

A Road Less Travelled



The purpose of this SADC (Southern African Development Community) sponsored project was to build the capacity of traditional health practitioners (THPs) in the prevention and treatment of HIV and AIDS, and hence to optimise their role as healthcare providers in selected SADC countries (Botswana, South Africa and Zimbabwe).

The World Health Organization estimates that up to 80% of the people in Southern Africa make use of traditional medicine. Moreover, in sub-Saharan Africa the ratio of THPs to the total population is 1:500, while the equivalent ratio for allopathic medical doctors is 1:40,000 (Richter, 2004). It is therefore apparent that THPs could play an influential role in HIV and AIDS prevention and in the care of HIV patients, including general health counselling and the treatment of opportunistic infections.

The primary target group of our project was approximately 90 THPs in four provinces of South Africa, four provinces in Zimbabwe and four districts in Botswana (equivalent to 360 THPs per country), who received training in three-day facilitated workshops, each event being attended by 20 to 30 THPs. The number of THPs that attended the workshops was, however, far greater than expected, and all delegates were welcomed to the training sessions. The material presented was based on the South African Department of Health's Training Manual for Traditional Health Practitioners, Community Health Workers and Nurses, and covered the basic areas of risk reduction, prevention, diagnosis, HIV and AIDS management and nutrition. This manual was taken to the THPs in the three countries and, in consultation with the THPs, was updated and revised into a training manual that is more "training-friendly" from the THPs' point of view, and resulted in a manual that they feel comfortable with using for subsequent training sessions.

Within South Africa, a flipchart was developed by ACRO and BroadReach Healthcare with pictures relating the story of a person being diagnosed with HIV, and the journey about dealing with the various challenges a person that is HIV-positive has to address in their life. This was developed in an effort to include and train THPs who are unable to read or write, and thereby ensure that specific groups within the THP community do not feel side-lined.

Given an average consultation rate of 10 patients per THP per week (Walwyn, 2009), it is estimated that at least 150,000 to 200,000 patients could be reached through this initiative. In particular, the training could result in a reduction in HIV incidence through the promotion of well-established biomedical prevention methods, and in an improvement in the quality of care to HIV patients. It is noted that each new infection costs the public health system a minimum of US\$65,000 per person. Therefore, halving the incidence of HIV within a target population (the goal of this project)

could save an estimated US\$500 million. All sub-Saharan countries, including Botswana, South Africa and Zimbabwe face a severe HIV and AIDS epidemic. In Botswana, there are 300,000 people infected with HIV; in South Africa 5,500,000 people; and in Zimbabwe 1,300,000 people (www.avert.org). The epidemic has placed a huge burden on the formal healthcare sector and generally increased the demand for public health services. Many authors have already suggested that one solution to this crisis is to take advantage of the existing traditional health practices in the region. It has been previously estimated that 80% of people in sub-Saharan Africa, including people living with HIV and AIDS (PLWHA), regularly consult traditional health practitioners (THPs) for the majority of their healthcare needs (Ministry of Health, Botswana, 1995; Richter, 2004; Kebaitse, 2007).

However the quality of care and counselling provided by the THPs, particularly on HIV prevention methods, is poor, and as a result the care of PLWHA, and those not yet infected, is in some cases severely compromised by their lack of understanding of HIV, how infection can be prevented and how it can be treated. For instance, a study conducted by Arvir Technologies (Walwyn, 2009) showed that only 50% of THPs have a working knowledge of HIV. These findings are in consonance with a study done in Botswana, stating that traditional healers lack skills in prevention techniques such as sterilising of their instruments and washing hands in between their clients (Gosata, 2009). Moreover inappropriate and outdated views and beliefs persist in the sector despite some initial programmes aimed at improving the quality of the counselling and care which is provided. For a number of reasons, there continues to be a high level of suspicion of non-traditional interventions and biomedical strategies. Some THPs expressed both ignorance and mistrust of condom use as a prevention strategy.

In Botswana, about 82% of the population use traditional medicine in the treatment of a variety of ailments, including HIV and AIDS (Gosata, 2009). The Botswana national policy encourages collaboration between traditional healers and modern health practitioners (Ministry of Health, 1995). However, even though there is such a policy, there still exist a number of gaps that need to be addressed including the need to train traditional healers on safer practices (Seloilwe & Tshweneagae, 2007). The same scenario is also applicable for Zimbabwe, where a large number of the population visits traditional healers for ailments such as HIV and AIDS (Mukumbira, 2000).

We recognise that THPs already play an important role in meeting the healthcare needs of people in the three countries of Zimbabwe, Botswana and South Africa. However, this role is not optimised and sometimes deleterious due to an inadequately informed understanding of disease, and particularly HIV and AIDS. In this project, we aimed

to improve this level of understanding through a targeted capacity-building intervention.

The project aims to:

- **Promote** a deeper understanding and awareness of HIV and AIDS prevention and transmission;
- **Improve** the quality of services provided to patients through the introduction of basic principles in health practice, such as record-keeping, quality control and cleanliness;
- **Train** healers in the basis of clinical diagnosis;
- **Reduce** HIV incidence through better advice to patients on prevention methods, including the use of condoms, avoidance of poor sexual health practices such as dry sex, and treatment of sexually transmitted infections (STIs) and circumcision.

Our training programme is designed to enable THPs to integrate issues of HIV and AIDS in their practice and to also maximise the opportunity to apply their knowledge to the benefit of the patient. Our training project was workshop-based with facilitated discussion as a means of learning. This is an established technique for effective adult education. The curriculum was based on the training manual produced by the Human Sciences Research Council for the Department of Health in South Africa (Mngqundaniso & Peltzer, 2008).

Key topics covered include:

- HIV and AIDS
- Sexually transmitted infections including HIV
- How to manage STI/HIV and AIDS
- Danger signs and symptoms
- Status and role of traditional health practitioners
- Cultural perceptions of STI/HIV and AIDS
- Communication and HIV risk reduction counselling
- History taking, recording, collaboration and referral

We hope that the training will help to eliminate knowledge gaps and incorrect perceptions, and also re-correct attitudes. Furthermore, the training will allow the integration of traditional healers into the mainstream health delivery system. On successful completion of the training programme, we trust that THPs will be able to eliminate certain determinants of HIV and AIDS incidence, including:

- **Behavioural factors** such as frequency of unprotected sex and multiple sex partners (THPs should be able to educate their patients about risky behaviour);
- **Social factors** such as stigmatisation and discrimination (THPs creating a culture of openness and acceptance of HIV and AIDS);
- **Other cultural practices** that create an environment conducive for the spread of HIV and AIDS, e.g. vaginal health practices.

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What we have learned through this project is to never underestimate the value of knowledge-sharing, to value relationships built through trust and respect, and to have an open mind when searching for solutions through which the community can benefit as a whole.

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