

## Chapter III

# Traditional Medicine

### OVERVIEW

The majority of South Africans consult traditional health practitioners on a regular basis for problems of health and disease. These practitioners utilise scientific methodologies that stretch back thousands of years. Often the traditional health practitioner is the first port of call for someone sick with HIV or AIDS. An operational plan for comprehensive HIV and AIDS care and treatment in South Africa must acknowledge traditional medicine as an important modality of treatment for HIV and AIDS – a modality that patients are free to choose, and to discuss with biomedical health practitioners without fear of stigma and being ostracised.

The continuum of care developed for the HIV and AIDS care and treatment programme therefore should involve traditional health practitioners as an essential and irreplaceable component of the comprehensive care provided. As HIV and AIDS care and treatment expands throughout the nine provinces, traditional health practitioners will no doubt continue to play their historic role in treating and caring for all patients, including those infected with HIV. Moreover, traditional health practitioners can enhance the implementation of the antiretroviral therapy component of this plan by mobilising communities, drawing patients into testing programmes, promoting adherence to drug regimens, monitoring side effects, sharing their expertise in patient communications with biomedical practitioners, and vice versa, and continuing their acknowledged mission in improving patient well-being and quality of life.

Traditional health practitioners tend to adopt a more holistic approach to health promotion and disease management, an approach that is more appropriate to the problem of immune deficiency wherein virologic assaults upon the immune system are compounded by immune exhaustion from concomitant infections, psychological stress such as that due to social isolation, under-nutrition, alcohol abuse, and behaviours that compromise immune recovery such as repeat exposure to HIV and sexually transmitted infections. A holistic

approach to living with HIV and AIDS is known to be a key factor for success in living a longer, healthy life with the syndrome.

South Africa will not be unique in incorporating traditional medicines into the national health system. In the USA and Europe the majority of patients living with AIDS use complementary medicines. In India and China parallel systems of ayurvedic and other traditional medicines are extensively used with good results in the treatment and care of people living with HIV and AIDS. Agencies such as the National Centre for Complementary and Alternative Medicine of the National Institutes of Health of the USA; and the Indian Council on Medical Research have extensive research projects in the use of traditional medicines for AIDS care.

## **BACKGROUND AND RATIONALE**

Estimates suggest that more than 200,000 traditional health practitioners are active throughout the country, and many have joined national, provincial, or local organisations designed to facilitate communication among members and advocate for relevant health concerns with government and in public contexts. It is estimated that 80% of South Africans consult traditional health practitioners, often as their first response to a health problem. Additionally, it is estimated that up to 97% of people with HIV and AIDS first use complementary or traditional medicine, and consultation with a biomedical practitioner is often sought only if problems persist<sup>1,2,3</sup>.

Government recognises the significance of traditional health practitioners in communities and in the health care sector, and several years ago began developing a process of certifying these professionals as legitimate health care workers. A Traditional Health Practitioners Bill has been tabled in Parliament, and when enacted will result in the formation of a council of traditional health practitioners similar to those that regulate the registration and practice of other health professionals. In this way members of the public will be assured of the training and expertise of a traditional healer, provided he or she is currently registered. Currently, the Medicines Control Council has expert committees on Complementary and African Traditional Medicines that advise on the regulation and registration of safe, effective and high quality traditional medicines.

In addition to the integration of traditional health practitioners into the public health care system, government has supported formal research and development of traditional medications (plant pharmacology) in the Medical Research Council and other institutions for more than seven years; in the Centre for Scientific and Industrial Research (CSIR); and within the science system generally. This research has included studies on the extraction of active chemical moieties from plants used as traditional medicines—those specifically of South African origin—and complementary medicines from other countries and customs. Clinical trials with natural plant products have also been supported, as have investigations of plants believed to have immune-boosting properties in people living with HIV and AIDS. Efforts also are underway to expand the availability of medicinal plants through horticultural programmes established by various government agencies.

National and international NGO sectors, including the World Health Organisation, have also recognised the significance of traditional health practitioners as health care workers. Traditional health practitioners have been involved in HIV prevention and treatment activities for nearly a decade, affirming their skills in the health field as well as their status within communities. Similarly, traditional health practitioners have been providing care and management of HIV-infected patients, although this has typically occurred outside the realm of government or NGO programming.

## **APPROACH**

Traditional Health Practitioners therefore are an essential part of the continuum of care; and they are keen to play a role in the implementation and expansion of this comprehensive model throughout South Africa. Several stages of development are necessary to realise the collaboration of traditional health practitioners and biomedical workers.

### **Expanding Dialogue Between National and Provincial Traditional Health Practitioner Organisations and Conventional Medical Practitioners**

Efforts to bring together traditional health practitioners to increase their involvement in health care programmes are already underway. Several traditional health practitioner

organisations have been in discussion with government concerning a variety of health care issues and programmes to which traditional health practitioners have begun to contribute.

In the context of the comprehensive care and treatment programme, traditional health practitioners can be significant assets in the implementation phases of the programme. Over the long term, the nature of collaboration between traditional and conventional medicine can be further strengthened, depending on the emerging needs of the HIV-infected population, and of South Africans in general. Guidelines addressing HIV-related care, consistent with the Primary Health Care Manual for Traditional Health Practitioners, will be compiled and widely disseminated. Along with this general approach, more specific efforts will engage traditional health practitioners as formal collaborators in the clinical management of HIV-infected patients through this programme.

#### **Involvement of Traditional Health Practitioners in the Programme**

Traditional health practitioners already have training in HIV-related care. This training could be expanded to involve aspects of the clinical roles necessary for successful HIV and AIDS care and treatment, including prevention, treatment, adherence, general counselling, toxicity monitoring, and patient education. This specialised training will require the involvement of traditional health practitioners in the implementation process, enabling them to rapidly mobilise patients and communities over the first several months of the programme. The intention is not, however, to train them to use antiretrovirals.

