



TRADITIONAL HEALTH PRACTITIONER'S POLICY FORUM

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CULTURE AND HEALTH POLICY FORUM PAPER No.1

CULTURE AND HEALTH PROGRAMME

Living a healthy lifestyle - it's my culture!

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AFSA	Aids Foundation of South Africa
AIDS	Acquired Immuno-deficiency Syndrome
ART	Anti-retroviral therapy
CHP	Culture and Health Programme, AFSA
HIV	Human Immuno-deficiency Virus
MDG	Millennium Development Goal
NSP	The HIV & AIDS and STI Strategic Plan for South Africa 2007-2011
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
TB	Tuberculosis
TBA	Traditional Birth Attendant
THP	Traditional Health Practitioner

CULTURE AND HEALTH PROGRAMME

Living a Healthy Lifestyle - It's My Culture!



The Culture and Health Programme of AFSA is funded by the Royal Netherlands Embassy to support 20 community organisations across South Africa to improve the health and well-being of culturally vulnerable and marginalised populations. It works to achieve this through increasing access to appropriate sexual and reproductive health education and services, and through changes in cultural attitudes and practices that negatively affect health behaviour and mental and physical well-being.

Traditional, or African indigenous, healers are the primary – often the only – medical carers for 85% of the African population in South Africa. The need to involve healers in HIV and AIDS management is widely recognised, largely as a result of AFSA's training interventions, since 1995. However, there is not equivalent recognition among biomedical practitioners of the knowledge and expertise of traditional health practitioners (THPs). The approach of THPs to health is rooted in cultural understandings of well-being and illness and of the relationship between individuals, their community and environment. The Culture and Health Programme is supporting the work of various healer organisations to train healers in HIV/AIDS prevention, treatment and support, as well as other aspects of health and well-being, and to help integrate traditional and biomedical approaches for the benefit of patients.

The Culture and Health Programme is committed to sharing knowledge and experience generated through the work of its partner organisations with communities, government, researchers, media and other roleplayers. It is developing a Learning Community, comprising its partners and key individuals and organisations at local, provincial and national level, to make sure the lessons from experience at community level reach opinion formers and decision makers.

The Culture and Health Policy Forums are part of the Learning Community approach. They provide opportunities for partners in each target group (Traditional Health Practitioners, Rural Men as Partners and Fathers, Initiation Schools, San peoples and Lesbian, Gay Bisexual, Transgender and Intersex (LGBTI) people) to share knowledge and explore effective responses to the HIV/AIDS and health issues facing their constituencies.

It is hoped that such events will inspire innovative approaches driven not by AFSA but by CHP target group partners and networks.

The THP Policy Forum, on the theme ***Integrating Traditional Healers and formal HIV/AIDS prevention, treatment and care***, brought together healers, researchers, government, civil society organisations, medical professionals and others to share ideas and debate policy issues that are important to ensure that clients of both traditional and biomedical practitioners receive the best possible care in the context of the HIV/AIDS epidemic.

This report is divided into four sections:

- I) A summary of the presentations made by each of the speakers, and the discussion of the issues raised.
- II) General policy issues and discussion
- III) The policy brief recommendations as revised in the forum and follow-up actions and a summary of evaluation and feedback from the participants
- IV) Appendices: Powerpoint presentations by Professor Indres Moodley (Session 5); and the Policy brief presented for discussion at the Forum.

It is hoped that the report will serve as a starting point for smaller working groups to be created, where issues can be threshed out thoroughly given the diversity of opinion on the various topics. A follow-up Policy Forum is planned, bringing together THPs, biomedical professionals and policy makers to develop a plan to implement the recommendations.

