

Collaborating with Traditional Healers for HIV Prevention and Care in sub-Saharan Africa: suggestions for Programme Managers and Field Workers

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List of abbreviations and acronyms

AIDS	Acquired immunodeficiency syndrome
HIV	Human immunodeficiency virus
PLWHIV	People living with HIV
TB	Tuberculosis
THETA	Traditional and Modern Health Practitioners Together against AIDS and other diseases (Uganda)
UNICEF	United Nations Children's Fund
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Using the guidelines

What are these guidelines for?

These guidelines aim to empower health authorities, governmental and nongovernmental organizations as well as community groups seeking to develop a productive relationship between traditional and conventional (that is modern or biomedical) health systems. The guidelines were conceived to help envision, plan, design, implement, evaluate and scale up initiatives that involve collaborating with traditional healers for HIV prevention and care in sub-Saharan Africa. The ultimate goal of this effort is to improve access to, and quality of, health services for the clients of both systems.

Previous research and documents have identified initiatives that involved traditional healers in Africa and have described case studies and outlined their successes and failures (UNAIDS 2000, 2002). This present guide illustrates by means of clearly defined steps how successful collaborative projects have worked, and how lessons that have been learnt can be used to initiate new collaborations or expand existing ones.

More specifically, this document aims to:

- 1) identify the critical determinants of success and failure of documented collaborative initiatives;
- 2) define a model strategy that can be adapted to reach out to traditional healers, and set up or scale up collaborations with the traditional health sector in sub-Saharan Africa; and
- 3) document key necessary steps to build trust among traditional healers and biomedical health practitioners, impart critical information, and learn from, support and empower each other, as well as to monitor the collaboration and to evaluate successes and failures.

Who may find these guidelines useful?

The suggested approaches and criteria are designed to assist government officials, policy-makers, programme managers, trainers, and health workers at government, nongovernmental organization and community levels. They are addressed primarily at managers and leaders who are interested in building bridges between the two health systems or in scaling up existing initiatives. It has been written with both biomedical healthcare workers and traditional healers in mind, but the language is primarily that of modern 'western' medicine in nature. One reason for this is that HIV research, prevention and care and the institutions that fund these activities have been dominated by a western biomedical approach. Yet it is traditional medicine that represents the first line of care for the majority of people in sub-Saharan Africa. Thus, it is critical that practitioners of conventional medicine appreciate the importance of involving traditional healers in the response to HIV and have access to the necessary tools to do so in a meaningful way. It goes without saying, however, that both sectors could benefit from a similar tool written by and for traditional healers using their language, images and belief systems.

Limitations of the approach

The field of African traditional medicine is vast, diverse, complex, mysterious and difficult to document. In addition, African traditional medicine is an oral rather than a written tradition. For these reasons, little documentation exists about the numerous systems of knowledge and practices that characterize traditional medicine. Thus, guidelines such as these, which attempt to standardize, simplify, and facilitate the use of information, are essentially ‘western’ in nature, and may not always take into account the intricacies of African traditional medicine.

Methods of working with traditional healers should be as diverse and complex as the field itself. Though challenging, bringing together the two worlds of traditional and modern medicine in the form of guidelines based on simple, practical lessons learnt can benefit not only patients, but the practitioners of both systems.

Language and terminology

Traditional medicine encompasses a vast range of practices—from herbal treatments to spiritualism—with many practitioners embracing a combination of practices. Therefore, the term ‘traditional healer’ used in this document includes herbalists, spiritualists, diviners or any other practitioner trained or gifted in these forms of healing and recognized as such by the community.

In addition, it is important to note that the term ‘training’ used throughout this document refers to an open exchange of information and experiences with healers, approaching them as fellow health-care professionals with their own methods of practice, rather than a formal training situation.

Executive summary

Ever since anthropologists, sociologists and public-health professionals started to gather information on African traditional medicine, it has been clear that it is fundamentally different from the 'western' biomedical health system. These differences touch on philosophies, world views, values, concepts and methods. The first academics examining traditional practices realised that, in order to better serve the social and health needs of communities, it was important to try to bridge the language and value divide between modern western and African traditional medicine, because people made use of both systems. Never before has this need appeared as apparent as in the context of HIV, given the enormous suffering and loss of lives that sub-Saharan Africa continues to endure from this pandemic.

The link between African traditional medicine and AIDS was first made by people living with HIV throughout sub-Saharan Africa. Since the beginning of the HIV epidemic, patients have consulted both biomedical doctors and traditional healers for all kinds of physical, emotional and spiritual ills. Attempts to bring biomedical and traditional health care together to assist people living with HIV began in the early 1990s, when the World Health Organization (WHO) recommended that traditional medicine be included in national responses to HIV.

As mainstream and traditional medicines represent very different conceptual frameworks, previous research has shown that sensitivity to the political, environmental, cultural and economic contexts is crucial to the success of collaborative interventions. Some common determinants associated with the success of previous traditional medicine/biomedical initiatives are explored further in this document and presented as guidelines which may inform the planning of successful collaborations. These factors were selected for their universal relevance and their practical usefulness in planning, implementing and evaluating collaborative projects. They include:

- building mutual respect between biomedical and traditional health practitioners;
- stressing the complementarity of both systems;
- showing humility;
- cultivating transparency;
- selecting 'genuine' healers;
- involving community leaders and members;
- involving mainstream biomedical health workers;
- planning for a long-term collaboration;
- discussing differences and conflicts in world views;
- discussing the evolution and changes in both health systems;
- forming a dedicated and caring team;
- collaborating with local institutions;
- opening/running or advocating a collaborative clinic;
- including herbal research and/or provision of herbal medicine;
- adopting a comprehensive 'training' approach; and
- including a strong monitoring and evaluation component.

Traditional medicine both shapes and is shaped by local social and cultural environments. Thus it is essential to look critically at both the lessons learnt from the past and the sociocultural context surrounding current traditional medicine and HIV in order to define goals and objectives that are relevant to bringing traditional healers and biomedical practitioners together in the response to AIDS.

Each collaborative project will have its own unique factors and contexts. There are, however, a number of critical core steps that are fundamental to bridging the gap between traditional and modern medicine. These steps are presented in the form of a checklist to be used by project managers and field workers exploring or implementing a project. Tools that may be relevant in addressing these questions have been suggested as well. The checklist covers 10 key steps.

1. Analysing the context surrounding traditional medicine and AIDS.
2. Defining objectives.
3. Initiating contact.
4. Building trust.
5. Agreeing on terms.
6. Sharing critical information.
7. Learning from, supporting and empowering each other.
8. Monitoring the collaboration.
9. Evaluating success and failure (and ethical soundness).
10. Future prospects.

In many countries, collaborative initiatives have sprung up between traditional and biomedical health practitioners in relation to the response to AIDS (UNAIDS 2000, 2002). Such programmes have shown that collaboration is both possible and beneficial to surrounding communities. Traditional healers have shown a tremendous capacity to care for people living with HIV and to effect change on a broad level, from government policy on traditional medicine to client treatment and counselling in their homes. But these few projects, though showing far-reaching and important results, are only small achievements in a vast spectrum of potential. It is only with renewed enthusiasm and a capacity to generate widespread involvement of traditional healers in HIV prevention, care and research that the spread of HIV can be curbed and its devastating effects on individuals, families and communities lessened.

Introduction

African traditional medicine

African traditional medicine is the primary, and often the only, accessible health-care option for the vast majority of people living in sub-Saharan Africa. It is a system that was in place serving the people of Africa for countless generations before the first Europeans brought a biomedical approach to health to the continent. For centuries, both herbal and spiritual traditional practitioners have alleviated the ills of millions of Africans caused by what western medicine classifies as acute or chronic diseases, infections, traumas, and psychological illnesses.

Since colonization, traditional medicine has proven to be a highly dynamic and adaptive system of care, capable of adjusting to the dramatic, and sometimes tragic, events that have shaped African society. Yet, like all systems of care, African traditional medicine has both strengths and limitations. There is no doubt that western biomedicine brought to Africa major technological advances and innovations that have changed the health status and survival prospects of the continent's inhabitants. The introduction of antiseptics, diagnostic capability, surgical techniques and synthetic pharmaceuticals has made an undeniable difference in the lives of those Africans who have had access to these services. However, these advances have remained the privilege of only a minority, while the vast majority of Africans continue to use primarily traditional medicine.

When anthropologists, sociologists and public health professionals started to gather information on African traditional medicine, the fundamental differences between it and the western biomedical health system in terms of philosophy, world view, values, concepts and methods were clear. To this select first group of academics, it became evident that, in order to better serve the social and health needs of communities, it was important to try to bridge the language and value divide between modern western and African traditional medicine, because people made use of both systems.

Never before, however, has this need been as apparent as in the context of HIV, given the enormous suffering and loss of lives that sub-Saharan Africa continues to endure from this pandemic. The latest estimates predict that millions more Africans will die earlier than they would have in the absence of AIDS over the next four decades¹. Access to basic essential medicines is often difficult and, despite the greater numbers receiving treatment through developments such as the "3 by 5" initiative, antiretroviral therapy is still not available to the vast majority of Africans who need it.

Many actors in the response to AIDS agree that there is both a moral and medical responsibility to ensure that the people of Africa have access to the best of both the traditional and modern systems of care and that everything is done to make available the necessary information and tools to decision-makers and programme managers at government, civil society and community levels. These guidelines are intended to represent a useful step in that direction.

¹ Current projections suggest that by 2015, in the 60 countries most affected by AIDS the total population will be 115 million less than it would be in the absence of AIDS. Africa will account for nearly three quarters of this difference in 2050....Report on the global AIDS epidemic, UNAIDS, Geneva 2006.

African traditional medicine and AIDS

The link between African traditional medicine and AIDS was first made by people living with HIV in sub-Saharan Africa. Since the beginning of the AIDS epidemic, patients have consulted both biomedical doctors and traditional healers for all kinds of physical, emotional and spiritual ills. Attempts to bring biomedical and traditional health care together for people living with HIV began in the early 1990s when WHO recommended that traditional medicine be included in national responses to HIV. Early attempts to combine the best of both systems included a variety of projects that looked at the usefulness of traditional herbal remedies for the treatment of HIV-related illnesses. In addition, studies looking at traditional healers' perceptions of sexually transmitted infections and HIV infection were conducted as early as the late 1980s. With this information, collaborative projects began in the early 1990s, training traditional healers as educators and counsellors to disseminate information on HIV and sexually transmitted infections in their communities and to their peers (UNAIDS, 2000, 2002).

From talk to action: starting with critical determinants of success and failure learned from documented collaborations

Biomedical and traditional medicines represent very different world views. Previous documentation has shown that a critical sensitivity to the political, environmental, cultural and economic context is crucial to the success of collaborative programming. Some common determinants associated with the success of previous traditional medicine/biomedical initiatives are included in the table following. These factors were selected for their universal relevance and their practical usefulness in planning, implementing and evaluating collaborative projects. For each factor, a short rationale is included and a list of activities and/or implications is proposed to serve as a framework for translating the concepts into action. Where available references are made to documentation which shows how selected programmes have translated some of the issues into action. These issues can be dealt with formally or informally, in the context of meetings, seminars or participatory exercises. They all serve one common goal: to build a bridge between the two systems. It is important to remember, however, that each collaborative effort evolves out of the changing needs of a particular situation. As one leader of a successful collaboration puts it, “Start with no assumptions and approach traditional healers with an open mind; some aspects will work and others won’t.”

