL WELFARE

# CODE OF ETHICS AND PRACTICE FOR TRADITIONAL MEDICINE PRACTITIONERS IN NIGERIA

**MARCH 2025** 



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### **FOREWORD**

In recent years, traditional medicine has garnered increasing attention as a critical component of the healthcare system, not only in Nigeria but across Africa and the World. This resurgence is driven by the recognition of the importance of preserving indigenous knowledge systems and the growing demand for complementary and alternative medicine (CAM). Nigeria, with its diverse cultural heritage, is home to a wide variety of traditional healing practices, which continue to serve as an integral part of the healthcare needs of millions.

However, as the landscape of healthcare becomes more sophisticated, it is necessary to standardize and regulate the practice of traditional medicine to ensure that it aligns with modern medical ethics, scientific principles, and public health safety. The **Code of Ethics and Practice for Traditional Medicine Practitioners in Nigeria** is an essential step toward achieving this goal. By setting out clear ethical guidelines and professional standards, the document aims to empower practitioners to provide safe, effective, and culturally sensitive care while ensuring that the public's trust is upheld.

This policy is not only a recognition of the significance of traditional medicine but also an effort to integrate its practice into the broader healthcare system. It reflects a commitment to ethical conduct, ongoing education, and the protection of both patients and practitioners.

We look forward to a future in which traditional medicine continues to thrive alongside modern medical practices, contributing to the overall well-being of all Nigerians.

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**Dr. Iziaq Adekunle Salako**Honourable Minister of State for Health and Social Welfare.
March, 2025

### **PREFACE**

The practice of traditional medicine is an essential part of Nigeria's healthcare ecosystem. With its deep roots in the nation's culture, tradition, and spirituality, traditional medicine continues to be a primary source of healthcare for a significant portion of the population. However, despite its prominence, the practice has long been unregulated, which has led to varying standards of care, concerns over patient safety, and a lack of trust in the profession.

This Code of Ethics and Practice for Traditional Medicine Practitioners in Nigeria aims to address these concerns by establishing clear, comprehensive, and enforceable guidelines that govern the ethical and professional conduct of traditional medicine practitioners. These guidelines seek to promote practices that are safe, effective, and aligned with both cultural values and modern healthcare standards.

The code emphasizes the importance of continuous professional development, ethical responsibility, patient safety, and the role of traditional medicine in the broader healthcare system. By adhering to these standards, practitioners will help elevate the profession, ensure patient trust, and protect the integrity of traditional healing practices.

Furthermore, this document serves as a call to action for the government, regulatory bodies, and healthcare stakeholders to support the professionalization of traditional medicine and integrate it into the formal healthcare system. In doing so, we can ensure that traditional medicine practitioners contribute meaningfully to the health and well-being of the Nigerian people, while working within an established framework of accountability and professionalism.

As we move forward, it is our collective hope that this code will serve as a foundational tool for the growth, development, and regulation of traditional medicine in Nigeria, creating a stronger, safer, and more effective healthcare environment for all.

Dain Kaaballana

Daju Kachollom S. mni

Permanent Secretary
Federal Ministry of Health and Social Welfare

March 2025

### **ACKNOWLEDGEMENT**

The development of this **Code of Ethics and Practice for Traditional Medicine Practitioners in Nigeria** is the result of extensive consultations, research, and collaboration with a wide range of stakeholders, including traditional medicine practitioners, regulatory bodies, medical professionals, academics, and policymakers. We would like to extend our deepest gratitude to all who contributed to this document through their invaluable insights, expertise, and dedication to improving the standard of healthcare in Nigeria.

Special thanks go to the Expert Committee Members including the Traditional Medicine Practitioners Association of Nigeria (TMPAN) for their active participation and commitment to enhancing the profession. We also acknowledge the contributions of the World Health Organization, the National Agency for Food and Drug Administration and Control, the National Institute for Pharmaceutical Research and Development (NIPRD), the Federal Ministry of Health and Social Welfare, the staff of the Department of Traditional, Complementary and Alternative Medicine of the Ministry and various regulatory agencies whose support was instrumental in the formulation of these guidelines.

We also wish to acknowledge the efforts of the various experts, researchers, and consultants who meticulously reviewed and refined this policy to ensure it reflects the highest standards of practice.

Finally, we express our gratitude to the government of Nigeria for its continued support in promoting and formalizing the integration of traditional medicine into the national healthcare system. Together, we hope to ensure that traditional medicine practitioners can operate with integrity and provide services that are both safe and effective.