Background to the Policy Brief

Tr Dr Patience Koloko, Siwela Sonke Cultural Centre, KwaZulu-Natal

Key points:

- Experiences and knowledge gained from other countries in using traditional medicine can assist South African THPs working for the recognition, protection and formalisation of use of traditional medicine within different systems and societies
- THPs, while protecting their medicinal plants and practices against exploitation, need to take stock of indigenous knowledge and experience and pass it on to future generations to keep African traditions and cultures alive
- Patients choose whom they want to consult for health services. Therefore THPs need to be well informed of decisions and actions in the public and private health care fields that concern them and their communities, so that they can take concerns to the government to ensure the best possible care and treatment of their clients.

“There was a policy developed in India, but the government was working with the community and they had resources from government to help them – in comparison, they were better than us in South Africa, the way things were being done; [We realized then that] there was a need to discuss issues in a policy paper.

Now let’s forget about the past and the criticism in the past and start on a new direction, a new focus and what we are looking for our patients [sic]. Who owns the patients? Nobody owns them. The patient chooses where he wants to go and who will help them.”

– Tr Dr Patience Koloko, Siwela Sonke

Tr Dr Koloko has been part of an international process to share good practice, concerns and recommendations on the promotion of traditional medicine. Following the International Healers Exchange and Conference, held in Bangalore, India, in 2009, at which some 52 countries that practiced indigenous medicine came together, Tr Dr Koloko was part of a team that drafted a policy brief for South Africa. It was observed that while South Africa had legislation on the registering of healers, other countries had progressed much further on the practical aspects of integrating traditional medicine into health care systems.

The development of this policy brief incorporated various recommendations to strengthen the role of healers and their relationship to government. Other countries’ models and experiences were investigated in drafting the document, including those of India, China, Uganda and Tanzania.

Tr Dr Koloko emphasised the importance of referring back to African traditions and culture to

find solutions to African problems, and of ensuring that this knowledge is preserved and passed down to future generations in order for it to be continued.

The Culture and Health Programme brought together key stakeholders to review and take forward the policy brief, to add momentum to the pursuit of greater cooperation between THPs and different spheres of government and other stakeholders.

Discussion:

Some participants queried why South Africa needed to look to India, Japan, China and other non-African countries to assist in developing a policy brief, and how these countries can help in protecting African cultures and health.

Tr Dr Koloko pointed out that other countries had achieved the recognition of healers and their practices and the full integration of traditional medicine into their health care system, so South Africa could learn from their successful approaches. One of these was to go to government to discuss these concerns with all the stakeholders – including the Minister of Forestry, the Minister of Water, pharmacologists, Universities etc. Tr Dr Koloko said we need to do the same here in SA. After the policy was developed in India, for example, the traditional healers were given land to plant their medicines and maintain them. The Department of Medicine was also involved in the testing of the plants to check they were valid – that’s how the policy was passed in India because all the needs were being addressed. She noted that doctors in India did not automatically take people with broken bones to hospital to do X-rays; she witnessed traditional healers doing bone-setting, with the aid of traditional plants so that within days even people with very bad breaks could walk. Delegates also saw how women in the rural areas were assisted to give birth, confirming that unlike conventional medical opinion, it was not always best to give birth lying down. Old ways were still being used successfully by people in Tanzania, Uganda and other countries.

Tr Dr Koloko said that what was missing in South Africa was unity among THPs. What they needed was better knowledge of plants and how to use them; in other countries there were pharmacies full of plants being controlled by THPs and no one else.

Andrew Miti: My response is that we are learning from others not necessarily that we are copying from their practices, but trying to learn and to adapt to our own context. We need to look at priorities and put them together nationally, from all the 9 provinces.

Eliot Mqansa Makhathini: In fact, even the national DoH before they came up with the draft policy they went out and looked at different policies in different countries and then developed our own. But there is evidence that we need this.

One patient, one health care system – why integrate THP and formal HIV/AIDS prevention, treatment and care?