REASON/RATIONALE/BACKGROUND		ACTIVITIES/ IMPLICATIONS		References	
<p>DETERMINANT</p>	<p><i>Attitudes/values</i></p>	<p>BUILDING MUTUAL RESPECT BETWEEN BIOMEDICAL AND TRADITIONAL HEALTH PRACTITIONERS</p>	<p>African healers have a long and troubled history of being neglected, at the least, and often persecuted by colonial governments, missionaries and the biomedical health-care system. Yet, they consider themselves to be recognized health-care providers and expect to be treated as such.</p> <p>Many biomedical health practitioners have a negative bias towards traditional healers and traditional medicine, thinking of healers mostly as quacks, and of herbal or spiritual medicine as having at best a placebo effect, if not being downright harmful or deceitful, because of its lack of scientific basis and regulation.</p> <p>Approaching traditional healers with a genuine respect for their profession and their work establishes a positive relationship.</p>	<ul style="list-style-type: none"> • Depending on the context, building respect may involve discussing openly with traditional healers an historical understanding of the past repression, which will differ according to countries and regions. • Successful programmes have treated traditional healers with openness, recognizing traditional medicine as having intrinsic value, and advocating the value of traditional medicine, which increases self-confidence among healers. • Some projects have given traditional healers access to hospitals, clinics and patients. With healers taking on new roles and responsibilities in their communities, community leaders and members have shown additional respect for them as well. • Involving practitioners of biomedical health in working jointly with traditional healers in such activities as clinical research or community education has changed the attitude of both practitioners towards each other's field. • Always listening and responding to the traditional healers is crucial. The programme must take into consideration what the healers want to know and what they want to share. 	<ul style="list-style-type: none"> • Mberesero, et al. 1995, 1999. • THETA, 1998 • UNAIDS, 2002 • Dr Sliep, personal communication
<p>STRESSING THE COMPLEMENTARITY OF BOTH SYSTEMS</p>	<p>Traditional healers respond to values that Western-trained medical personnel may ignore or are insensitive to. Healers place equal importance on the disease and how patients fit into their family and community, and treat them as human beings that inhabit a social environment. Traditional healers may also consult spirits in order to diagnose or treat the client's problems. In other words, what surrounds the patient is just as important as the disease or diagnosis.</p> <p>For practitioners of biomedical health, medical problems are treated as single entities, from diagnosis to treatment, with the sole purpose of restoring the functioning of the organ or body part affected.</p>	<ul style="list-style-type: none"> • It is important to convey to biomedical health practitioners that biomedicine offers a more disease-focused approach and that, despite its technical limitations, traditional medicine is more holistic. • It is equally important to convey to traditional healers that biomedicine is technically very strong, and thrives on a wide-scale standardization and codification of its knowledge and practices. • In other words, both systems have their strengths and limitations and can thus complement each other. 	<ul style="list-style-type: none"> • Green, 1999 • THETA, 1998 • UNAIDS, 2002 		

DETERMINANT		ACTIVITIES/ IMPLICATIONS		References
REASON/RATIONALE/BACKGROUND		ACTIVITIES/ IMPLICATIONS		References
<p>Attitudes/values</p>	<p>CULTIVATING TRANSPARENCY</p>	<p>Secrecy often is an intrinsic aspect of African traditional medicine that traditional healers will not sacrifice easily. Western-trained doctors do not understand or accept this secrecy, and often characterize this aspect of traditional medicine as lacking scientific rigour, and even as evidence of its deceitful nature.</p> <p>On the other hand, biomedicine strongly subscribes to the idea of <i>intellectual property</i> and market control and the profits linked to it as a driving force for innovation and discovery. Thus, traditional healers often perceive profit as the ultimate incentive for the few western-trained doctors who express an interest in African traditional medicine.</p>	<ul style="list-style-type: none"> • It is important to discuss with respect and openness differences and disagreements as they arise throughout the collaboration, and to come to an agreement about how to deal with them. Depending on the stage of the collaboration, this can take place through participatory exercises aimed at identifying strengths, weaknesses, opportunities and challenges in both systems, or through regular meetings. What is important is to make room for dealing with such issues on a regular and continuous basis. 	<ul style="list-style-type: none"> • Green, 1994
<p>SHOWING HUMILITY</p>	<p>An attitude of superiority from either side will undermine trust and have an adverse impact on overall collaboration.</p>	<ul style="list-style-type: none"> • It is critical to remind participants throughout the collaboration that neither traditional medicine nor biomedicine holds the answers to all ills. One approach is to try and combine the strengths of each system while recognizing the limitations on both sides. • Acknowledge the status and power of traditional healers and refrain from trying to be seen as the 'expert'. 	<ul style="list-style-type: none"> • Green, 1994 • UNAIDS, 2002 • Sliep, 2002 	

DETERMINANT		ACTIVITIES/ IMPLICATIONS		References
<p>Programmatic</p>	<p>REASON/RATIONALE/BACKGROUND</p>	<p>Selection criteria may include the following:</p> <ul style="list-style-type: none"> • Traditional healers should be recognized by the community; respected among peers; knowledgeable of their art; have an active practice, and be willing to cooperate. • Healer selection should be devoid of any discriminatory bias and strive to involve different categories of healers and different ethnic backgrounds that embody the variety of African traditional medical practices. • Identifying a practitioner of biomedical health and a traditional healer who have built a relationship together can have a ripple effect on others. <p>These criteria imply gaining the trust of key community leaders so that they direct project leaders and staff to respected traditional healers.</p>	<ul style="list-style-type: none"> • Green, 1999 • UNAIDS, 2000 • THETA, 1998 • Sliep, 2002 	
<p>SELECTING GENUINE HEALERS</p>	<p>As few countries have strong regulations or certification systems for the traditional healing profession, traditional healers must be selected in a way that guarantees their 'authenticity'. However, project leaders or staff should not be biased against certain categories of healers, such as diviners or spiritualists, because of their own beliefs. Both factors are crucial to the credibility of the entire collaboration.</p>	<p>Truly involving biomedical health practitioners implies building a sustained relationship that educates the practitioners on the value and practice of traditional medicine, and the benefits of collaboration. Possible activities include:</p> <ul style="list-style-type: none"> • inviting biomedical health practitioners to traditional healers' meetings, seminars and workshops, and vice versa, both as facilitators or participants; • facilitating cross-directional site visits, individual or group exchanges, social and educational events involving both traditional healers and biomedical health practitioners; • creating a cross-referral system that implies agreeing on referral criteria, selecting referring practitioners, designing referral forms, and creating a follow-up system; and • opening/running or advocating combined clinics offering both conventional (modern) and traditional medical care under one roof where biomedical health practitioners and traditional healers work side by side (see p. 10). 	<ul style="list-style-type: none"> • THETA, 1998 • UNAIDS, 2002 	
<p>INVOLVING BIOMEDICAL HEALTH WORKERS</p>	<p>Without the involvement of biomedical health practitioners in training, research, care or education programmes, the collaboration remains limited to its own protagonists, and risks being ignored or misunderstood by outsiders, thus failing in its original objective of bridging the two systems for the benefit of patients.</p> <p>The involvement of biomedical health practitioners allows for a relationship to be built between them and traditional healers for future collaboration, including cross-referrals. As practitioners and local health facilities are targeted by the programme in the same way that traditional healers are, healers are able to strengthen their relationship with them, gain increased recognition, trust them enough to refer patients to them, and consult them on medical issues. Ultimately, both learn to speak a common language that allows for an open exchange of information.</p>			

DETERMINANT		ACTIVITIES/ IMPLICATIONS		References
<i>Programmatic (cont'd)</i>				
INVOLVING COMMUNITY LEADERS AND MEMBERS	<p>Without the involvement of community stakeholders in the implementation and follow-up of collaborative initiatives, collaborations may fail to achieve their intended far-ranging goal, beyond immediate project participants, thus they may not last and/or truly benefit the community.</p> <p>Involving community leaders and project beneficiaries from the inception of activities allows for community ownership, interest in sustainability, and increased collaboration at all levels.</p>	<ul style="list-style-type: none"> • visiting community leaders to ask for their comments and suggestions regarding the objectives and plans for project implementation. • inviting health workers from the community to facilitate topics in traditional healers' workshops. • community leaders volunteering venues for workshops and donating their time as well. • making the work of the traditional healers visible in the community. • enlisting community leaders to identify sick people in the community who would benefit from home visits. <p>Involving communities implies that project initiators and leaders have an in-depth knowledge and are respected by the communities where they work.</p>	<ul style="list-style-type: none"> • THETA, 1998 • UNAIDS, 2002 • Slep, 2002 	
PLANNING FOR A LONG-TERM COLLABORATION	<p>Rather than short-lived exchanges limited to workshops or training seminars, a longer-term commitment allows not only programme staff and participating traditional healers to build a trusting relationship with each other, but also healers to create new ties with their peers, and both traditional and biomedical practitioners to improve their capacity and develop a genuine interest in each other's strengths and ideas. These are critical ingredients for the sustainability of any collaboration.</p>	<ul style="list-style-type: none"> • Planning for a long-term programme or follow-up is critical to reinforcing concepts and learning from traditional healer initiatives that sometimes only start long after the initial core project activities are complete. • The follow-up phase does not need to be intensive, but should involve regular exchanges and, most importantly, last long enough to consolidate the gains of the collaboration. Extended follow-up (e.g. two- or three-day visits or meetings every three months) costs only a fraction of an entire programme yet can have a very significant impact on the continuity, strengthening and establishment of a lasting collaboration. 	<ul style="list-style-type: none"> • THETA, 1998 • UNAIDS, 2000, 2002 	

DETERMINANT		ACTIVITIES/ IMPLICATIONS		References
Programmatic (cont'd)				
DISCUSSING DIFFERENCES AND CONFLICTS IN WORLD VIEWS	<p>Open discussions between the two systems foster dialogue, acceptance and understanding on both sides. One of the main problems between the two systems is the use of languages and concepts that do not relate to each other's world view.</p> <p>Communication must be established in a way that allows for consistent dialogue and respect. To do so entails opening up and learning the other side's syntax and understanding its ideology.</p>	<p>Addressing differences implies:</p> <ul style="list-style-type: none"> • discussing and exploring with traditional healers the western scientific notions of efficacy, statistical proof, effectiveness, prevention, counselling, education, as well as standards of research, care and treatment; • discussing and exploring with biomedical health practitioners the traditional medicine concepts of magic, pollution, poisoning, rituals, rites and ancestors/spirits in an open and respectful manner. 	<ul style="list-style-type: none"> • Green, 1994, 1999 	
DISCUSSING THE EVOLUTION AND CHANGES IN BOTH HEALTH SYSTEMS	<p>Both health systems are constantly changing. For example, in western countries where biomedicine prevails, there is a new demand for alternative, natural, holistic approaches to health care.</p> <p>Traditional medicine is also dynamic and changes in relation to context, environment, resources, client demands and emerging diseases such as HIV</p>	<ul style="list-style-type: none"> • It is important to talk about these changes so that both groups start the collaboration with a similar appreciation of the dynamic nature of health systems. • This implies an understanding of the relevant history and the current situation in all areas relevant to project implementation, such as the place traditional healers hold in former and current health policy and AIDS programmes. 	<ul style="list-style-type: none"> • Good, 1987, 1988 	
FORMING A DEDICATED AND CARING TEAM	<p>One should not forget that, in many sub-Saharan African countries affected by AIDS, neither doctors nor traditional healers have been spared by HIV. Care and openness towards all people who are infected or affected by HIV, including all types of health practitioners, is one important step in overcoming communication barriers, building trust and striving for a more open society.</p>	<p>A component of all collaboration between traditional healers and biomedical health practitioners should be:</p> <ul style="list-style-type: none"> • visiting people living with HIV (including sick traditional healers and doctors) in their homes; • being able to transcend the stigma associated with traditional medicine and AIDS and to relate openly to everyone living with HIV whether they be clients, traditional healers or doctors in a caring, compassionate manner. 	<ul style="list-style-type: none"> • UNAIDS, 2002 • UNAIDS, 2002b 	
COLLABORATING WITH LOCAL INSTITUTIONS	<p>Local institutions can offer complementary services that are not offered directly by a programme of traditional healer/modern biomedicine collaboration such as HIV testing and counselling, diagnosis and treatment of sexually transmitted infections, sharing of relevant literature, traditional herbal medicine, etc.</p>	<ul style="list-style-type: none"> • It is important to identify projects/organizations that can offer a variety of complementary services, such as counselling training, sexually transmitted infection treatment or a resource centre that provides literature on traditional medicine and AIDS. • Offering traditional or modern medical treatment to people living with HIV or collaborating with an organization that does so should be part of the prevention, care and support services provided to people living with HIV. • In some cases, collaboration will involve working with an institution that is able to provide herbal processing services. 	<ul style="list-style-type: none"> • UNAIDS, 2002 	