Pharm. Titus T. Tile

Director, Traditional Complementary and Alternative Medicine March, 2025

# TABLE OF CONTENTS

COVER PAGI	Ei
FOREWORD.	ii
PREFACE	iii
ACKNOWLE	DGMENTiv
	ONTENTSv
ACRONYMS.	vii
Section 1.0: In	ntroduction and background1
	Background and rationale
	Objectives2
Section 2.0: D	efinition3
Article 2.1	Key terms and definitions used
Article 2.2	Scope of application4
Section 3.0: E	ducation and Training5
Article 3.1	Requirements for education and training5
Article 3.2	Continuing professional development
Article 3.3	Ethical considerations in education and training programs5
Article 3.4	Application for Practicing Licence5
Section 4.0: E	thical Principles7
Article 4.1	Respect for patients' autonomy and dignity
Article 4.2	Beneficence: promoting well-being and minimizing harm7
Article 4.3	Non-maleficence: avoiding harm
Article 4.4	Justice: fair distribution of benefits and risks8
Section 5.0: Pr	rofessional Conduct9
Article 5.1	Competence: maintaining and enhancing skills and knowledge9
Article 5.2	Integrity: honesty, transparency, and accountability in practice9
Article 5.3	Confidentiality: protecting patients' privacy and sensitive information9
Article 5.4	Professional boundaries: maintaining appropriate relationships with patients10
Article 5.5	Record-keeping
Section 6.0: P	atient Rights and Responsibilities11
Article 6.1	Informed consent: ensuring natients understand risks, benefits, and alternatives, 11

	Article 6.2	Right to refuse treatment	11
	Article 6.3	Right to privacy and confidentiality	11
	Article 6.4	Responsibilities of patients	11
Se	ction 7.0: Q	uality Assurance and Safety	13
	Article 7.1	Standards for practice and care delivery	13
	Article 7.2	Monitoring and evaluation	13
	Article 7.3	Use of quality and registered herbal products Article	13
	Article 7.4	Reporting adverse events and ensuring patient safety	13
Se	ction 8.0: Cu	ultural Sensitivity and Respect	14
	Article 8.1	Understanding and reforming harmful cultural and religious beliefs and	
	practices		14
	Article 8.2	Respecting diversity and avoiding discrimination.	14
	Article 8.3	Collaboration with traditional healers and communities	14
Se	ction 9.0: Re	gulatory and Legal Considerations	15
	Article 9.1	Licensing and registration	15
	Article 9.2	Compliance with national and international laws and regulations	15
	Article 9.3:	Collaboration with regulatory bodies and government agencies	15
	Article 9.4	Intellectual Property Rights (IPRs)	16
Sec	ction 10.0: R	esearch Ethics	17
	Article 10.1	Ethical considerations in traditional medicine research	17
	Article 10.2	Informed consent and protection of research participants	17
	Article 10.3	Publication ethics and integrity in research dissemination	17
Sec	ction 11.0: E	nforcement and Implementation	18
	Article 11.1	Mechanisms for enforcement	18
Lis	t of notifiable	e Diseases	`19
Lie	t of Contribu	tors	21

# ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome	
CAM	Complementary and Alternative Medicine	
IPR	Intellectual Property Rights	
LGA	Local Government Area	
NAFDAC National Agency of Food and Drug Administration Control		
NIPRID	National Institute for Pharmaceutical Research and Development	
M&E	Monitoring and Evaluation	
STMB	State Traditional Medicine Boards	
TBA	Traditional Birth Attendants	
TBS	Traditional Bone Setters	
TCAMCN Traditional, Complementary and Alternative Medicine Council of N		
ТМ	Traditional Medicine	
TMPs	Traditional Medicines Practitioners	
TMPAN	Traditional Medicine Practitioners Association of Nigeria	
/HO World Health Organization		

### SECTION 1.0: INTRODUCTION AND BACKGROUND

#### Article 1.1 Background

Traditional Medicine play's a vital role n healthcare delivery system in Nigeria. It has been used for the treatment of various diseases long before the advent of Orthodox Medicine, and still serve the health care needs of majority of the population in the country.

According to the World Health Organization (WHO) there is an increased interest by the populace in the patronage of Traditional Medicines and practices. However, the safety and efficacy of traditional medicine as well as quality control have become important concerns for both health authorities and the public. This is further compounded by the poor perception of Traditional Medicines Practitioners (TMPs) by members of the public.

For a long time, the practice of Traditional Medicine has been guided by an unwritten code of behaviour which expect the practitioner to do good and do no harm. However, with the increased global focus on it, it has become necessary to put in place regulatory measures to improve the standards of both products and practices of traditional medicine towards ensuring higher quality and trust for a better patient outcome. A key tool to establish this is the formalization of the agelong unwritten codes of behaviour as a set of code of ethics and practice to guide TMPs in the day-to-day practice of their profession. This would serve as a constant guide and reminder of the TMP responsibilities to his/her community and patients.