Mr Eliot Mqansa Makhathini, Mwelela Kweliphesheya, Edendale, KZN

Key Points:
• The THP system and biomedical system are two different systems which should work independently but learn from each other to be strengthened so each system can develop
• THPs should be given more responsibility and chance to learn certain methods – e.g. rapid HIV testing, blood pressure, sugar levels, etc – for screening purposes
• THPs can assist greatly in primary health care; because of the number of biomedical doctors and nurses that have left, including to work overseas, there is a gap in human resources in health care and services
• The Traditional Health Practitioners' Act appears to relegate THPs to practices considered 'traditional' but this needs to be looked at so traditional healers can treat new and emerging community diseases and issues such as HIV and AIDS, TB etc
• TM and THPs in the context of HIV and AIDS need to focus also on prevention not just treatment/care

"I conceptualise a patient as blood; the health system that we require is like our bodies. Within our bodies we have sub-systems – for example, respiratory, cardiac, etc. The blood doesn't respect the boundaries of these systems.

As Dr Koloko said, patients choose where they go when they are sick, the system doesn't restrict them.

You can't unite the biomedical system which is totally different – it is too complex. It only focuses on the body, it looks for the problem in the body, but the traditional healer is more comprehensive in its approach. The THP system is also too complex – so you can't unite them to make one single system.

So here we have two or more sub-systems that can live together. That's why I think we need to have African medical practices/processes that need to be given credence; they can co-exist together with the formal health system under one umbrella."

- Mr Eliot Mqansa Makhathini, Mwelela Kweliphesheya

THPs and biomedical practitioners, the Department of Health at various levels, and civil society organisations continue to debate whether traditional health practices and medicines should – and are able to – be integrated into, or be used within the formal health system. This presentation proposed that traditional medicine and biomedical medicine are two autonomous systems that nonetheless need to be collaborative in order to best treat the patient.

The question is, in what form and to what degree? Due to the Traditional Health Practitioners Act (2007) being dormant as no regulations to inform its implementation yet exist, the THP system lies in an awkward policy position with no specific guidelines, institutions, or spokespeople to direct it.

There was also concern that the definition of traditional health and traditional health practitioners in the Act limited THPs to the same practices as centuries ago and thus THPs were discouraged from incorporating different methods – including Western ones – in response to emerging diseases such as HIV/AIDS and TB that require different approaches.

Discussion:

Participant 1: Mr Makhathini indicated that modern practices should and could be used by THPs e.g. rapid HIV test and for referrals, but if I am doing everything as a healer and also as a modern Dr, then why do I refer? The biomedical practitioners were taught to take the body temperature in the Western way – but if I cannot read or write, the way I understand things is by looking at other things [and is different].

Participant 2: How do you characterise a healer? What is it that is different from western medical practitioners. Once you answer that then you answer the other questions. I also think as THPs that we shouldn't be afraid to say we are different. To Mr Makhathini I think if we want to advance ourselves we are being too ambitious because I don't think the government will allow that. For me they are two different systems. If you want to ensure that system is mainstreamed, then look at India's model.

Eliot Mqansa Makhathini:

I'm not saying THPS should use instruments for diagnostic purposes, but they can use them for screening e.g. taking temperatures. This is not to replace THP practices with Western practices but to enhance their practices and to ensure that remote communities get the services they deserve. THPs can't do everything for themselves but they have people who can assist e.g. if someone has extremely high blood pressure, the THPs can treat by herbal leaves, but can also refer if necessary.

Participant 3: The point made about the Act – I know Acts are repealed, but we've got a problem at the moment that the very same Act hasn't been enacted. Due to issues with the Department of Health and because of the THP policy that hasn't been passed by Parliament, we haven't got a THP Council which we are looking up to. Maybe forums like this are going to spearhead this process because it's very wanting. It's a good comment by Mr Makhathini that THPs are limited. But anyway, the Act isn't enacted – how are THPs going to function when there are so many voices? Like from witchdoctors and other phoneyes as well.

Eliot Mqansa Makhathini: The government in delaying the enactment of the law is causing a serious problem. We are complaining that the government is not listening to us, but the health system went into disarray and things changed. There is stigmatisation of this whole process because the Act is still not legitimate.

Session 5: Infant and maternal mortality and PMTCT – can traditional birth attendants (TBAs) help us reach the MDGs?