DETERMINANT		ACTIVITIES/ IMPLICATIONS		References
<i>Programmatic (cont'd)</i>				
ADVOCATING TRADITIONAL MEDICINE	As mentioned previously, practitioners of traditional medicine have had a long and troubled history in much of sub-Saharan Africa, with not only their recognition hindered but their rights eliminated as well.	<ul style="list-style-type: none"> • Advocacy implies seizing every opportunity to advocate for the rights, the importance, and the values that traditional medicine brings to the national health-care system. Managers can continually put pressure on governmental, nongovernmental, academic and medical institutions to incorporate traditional healers into their programmes. 	<ul style="list-style-type: none"> • Rogerson, personal communication, 2002 	
OPENING/ RUNNING OR ADVOCATING FOR A COLLABORATIVE CLINIC	A collaborative clinic provides traditional and biomedical care services side by side under one roof. This can be a uniquely useful and pioneering way to foster an open and respectful collaboration between the two types of practitioners, allowing for a true gain in the quality of care. Clients are able to decide with input from the traditional healer and the biomedical health practitioner which medicine is best suited for themselves, their problem and their situation.	<ul style="list-style-type: none"> • Ideally, this situation allows for the strengths of the two systems to be combined, but only if both care providers and their respective types of treatments are accessible and available, and both practitioners cooperate to best respond to patients' needs. • This cooperation implies that both types of care providers know, trust and respect each other and have an understanding of both health systems. 	<ul style="list-style-type: none"> • UNAIDS, 2002 	
INCLUDING HERBAL RESEARCH AND/ OR PROVISION OF HERBAL MEDICINE	A herbal research and/or provision component is an important part of the response to AIDS as it addresses one of patients' most pressing needs—to know which traditional medicines work, which do not work and how to access those they require. It also provides a culturally and economically relevant approach to care, as well as addressing the very important issue of recognition of traditional healers as care providers, and of traditional medicine as a valid care option.	<ul style="list-style-type: none"> • Some collaborative projects have combined ethnobotanical or clinical research, prevention and care activities. Whether or not such approaches yield positive results, they accomplish the very important task of validating or invalidating traditional treatments used by millions of Africans. • Other projects have shown that traditional herbal medicine collected by traditional healers can be administered in the hospital by biomedical workers. This formula allows for the strengths of both healing systems to be combined as the healer knows where to find the herbs and how to mix them while the hospital can diagnose the patient and monitor him or her for side effects, improvement or treatment failure. 	<ul style="list-style-type: none"> • UNAIDS, 2002 • McMillen, 2000 • Scheinman, 2000 • Scheinman, 1992 • Mberesero, et al. 1995, 1999 	

DETERMINANT		ACTIVITIES/ IMPLICATIONS		References
<i>Programmatic (cont'd)</i>				
<p>INCLUDING A STRONG MONITORING AND EVALUATION COMPONENT</p>	<p>Monitoring and evaluation throughout implementation and follow-up enables programmes to keep track of what is going well, what needs improvement, and to identify determinants of success and failure. It also allows for reflection on the goals and objectives of the collaboration, skill and capacity-building for all participants, and development of a vision for future planning.</p> <p>Indicators and expected outputs are often dictated by programme funders who are mostly western-based. Hence the need to explain in detail the terms and rationale of monitoring and evaluation to participating traditional healers in order to garner their support and cooperation. Otherwise, monitoring and evaluation can generate misunderstandings and mistrust. Furthermore traditional healers may highlight difficulties with some of the proposed indicators and may have additional indicators to propose</p>	<ul style="list-style-type: none"> • Ideally, monitoring and evaluation should be participatory, allowing for capacity to be built at all levels, and involving all stakeholders. This can be time- and resource-consuming, but will largely pay off in the end in terms of project ownership, sustainability and flourishing of the collaboration. • Monitoring and evaluation needs to be planned for as early as possible in the programme design, reviewed regularly and supported with sufficient resources and commitment. 	<ul style="list-style-type: none"> • THETA, 1998 • King, 1998 • Barton, 1997 • Smith, 1997 • Narayan, 1996 • Fals-Borda, 1991 • Feuerstein, 1986 	

From talk to action: building a generic, adaptable model to reach out to traditional healers and scale up collaborations in sub-Saharan Africa

Traditional medicine both shapes and is shaped by local social and cultural environments. A critical look at both the lessons learnt and the sociocultural context surrounding traditional medicine and HIV will assist in identifying and defining goals and objectives that are appropriate and relevant to bringing traditional healers and biomedical health practitioners together in the response to AIDS.

Each collaborative initiative requires consideration of a number of factors and of the context, eliciting questions specific to the collaboration. There are, however, a number of critical issues that are key to bridging the gap between traditional and modern medicine which have more universal relevance. These are listed these below under 10 subheadings (A to J) that can be used as a checklist for project managers and field workers exploring or implementing a collaboration. Tools that may be relevant to address these questions have been suggested. This list is not exhaustive. Each situation will require a fresh and critical look, and possibly different approaches.

A. ANALYSING CONTEXT SURROUNDING TRADITIONAL MEDICINE AND HIV

When analysing a specific context surrounding traditional medicine and HIV, special consideration should be given to political and attitudinal constraints and resources, as well as cultural, religious, environmental and socioeconomic factors.

Politics, policy and attitudes

What are the striking historical and political issues around traditional medicine and HIV that could either foster or limit project implementation? Key questions project designers should consider, and suggested tools for addressing these, include the following:

Traditional medicine

1. What is the history of traditional medicine and its relationship with allopathic medicine, and with local and national authorities in the specific context?

Tools: Desk reviews of documents and literature; key informant interviews of elders, traditional healers, historians, scholars.

2. Is traditional medicine talked about openly or is it stigmatized and practiced mostly at night when friends and colleagues are not aware of what is going on?

Tools: Questionnaires; focus group discussions with community members, traditional healers and their clients.

3. Is there an awareness of what traditional healers are doing at the government level? What is the government attitude towards traditional medicine?

Tools: Document review at the ministerial level; key informant interviews with Ministry of Health officials and traditional healers.

4. What ministry or regulatory authority does traditional medicine fall under? What are the laws/regulations surrounding the practice of traditional medicine? What are the resources available for traditional medicine at the government level, from civil society, and at the community level?

Tools: Document review and key informant interviews with government officials about government priorities, funds, information regarding other nongovernmental organizations and community-based organizations.

5. What are the differences in perceptions, attitudes and policy, if any, towards traditional medicine in different communities such as refugee populations, displaced peoples, urban and rural communities, different ethnic or religious groups, men, women and children?

Tools: Surveys; focus group discussions with community members and clients of traditional healers; key informant interviews with community leaders and members, elders, representatives of faith-based organizations.

6. What are the perceptions, attitudes and policies, if any, of the biomedical establishment and other academic and non-academic professions towards traditional medicine and traditional healers?

Tools: Mapping of constituencies; key informant interviews and focus group discussions with biomedical health practitioners.

7. What are the perceptions, attitudes and policies, if any, of traditional healers towards the biomedical profession?

Tools: Document review for policies on traditional medicine; surveys; key informant interviews; focus group discussions with traditional healers.

8. Are there nongovernmental organizations or community-based organizations that work with traditional healers on HIV or other issues (not necessarily health-related)?

Tools: Mapping; surveys; questionnaire/key informant interviews with community leaders, government, nongovernmental organization and community-based organizations, traditional healers, and community leaders.

9. How have traditional healers organized themselves at national and local levels? Is there a representative organization for traditional medicine/traditional healers at the local, national level?

Tools: Document review, key informant interviews with traditional healers and Ministry of Health officials.

10. Is there a traditional healer certification system?

Tools: Document review, key informant interviews with traditional healers and Ministry of Health officials.

11. Is there cooperation among traditional healers or much conflict? Do healers agree on some national and local priorities regarding HIV?

Tools: Document review, key informant interviews with traditional healers and Ministry of Health officials.

12. Who consults traditional healers in the specific context considered for a collaborative initiative and how can this affect the goals and implementation plans for the collaboration?

Tools: Key informant interviews with traditional healers and community leaders who know and consult healers; mapping, questionnaire for, and key informant interviews with, community members, government officials, traditional healers and their clients, and collaborative initiative leaders.

13. What medical, psychosocial, or other services are available for children infected or affected by HIV? How are orphans cared for? What role(s) do traditional healers play in the treatment, care and support of such children?

Tools: Document review, key informant interviews with traditional healers, Ministry of Health officials, paediatricians.

14. What are the laws, if any, or practices surrounding employment, inheritance and other rights of people living with HIV? What role do/can traditional healers play in such contexts?

Tools: Document review, key informant interviews with traditional healers, Ministry of Health officials, Ministry of Justice officials.

HIV

15. What are the traditional healers' knowledge, attitudes, beliefs and practices surrounding sexually transmitted infections and HIV?

Tools: Participatory Action Research techniques, survey of traditional healers and their clients, document review of previous research.

16. How are people living with HIV treated in the community? Are they stigmatized? What is being done to confront stigmatization at national and local levels? How could collaboration between a traditional healer/biomedical health practitioner help?

Tools: Questionnaire for/key informant interviews with community members, government officials, traditional healers' clients, and leaders of collaborative projects, mapping.

Resources

Realistically assessing human and financial resources in relation to the initiative's context and objectives can be very difficult, but doing so is critical to setting feasible objectives and maintaining the trust of all stakeholders.

Staff

1. Do staff members have the appropriate attitudes for working respectfully with traditional healers and people living with HIV?

Tools: Key informant interviews with programme leaders and staff, participating traditional healers and their clients, and people living with HIV; case report writing.

2. Do staff members have the capacity to implement collaborative activities? Are they reliable and committed? Do they have adequate training? Does the initiative include resources for refresher training?

Tools: Key informant interviews with traditional healers, their clients and collaborative initiative leaders; document review of proposals, plans and budgets.

3. Does the programme include resources to keep highly-trained, experienced and dedicated staff over the intended duration of the collaborative initiative?

Tools: Key informant interviews with collaborative initiative leaders; document review of proposals, plans and budgets.

Access to care

4. What services and health systems do people living with HIV have access to for treatment, care and prevention in the programme implementation area? Do they have access to biomedical health practitioners and traditional healers; what venues are used: clinics, hospitals, dispensaries and home-based care.

Tools: Mapping, transect walks² and diagrams, scaling, key informant interviews with traditional healers and their clients, with Ministry of Health AIDS clinics, with biomedical health practitioners, and with community leaders and members in different settings.

5. Are traditional healers and biomedical health practitioners competing for patients? Or are traditional healers operating in a region where the access to conventional health care is limited or non-existent?

Tools: Key informant interviews with biomedical health practitioners, and traditional healers and their clients.

6. What role do traditional healers play in the prevention and treatment of sexually transmitted infections and HIV, and in the care and support of people living with HIV?

Tools: Key informant interviews with traditional healers and their clients, Ministry of Health AIDS clinics, biomedical health practitioners, and community leaders/members.

7. How can improving the quality of traditional medicine improve access to health care overall?

Tools: Key informant interviews with traditional healers and their clients, Ministry of Health AIDS clinics, biomedical health practitioners, and community leaders/members.

Sustaining the collaboration

8. What are the options/opportunities for raising local support, including funding, for both present and future traditional healer initiatives/activities?

² Transects involve selecting and walking along a route with a key informant. The walk may be taken across a community or be confined to only a small area. The transect walker gathers information by personal direct observation of the physical surroundings, questioning their key informant and questioning people they may meet during the walk; the day and time and route of the walk is recorded and notes made. Within small communities transect walks may be a useful method to identify further key informants.

Tools: Key informant interviews with nongovernmental organization leaders, government officials, institutional and private donors, a 'strengths, weaknesses, opportunities and limitations' analysis, checklist.

9. Have funds been secured/sought to maintain and support long-term follow-up activities?

Tools: Document review of proposals, plans and budgets.

10. Have funds been secured and/or strategies been developed to allow for expansion of the programme?

Tools: Document review of proposals, plans and budgets.

Cultural factors

Much has been written about cultural factors surrounding traditional medicine and HIV, but each community is different and cultural factors are constantly changing so they must be considered anew for each potential collaborative initiative.

1. What are the cultural prescriptions around love, sex and sexuality? How are traditional healers consulted on these issues?

Tools: Literature search, survey, key informant interviews and/or focus group discussion with traditional healers, their clients, and community members.

2. What are the cultural beliefs and practices around infertility? Are traditional healers consulted on pre-marital issues? If so, in what capacity?