The Code of Ethics and Practice for Traditional Medicine Practitioners is a set of guidelines designed to ensure that traditional medicine is practiced in a responsible, safe, and professional manner. While there is no single, universally accepted code of ethics for Traditional Medicine Practitioners, many countries, organizations and communities have developed their own guidelines and principles to promote professionalism and uniformity of practice towards safe healthcare delivery and fostering unity among practitioners.

This code of ethics and principles promote informed consent of patients, non-maleficence, beneficence, autonomy and justice in the provision of care. It also showcases a commitment by practitioners to provide high quality, patient-centred care that respects the unique cultural, spiritual and environmental contexts of their patients. The code generally aims to ensure that traditional healing practices are carried out within modern health standards that these treatments are safe, effective, accountable and respectful of cultural traditions. In summary, it enables a professional to know behaviour that is "correct" or "right" or "permissible".

Ethical codes are often adopted to promote certain moral concepts necessary for the integrity and good image of a profession.

### Rationale for the code of ethics and practice are to;

- Identify the minimum standard requirements for practice in the profession
- Identify the fundamental professional commitments of practitioners
- Act as a guide for ethical and proper practice, Clarify what constitute un-professional conduct,
- Contributes to the welfare of its practitioners,
- Creates rights and responsibilities for all parties
- · Respects the rights of those affected by its operations. and
- Indicate to the community the values that are expected of practitioners.

#### Article 1.2 Objectives

#### The objectives include:

- i. To provide rules for ensuring high standard of professional conduct among Traditional Medicine Practitioners (TMPs).
- ii. To foster good relationship among the TMPs, patients, Government Agencies, TCAMCN, State Traditional Medicine Boards (STMBs), Committees (LGAs), health practitioners and the general public.
- iii. To promote awareness of existing laws, rules, and regulations governing the practice of traditional Medicine (TM).
- iv. To promote public trust, improve acceptability, and improve patient's outcome.

### **SECTION 2.0: DEFINITIONS**

### Article 2.1 Key Terms and Definitions Used

- **2.1.1** Code of Ethics is a set of moral principles that guide individuals and organization in decision-making.
- **2.1.2** Code of Practice is a set of written rules guiding and governing general behaviour and attitudes of TMPs in their practice as stipulated by the regulatory authority.
- 2.1.3 Confidentiality: The obligation of TMPs to maintain the privacy and confidentiality of patient information, including medical history, diagnoses, and treatment plans.
- **2.1.4** Conflict of Interest: Situations where a TMP's personal interest or relationship could potentially influence their professional judgment or behaviour, creating a risk of harm to patients.
- **2.1.5** Cultural Competence: The ability of a TMP to understand, respect, and effectively communicate with patients from diverse cultural backgrounds, incorporating cultural beliefs and practices into treatment plans as appropriate.
- **2.1.6 Ethical Conduct:** Refers to the principles, values, and standards governing the behaviour of traditional medicine practitioners in their interactions with clients, communities, other healthcare providers, and the environment.
- **2.1.7 Ethics** is the science of moral values within the basic, ethical principle of doing good and avoiding evil at all times. Professional ethics attempt to impose the voluntary self-discipline on the TMPs.
- **2.1.8.** Etiquette denotes the principles and laws of general courtesy observed by TMPs and as a common rule of conduct governing the professional relationship.
- 2.1.9 Informed Consent: The principle that patients have the right to understand the risks, benefits, and alternatives to any proposed treatment or intervention before giving their consent.
- 2.1.10 Professional Boundaries: Guidelines for maintaining appropriate relationships and interactions with patients, including avoiding dual relationships that could compromise the therapeutic relationship or create conflicts of interest.
- 2.1.11 National Competent authority on traditional medicine practice refers to the authority of Ministry of Health charged with the responsibility of regulating traditional medicine practice.
- **2.1.12** Traditional Medicine (TM): It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.
- 2.1.13 Traditional Medicine Practitioner (TMP): An individual who practices traditional medicine, utilizing indigenous knowledge, skills, and techniques passed down through generations within a particular cultural context and/or those who acquired the knowledge, skills and techniques from approved institutions.

#### Article 2.2 Scope of Application

- 2.2.1 Traditional medicine includes a diversity of health practices, approaches, knowledge, and beliefs incorporating plant, animal, and/or mineral-based medicines, spiritual therapies, manual techniques, and exercises, applied singly or in combination to maintain well-being through treating, diagnosing, or preventing.
- **Practitioners:** This code applies to all individuals engaged in the practice of traditional medicine, including but not limited to:
  - i. Traditional Healers
  - ii. Herbalists
  - iii. Herb Sellers
  - iv. Spiritual Healers
  - v. Traditional Birth Attendants (TBA)
  - vi. Traditional Bone Setters (TBS)
  - vii. Traditional Therapists.
  - viii. Traditional Mental Health Healers
- **2.2.3 Therapies:** The code encompasses a wide range of traditional therapeutic modalities and practices, such as:
  - i. Herbal medicine
  - ii. Traditional massage
  - iii. Traditional bone setting
  - iv. Traditional birth practices
  - v. Spiritual healing
- **2.2.4 Settings:** This code applies to traditional medicine practice conducted in various settings, including:
  - i. Traditional medicine clinics
  - ii. Community health centre
  - iii. Hospitals and medical facilities integrating traditional medicine
  - iv. Home visits by traditional healers
- **2.2.5** Geographical Context: The code applies to traditional medicine practice regardless of geographical location within Nigeria, recognizing diverse cultural and regional variations in traditional healing practices.
- **2.2.6 Collaboration:** Governs interaction between traditional medicine practitioners and other healthcare professionals, emphasizing collaboration, and respect for differing perspectives, and patient-centred care.