Professor Indres Moodley, UKZN Health Outcomes Research Unit

Key points:

- Communities should, and can, take responsibility for their own health – they are willing to take ownership but some resources, knowledge, and skills are needed first
- Two of the areas that need more attention and where THPs can play a significant role, are maternal, infant, and child health care
- The role of TBAs needs to be revisited and looked at by formal health system in order to utilise this knowledge and train up local communities to look after pregnant mothers – both antenatal and post natal care
- Research shows that the major factors causing maternal and infant deaths can be prevented if recognised early on, and if there are skilled staff attending to the problem
- Some logistical/practical restrictions are: access to transport, finances for transport and/or seeing a biomedical doctor, proper equipment etc. However, local innovations can deal with these issues relatively effectively.
- TBAs and other local members can be trained and help enormously in both prevention and treatment, e.g. family planning etc.

“We now have an opportunity for communities to say to health authorities we have the skills and knowledge to take care of the mothers and children.

We can provide training to mothers and TBAs, carers. This isn't largely supported by government, but... We need to tap into this resource.

Communities are losing the ability to manage and transfer that information and we need to do something to capture that.

Is there an alternative? Yes there is. Train communities to take responsibility for their own health. We need organisations like AFSA that gives us opportunity to advocate for change, need TBAs and health officials to work together.”

- Professor Indres Moodley, University of KwaZulu-Natal

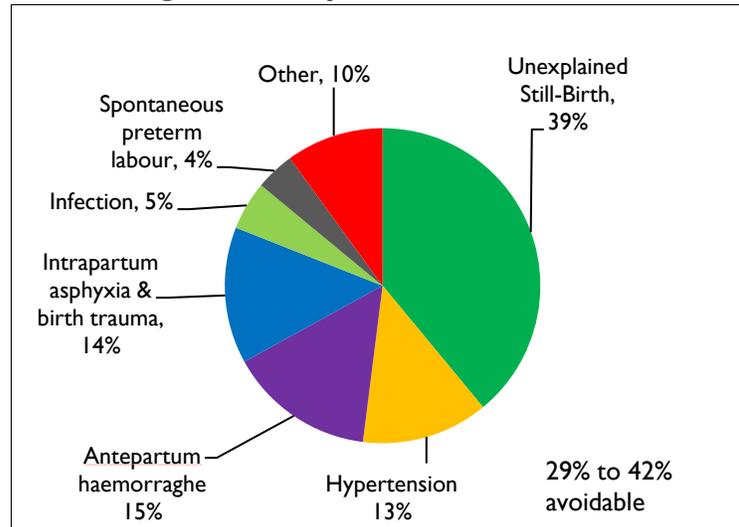
This session explored the current situation in South Africa regarding maternal and child health and the status of the Millennium Development Goals 4 and 5, which aim to reduce maternal mortality rates from 1990-2015 by 66%, and child mortality rates from 1990-2015 by 75%.

PMTCT has been identified as one of the key areas where THPs can have a great impact in reviving the practice of traditional birth attendants (TBAs) while working with clinics, hospitals and other community health care workers.

Research shows that South Africa's rates have remained stagnant, or increased since 1990 until 2008, yet the main causes of maternal and child/infant deaths are largely preventable.

Professor Moodley's presentation showed that a combination of logistical, administrative and cultural issues hindered effective deliveries but most of these could be dealt with successfully and/or major risks mitigated if TBAs and other community health workers were trained up sufficiently.

