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LETTER TO THE EDITOR

Ibrahim Garba and Nicolas Bakinde

Dear Editor,

We are writing to support the claim made by Mpinga et al. in their article *Traditional/ alternative medicines and the right to health: Key elements for a convention on global health*. In their discussion on the strengths and challenges associated with the use of “non-conventional medicines” (NCMs), the authors describe such therapies as being not only “cultural products, vectors of knowledge, but also a form of connection among people in the society.”

We agree with the authors’ claim that NCMs play a crucial role in maintaining communities. This rings especially true for societies in developing countries affected by globalization. One of the changes associated with globalization is an *increased* role for free markets and private actors (e.g. corporations, individual entrepreneurs, etc.), and a *reduced* role for governments in policymaking and public spending (e.g. health, housing, education, etc.).¹

In most low- and middle-income countries (LMICs) with poor health indicators, this means that the primary entity with a legal obligation to develop and maintain a nation’s health infrastructure (i.e. the government) is becoming less rather than more involved with addressing national health problems in a systematic way.² Therefore, underserved communities must look for alternative means of addressing their health challenges. Because NCMs are in widespread use and rarely rely on government investment, it is crucial (as the authors argue) that any serious global health strategy integrate them, even if there remain challenges regarding their safety, efficacy, and regulation. The challenges notwithstanding, including NCMs in a global health treaty not only improves health outcomes but also strengthens communities that face declining government health expenditures.

REFERENCES

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