### SECTION 3.0: EDUCATION AND TRAINING

#### Article 3.1 Requirements for Education and Training

- 3.1.1 TMPs shall possess a minimum of primary school certificate and/or the ability to write and understand words and figures.
- 3.1.2 Certified apprenticeship period within a minimum of 5 years under a registered practitioner.
- 3.1.3 TMPs shall possess a minimum of 7 years of experience attested to by the community and trainer.
- 3.1.4 TM shall obtain Certificates (Certificate Course, Diploma, First Degree and Second degree) from approved training schools.

#### **Article 3.2** Continuing Professional Development

- 3.2.1 TMPs shall go through mandatory Annual Professional training as approved for renewal of annual practicing license.
- 3.2.2 The practitioners shall endeavour to acquire additional education through approved higher degrees and specialization.

#### Article 3.3 Ethical Consideration in Education and Training Programs

- 3.3.1 Accredited institutions and trainers shall ensure that trainees receive adequate training as prescribed by the national regulatory authority.
- 3.3.2 Accredited TMPs shall not present an apprentice that is not adequately trained for registration and licensing.
- 3.3.3 Accredited institutions and trainers shall ensure trainees are trained in approved conducive environment that could aid learning.
- 3.3.4 Successful attestation and /or visitation process by an approved panel.
- 3.3.5 Successful re-certification every five years to retain registration.

#### **Article 3.4** Application for Practicing Licence

- 3.4.1 TMP shall complete and submit prescribed form for annual renewal of practicing license.
- 3.4.2 TMPs shall not falsify information on the prescribed application form or else shall be liable to an offence
- 3.4.3 TMPs shall practice only in registered premises as contained in the original application form.
- 3.4.4 TMPs shall notify the approving authority on change of address in accordance with the law.
- 3.4.5 TMPs shall maintain general cleanliness, and hygiene in the practice environment.
- 3.4.6 TMPs shall attend continuing education programmes to improve his/her practice competence.
- 3.4.7 TMPs shall obey all rules and regulations of the code of ethics and practice to avoid disciplinary measures.

- 3.4.8 TMPs shall not advertise in misleading manner
  - i. Shall not overstate or exaggerate his/her claims.
  - ii. Shall not persuade clients for treatment or patronage.
  - iii. Shall not make unverified claims of cure.
  - iv. Shall not express guarantee on any treatment or procedure.
- 3.4.9 TMPs shall not do anything to canvass better competence than any other TMP or and other health facility (traditional or orthodox).

# SECTION 4.0: ETHICAL PRINCPLES

The relationship between the practitioner and his patient is that of a professional with a client. Therefore, the practitioner shall display a high sense of integrity at all times.

#### Article 4.1 Respect for Patients' Autonomy and Dignity 4.1.1

- TMPs and their assistants shall keep all information and views concerning their patient confidential, including the days of appointment. 4.1.2
- TMPs shall not treat a patient or offer verbal advice while under the influence of substance abuse (drugs and alcohol); or while their reasoning or decision-making is
- TMPs shall not disclose to a spouse or any other person of a patient's medical 4.1.3 history, except under the following criteria: a)
  - Disclosure is in the patient's interest.
  - There is need for such information to be imparted, such as when a practitioner b) considers a case should be referred. c)
  - When the law requires the information to be divulged.
- 4.1.4 TMPs shall obtain the consent of a parent or guardian, in the case of a minor. 4.1.5
- TMPs shall ensure that clear and comprehensive records of all patients treated in practice are securely kept for a period of 10 years. 4.1.6
- Treatment of a patient shall be permitted only with his/her expressed or implied consent.
- 4.1.7 TMPs shall not solicit a patient by any means to accept treatment when she/he has not specifically requested it.

### Article 4.2 Beneficence: promoting well-being and minimizing harm

- TMPs shall explain the procedures and treatment which they propose to administer 4.2.1
- 4.2.2 TMPs shall act with consideration concerning fees and justification for treatment.
- TMPs shall behave with courtesy, respect, dignity, discretion, tact and empathy in 4.2.3 their association with patients.