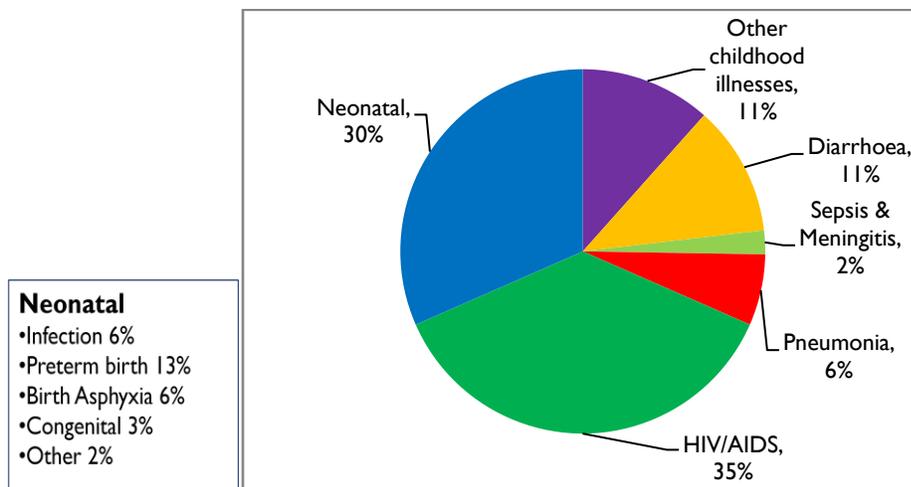
Figure 1: Why babies are stillborn



Source: Professor Moodley

Key terms/concepts	Meaning
Intrapartum asphyxia	Baby is not able to breathe during birth (Intrapartum – during childbirth; asphyxia - suffocation)
Spontaneous pre-term labour	The mother goes through unexpected labour (usually before 37 weeks pregnant)
Antepartum haemorrhage	Bleeding from the uterus, especially referring to after 28 weeks pregnant
Hypertension	Increased blood pressure

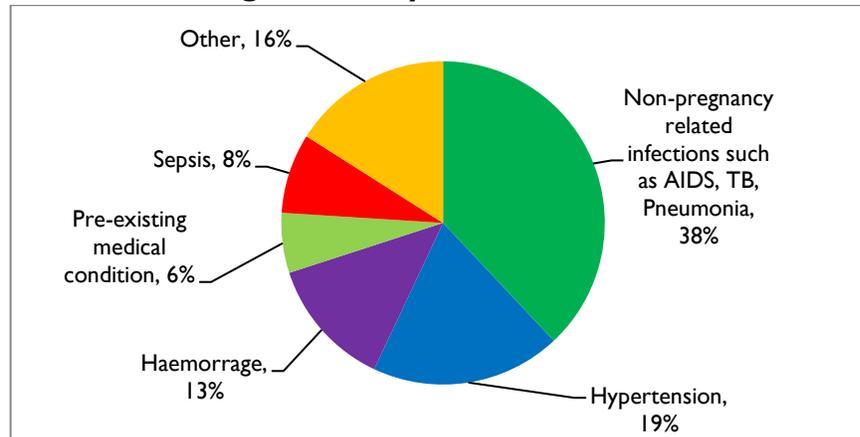
Figure 2: Why do children and neonates die?



Source: Professor Moodley

Key terms/concepts:	Meaning:
Neonatal	Referring to the period before the baby is born i.e. still in the womb
Sepsis	Blood or tissue infection
Pre-term birth	Premature birth – the baby has been born too early (before full term)
Congenital	A problem that has developed during the baby's development in the womb e.g. bones or tissues, heart has not formed properly

Figure 3: Why do mothers die?



What needs to be done:

- More and better qualified staff
- Training
- Upgrading of facilities (buildings, equipment)
- Easier access to clinics
- Improved ambulance services

Otty Mhlongo, Primary Technical Advisor PMTCT, Department of Health

Presentation summary

Government acknowledges there is a need to work together with all the sectors. Traditional healers have a role to play and must forge ahead to stamp their authority so that they are heard.

The Department is looking also at how we can work together, and no one way is better than the other system but should complement each other.

There are teams in each ward in KZN hospitals for THPs; we might have gaps here and there but overall there are services available that will allow for integration of both THPs and biomedical practitioners.

We are advocating for pregnant mothers to attend hospital at 12 weeks if possible but otherwise at least by 20 weeks so they can be checked and tested for HIV and other conditions.