Tools: Key informant interviews with community members and traditional healers.

3. What are the cultural beliefs and practices surrounding death and dying? What role do traditional healers play in these situations?

Tools: Key informant interviews with community members and traditional healers.

4. What role, if any, do traditional healers' attitudes and beliefs, traditional medicine and the local culture play in HIV prevention and care, such as in condom use, voluntary counselling and testing, limiting numbers of sexual partners, seeking care for sexually transmitted infections?

Tools: Key informant interviews with traditional healers, national AIDS programme officials, biomedical health practitioners, community leaders.

5. How has the national AIDS programme dealt with cultural issues and AIDS so far? What are the positive aspects of cultural taboos that can be emphasized? How can the negative aspects be modified?

Tools: Key informants interviews with national AIDS programme officials, non-governmental and community-based organization managers, community leaders.

Faith-related factors

Leaders of faith-based communities and organizations can have a dramatic influence on attitudes towards both HIV and traditional medicine, and thus on the implementation of HIV-prevention-and-care programmes as well as collaborations with traditional healers. It is

therefore critical to learn about the attitudes and practices of faith-based organizations, of their representatives and of their leaders regarding traditional medicine and HIV.

1. What is the official and unofficial stance of different faith-based organizations, representatives and leaders regarding traditional medicine? Regarding HIV?

Tools: Key informant interviews with leaders of different faith organizations and with community leaders/members.

2. What have faith-based organizations or individuals done so far in the response to AIDS?

Tools: Media and literature search, document review, mapping, key informant interview with leaders of different faith-based organizations, community leaders, and national AIDS programme managers

3. What is the position of different faith-based organizations' representatives and leaders on safer-sex messages, including condom use?

Tools: Media and literature search, key informant interviews with leaders of different faith-based organizations, community leaders, and national AIDS programme managers.

Environment/conservation

The practice of traditional medicine most often implies the use of medicinal herbs, thus it is intrinsically linked to the conservation of medicinal plants. Questions worth considering in this context include the following.

1. Are there governmental policies or activities surrounding the conservation of medicinal plants and traditional healers' access to them?

Tools: Key informant interviews with traditional healers, government officials, nongovernmental organization leaders, academics, and document review.

2. What have nongovernmental organizations, community-based organizations, traditional healer organizations and communities done in this area?

Tools: Document review, mapping, key informant interviews with government officials, nongovernmental organizations, community-based organizations, traditional healer organizations and community leaders.

3. What are traditional healers' priorities for the conservation of medicinal plants? What resources do healers use to collect plants?

Tools: Focus group discussion and key informant interviews with traditional healers' organizations and individual traditional healers.

4. Are there ethnobotanical and conservation experts/organizations/institutions available locally to collaborate with and learn from?

Tools: Key informant interviews with government officials, nongovernmental organization leaders, community members, academics and traditional healers.

Socioeconomic factors

The differences in resources and attitudes between rural and urban communities, different ethnic groups, refugee or displaced populations, as well as people or groups from

different socioeconomic backgrounds can be striking and must be considered. It is important to recognize that traditional medicine practices and concepts are not static and can change dramatically according to exposure to new ideas and concepts.

1. How has traditional medicine evolved in the specific context of the collaborative initiative and how does this differ from the evolution of traditional medicine in the rest of the area/country/region?

Tools: Key informant interviews with selected clients of traditional healers within the collaborative initiative implementation area and in comparison area(s), mapping of selected traditional healers' activities in contrasting areas.

2. What are the particular attitudes surrounding HIV, stigma and traditional medicine in the setting(s) considered?

Tools: Key informant interviews with community members and leaders in the setting(s) considered.

3. What are the differences in resources for local initiatives in the different settings considered?

Tools: Key informant interviews with local authorities, nongovernmental organizations, community-based organizations, community leaders, and local funding agencies. Charting of differences in resources for local initiatives in different settings.

B. DEFINING OBJECTIVES

Objectives should relate to the local context and to the priorities of the various groups and individuals concerned. All key players should give input into framing the objectives. Linking prevention, treatment and care should be a priority, especially since there is generally no distinction between these three things for traditional healers. Important dynamic issues to consider when defining objectives and periodically thereafter throughout implementation of the collaborative programme include the following.

1. Who are the main stakeholders and actors involved in the collaboration? How can they help accomplish project goals and develop ownership of the initiative?

Tools: Focus group discussions/key informant interviews with all stakeholders, including (but not limited to): community leaders and members, initiative leaders, implementers and funders, government AIDS control programmes, other nongovernmental organizations/community-based organizations, mapping of stakeholder needs.

2. What are the needs and priorities for traditional healers, biomedical health practitioners, intended beneficiaries, and other key stakeholders in the area of implementation? How might the needs be influenced by the context? How do the collaboration objectives address these needs?

Tools: Key informant interviews with leaders and other stakeholders (see B.1 above), diagramming of the collaborative initiative strategy.

3. What is the strategy to make the collaboration successful and lasting?

Tools: Key informant interviews with traditional healers, and community leaders, participatory rural-appraisal techniques, profiling of representative main stakeholders.

4. What human, physical and financial resources and capacity are available locally and nationally?

Tools: Document review of proposals, plans, budgets, key informant interviews with community, national AIDS programme managers, leaders and other stakeholders; mapping of local resources.

5. Are there any plans/resources to enable the initiative to evolve and adapt over time to the changing context?

Tools: Document review of proposals, plans, budgets, key informant interviews with community leaders and other stakeholders, vision workshops.

Research

Whether on the medical, social or ethnobotanical front, there is no doubt that research is greatly needed to document the nature, value and effectiveness of traditional medicine practices. Research is also one important way to initiate collaboration between traditional healers and biomedical health practitioners. If envisaged as a programme activity, research objectives should be thoroughly explored from the outset in collaboration with the healers. If it is not envisaged, it is important to take into consideration what research has been done and how to build on existing knowledge and acknowledge possible gaps.

What research, if any, has already been conducted on traditional medicine and on traditional medicine and HIV? Are results available to project leaders and target groups?

1. How can research questions and implementation plans be designed in a participatory manner? How can different priorities be integrated?

Tools: Document review, literature search, annotated bibliography; key informant interviews with traditional healers, biomedical health practitioners and their clients.

2. What are the research priorities of the traditional healers, biomedical practitioners and other stakeholders?

Tools: Focus group discussions/key informant interviews, traditional healers, biomedical practitioners, other stakeholders and project leaders; community meeting; ranking and scoring of research priorities.

3. How will results be disseminated? How will they be fed back into implementation plans?

Tools: Document review of proposals, plans, key informant interviews with traditional healers, biomedical practitioners, other stakeholders; group meeting.

C. INITIATING CONTACT

Traditional healers should be involved from the earliest stages of planning. The first contact with the traditional healer community can be critical to the success of a collaboration and can inspire how the initiative manages to build trust between key players. Successful initiatives have tried contacting traditional healers through multiple sources. Often, once a relationship has been built with a few healers, these healers can facilitate meeting others. Initiating contact should be a multipronged approach, involving:

- traditional healers' associations;
- community leaders and members who may be clients of traditional healers;
- other organizations or institutions—i.e. nongovernmental organizations, community-based organizations or faith-based organizations which are or have been collaborating with traditional healers;
- traditional healers recommended by their colleagues;
- Ministry of Health or Culture, Office of Traditional Medicine, which may have a registry of traditional healers and their contact information; and
- biomedical health practitioners.

Though sometimes challenging to achieve, it is crucial that traditional healers of diverse backgrounds and specialties be contacted and, if possible, involved, in order to avoid having members from one association, one ethnic group or one region predominate in the collaboration.

Recognizing legitimate healers

In a field where there are often few or no regulatory mechanisms, it can be challenging to come up with criteria to establish the 'legitimacy' of a traditional healer. Previous successful initiatives have used the following selection criteria.

One through six: Key informant interviews with mentioned groups, checklist, mapping, transect walks and diagrams³.

1. Being recognized by the community and local authorities as a traditional healer.
Tools: Key informant interviews/focus group discussions with community leaders and members.
2. Using indigenous knowledge and skills to diagnose, treat and heal patients.
Tools: Key informant interviews with traditional healers, their clients and observation of traditional healing practices
3. Having a clinic or shrine where patients can be treated.
Tools: Observation of/visits to traditional healers' clinics, shrines, homes, practices.
4. Having regular patient attendance.
Tools: Observations/visits, document reviews of available records if held by traditional healers, key informant interviews with traditional healers' clients.
5. Knowing how to prepare herbal remedies.
Tools: Key informant interviews with, and observation of traditional healers.
6. Referral to other traditional healers, biomedical health practitioners.
Tools: Key informant interviews with traditional healers' clients, peer traditional healers and biomedical health practitioners.

³ Diagrammatic representations of information gathered from different informants is often a useful tool to identify similarities, dissimilarities, overlaps and gaps.

7. Dependability, and consistent cooperation reported by clients and other organizations.

Tools: Key informant interviews with traditional healers' clients and leaders of community-based organizations and nongovernmental organizations.

8. If applicable, being registered with a recognized local/national/regional traditional healers' association.

Tools: Document review at Ministries of Health or Culture.

All: Can use a checklist and profile writing⁴ of individual traditional healers.

Leaders of collaborative initiatives have emphasized that one of the most important elements in identifying genuine and committed traditional healers is to spend some time with them. It takes several visits, ample discussion, observation and simply time spent together to identify legitimate healers who are genuinely interested in collaborating, as opposed to those who may only be interested in personal gains from the initiative.

Why would biomedical health practitioners be interested in collaborating with traditional healers?

Some biomedical health practitioners collaborating with traditional healers report being greatly inspired and motivated by the rapid change in healers' attitudes from mistrust to interest, once collaboration is under way, and also by the amount and quality of work that traditional healers have been able to do with very basic information. Yet many collaborative initiatives have focused much of their energy on gaining the trust of traditional healers but have neglected the equally important element of involving biomedical health practitioners. This leads to an unequal balance whereby many traditional healers collaborate with just a few biomedical workers. To redress the balance, previous collaborative initiatives have emphasized the following.

1. Involve biomedical staff such as doctors, clinical officers, nurses, and community health workers in collaborative projects as they can quickly learn the value of cooperating with traditional healers and can create a meaningful relationship. This then can influence others.

Tools: Key informant interviews/focus group discussions, profile writing of biomedical health practitioners.

2. Empower biomedical health practitioners to acknowledge, accept and understand patients' beliefs in traditional medicine.

Tools: Key informant interviews, focus group discussions (consider joint sessions), strengths, weaknesses, opportunities and limitations analysis by biomedical health practitioners and their clients.

3. Show biomedical health practitioners the benefit of joining forces with traditional healers to confront the gravity of the AIDS situation.

Tools: Document review of information on HIV and the access-to-care situation in the area covered by the collaborative initiative. Seminars, focus group discussions, information sessions for biomedical health practitioners.

⁴ Profile writing can be done in many ways; typically it might include observations about primary area of expertise, training received, age, sex, number of regular or non-regular clients, location, position in community etc.

4. Invite biomedical health practitioners to facilitate exchanges with traditional healers on sexually transmitted infections and HIV, condom use and primary health care.

Tools: Build collaboration activities into plans and budgets from the beginning, document review/key informant interviews regarding possible events to which biomedical health practitioners could be invited; diagram strategy.

5. Offer seminars/workshops to sensitize local/national health management teams to the value of traditional medicine and research interests, the place traditional medicine has in society, and on traditional healers' skills and their understanding of disease and illness.

Tools: Build sensitization programmes and refreshers into plans and budgets of the collaborative initiative from the beginning; prepare with focus group discussions with biomedical health practitioners on traditional medicine; group meetings; strengths, weaknesses, opportunities and limitations analysis workshop.

6. Create awareness of healers' vast knowledge and skills.

Tools: Profile writing of traditional healers and biomedical health practitioners; strengths, weaknesses, opportunities and limitations analysis workshop for biomedical health practitioners.

Why would traditional healers be interested in collaborating with biomedical health practitioners?

Many initiatives in sub-Saharan Africa that have aimed at a respectful collaboration have found that traditional healers are more than interested in participating. However, this does not mean that all traditional healers are interested and very little is known about those healers who do not volunteer to collaborate. But of those who do, what sparks their enthusiasm and commitment and what makes them excel at designing and implementing new activities incorporating ideas and information about HIV? Some answers follow.