#### Article 4.3 Non-maleficence: avoiding harm

- 4.3.1 TMPs shall not neglect or abandon a patient or discontinue treatment without due notice to the patient/guardian or until another practitioner has assumed
- TMPs shall not knowingly undertake any action or treatment that may adversely 4.3.2 affect the health of a patient.
- TMPs shall never claim to cure, except where clinical trials have been conclusive. 4.3.3
- 4.3.4 TMPs shall be primarily concerned with health care and safety of the patient and not be influenced by motives of profit.

4.3.5 TMPs shall arrange a consultation or second opinion with a colleague or another practitioner whenever the patient so desires, provided the best interest of the patient is served.

### Article 4.4 Justice: Fair distribution of benefits and risks

4.4.1 TMPs shall advise the patient appropriately of the possible risks and benefits of a particular treatment for him/her to make an informed choice.

## SECTION 5.0: PROFESSIONAL CONDUCT

It is the responsibility of practitioners to practice to the best of their ability and within the limits of their expertise and to continually upgrade and expand their knowledge base.

### Article 5.1 Competence: maintaining and enhancing skills and knowledge

- 5.1.1 TMPs shall practice strictly within their area (s) of competence.
- 5.1.2 TMPs shall not permit any unqualified person to treat a patient within his or her facility.
- 5.1.3 TMPs shall not promote any activity or product that reflects improper TM practice.
- 5.1.4 TMPs shall ensure appropriate initiation of referral and information sharing.
- 5.1.5 A TMP shall maintain a state of good health so as not to bring himself or the profession into disrepute.
- 5.1.6 TMPs shall promote the use of safe and efficacious TM products.
- 5.1.7 TMPs shall avoid the use of harmful products.
- 5.1.8 TMPs shall ensure that their conducts are professional in manner and that they behave with morality and dignity in relation to their patients, the public and other health professionals.

### Article 5.2 Integrity: honesty, transparency and accountability in practice

- 5.2.1 TMPs shall be aware that personal conduct reflects on personal reputation and that of the profession.
- 5.2.2 TMPs shall behave in a manner that enhances the integrity and status of the profession and promotes public confidence.
- 5.2.3 A TMP shall not perform abortion; and she/he must not knowingly administer an abortifacient nor known uterine muscle stimulant remedies to a pregnant patient, nor instruments for the purpose of procuring an abortion, nor assist/perform any surgical procedure.
- 5.2.4 TMPs shall maintain the highest standards of personal presentation and behaviour.

### Article 5.3 Confidentiality: protecting patients' privacy and sensitive information

- 5.3.1 Any intimate examination of the opposite sex must be conducted in the presence of a relative of the patient or a suitable assistant.
- 5.3.2 TMPs shall notify the health authority regarding any disease on current list of notifiable diseases.
- 5.3.3 TMPs shall not administer remedies by injection.
- 5.3.4 TMPs shall not use or dispense orthodox medicines or in conjunction with TM product(s).

# Article 5.4 Professional Boundaries: maintaining appropriate relationship with patients.

- 5.4.1 TMPs shall not criticize, condemn or otherwise diminish any recommendations made by another health practitioner, nor make comments to defame the personal character of another practitioner.
- 5.4.2 TMPs shall consider patient's health status, abilities, culture and social needs to facilitate appropriate services.
- 5.4.3 TMPs shall not encourage his or her patient to discontinue taking orthodox medicines.
- 5.4.4 TMPs shall not discourage or attempt to prevent a patient from seeing another practitioner when they have made an informed choice to do so.

### Article 5.5. Record Keeping

- 5.5.1 TMPs shall maintained up-to date individual patients record or documentation, diagnoses, and outcomes.
- 5.5.2 TMPs shall document herbal remedies, preparation and dosages administered to
- 5.5.3 TMPs shall ensure an accurate, complete and consistent record keeping.

# SECTION 6.0: PATIENT RIGHTS AND RESPONSIBILITIES

# Article 6.1 Informed Consent: ensuring patients understand risks, benefits and alternatives

- 6.1.1 TMPs shall facilitate timely access to and promote equitable and sustainable use of healthcare resources, in a manner that promotes patient's health.
- 6.1.2 TMPs shall not disclose any information relating to the medication and conditions of their patients' health.
- 6.1.3 TMPs shall provide accurate, truthful, relevant and independent information that is appropriate and not misleading to patient.
- 6.1.4 TMPs shall respond honestly and courteously to the patient's complaints and criticism.
- 6.1.5 TMPs shall ensure that their practices are conducted primarily in the interest of patient's health.