To Mr Makhathini: It is possible to pair up with professional nurses to take bloods, do rapid HIV test, etc – at the moment not even lay counsellors can do this or even refer, so traditional healers will still need to do these tests in conjunction with other biomedical staff.

Discussion:

Participant 1: We are all concerned as THPs about mothers and babies during birth. I wonder how the communication is, so that THPs can understand the challenges that are facing the mothers there. How should TBAs practice? Should they practice in the hospital?

Prof Moodley: The question you asked relates to policy. Government has many priorities and governments will only listen to those that talk the loudest. It is important is to have a strong united organisation within THPs that speaks with one voice. The legislation can be changed and modified but is essentially there. It is the regulations that need to be defined and understood, this is what we need to look at. The roles, scope and tasks need clarification. If you look at optometrists, doctors, etc everyone knows their tasks and roles and it needs to be the same for THPs.

In regards to TBAs it's very clear. Since 1990 all mothers are supposed to give birth in a clinic. There was a good reason for introducing that. But government didn't understand the dynamics about communities and how communities work. So we must articulate clearly with one voice – if we don't talk with one voice clearly and loudly and precisely they won't listen to us. We shouldn't have all the superstars [well known traditional healers] because that will just attract attention...it has to be a focused group and it needs to be national; it's no use having one group at one end and another somewhere else. You need to come together to influence government.

There is nothing in government policy that speaks clearly about how they will bring THPs into the health system. With TBAs, what we are proposing [is that] we need to do a pilot working with the DoH etc and get approval, then we can show what works and what doesn't, and that will help to inform policy.

Participant 2:

I want to ask are they communicating their ideas to other provinces, by so doing we should have a DoH that will be like the KZN one. Prof Moodley should start at ward level so everyone can come together because this is not only for DoH but the community; this will help to bring down the HIV transmission.

Otty Mhlongo: Mothers must be attended by “skilled” TBAs. But if we can do some pilots as Prof Moodley is saying, then we can change. For instance we know that only 60% of women are delivering in facilities and the rest are delivering at home. It's important if people could come up [to be registered] and then a pilot could be done because we know that most babies [in some areas] are delivered at home. If the TBAs could then also come and be involved we can show something. If it works, then we can influence policy.

With regard to TBAs and infant/mother mortality: I think TBAs should be acknowledged. Prof Moodley said mothers and babies die in hospital – it could be lack of trained staff, etc but it is mainly the access [to services].

Session 6: Tools for protecting and promoting healers' knowledge

Mr Rodney Sibuyi, Director, Bushbuckridge Traditional Healers Organisation

Key points:

- A protocol has been developed for protecting, conserving and using plants and herbs for TM in Bushbuckridge near Kruger National Park which may help other THPs
- Such a protocol is necessary because authorities could not assist regarding access and use of natural resources due to many being in protected areas, on private land, etc, which caused problems
- Researchers, commercial prospectors, individuals, etc come and look for plants/herbs/roots but there are no standards for agreements that guarantee indigenous knowledge is protected, benefits are shared, and herbs and plants are grown and harvested correctly
- It is proposed that a separate institution/structure to protect natural resources for sustainable and equitable use, especially for TM and indigenous use, be established

"We believe we are the custodians of the biodiversity; but there are a lot of places that have become protected areas and have private access where no one can enter. So as THPs we needed to come up with a way where we would be able to use these resources.

The big challenge now is that some of the medicines we can't get anymore, but because we have to heal the patients [we don't know] where are we going to get the plants from.

...[we ask] companies, what are you going to use it for? How will we benefit from you? And we have to see if we have enough to give/share. We share – but not always financially. Maybe we don't have a school or community hall – we can let them build the school or hall then we have benefited from that company.

This protocol will help us to decide and negotiate."

- Mr Rodney Sibuyi, CEO Bushbuckridge THPs

Indigenous knowledge of plants, herbs and other natural resources has always been highly regarded, but until recently, few measures existed to guide the rights and responsibilities of both local communities and external actors in coming to an agreement about access and use of this knowledge.