1. Traditional medicine has had a history of oppression in many countries and regions of Africa, so many healers respond positively when biomedical practitioners show a genuine interest in their work. Healers often feel this gives them much-deserved recognition in the community.

Tools: Key informant interviews, profile writing of traditional healers and project leaders of other nongovernmental organizations working with traditional healers.

2. Being involved in initial meetings and the planning process motivates traditional healers to enter into, and continue with, the collaboration.

Tools: Key informant interviews; strengths, weaknesses, opportunities and limitations analysis of traditional healers and community leaders to identify the most appropriate healers to interview.

3. Being treated as equals is a primary concern for traditional healers. They do not want to be seen only as community health workers. Healers often consider themselves more as care providers or physicians than community health workers, and they usually have a great deal of knowledge, experience and training, making them highly qualified care providers in their field. They are also interested in increasing their patient-care skills.

Tools: Key informant interviews; profile writing, participant observation of traditional healers, clients and community members/leaders.

4. Many traditional healers are aware of the problems that they cannot treat effectively. They are genuinely concerned for the health of their community and want to effect positive changes.

Tools: Focus group discussions with community leaders and traditional healers; ranking and scoring of illnesses/diseases

Common interests

1. Enhanced visibility/credibility: both traditional healers and biomedical health practitioners seek to show their involvement and commitment in the response to HIV. This common interest can yield opportunities for organizing joint educational events at community, local or regional levels. Invite biomedical health practitioners and traditional healers to highly visible events such as World AIDS Day celebrations or other community events where both can participate in informing and educating the public.

Tools: Survey; focus group discussions; strengths, weaknesses, opportunities and limitations analysis; key informant interviews with interested biomedical health practitioners/traditional healers to find out about opportunities and obstacles.

2. Improved care capability: both types of practitioners are interested in improving their practice by learning new facts and techniques and offering new care options. With the increase of clients suffering from HIV-related conditions, many traditional healers and biomedical health practitioners have become overwhelmed and have been at a loss as to how to treat some previously straightforward conditions. Traditional healers are eager to learn more about HIV transmission prevention approaches, diagnostic methods and patient-support systems. Biomedical health practitioners are also curious to find out about simple, affordable solutions that they can offer to their patients when little or no other care options are available. Joint clinics can be set up to offer the best of both approaches to patients. Traditional healers have generally been attracted to improving their practice in very practical ways also, such as building latrines, or getting a telephone service, etc.

Tools: Key informant interviews, participant observation, profile writing of traditional healers, biomedical health practitioners and clients of both systems.

3. Referrals: encourage traditional healers to refer patients with complications to biomedical health practitioners' clinics or hospitals. Also promote cross-referral from biomedical health practitioners to traditional healers for counselling and management of HIV-related illnesses for which biomedical treatment is unavailable, such as skin rashes, herpes zoster, chronic diarrhoea, pains, fatigue, etc. (Homsy, 1999).

Tools: Find out about possible existing referral systems. Create a two-way referral system including forms and training on the use of forms; forms and referral system should be designed in a participatory way.

4. Research into herbal medicine: many healers feel they have effective medicines that are not recognized by the medical establishment. And many biomedical health practitioners feel they cannot use or recommend traditional medicine because of a

lack of established efficacy. There is indeed a dearth of scientific data on the effectiveness of herbal medicine as very little research has been done in a systematic way on African herbal medicine. Collaborative research activities should start by exploring common traditional healers'/biomedical health practitioners' research interests, assessing the research capability of a collaboration, developing or adapting recognized research protocols, and identifying funding possibilities.

Tools: Explore collaborative research possibilities; key informant interviews/focus group discussions/workshops with traditional healers and biomedical health practitioners; document review of national AIDS policy and programmes, literature search.

D. BUILDING TRUST

Building trust takes time because it requires each party to listen attentively to the priorities of others involved; it needs to be sustained through all phases of implementation of the initiative. It may take years for such trust to be built and it is important to bear in mind the following elements.

1. Make initial contact with traditional healers in a humble, personal way by visiting all healers recommended by the community.

Tools: Key informant interviews with traditional healers, community leaders and members, participant observation.

2. Organize events to present the objectives of the collaborative initiative, answer questions, and listen to any expectations, objections or concerns on the part of traditional healers or biomedical health practitioners.

Tools: Information sessions, community meetings, seminars and/or workshops involving traditional healers, biomedical health practitioners and key community contacts and relevant stakeholders.

3. Plan programmes and reach conclusions together with participating biomedical health practitioners and traditional healers.

Tools: Key informant interviews with representative traditional healers and biomedical health practitioners, profile writing; programme planning meetings

4. Give healers and biomedical health practitioners time to observe the initiative and comment on its methods.

Tools: Plan more time than necessary into proposals and budgets.

5. Promote mutual respect between traditional healers and biomedical health practitioners as well as among healers from different schools of thought and practice.

Tools: information sessions, seminars and /or workshops involving traditional healers of different traditions and biomedical practitioners.

6. Take healers seriously and treat them as fellow professionals at all times, while acknowledging their status and power.

Tools: information sessions and or workshops involving traditional healers and biomedical practitioners.

7. Neither traditional healers nor biomedical health practitioners should be paid for participating in the initiative, other than their communication or transportation costs; traditional healers should be paid for any medicines they may provide to the initiative.

Tools: Include the issue of payment as early as possible in the agenda of planning meetings

8. Intellectual property rights of healers over their treatments must be addressed; traditional healers often fear that their treatment ‘secrets’ will be stolen and they will not be given due credit.

Tools: Document review of previous projects, review of national legislation if existing, key informant interviews government officials, traditional healers, discuss different examples with both healers and biomedical health practitioners.

9. Giving traditional healers an important role in the collaboration, such as sitting on the Board of an initiative or organization implementing the collaboration, being actively involved in biomedical clinical research, or working as a community trainer or educator, can be a great means of building trust while enhancing the credibility and breadth of the collaboration.

Tools: Document review of previous projects, review of national legislation if existing, key informant interviews with government officials, traditional healers, discuss different examples with both healers and biomedical health practitioners

10. Plan for mutual site visits so that biomedical health practitioners and traditional healers can familiarize themselves with each other’s practices.

Tools: Discuss priorities with traditional healers and biomedical health practitioners, organize and schedule visits together with healers and practitioners.

E. AGREEING ON TERMS

The rules of collaboration must be agreed upon by all participants. This is an important element as traditional healers and biomedical health practitioners come from such diverse backgrounds and training that sometimes what may seem to be a simple concept is easily misunderstood. In some cases, contracts have been signed with collaborating traditional healers. In others, guidelines have been drawn up with input from both the traditional and biomedical practitioners. In such contexts, the following issues need to be defined and/or clarified.

1. Overall goals of the collaboration.
2. Limitations and constraints of the initiative.
3. Implementation plan and timetable.
4. Roles and responsibilities of each party.
5. Sharing or disclosing information that is generated by the initiative.
6. Ownership of results.
7. Evaluation criteria.
8. Healer certification.
9. Future funding possibilities (i.e. expectations thereof).
10. Payment/remuneration of traditional healers.

Tools for all the above: focus group discussions, key informant interviews, seminars, participatory workshops with traditional healers, biomedical health practitioners, members of staff of the collaborative initiative, donors and other relevant stakeholders.

F. SHARING CRITICAL INFORMATION

Experience has shown that curricula should never be set in stone, but constantly reviewed in relation to the changing HIV epidemic and social, political, economic and cultural contexts, as well as the perspectives of traditional healers themselves and the surrounding communities. Different groups of traditional healers will have different needs, and leaders of the collaborative initiative must be sensitive to different age and gender relations in a group.

The sexually transmitted infection/HIV curriculum used to impart information to traditional healers must be thoroughly thought through; in particular, it must have the following characteristics.

1. Contains up-to-date information.

Tools: Document review of latest research results; key informant interviews with national AIDS programme officials.

2. Is relevant to traditional healers' lives, situations and practice, using practical examples and exercises such as games, role plays, group discussions and presentations, etc.

Tools: Develop examples and exercises through key informant interviews with traditional healers; involving people living with HIV in design and implementation; participant observation.

3. Is accessible, using appropriate language and methods of communication, as many healers cannot read or write.

Tools: Key informant interviews with traditional healers, survey of traditional healers.

4. Is interesting, user-friendly and participatory—i.e. uses pictures, drawings, possibly videos, slides etc.

Tools: Document review of other HIV educational material, key informant interviews with traditional healers, checklist for variety.

5. Allows enough time for translation, where required.

Tools: Key informant interviews with trainers to get estimates of time needed for translations.

6. Involves people living with HIV so that they may share their experiences with traditional healers and biomedical health practitioners.

Tools: Key informant interviews with people living with HIV to agree on their role in the collaboration.

G. LEARNING FROM, SUPPORTING AND EMPOWERING EACH OTHER

In addition to imparting information to traditional healers, biomedical practitioners have a great deal to learn from them and should continue to be open to ideas and values that may be very different from their own, but which could improve their own practice of

medicine. In order to gain as much as possible from the collaboration, a truly empowering relationship should consider the following.

1. Allow sufficient time for traditional healers to contribute, bearing in mind that some healers like to use stories or parables.

Tools: Plan for sufficient time for joint meetings, key informant interviews with traditional healers and with project managers of other projects who have worked with healers.

2. Respect traditional healers' beliefs, values, ways of practice and rituals.

Tools: Key informant interviews, observation of traditional healers, profile writing.

3. Visit traditional healers' workplaces (more than once), giving enough time for a trusting relationship to develop.

Tools: Informal visits, observation at traditional healers' places of work, profile writing, mapping of all participating traditional healers' home/workplaces.

4. Talk to traditional healers/biomedical health practitioners' clients about their treatment and relationships with healers and doctors.

Tools: Key informant interviews with clients of traditional healers/biomedical health practitioners, profile writing, description of relationships.

5. Explore with traditional healers why they think their medicine works, as well as why some treatments do not work.

Tools: Key informant interviews, focus group discussion, informal discussions with traditional healers.

6. Organize visits of traditional healers to biomedical health practitioners' workplaces and vice versa.

Tools: Planning visits as an educational experience and a confidence-building exercise; considerate scheduling; discussing priorities of traditional healers and biomedical health practitioners.

7. Above all, show an interest in learning from traditional healers.

Tools: Regular informal and formal visits, discussion, advocacy.

8. Small incentives might be helpful.

Tools: Focus group discussion with community leaders, traditional healers.

What are the other challenges reported from previous collaborative initiatives?

Challenges range widely between initiatives, depending on the context, the traditional healer and the initiative's objectives. Taking the following into consideration may help when planning future collaborations and thus avoid potential problems. (Activities and implications related to these challenges have been presented in the previous section.)

Sociopolitical environment

1. It may be difficult for traditional healers to talk openly to clients about HIV: healers often perceive a conflict of interest in telling patients who want to believe they are bewitched that they may, in fact, be infected with HIV or other infectious agents.

Tools: Key informant interviews with traditional healers and their clients, sharing examples from other initiatives that have had positive experiences.

2. Involving traditional healers of widely diverse training and ethnic backgrounds, as well as age, gender, values and beliefs, is sound practice but can produce conflicts that may undermine the initial objectives of the collaboration.

Tools: Focus group discussions with traditional healers of diverse backgrounds, compare with key informant interviews with traditional healers of diverse backgrounds, sharing examples from other initiatives that have had positive experiences

Differences in values and education

1. Traditional healers may have difficulty understanding the biomedical research model.

Tools: Key informant interviews, focus group discussions with traditional healers, biomedical health practitioners, sharing examples from other initiatives that have had positive experiences.

2. Lack of cooperation and negative attitudes from biomedical health practitioners who often dismiss traditional medicine as an invalid system of care, wherein diagnosis is based on beliefs, intuition and/or magical representations of body and spirit, rather than on medical science.

Tools: Key informant interviews, focus group discussions with biomedical health practitioners to address their negativity and identify what will encourage them to collaborate, sharing examples from other initiatives that have had positive experiences.

3. Traditional healers are sometimes too proud to learn from each other or from biomedical health practitioners and vice versa.