### Article 6.2 Right to Refuse Treatment

6.2.1 TMPs shall respect patient's choices including right of refusal to treatment or advice.

### Article 6.3 Right to Privacy and Confidentiality

- 6.3.1 Rights of confidentiality of patients shall be maintained by the practitioner.
- 6.3.2 The patient has the right to have details of all issues relating to their condition, treatment and its outcome explained to them in a language that can be clearly understood. This must be written in the patient's record and made available to the patients on request.
- 6.3.3 TMPs must have informed consent of, or the consent of the person legally responsible for the interest of the patient, to give treatment, including any physical examination.
- A person from whom informed consent for examination or treatment is sought must possess the necessary intellectual and legal capacity to give consent. A person will have the intellectual capacity if able to understand in simple language what the examination is all about.
- 6.3.5 Examination of any patient requires the presence of a third party unless explicitly agreed to by the patient.

### Article 6.4 Responsibilities of Patients

- 6.4.1 Patients should provide an accurate and complete information about their health status and past medical history.
- Patients are to inform the TMP if they do not understand the planned treatment or their part in the plan.
- 6.4.3 Patients are to inform the TMP of changes in their general health condition, symptoms, or allergies as a result of the treatment being given.
- 6.4.4 Patients are to comply with the recommended treatment plan they have agreed to.
- 6.4.5 Patient should arrive on time for appointment and if unable to attend an appointment, patient should inform the clinic in good time.
- 6.4.6 Change of address or telephone number should be communicated to the TMP.

## SECTION 7.0: QUALITY ASSURANCE AND SAFETY

### Article 7.1 Standard for Practice and Care Delivery

- 7.1.1 TMP should have the required and necessary knowledge, skills, expertise, certification and professionalism
- 7.1.2 The premises of practice and service shall conform to established standards.
- 7.1.3 Establish good relationship, confidence and trust between TMP and patients.
- 7.1.4 Follow through on appropriate referral system.
- 7.1.5 Production Quality, Packaging, Storage, Safety and Labelling Products shall be in line with standards as specified by the regulatory bodies.
- 7.1.6 Keep accurate and up-to-date record of all services delivered.

#### Article 7.2 Monitoring and Evaluation –

- 7.2.1 It shall be the responsibility of the regulatory authority to ensure constant M&E with established procedures for inspection
- 7.2.2 TMPs shall subject their practices to regular checks by the responsible authorities.
- 7.2.3 Self-assessment by professional associations shall be encouraged.
- 7.2.4 Feed-back mechanism from patients shall be encouraged.

### Article 7.3 Use of Quality and Registered Herbal Products

- 7.3.1 The regulatory authority shall maintain an up-to-date register of approved TM products.
- 7.3.2 The regulatory authority shall make list of approved TM products available and accessible.
- 7.3.3 TMPs should use approved TM products for their practice
- 7.3.4 TMPs shall comply with the storage conditions for approved TM products.
- 7.3.5 Extemporaneous TM preparations shall be prepared under hygienic conditions.

### Article 7.4 Reporting Adverse events and ensuring patients safety

- 7.4.1 TMPs shall have adequate knowledge of adverse effect of products used.
- 7.4.2 TMPs shall be familiar with methods and line of reporting of adverse effects.
- 7.4.3 Regulatory authorities shall create awareness and sensitization of TMPs and the public on channels of reporting adverse effects of TM products.
- 7.4.4 There shall be constant training and continuous professional development for the TMPs.

# SECTION 8.0: CULTURAL SENSITIVITY AND RESPECT

# Article 8.1 Understand and Reforming Harmful Cultural and Religious Beliefs and Practice

8.1.1 TMPs shall endeavour to understand and respect cultural and religious belief and practices of the host community, in other to ensure peace and harmony in the community.

### Article 8.2 Respecting Diversity and Avoiding Discrimination

- 8.2.1 Cultural practices and beliefs considered harmful to the overall well-being of the patient shall be reform where it's reformable or abolished through advocacy, training and legislation as appropriate.
- 8.2.2 TMP shall not discriminate against Gender and disability of patients.

# Article 8.3 Collaboration with Traditional Healers and Communities

- 8.3.1 TMPs shall endeavour to integrate into the host community.
- 8.3.2 TMPs shall collaborate with and consult other practitioners and relevant stakeholders in the host community.
- 8.3.3 TMPs shall respect diversity among people and not discriminate on its basis.
- 8.3.4 TMPs shall utilize recognized communal dispute resolution mechanism available in the host community

# SECTION 9.0: REGULATORY AND LEGAL CONSIDERATIONS

### Article 9.1 Licensing and Registration

- 9.1.1 The regulatory body shall keep an up-to-date register of practitioners.
- 9.1.2 TMPs shall comply with established registration and licensing requirements and ensure they are duly licensed at all times.
- 9.1.3 Government and regulatory bodies shall make available guidelines, policies and standards of practice for the TMPs.
- 9.1.4 TMPs shall ensure compliance with these guidelines, policies and standards of practice.
- 9.1.5 For effective collaboration with government, TMPs shall be exposed to constant and regular attendance in workshops, seminars, conferences and exhibitions.