South African THPs have become increasingly aware of the need to conserve, protect and sustainably use indigenous plants and resources for traditional medicine.

This session looked at why regulations are needed and how benefit-sharing agreements can and should be a part of any negotiation.

Researchers and companies have sought plants with medicinal properties that can be commercialised. However, local communities that have assisted in identifying and harvesting these plants have not always been acknowledged. Private game reserve owners, national parks, researchers, pharmaceutical companies, universities and other external parties have all posed a threat to the conservation of some plants. Some traditional healers have been restricted in accessing and using plants and herbs that have been freely available in the past.

To this end, a protocol has been developed that may help other traditional healers to negotiate a fair deal – a benefit-sharing agreement – with prospective parties, that will allow communities to exchange their knowledge in return for services, infrastructure, knowledge and/or monetary benefits.

Discussion:

Participant 1: One of the crossroads we are at [is] commercialising medicinal plants. It's one aspect of it. The other is the actual practice of it, but we need to unpack them. I was looking at the Zimbabwean organisation and they came out with a [policy] document. I also looked at the Chinese process, and they also had to discuss. So don't panic – we need to discuss [these things].

Eliot Mqansa Makhathini: [I'm] impressed by the initiative because it's from the community and it's bottom up but I was wondering if you are aware of the Bioprospecting Act which looks at benefit sharing and research into medicinal plants. Healers should know about this and participate and drive the process – but [another] forum like this is needed to inform and discuss about these things.

Prof Moodley: This is an area that has been extensively dealt with – there are many protocols that are available. There are a number of contracts and agreements that are highly legal and detailed e.g. some for the University, medical research Council (MRC), etc. Benefit-sharing has long-lasting effects because it depends on how you define it – as royalties, or community services, etc – you need to value the property you're selling so it's quite complex and it's worth talking to the Department of Science and Technology.

Participant 2: People are sitting here thinking that we weren't engaged in this and didn't know about this; we didn't realise we are already protected; so it needs to be made known that these protocols already exist.

Deborah Ewing: So maybe that's an action for us here in this room to take on board and work with natural resource lawyers etc to raise awareness of this.

During the course of discussion, various issues were raised concerning the process of formulating policy recommendations, devising regulations, and implementing them. While important, the forum was not able to address these to the extent they deserved, but they have been summarised below in order for future policy discussions to refer to.

Representation: The participants were concerned that the issues being discussed and decisions made, even if they are agreed upon by everyone, are not legitimate as there has not been consultation with other THPs. There was final consensus to focus on health and HIV/AIDS given the forum was co-ordinated by AFSA, however it was noted that there needs to be further discussion amongst the relevant THP organisations from each province, and elected representatives to submit a paper to the government in relation to the other concerns raised.

THP Agencies: The proposed THP Council and Associations were defined more clearly. THPs understood that the former is to represent THPs and make decisions on behalf of them during discussions and negotiations with government, while Associations assist members in their own professional development initiatives. There was a push to have a separate Ministry of Traditional Medicine rather than a body under the Department of Health as biomedical doctors, nurses, psychologists, optometrists and other health professionals are. This was subject to further discussion however.

Definition of Traditional Health Practitioner: This referred back to Mr Makhathini's point that the THP Act (2002) relegated traditional medicine and practice of it, to a very specific idea of "medicine" and "practitioner". The idea of replacing "traditional" with "indigenous" was briefly discussed but the consensus was to revisit this in a Council setting. It was also noted that the holistic nature of THP practices needs to be incorporated into legislation and/or policy in order to more clearly differentiate between THPs, biomedical practitioners and other community health care workers.

Language: A few participants were confused by the terms and concepts in the policy brief which led to a prolonged discussion of the revisions, as each term needed to be explained and agreed upon. Several THPs stated that these terms were too complex and needed to be spelled out in layman's language. This demonstrated that more discussion to clarify definitions and concepts was required in order for people to fully understand the meaning of the policy brief recommendations and thus allow for thoroughly considered responses.