An expert team of representatives from the Department of Health, the national Strategic Management Team, provincial programme implementation units, biomedical practitioners, and traditional health practitioners will convene to define the role of traditional health practitioners within the care and treatment programme. This group will produce a report, describing the diversity of expertise and activities of traditional health practitioners in South Africa, the current status of collaboration with biomedical practitioners in prevention, care and treatment practices, remuneration issues, and the aspects of traditional medicine that might enhance HIV care. This report will provide a baseline upon which to develop systems for further collaboration. It will also define the level of interest of traditional health practitioners in becoming involved in this programme.

### **Development of Enhanced Referral Systems**

An open channel of communication among the different providers engaged by patients is a prerequisite to the optimal care of HIV-infected persons, and of patients generally. Given the widespread consultation with traditional health practitioners, it will be important to establish means of communication regarding the different interventions that may be pursued by patients. While referral systems and networks among biomedical practitioners generally permit routine follow-up of clients, traditional health practitioners have a comparable system, but little is known of these systems and the two networks have never been linked. This is a critical connection, since traditional health practitioners are often more deeply embedded within local communities. The programme seeks to encourage biomedical workers and traditional health practitioners to connect their referral systems and learn to make effective use of these expanded networks. If obstacles to using referral mechanisms prove insurmountable, the team will develop a different model that will be both bi-directional and functional for all care providers.

Protocols will also be developed to evaluate how best to engage with traditional health practitioners to guide implementation of the HIV and AIDS care and treatment programme in communities. These protocols will evaluate methods and strategies to assess community infrastructure, and to assess the special skills offered by traditional health practitioners and the expectations of traditional health practitioner regarding collaboration with biomedical providers. The biomedical practitioners will also be assessed in order to determine the comparable range of their skill sets and their expectations for working with traditional health practitioners. These protocols will also define techniques for appropriate initial contacts, for collecting interview and group information, and for reporting these results back to the community. Once complete, protocols will be piloted in at least two communities in order to ascertain their suitability for more widespread use. The expert team will review the results of these pilots, and suggest modifications as appropriate. Communication strategies will also facilitate the participation of traditional health practitioners in the continuum of care, and educate communities and biomedical professionals about the nature and benefits of traditional practices, in general.

### **Development of Quality Assurance (QA) Mechanisms**

Methods for quality assurance around the practice of traditional medicine as it relates to HIV and AIDS care and treatment will need to be formalized, consistent with those of traditional health practitioners organisations. This effort will be linked to this programme's monitoring and evaluation process (see Chapter XII, *Monitoring and Evaluation*). Traditional medications will also need to be incorporated into the pharmacovigilance process, including the development of a national database on phytovigilance, including the interactions between ARVs and traditional medicines (see Chapter XIII, *Pharmacovigilance*).

### **Training Activities and Priorities**

Health Promotion and Quality Assurance Training Centres ("Quality Training Centres") should incorporate information about traditional practices in their training programmes (employing resources made available from the National Reference Centre for Traditional Medicines). These trainings should be bi-directional, serving to inform biomedical practitioners of the role and methods of traditional practice, particularly their communication skills with patients, as well as providing traditional health practitioners with information on ARVs and HIV care. Resolution of contradictory recommendations made by traditional health practitioners and biomedical practitioners should be facilitated by these trainings.

Relevant trainings are currently offered through the different traditional health practitioner organizations, and these curricula will be standardized and made available to the Quality Training Centres to avoid unnecessary new programming. Traditional medicine experts should work with the Quality Training Centres to regularly update curricula and trainings as new relevant information becomes available. Linkages with traditional health practitioner organizations that conduct training will need to be formalized in collaboration with the Quality Training Centres, and these organizations should assume responsibility for conducting training sessions. When possible, the local traditional health practitioner organization will be used; otherwise, expertise from a different region will be utilised until local capacity reaches competency.

## **SPECIAL CONSIDERATIONS**

### **Research**

Research related to traditional medicine is largely supported by the Medical Research Council (MRC) and the Centre for Scientific and Industrial Research (CSIR), as well as various other academic institutions. In the future, research information will be collated and disseminated by the recently established National Reference Centre for African Traditional Medicines. This research programme involves the isolation of compounds in medicinal plants and the development of high quality total extracts from plants that produce favourable health outcomes in traditional practices. Additional research issues are expected to include a variety of behavioural studies, including the effects of traditional health practitioners in the delivery of care, the perceptions of traditional health practitioners within different practitioner and community groups, the evolution of traditional health practitioner community status in conjunction with collaborative work, and the evolution of traditional health practitioner practices as this system expands. Research into traditional medicines that are claimed to have immune-boosting properties in PLWHA are being investigated. The Research Cluster will consider expanding the research agenda to include study of a wider diversity of plants from a broader geographic area, and will seek to prioritise this research, develop concept papers and requests for applications (RFA), and pursue appropriate levels of supportive funding through the MRC (see Chapter XIV, *Research Priorities*).

Although traditional health practitioners frequently see HIV-infected patients, the collaboration with traditional health practitioners outlined above suggests that contact between HIV-infected patients and traditional health practitioners becomes routine, particularly where a traditional health practitioner is serving not only as an adherence or drug toxicity monitor, but also as a care and treatment provider. These efforts may strengthen the implementation of the Traditional Healers Bill, promote their organisation, bring acceptance to the traditional practice and support their work.

## **PROGRAMME ASSESSMENT**

The Department of Health will collaborate with the Traditional Health Practitioners Interim Council, and its permanent successor, to ensure ongoing collaboration on implementation of programmes and projects.