Tools: Focus group discussions with traditional healers and biomedical health practitioners, sharing examples from other initiatives that have had positive experiences.

4. Traditional healers are often not good time-keepers.

Tools: Observation, open discussion with traditional healers about time-keeping, and being a positive example.

Programmatic issues

1. Translation can make training last longer than expected.

Tools: Plan accordingly for sufficient time.

2. Healers complain that long intervals between meetings, training sessions, or follow-up visits mean that they forget what they have learnt.

Tools: Plan accordingly for regular visits in line with traditional healers' expectations.

3. It may be difficult to assess traditional healers' progress or performance because patients are not always found at the healers' clinics.

Tools: Design alternative methods of assessment—e.g. use an interviewer as a patient, or empower a local liaison person to conduct regular monitoring and evaluation and support visits.

4. Local leaders may hesitate to commit financial resources to healers' work plans.

Tools: Design alternative methods of convincing leaders by identifying non-financial support; showing the potential public health gain, hence financial savings, generated by a collaboration; and, whenever possible, rethink budget allocations in light of added traditional healers' services.

Resources

1. Lack of sufficient research and documentation on traditional medicine and practices.

Tools: Document review and literature search to ensure that whatever information available is included or accessible. Whenever applicable, help prepare research proposals and secure support.

H. MONITORING THE COLLABORATION

Collaborative work requires time in order to build trust and produce tangible results. Time is also needed for continuously monitoring and evaluating a changing epidemic such as HIV, and the dynamic relationship between the two health sectors.

1. Possibly the most useful approach to monitoring collaborative initiatives is to conduct regular site visits to traditional healers' and biomedical health practitioners' workplaces. This further fosters trust while addressing emerging challenges and assessing changes in health-provider practices. Some initiatives use checklists with relevant questions in order to standardize their visits and not forget important issues.

Tools: Design a timeline for regular site visits.

2. When and where site visits are not feasible, regular meetings involving traditional healers and/or other stakeholders can go a long way towards sharing results, addressing problems, and devising acceptable and practical solutions.

Tools: Design a timeline for regular meetings involving traditional healers and their clients, community leaders, representatives and liaison, relevant local authorities, people living with HIV

3. Relevant monitoring and evaluation issues should be thought through in advance and should relate to the objectives and implementation plans of the initiative.

Tools: Surveys, focus group discussions and key informant interviews with relevant participants, stakeholders and intended beneficiaries.

4. Monitoring and evaluation issues should be addressed with traditional healers/ biomedical health practitioners and their clients, as well as surrounding community members, while paying special attention to differences in age, gender and ethnicity.

Tools: If possible, involve both participating and non-participating traditional healers/biomedical health practitioners and their clients from diverse communities in monitoring and evaluation exercises in order to assess comparatively the potential impact of a collaboration on the community.

I. EVALUATING SUCCESSES AND FAILURES (AND ETHICAL SOUNDNESS)

Indicators should be designed with traditional healers and other stakeholders. Process and outcome indicators for success and failure will vary according to the objectives and the context of the initiative. Evaluation should not be thought of as a stressful obligation but as a chance to pause and reflect on lessons learnt and plan better for the future. If done in a participatory way, all parties involved build capacity and become empowered to change and strengthen the collaboration. There are many excellent publications on the various evaluation techniques applicable to different types of initiatives and contexts. It is neither the purpose nor the scope of this document to replicate this information. However, the following issues are particularly relevant to evaluating collaborations between traditional healers and biomedical health practitioners.

1. Openly discuss with key stakeholders how an evaluation should be conducted—by external consultants or through internal self-evaluation. Both of these options have their strengths and weaknesses. Combining both external and internal evaluations is a sound approach but increases the cost.

Tools: Key informant interviews with stakeholders, traditional healers and biomedical health practitioners. Read and share relevant information on various types of evaluation through participatory exercises (see bibliography and annex).

2. Assess whether or not the collaboration changed clients' knowledge, attitudes, beliefs and practices about HIV and other diseases.

Tools: Survey of people living with HIV, traditional medicine/biomedical clients, and other patients within and outside the implementation area of the initiative.

3. Assess whether or not the collaboration changed people's access to traditional medicine and biomedical treatment, services and facilities, and how.

Tools: Key informant interviews with all stakeholders, participatory workshops.

4. Agree on indicators through participatory exercises, making sure that they reflect the interests of all participating stakeholders, not only those of leaders or funders of the collaborative initiative.

Tools: participatory seminars/workshops with stakeholders.

5. Feed back results in a meaningful manner to the groups that were the source of information, and disseminate them to all stakeholders.

Tools: Plan for community meetings, seminars for presentations and discussion of results.

6. Devise alternative methods for collecting information with and from a group that does not read and/or write: some projects have developed oral ‘exams’ as a post-training exercise or have allowed traditional healers to bring in a relative to help them write.

Tools: Design alternative methods of assessments in collaboration with traditional healers; document review of methods used in other initiatives.

J. FUTURE PROSPECTS

Future prospects for traditional medicine and HIV may be as broad as the field of traditional medicine itself. The following are ideas and hopes for future collaboration, based on the most frequently identified gaps and needs from the perspective of traditional healers and biomedical health practitioners.

Herbal medicine

1. Identify more herbal treatments for HIV, as well as for other diseases and conditions.
2. Conduct clinical studies on the efficacy of the herbs commonly used for opportunistic infections, viral infections and other prevalent/relevant conditions.

Expand activities/services

1. Sensitize more biomedical health practitioners to the value of traditional medicine.
2. Initiate more collaboration, especially in places/countries where there is not any.
3. Involve more biomedical health practitioners and traditional healers as partners in existing collaborations.
4. Scale up existing collaborations and expand initiatives geographically.

New activities to consider

1. Identify a reference group, association or organization with knowledge and experience in the field of collaborative work that can advise healers and biomedical health practitioners on how best to approach difficult issues. In this way, organizations interested in initiating collaborations can benefit from valuable experience and share their own for the benefit of future initiatives.
2. Promote wider use of cross-referrals between traditional healers and biomedical health practitioners with well-designed referral forms and clear guidelines.
3. Promote written documentation, studies and analyses of traditional medicine practices and treatments in order to safeguard indigenous traditional medicine knowledge.

4. Promote/support the accreditation of traditional healer training programmes.
5. Promote/support the development of regulatory mechanisms for the practice of traditional medicine and the manufacture, packaging, dispensation and sale of traditional medicine.
6. Start clinics where traditional healers and biomedical health practitioners collaborate and offer their services side by side.
7. Consider training traditional healers on basic biomedical patient-management techniques. In some settings, healers have expressed an interest in learning how to perform basic clinical examinations and interventions (e.g. how to conduct clinical examinations, check pulse, take blood pressure, set up a drip) and to attend lectures in the hospital setting, where they can observe procedures.
8. Offer lectures, classes and programmes on traditional medicine and its importance in standard biomedical training curricula.

Building links

1. Build strong links at grass-roots level (e.g. with communities) to support traditional healer and collaborative initiative activities.
2. Build national and regional networks for the sharing of information and experiences, organize encounters, communicate results obtained from collaboration initiatives, and generate new ideas and initiatives.
3. Support traditional healers' associations that undertake various activities such as community AIDS education and drama, training of fellow healers, support groups for people living with HIV, and care and treatment of people living with HIV.
4. Support the involvement of traditional healers in national health policy bodies (Ministry of Health, National AIDS Control Programme, National AIDS Commission, National Drug Authority, National Drug Access programmes, etc.)

Conclusions

In many countries, collaborative initiatives have sprung up between traditional and biomedical health practitioners for HIV prevention, care and treatment (UNAIDS 2000, 2002). These programmes have shown that such initiatives are not only possible, they are beneficial to surrounding communities. In particular, traditional healers have demonstrated a tremendous capacity to care and effect change on a broad level, from helping to formulate and support government policy on traditional medicine, to client counselling and treatment in their homes. However, these few projects, though generating far-reaching and important results, are only small achievements on a vast spectrum of potential. It is only with renewed enthusiasm and enhanced capacity to generate widespread involvement of traditional healers in all aspects of the response to AIDS that we can curb the spread of HIV and its devastating effects on individuals, families and communities.

In a field that is as inherently complex and mysterious as African traditional medicine, it is not easy to compile guidelines that will work for all concerned. Nevertheless, experience has shown that there are some universal criteria that should be considered in all collaborative attempts between traditional healers and biomedical health practitioners. Consideration of these factors is important while endeavouring to bring together what should never have been separate: modern biomedicine and African traditional medicine. Both systems have developed their own concepts and practices of healing. Both have the same goals and are certainly complementary, yet they have never been allowed to truly meet. To make available to the community the best of both systems, a dialogue must be established and many more collaborative initiatives developed and sustained. If we fail to do so, we all stand to lose, as researchers, practitioners, patients and community members.

What is needed now is renewed interest and action from both sides. Although there is ample evidence to show that collaboration between the two sectors is in everyone's best interest, actual, effective programmes are still few and far between. Collaborations must be started to deliver improved and much-needed prevention, care and treatment services to the enormous number of Africans affected and infected by HIV. Sound research must be carried out in collaboration with traditional healers to generate reliable data about the strengths and weaknesses of the traditional and biomedical approaches, as well as to document the effectiveness of African herbal medicine. Both existing and new documentation on HIV and key aspects of collaborative work must be tailored to the language of traditional healers and concepts of traditional medicine in order to allow for a meaningful participation of healers. Indeed, many traditional healers would greatly benefit from information directed primarily at them, since what currently exists is mainly in English, which they may not understand.

Much more must be done to truly bring together traditional medicine and biomedicine in the response to AIDS and other diseases. The potential in this field is vast but it will only be realized if both sides reach out and bridge the divide that many years of mistrust and repression have created. Hopefully this is only the beginning of a long and exciting road of increased sharing and collaboration whereby patients and communities are the ultimate beneficiaries.

Knowledge is power. With every healer who dies without sharing or transmitting his or her knowledge, a piece of the quintessential African heritage vanishes. In fact, this cultural and medical extinction is happening at an alarming pace. When we combine the strengths of both the traditional and modern health systems, we do not merely strengthen our ability to provide better care, we empower a culture and revive values that are at the root of the multitude of cultural identities that make up Africa. In the long run, this may prove invaluable in reversing the devastation wrought by HIV.

APPENDIX A:

An example of actual steps taken by the Traditional and Modern Health Practitioners Together against AIDS and other diseases (THETA) project, Uganda, to initiate and sustain collaboration between traditional healers and biomedical practitioners for the last 10 years⁵

Specific objectives

1. To share information on sexually transmitted infections and disease management practices.
2. To initiate and promote collaboration between traditional healers, biomedical workers and the community.
3. To equip traditional healers with effective communication skills, reporting skills, leadership skills, and counselling skills.

(1) Site investigations

Several districts are visited to assess possibilities of initiating a traditional healer's community-based programme, based on specified criteria. The most important criteria include the willingness of health workers to collaborate with traditional healers, the willingness of other district officials to sustain the programme even without the support of THETA and the lack of other organizations doing similar work. District officials, nongovernmental organizations working on HIV, and leaders of healer associations are contacted to identify possible areas of collaboration, assess district support and size and interest of the healer population.

(2) Preparatory visits

After THETA has chosen a district, visits are carried out to assess the district structures and to choose an operational area. Clarification of the project activities is emphasized in discussions with community leaders at this stage and arrangements for the mobilization workshops are made.

(3) Mobilization workshops

Mobilization workshops usually last one day at the sub-county level, for about 100 traditional healers, elders, community and religious leaders and other resource people in the district and the sub-county. The aim is to introduce in more detail the objectives of THETA, to share information about HIV and sexually transmitted infections, and for a local health worker to present the impact of HIV on that particular community. It is at these workshops that a community structure to implement activities in the community is put in place. The community monitoring committee and community interviewers help THETA identify healers in their respective sub-counties.

(4) Training of community monitoring committees and community interviewers

The monitoring committee members and interviewers are given a two-day and four-days training in community mobilization and basic skills of social research, respectively. They

⁵ Excerpted from THETA proposals, reports and documents

then participate in a joint meeting to share experiences and to learn more about each others' roles and to plan for the healer baseline survey.