# Article 9.2 Compliance with National and International Laws and Regulations

- 9.2.1 TMPs shall be exposed to relevant guidelines and requirements of practice by the regulatory bodies.
- 9.2.2 There shall be compliance with national laws and regulations as established by
- 9.2.3 TMPs shall ensure compliance with international laws in line with global best practices.
- 9.2.4 The regulatory authority shall produce and make available copies of the Code of Ethics and Practice.
- 9.2.5 The regulatory authority shall carry out adequate advocacy and dissemination of the Code.
- 9.2.6 TMPs shall be guided and ensure compliance with the Code.
- 9.2.7 The regulatory authority shall monitor compliance with the Code periodically.
- 9.2.8 The Code shall be reviewed after three years.
- 9.2.9 The regulatory authority shall encourage recognized Professional Associations to support their members in compliance with the code of ethics.
- 9.2.10 TM Associations shall report any member that violates the Code to the regulatory authority for appropriate action or sanction.

# Article 9.3 Collaboration with Regulatory Bodies and Government Agencies

- 9.3.1 The regulatory authority shall coordinate and engage all TM Stakeholders.
- 9.3.2 The regulatory authority should keep an updated list of TM Associations.
- 9.3.3 TM Associations shall cooperate with and support the activities of the regulatory bodies.

# Article 9.4 Intellectual Property Rights (IPRs)

- 9.4.1 TMPs shall comply with intellectual property laws such as patents, trademarks, and copyrights to protect their traditional medicine knowledge.
- 9.4.2 TMPs shall ensure that their traditional knowledge/or therapeutic inventions are commercialized with proper acknowledgment or compensation to the communities or cultures from where they originate.
- 9.4.3 TMPs shall abide and explore existing IPR laws, international agreements, sui generis system to address biopracy and protect their intellectual property

# SECTION 10.0: RESEARCH ETHICS

# Article 10.1 Ethical Consideration in Traditional Medicine Research.

- 10.1.1 TMPs should be aware and knowledgeable on the importance of research to their practice.
- 10.1.2 TMPs should have knowledge of and ensure compliance to the memorandum of understanding, research guidelines and protocols established by approved research bodies.
- 10.1.3 Funding for research shall be based on mutual consent between the practitioners and all other parties involved.

# Article 10.2 Informed Consent and Protection of Research Participants

- 10.2.1 TMP shall ensure patients are adequately informed of their rights and the importance of consent when being used as subjects in research
- 10.2.2 TMPs and researchers shall ensure protection of rights of patients used for research.

  There shall be no exploitation of patients

# Article 10.3 Publication Ethics and Integrity in Research Dissemination

- 10.3.1 TMPs and researchers shall use adequate methods of dissemination of research information as agreed upon by all parties in the memorandum of understanding.
- 10.3.2 TMPs shall be furnished with the outcome of the research as agreed in the memorandum of understanding.

# SECTION 11.0: ENFORCEMENT AND IMPLEMENTATION

### Article 11.1 Mechanism for Enforcement

- 11.1.1 Regulatory bodies shall receive complaints from members of the public or any other entity, group or persons.
- 11.1.2 Regulatory bodies shall forward the complaint to the practitioner requesting a response within two (2) weeks in line with the provisions of the relevant laws and 11.1.3 Observed non-compliance with the second transfer of the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws are second to the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws are second to the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws are second to the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws are second to the relevant laws and 11.1.3 observed non-compliance with the second transfer of the relevant laws are second to the releva

Observed non-compliance with the code during Monitoring and Evaluation shall be documented and a copy given to the affected parties.

11.1.4 Regulatory bodies shall treat the complaints and respond in line with the provisions of relevant laws and regulations.

# NOTIFIABLE DISEASES

## List of Notifiable Diseases

- 1. Cholera
- 2. Diphtheria
- 3. Leprosy
- 4. Meningococcal Meningitis
- 5. Pertussis (Whooping cough)
- 6. Tetanus
- 7. Tuberculosis
- 8. Typhoid fever
- Acquired Immunodeficiency Syndrome (AIDS)
- 10. Dengue fever
- 11. Chickenpox
- 12. Hepatitis A, B, C, D, and E
- 13. Human immunodeficiency virus
- 14. Lassa fever
- 15. Zika virus
- 16. Foodborne diseases outbreak
- 17. Smallpox
- 18. Rubella
- 19. Measles
- 20. Poliomyelitis
- 21. Waterborne diseases outbreak
- 22. Ebola
- 23. Dracunculiasis
- 24. Anthrax (human)
- 25. Adverse Effects Following Immunization
- 26. Diarroea with blood (Shigella)