Policy Brief Recommendations – As revised

1. Strengthen the essential role of Traditional Health Practitioners in holistic HIV/AIDS prevention, treatment, care and support. As part of this:

Make THPs (especially TBAs) partners in achieving Millennium Development Goals (MDGs) 4 and 5, through the provision of quality ante-natal care, including PMTCT, delivery and post-natal care. Review ante-natal, intra-partum and post-natal policy.

2. Fast-track enactment of the Bio-diversity Act and Intellectual Property Act and Department of Science and Technology protocols, to ensure that the rights and knowledge of Traditional Health Practitioners are protected from exploitation and bio-piracy.

3. Support studies of traditional medicines that are conducted jointly by Traditional Health Practitioners and biomedical practitioners.

Such studies must be subject to universal ethical standards and benefit-sharing agreements, to ensure that any commercialisation does not exploit THPs' knowledge.

4. Strengthen the linkages between biomedical practitioners, public health facilities and Traditional Health Practitioners.

5. Ensure inclusion of THPs in stakeholder forums at local and district level.

6. Implement regulations to the THP Act, in consultation with THPs, and fast-track the setting up of the THP Council.

7. Promote an efficient, two-way referral/feedback system between THPs and biomedical practitioners.

8. Set up a regular dialogue mechanism between biomedical and Traditional Health Practitioners at all levels, to strengthen the role of THPs in public health (for example, through screening for disease, counselling, monitoring and follow-up of patients).

9. Strengthen healers' associations to become self-regulatory.

10. Promote collaborative research between THPs, researchers and biomedical practitioners on the concurrent use of traditional medicine and ART and the benefits of this for PLWHA.

Follow-up Actions: Proposals for THPs and their partners/supporters

1. Present a combined approach to government on shared THP policy priorities in relation to public health. This may require an umbrella body of THP organisations that elects a committee to represent healers to government.
2. Promote correct understanding of THP characteristics, disciplines and scope of practice.
3. Conduct pilots at ward/village level to produce evidence for Traditional Birth Attendants (TBAs) to be key partners in reducing maternal and infant mortality in the next 5 years.
4. Document and present evidence of the role of THPs in response to HIV/AIDS for inclusion in the new NSP.
5. Commission a team of people to include THPs and other health practitioners, policy makers, patent lawyers, researchers, etc, to drive policy development (including exploring models for an integrated public health system).
6. Popularise bio-cultural community protocols.
7. Research and advocate for a separate Ministry of Traditional Medicine.

CHP asked participants to rate the presentation they found most useful:

A. Background to the Policy Brief	-
B. One Patient, One Health Care System	6
C. Infant and Maternal Mortality PMTCT- and Traditional Birth Attendants (TBA's)	5
D. Tools for protecting and promoting healers' knowledge	-
E. Policy issues and priorities	-
F. Traditional Health Practitioner Policy Brief Recommendations	8
G. Informing Policy through good practice	-
H. ALL	4
I. No Response	2

Participants were also asked what topic they thought should be presented in future forums:

<p>POLICY:</p> <ul style="list-style-type: none"> • Strengthening of protocol; • How to document and publish; • Implementation of THP ACT; • Outline THP Roles - develop and define structure; • Develop strategies to curb inconsistencies in the profession, • Look at international examples of collaboration; • Introduction of THA Council 	<p>COLLABORATION:</p> <ul style="list-style-type: none"> • One Patient, One Health Care System; • Hindrances to collaboration of THP & Dept of Health and training about traditional medicine; • Effective referral system & HIV/AIDS treatment. 	<p>OTHER SUGGESTIONS:</p> <ul style="list-style-type: none"> • PMTCT • Virginity Testing
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To learn more about our work with traditional health practitioners, please visit:
<http://www.aids.org.za/page/traditional-healers>

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Co. Reg. No.: 8807144/08
PBO No.: 93002314 – Section 18A (1)(a)

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