



Involving African traditional health practitioners in HIV/AIDS interventions

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To the Editor: This letter reports preliminary results of the HOPE Cape Town Sangoma Project.¹ A first for Western Cape Province, this project has three main objectives:

- to encourage medical collaboration and cross-referrals between Western and traditional medicine
- to avoid potential contraindications between antiretroviral (ARV) regimens and traditional health practitioners (THPs) prescriptions and to improve compliance
- to persuade more male clients to consent to voluntary counselling and testing (VCT).

Nine THPs were involved, working with 5 HOPE community health workers (CHWs). The scheme commenced with 6 weeks' training in biomedical understanding of HIV/AIDS and its treatment at Tygerberg Academic Hospital. Possibly harmful interactions between some traditional remedies and ARVs were emphasised;² the THPs were also counselled against invasive treatments for clients with depleted immune systems. The AIDS Training Information and Counselling Centre (ATICC) then supervised 4 weeks of VCT training and accredited the THPs as counsellors. To monitor successful referrals, the THPs use referral forms and maintain a client register.

Results of the collaboration

Preliminary outcomes of the project, assessed against its original aims, are encouraging. Three of the nine THPs (all graduate healers with established practices and a trusted reputation within their community) enrolled by HOPE are now actively engaged with the project – a success rate of 100% of healers qualified to practise. The remaining 6 healers were discovered (only after the training) to be *thwasa* (trainees) – apprentice healers who work only under supervision, and lack the social status required to attract clients.

Since March 2006, the initial three THPs have referred a total of 104 clients, of whom almost 50% are male. The number of referred men emphasises the THPs' potential as advocates for

the testing of men. The healers have also established bonds with clinics, where many staff now enthusiastically approve their involvement.

Discussion

Beyond referrals, there are several advantages to HOPE's collaboration with the THPs:

- Understanding of HIV/AIDS as having a medical treatment if not cure, and advocating ARV treatment, together ensure against bogus 'cures' or remedies undermining a depleted immune system.
- Recognising the biomedical symptoms of opportunistic infections and HIV/AIDS, reduces the possibility of misdiagnosis.
- Disseminating HIV/AIDS knowledge to communities and other healers.

Furthermore, the THPs have assumed other responsibilities, coincidentally reflecting government strategy.³ As carers and mentors, they accompany clients to clinics, and encourage them to adhere to treatment and return for aftercare. They are sensitive to the vulnerability of children, and are prepared to intervene in issues of gender empowerment, supporting HIV-positive women whose partners refuse testing, and offering sanctuary to abandoned women and children. Lastly, as suppliers of condoms, they report particular interest from youth, and encourage conversations concerning sexual debut, responsible parenting and drugs.

Conclusion

HOPE Cape Town's collaborative project with THPs is positive evidence of the importance and potential of cross-sectoral efforts for HIV/AIDS interventions in South Africa.

References

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