- 27. Rabies (human)
- 28. Lymphatic Filariasis
- 29. West Nile Fever
- 30. Onchocerciasis
- 31. Buruli ulcer (Mycobacterium ulcerans disease)
- 32. Avian influenza or Bird flu (human)
- 33. Coronavirus (Covid-19)
- 34. Trachoma
- 35. Yaws
- 36. Schistosomiasis
- 37. Human African Trypanosomiasis
- 38. Guinea Worm Disease (Eradicated)
- 39. Snake bite
- 40. Yellow fever
- 41. Soil transmitted Helminths
- 42. Sickle cell disease
- 43. Sexually transmitted Infections
- 44. Severe Acute Respiratory Syndrome
- 45. Plague
- 46. Malnutrition
- 47. Maternal deaths
- 48. NOMA
- 49. Acute Haemorrhagic Fever

# LIST OF CONTRIBUTORS TO THE REVIEW OF THE CODE OF ETHICS

S/N	NAME	ORGANIZATION	
1.	Pharm. Titus Tile	Federal Ministry of Health and Social Welfare	
2.	Pharm. M. O. Lawal	Pharm. M. O. Lawal Former Director, Federal Ministry of Health and Social Welfare	
3.	Prof. Yemisi Kunle  National Institute for Pharmaceutical Research and Development		
4.	Pharm. Zainab U. Shariff	Former Director, Federal Ministry of Health and Social Welfare	
5.	Pharm. Taiye Ologun	Former Director, Federal Ministry of Health and Social Welfare	
6.	Pharm. Jiyah Joseph	Former Deputy Director, Federal Ministry of Health and Social Welfare	
7.	TMP Dada Nakowa	President, Modern Traditional Medicine Practitioners of Nigeria	
8.	TMP Shaba Maikudi	President, National Association of Nigerian Traditional Medicine Practitioners	
9.	Pharm. Kingsley Nnalue	Federal Ministry of Health and Social Welfare	
10.	Freeman Bitrus	Federal Ministry of Health and Social Welfare	
11.	Pharm. Maryam Usman	Federal Ministry of Health and Social Welfare	
12.	Dr. Emmanuel Nwusulor	Federal College of Complementary & Alternative Medicine	
13.	Eze Uchenna N.	Federal Ministry of Health and Social Welfare	
14.	Akpegi Isaac	Federal Ministry of Health and Social Welfare	
5.	Pharm. Alhassan Radiat	Federal Ministry of Health and Social Welfare	
6.	Pharm. Yasabatu Ibrahim	Federal Ministry of Health and Social Welfare	
7.	Folakemi Adebayo	Federal Ministry of Health and Social Welfare	
8.	Sunday Mary Jane	Federal Ministry of Health and Social Welfare	
9.	Usman Ibrahim	Federal Ministry of Health and Social Welfare	
0.	Uja Sunday	Federal Ministry of Health and Social Welfare	
1.	Dr. Aminu Wada	Association of Commonwealth Natural & Herbal Medicine Practitioners	
TA T	750	Herbal Medicine Practitioners	

### STATES

	120	
21	Pharm. Ibrahim Muhammad	Director/TCAM, Ministry of Health, Bauchi
22	Onuora Julius	TCAM Focal Paras Missing of Health, Bauchi
23	Dr. Joy Amina Okpara	TCAM Focal Person, Ministry of Health, Ebonyi
24	Pharm. Oni Adegboyega Samuel	TCAM Focal Person, Ministry of Health, Edo
25	Pharm. Ibrahim Paros	TCAM Focal Person, FCT, Health,
26	Pharm. Patricia Ikwumesie	TCAM For all Person, Ministry of Health, Gombe
27	Pharm. Mukhtar Yayaha	TCAM Focal Person, Ministry of Health, Imo
28	Mr. Bello Hakeem	TCAM Focal Person, Ministry of Health, Katsina
29	Pharm Esson Ephraim Kpason	TCAM Focal Person, Ministry of Health, Lagos
30	Dr. Kafayat Lawal	DDPS/TCAM, Focal Person, Nasarawa
		TCAM Focal Person, Ogun
31	Pharm. Ekujumi Kolawale	Director/TCAM, Ministry of Health, Ondo
32	Mr. Chollom Martha Adamu (CNO)	TCAM Focal Person, Ministry of Health Plateau
33	High Chief Dr. Abudu U.	Chairman Tradicional Maria Property of Health Plateau
34	Mrs. Lucy Akerele	Chairman Traditional Medicine Board, Edo
35	Prof. Joseph Akpile	Secretary Traditional Medicine Board, Ondo
55	1101. Joseph Akpile	Chairman Traditional Medicine Board, Delta



FEDERAL REPUBLIC OF NIGERIA
FEDERAL MINISTRY OF HEALTH & SOCIAL WELFARE
DEPARTMENT OF TRADITIONAL, COMPLEMENTARY
AND ALTERNATIVE MEDICINE
(TCAM)