

Title: Engaging Traditional Health Practitioners in HIV treatment, care and support in South Africa

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Issues: The use of traditional medicine is easily available and trusted by many communities. Traditional medicine can have an impact on patients' adherence to anti-retroviral therapy (ART) because some traditional healers claim to have the ability to cure HIV and/or AIDS. These claims can have negative implications on clients eligible for and enrolled in ART. Therefore, the need for traditional healers to refer clients to health facilities and understand the importance of ART presents an opportunity for the South African national treatment programme.

Description: The national prevalence of HIV in South Africa is 17.5% (2009) and 19.5% in the Free State province. Wepener town in the Free State borders Lesotho and has high rates of HIV infection, unemployment, sex work as well as widespread poverty. In the first quarter of 2009, 60% of clients missed appointments by at least 7 days at Lebohang clinic in Wepener. About 30% of these patients had missed appointments because they opted to use alternative medication to ART.

EGPAF South Africa's community linkages program in collaboration with Itjareng, a Community Based Organisation (CBO), trained 20 traditional health practitioners (THPs) in basic HIV treatment literacy in April 2009 and 30 more in April 2010. The trainees were chosen by the traditional leadership in the area. In November 2010, Itjareng and EGPAF conducted a series of community dialogues on HIV management and adherence to improve THPs knowledge and understanding of HIV. THPs were encouraged to refer patients with signs and symptoms of HIV to clinics for further management using a referral form designed by Itjareng and EGPAF and THPs welcomed the idea.

Lessons Learned: Custodians of culture, such as THPs can identify and advise risky behaviour in the cultural context in which HIV is spreading and can refer clients to health facilities and support their retention in care. Because of their intimate involvement with all aspects of community health and well – being, THPs are well placed to educate communities about HIV and AIDS. THPs need to be engaged in the provision of comprehensive health care at community level, particularly patients who are on ART.

Before the training THPs were not referring HIV infected client to health facilities. Since the training THPs are referring an average of 50 clients a month to Lebohang Clinic and a total of 600 clients have been referred to the clinic by THPs. The number of patients missing appointments by at least 7 days at Lebohang Clinic had decreased from 30% to 5% by November of 2010. There has been ownership of the program by the clinic without the use of incentives.

Next Steps: Improving the understanding and cooperation between different medical traditions is important to promote the well being of people with HIV and AIDS. Itjareng, EGPAF and the THPs are planning to work with Ladybrand and Vanstandersrus Clinics. The trained THPs continue to be supported with current HIV/AIDS knowledge and the untrained THPs will be trained. Prevention activities and community dialogues on HIV/AIDS issues will continue to be done in the community.