(5) Healer baseline knowledge, attitudes and practice survey

A knowledge, attitudes and practice baseline questionnaire is administered by the interviewers with the supervision of social scientists to randomly selected healers in each sub-county. After the survey, an AIDS awareness workshop is organized for these healers, to educate them about HIV and to select healers who will undergo training.

(6) Initial training

Initial training lasts for three days a month for six months and is aimed at giving healers basic facts about STIs, collaboration, counselling and patient care and support. Initially, THETA trainers use this period to create rapport and to learn more about traditional healers' knowledge, attitudes and practices towards HIV. Traditional healers begin to open up to other healers and to local biomedical practitioners who often assist in training regarding their experiences and challenges with patients with HIV-related illness.

(7) Community assessment

Since the community is THETA's final target beneficiary, a baseline assessment is carried out by community interviewers to determine communities' knowledge, attitudes and practices towards HIV and traditional medicine.

(8) Key player workshops and contact link visits

The key players in the programme (i.e. healers, district officials, community monitoring committee and community interviewers are brought together at sub-county level at the beginning, middle and end of the programme. At these workshops, there are discussions about the programme, a feedback on healer baseline survey and community assessment are presented to them and the views of the community in reference to programme sustainability is sought. During ongoing training, the THETA team visits key players to ensure their support for the programme by updating them and encouraging them to sustain healer activities.

(9) Biomedical workers' workshop

The purpose of these workshops is to promote collaboration between traditional healers and biomedical health practitioners in their districts through initiation of cross-referrals and sharing of information.

(10) Capacity-building workshop for community monitoring committees and community interviewers

This four-day workshop is intended to equip community monitoring committees and community interviewers with skills in support and supervision of healer activities.

(11) Ongoing training and process evaluation

This second phase of the healer training that lasts for two days a month for six months is intended to enhance collaboration and further develop skills in community AIDS education, counselling and referral. It covers classroom sessions as well as field visits by healers to local nongovernmental organizations providing HIV services and hospitals.

Process evaluation includes site visits to healer clinics using a checklist of criteria to evaluate traditional healers' knowledge and practices as well as focus group discussions with community members. Groups of women, men, boys and girls (out of school and school-going), health workers and healers not in training form the membership of focus groups. Dissemination of the important findings takes place during meetings with key players.

After two years of training, THETA holds a formal certification ceremony for healers, where community leaders are invited and healers have a chance to demonstrate their newly-acquired knowledge and skills in the form of song, dance and drama. Subsequently, healers are followed up for two years to support their post-training activities, to support sustainability and to document innovative healer initiatives.

(12) Phasing out meetings

These meetings carried out at sub-county level are intended to incorporate more healer activities in community HIV prevention by formalizing the relationship between trained traditional healers and community leaders through initiating dialogue. Healers demonstrate some of their new skills and knowledge and talk about what kind of support they expect.

(13) Final assessment

The aim of the final assessment is to determine in which post-training activities traditional healers have excelled.

It includes an "end-of-training knowledge, attitudes, practices survey", oral and written exams and trainers' input. Healers are then certified in community education, counselling, collaboration or a combination of the above.

(14) Follow-up

THETA follow-up visits are conducted quarterly for two years while community monitoring committee and community interviewer support is offered on a regular basis and is ongoing.

(15) Final programme evaluation

After four years, progress, impact and sustainability are assessed by reviewing reports and collecting additional information from programme stakeholders.

APPENDIX B:

SONQOBA SIMUNYE: WE WILL ALL SUCCEED IF WE PULL TOGETHER

Inanda Healers, Valley of a Thousand Hills, Kwa-Zulu Natal, South Africa: a community initiative that involves traditional healers in AIDS prevention and care since 2000⁶.

With one of the highest HIV infection levels in the world, South Africa (SA) is confronting a potential disaster. In the Valley of a Thousand Hills and, specifically, in Riverview Community, Kwa-Zulu Natal, statistics for six months in 2002 of a local clinic show alarming figures: 60% of pregnant women under the age of 20 are HIV-infected. Prevention and treatment programmes have been ineffective and need special attention.

Where and how do traditional healers fit in?

As in the rest of sub-Saharan Africa, in South Africa, 80–85% of Black South African people make use of traditional healers' services in both rural and urban areas. Traditional healers tend to be the first 'professionals' consulted by people with a sexually transmitted disease, including HIV. Healers are more easily accessible geographically and provide a culturally accepted treatment. They have credibility, acceptance and respect among the population they serve, and thus form a critical part of the health-care delivery system.

Traditional medicine practices differ according to culture, location and category of healer. Historically, the lack of western-trained health practitioners in South Africa kept the debate about collaboration going. Once a primary health-care policy emphasizing self-reliance and sustainability for resource-poor areas was put in place, traditional healers seemed like a good group to train and include into the formal health sector. Practice has proven to be much more complex, both legally and ethically. The formal medical sector requires minimum professional standards and regards western-based or modern practices as superior. On the other hand, traditional healers protect their intellectual property for fear that one day they would have to buy back their own products in fancy wrapping. Thus, the battle is far from being over.

The HIV epidemic has brought the idea of collaboration very much to the forefront again. The epidemic is expanding and people are living in a crisis mode. The result is the formation of groups and small projects that do not have the power or resources to influence the political discussions surrounding HIV, but instead focus on the immediate needs of the people.

The Inanda Healers group is one such example. In the Valley of a Thousand Hills in Kwa-Zulu Natal, South Africa, traditional healers have started working together with biomedical health practitioners for HIV prevention. After community leaders requested assistance with the HIV epidemic, they identified healers as playing an important role, as the community widely consults healers for physical and mental problems.

⁶ Excerpted and reproduced with permission from documents written by Dr Yvonne Sliep, 2002. Acronyms and abbreviations have been silently spelled in full to aid comprehension, and other minor corrections made.

What does the collaboration involve?

In 2000, workshops started with a social scientist and a medical doctor and a group of 16–20 healers, and, in 2002, a second group of 16 healers (at their request) began training. The groups focused on requested by the healers rather than a preset agenda. A link was made between the healers and nursing sisters in a local clinic. Medicines and materials needed were supplied from the clinic to the healers through the doctor. There was close collaboration with a large nongovernmental organization focusing on primary health care.

During one-day monthly workshops, the groups discussed HIV transmission, prevention, treatment and care. During several sessions, issues such as the immune system and traditional and cultural sexual practices that would prevent HIV transmission and safer sexual practices involving more than just using condoms were discussed.

Herbal treatments such as *Sutherlandia frutescens*, also known as the ‘cancer bush’, which is produced in pill form and enhances appetite and immunity, were discussed alongside other traditional medicines that are used by the healers. Guest speakers gave further information on the use of medicinal plants and the healers were facilitated to attend a course at a medicinal plant nursery. A medicinal plant garden was later established.

The workshops allowed healers and facilitators to exchange experiences and views. Enough time has to be built in during the gatherings to allow the healers the opportunity to share their experience and to deal with the questions that come out of these examples.

On a practical level, the healers made use of the workshops to stock up their supply of condoms and gloves. They exchanged knowledge on how previously-discussed medicinal plants have worked and shared information on local knowledge for specific symptom treatment. By meeting regularly, the healers established an informal network and used each other for referral and resources. Guest speakers were requested on different topics, such as medicinal plants. Additional information around the use of medicinal plants as well as how to grow them formed an integral part of the project. Training done by nurseries growing medicinal plants has resulted from the workshops.

What are the challenges of the collaboration?

Time

From 2000–2002, workshops took place once a month. Although planned in broad terms, it was never possible to have a specific programme that would be completed by the end of the day. The healers would bring their own personal or client issues, which would be dealt with holistically, looking at the whole person, his/her body, mind, and spirit as well as her/his place in a family and community.

The healers apply holistic healing approaches to all problems and illnesses for which they get consulted. The patient remains the focus but equal importance is given to the socio-cultural background where the support system and the family interaction are essential. Coordination of the needs of the patient within a family and community context with the help of various sources is important and gets discussed at length.

When doing a workshop on symptoms of AIDS, a medical doctor with extensive experience in the management of patients with HIV-related illnesses had made a comprehensive list of causes, effects and treatments. At the end of the day, only one symptom had been covered: weight loss.

This is because the healers do not see symptoms in isolation of the person, family and even community. When stimulating the intake of food is mentioned, lively discussions follow. What kind of food should this be? How can this food be obtained? Does the patient have more right to nutritious food than the small children, the head of the family or other family members? Who should be the one who prepares the food and provides the care? Does it matter if others know what the weight loss is from? Is it more acceptable that a person needs food because they suffer from tuberculosis than if they suffer from HIV? With tuberculosis they will get better and repay their debt; with HIV this is unlikely. These are not questions that would ever take place during a formal medical consultation but they are the questions that could provide answers to dealing with the impact that the virus is going to have on this household.

Building a trusting relationship with biomedical health practitioners

A real concern is how to facilitate and support the unique contributions the healers can make. Biomedical health practitioners still have difficulty recognizing the role healers play. There is no harm in providing extra knowledge, information and skills around HIV in the form of training. There is harm in pretending that western or modern medicine has found the answers to the problems for the HIV epidemic in developing countries and should determine the only way to go forward.

Lessons learnt

About the process

- Do not overly rely on a programme prepared before meetings or workshops but be flexible about filling in the content as specific questions and issues arise.
- Allow enough time for the healers and facilitators to exchange views and experiences.
- Be prepared to repeat some content issues many times.
- Be sensitive to the place healers want to meet and acknowledge their time and input.
- Imposing only western knowledge of HIV can undermine the strength of the healers and the unique contribution they have to offer. To be able to explain illness and the transmission of disease in a culturally acceptable way is vital to reducing the risk of transmission.
- Finding ways of extracting the wisdom from the healers that could make a difference to the response to AIDS is challenging. The healers tend to know how to give the 'right' answers to show they know what the biomedical people want them to know. This has been exacerbated by the fact that healers in South Africa get accused of advocating illegal or immoral practices such as raping a virgin as a cleansing ritual for ridding oneself of the virus. This is absolutely not the case but healers have had to clarify their position to avoid tarnishing their image.

- Guard against practices that cause division among people and find ways of building sustainable unity and collaboration.
- Allow time of high and low activity.
- Keep a long-term vision in mind and avoid magic bullet solutions.

The healers' response

It is difficult to put into words the courage and spirit of the Inanda healers. Their shared interest and concern for the growing number of people falling ill have motivated the group, and their eagerness to learn, their ability to hear and respond, and, perhaps most of all, their courage, stand out.

How to react to finding out about one's status is not merely a theoretical discussion for the healers. They were the first group who volunteered to be tested themselves in order to inform their practice. They have undergone group and individual counselling before rapid HIV testing was introduced and have also attended formal training around the issue. This has resulted in the healers referring family members and, subsequently, clients for testing and counselling.

Increasingly, ways are being found to stimulate both referral networking with the formal health sector and independence and self-reliance. The number of patients requesting HIV testing, counselling and support through the healers is increasing weekly. The ripples of the work are becoming evident and the spirit of the Inanda healers increasingly visible. There is hope in the Valley of a Thousand Hills and the commitment to make a difference.

Words of wisdom

- Start small and go slowly.
- Get to know the local leaders and involve them in the programme.
- Learn from the healers. Respect their position and knowledge.
- Identify specific people who are prepared to collaborate and build it up from that point.
- Rely on the participants' genuine interest in collaboration. Do not try to buy their participation.
- Make the work of healers and the collaboration with biomedical health practitioners visible to the community and the formal health sector.
- Set up a sound monitoring and evaluation system from the start.
- Try to make the project replicable.

References and further reading

- Andersson, N (2005) Western and traditional African medicine—working together on AIDS *BMJ* 2005;331:785
- Barton T, Wamai G (1994) *Equity and Vulnerability: A Situation Analysis of Women, Adolescents and Children in Uganda*. National Council for Children, UNICEF, Uganda; Child Health and Development Centre, Uganda.
- Barton T et al. (1997) *Our People, Our Resources: Supporting Rural Communities in Participatory Action Research on Population Dynamics and the Local Environment*. IUCN--The World Conservation Union, Gland, Switzerland.
- Berger R et al. (1994) Traditional healers in AIDS control (letter). *AIDS*, 8: 1511-1512.
- Bernard H R (1995) *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Alta Mira press; Walnut Creek. California.
- Bulterys, M et al (2002) Role of traditional birth attendants in preventing perinatal transmission of HIV *BMJ* 2002;324:222-225
- DANIDA (1999) Sector Programme Support Document (final draft). July 1999-June 2002, United Republic of Tanzania, Mainland. Unpublished report.
- Fals-Borda O, Rahman M A (1991) *Action and Knowledge: Breaking the monopoly with participatory action-research*. Apex Press; New York.
- Feuerstein M-T (1986) *Partners in Evaluation; Evaluating Development and Community Programmes with Participants*. Macmillan Education Ltd. London and Basingstoke.
- Good C (1987) *Ethnomedical systems in Africa*. The Gilford Press.
- Good C (1988) Traditional healers and AIDS management. In *AIDS in Africa: The Social and Policy Impact*, ed. by Miller N, Rockwell R. The Edwin Mellen Press.
- Green E (1992) Sexually transmitted disease, ethnomedicine and AIDS in Africa. *Soc Sci Med*, 35: 121-130.
- Green E (1992) The anthropology of sexually transmitted diseases in Liberia. *Soc Sci Med*, 35: 1457-1468.
- Green E, Jurg A, Dgedge A (1993) Sexually transmitted diseases, AIDS and traditional healers in Mozambique. *Medical Anthropology*. 15: 261-281.
- Green E (1994) *AIDS and STDs in Africa: bridging the gap between traditional healers and modern medicine*. Boulder, Co. and Oxford, Westview Press.
- Green E (1995) The participation of African traditional healers in AIDS/STD prevention programmes. *AIDS Link*, 36: 14-15.
- Green E (1999) *Indigenous theories of contagious disease*. Alta Mira Press, A Division of Sage Publications, Inc. Walnut Creek, California..
- Homsy J, King R (1996) The role of traditional healers in HIV/AIDS counselling in Kampala, Uganda. *Sociétés d'Afrique and SIDA*, 13: 2-4.

- Homsy J, Kabatesi D, Nshakira N et al (1995) Herbal treatment of AIDS symptoms: a clinical evaluation of chronic diarrhea and Herpes Zoster in Kampala, Uganda. IX International Conference on AIDS/STD in Africa. Kampala (abstract TuB098).
- Homsy J et al. (1999) Evaluating Herbal Medicine for the Management of Herpes Zoster in HIV-Infected Patients in Kampala, Uganda. *J Alt & Compl Medicine*, 5(6):553-65.
- Homsey J et al. (2004) Defining minimum standards of practice for incorporating African traditional medicine into HIV/AIDS prevention, care, and support: a regional initiative in eastern and southern Africa. *J Altern Complement Med* 2004 Oct;10(5):905-10
- Jegede A et al (2006) Evaluation of herbal medicine for treatment of opportunistic infections in AIDS patients in Nigeria XVI International Conference on AIDS Toronto 2006 (abstract CDB0880)
- Kabatesi D et al. (1994) Collaborating with traditional healers in AIDS research, prevention, and care in Uganda. VIII International Conference on AIDS. Yokohama (abstract 539B).
- Kaboru et al (2006) Can biomedical and traditional health care providers work together? Zambian practitioner experiences and attitudes towards collaboration in relation to STIs and HIV/AIDS care: a cross sectional study *Human resources for Healthy* 2006; 4:16
- Kayombo E J, Mbwambo ZH, and Massila, M (2005) Role of traditional healers in psychosocial support of orphans: a case study of Dar-es Salaam City Tanzania *J Ethnobiol Ethnomedicine* 2005; 1:3
- Kenya National HIV/AIDS strategic plan 2000-2005* (2000).
- King R, Homsey J, Allen S (1992) Traditional medicine vs. modern medicine for AIDS. VIII International Conference on AIDS. Amsterdam (abstract PoB 3394).
- King R et al. (1994) Traditional healers as AIDS educators and counsellors in Kampala, Uganda. X International Conference on AIDS. Yokohama (abstract PD0247).
- King R, Homsey J (1997) Involving traditional healers in AIDS education and counselling in sub-Saharan Africa: a review. *AIDS*, 11 (suppl A): S217-S225.
- King R, Homsey J (1998) By the People, for the People: Participatory Evaluation: its Meaning, Experience and Potential Uses for MSF-CH. Unpublished report.
- Lattu K, King R, Kabatesi D et al (1994) Traditional healers and PWA support groups: filling the gap in Kampala, Uganda. X International Conference on AIDS. Yokohama (abstract 096D).
- McMillen H (2004) The adapting healer: pioneering through shifting epidemiological and sociocultural landscapes *Soc Sci Med* 2004 Sep;59(5):889-902
- McMillen H et al. (2000) Tanga AIDS Working Group Evaluation, unpublished report.
- Mberesero F et al. (1995) Partnership with traditional health practitioners in HIV/AIDS prevention and care: the Tanga Experience in Tanzania. Unpublished paper.
- Mberesero F, Mngao E (1999) Impact of HIV/AIDS STDs theatre groups, unpublished report, Tanga, United Republic of Tanzania.

- Mtullu S (2006) Traditional Medicine (TRM) contribution in the fight against HIV/AIDS in antiretroviral (ARV) era XVI International Conference on AIDS Toronto (abstract CDB0882)
- Mtullu S, Mberesero F (2006) Integrating traditional and modern medicine health systems in care of HIV/AIDS patients, the Tanga model – Tanzania. XVI International Conference on AIDS Toronto (abstract CDB0883)
- Uganda Ministry of Health (1996) Report on declining trends in HIV infection rates in sentinel surveillance sites in Uganda. STD/AIDS Control Programme. Ministry of Health.
- Narayan D (1996) *Toward Participatory Research*. World Bank Technical Paper 307, Washington DC.
- Nshakira N, Kwamya L, Ssali A et al (1995) Traditional healers as community educators on HIV/AIDS: an evaluation of a THETA Initiative in Kampala, Uganda. IX International Conference on AIDS/STD in Africa. Kampala (abstract TuD686).
- Nzima M et al. (1996) A targeted intervention research on traditional healer perspectives of sexually transmitted illnesses in urban Zambia. *Sociétés d'Afrique and SIDA*, 13: 7-8.
- Okome-Nkoumou M et al. (2005) Delay between first HIV-related symptoms and diagnosis of HIV infection in patients attending the internal medicine department of the Fondation Jeanne Ebori (FJE) Libreville, Gabon *HIV Clin Trials* 2005 Jan-Feb;6(1):38-42
- Peltzer, K, Mngqundaniso N, Petros G (2006) A controlled study of an HIV/AIDS/STI/TB Intervention with Traditional Healers in KwaZulu-Natal, South Africa *AIDS Behav.* 2006 (DOI 10.1007/s10461-006-9110-x)
- Porter L (1996) Do traditional healers have a role in the prevention and management of STDs and HIV/AIDS in Africa? A summary of the issues. Unpublished paper.
- Porter L et al. (1996) An assessment of community-based HIV education with African traditional healers. Unpublished paper.
- World Health Organization (1990) Report of the Consultation on AIDS and Traditional Medicine: Prospects for involving traditional health practitioners, Francistown, Botswana. WHO/TRM/GPA/90.1. Geneva.
- World Health Organization Report of WHO Consultation of Traditional Medicine and AIDS: Clinical evaluation of traditional medicines and natural products, Geneva. WHO/TRM/GPA/90.2. Geneva.
- World Health Organization Report of WHO Consultation of Traditional Medicine and AIDS: In vitro screening for anti-HIV activity, Geneva. WHO/GPA/BMR/89.5. Geneva.
- Rogerson, R (2002) in collaboration with Margaret Sanger Centre International, South Africa and CUSO. Unpublished training material and personal communication.
- Smith S, Willms D, Johnson N (1997) *Nurtured by Knowledge: Learning to do participatory action-research*. Apex Press New York.
- Scheinman D (2000) An Integrated Program for Developing Medicinal Plants: A Case Study from Tanga, Tanzania. Unpublished paper.

- Scheinman D et al. (1992) *Treating HIV disease with traditional medicine in Tanga region, Tanzania*. Unpublished report.
- Sliep Y (2000) Living Positive Lives: A view from South Africa. *Dulwich Centre Journal*, No.4 pp.39-41.
- Sliep Y (2002) personal communication.
- Ssali A et al (2005) Traditional Healers for HIV/AIDS prevention and family planning, Kiboga District, Uganda: evaluation of a program to improve practices *AIDS Behav.* 2005 Dec; 9(4):485-493
- THETA (2000) District Status Reports, THETA, Uganda, unpublished report.
- THETA (2001) Training Manual, THETA, Uganda, unpublished report.
- THETA (1994-2001) Baseline Survey Reports, THETA, Uganda, unpublished report.
- THETA (1999-2002) End of Programme Reports, THETA, Uganda, unpublished report.
- THETA (1998) Participatory Evaluation Report, THETA, Uganda, unpublished report.
- UNAIDS (1998) *AIDS education through Imams: A spiritually motivated community effort in Uganda*. UNAIDS Best Practice Collection Case study. Geneva.
- UNAIDS (2000) *Collaboration with traditional healers in HIV/AIDS prevention and care in sub-Saharan Africa: a literature review*. UNAIDS Best Practice Collection Key Material. Geneva.
- UNAIDS (2002) *Ancient Remedies, New Disease: Involving traditional healers to increase access to AIDS care and prevention in East Africa*. UNAIDS Best Practice Collection Case Study. Geneva.
- UNAIDS (2002) UNAIDS Fact Sheet: Sub-Saharan Africa. Geneva.
- UNAIDS (2002) *World AIDS Campaign 2002-2003 — A conceptual framework and basis for action: HIV/AIDS stigma and discrimination*. Geneva.
- World Health Organization (1977) Committee A: Provisional record of the 18th meeting. 30th World Health Assembly, A30/A/SR/18. Geneva.
- World Health Organization (1978) *Primary health care: Report of the International Conference on Primary Health Care, Alma Ata, USSR*. Geneva.
- World Health Organization (1981) Traditional medicine in health services development. Report of a Consultation; Accra, 4-8 August 1980. Regional Office for Africa WHO, Brazzaville, AFR/TRDM/2. Geneva.
- World Health Organization (1990) Traditional medicine Programme and Global Programme on AIDS. Report of the consultation on AIDS and Traditional Medicine: Prospects for involving traditional health practitioners; Francistown, Botswana. WHO/TRM/GPA/90.1. Geneva.
- World Health Organization (1990) Traditional Medicine Programme and Global Programme on AIDS. Report of a WHO consultation on Traditional Medicine and AIDS: Clinical evaluation of traditional medicines and natural products. .WHO/TRM/GPA/90.2. Geneva.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

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- is a series of information materials from UNAIDS that promote learning, share experience and empower people and partners (people living with HIV, affected communities, civil society, governments, the private sector and international organizations) engaged in an expanded response to the AIDS epidemic and its impact;
- provides a voice to those working to combat the epidemic and mitigate its effects;
- provides information about what has worked in specific settings, for the benefit of others facing similar challenges;
- fills a gap in key policy and programmatic areas by providing technical and strategic guidance as well as state-of-the-art knowledge on prevention, care and impact-alleviation in multiple settings;
- aims at stimulating new initiatives in the interest of scaling up the country-level response to the AIDS epidemic; and
- is a UNAIDS interagency effort in partnership with other organizations and parties.

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These Guidelines are designed to assist government officials, policy-makers, programme managers, trainers, and health workers in bridging the gap between traditional and biomedical health systems or in scaling up existing initiatives. The Guidelines will help those concerned to envision, plan, design, implement, evaluate and scale up initiatives that involve collaborating with traditional healers for HIV transmission prevention and care in sub-Saharan Africa. The ultimate goal of this effort is to improve access to, and quality of, health services for the clients of both systems.

Previous collaborative initiatives with traditional healers in Africa have described case studies and outlined their successes and failures. This document illustrates with clearly-defined steps how successful collaborative initiatives have accomplished their objectives, and how the lessons learnt can be put to use in initiating new collaborations or expanding on existing ones. Also featured is a model strategy that can be adapted for reaching out to traditional healers, together with the necessary steps for: building trust among traditional healers and biomedical health practitioners; sharing of critical information from both sides; creating mutual support mechanisms; and monitoring and evaluating the successes and failures of each endeavour.

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