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The Role of African Healing in Southern Africa in the Fight against AIDS, with Particular Emphases to Zimbabwe, South Africa and Zambia: Implications for Counseling

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Traditional healers in Southern Africa are well known in their communities for treating different diseases and are becoming more involved in treating HIV/AIDS. A comparison between numbers of traditional healers and medical doctors demonstrates the importance of traditional healers in Southern Africa in treating and counseling people with HIV/AIDS. However, there is a scarcity of empirical research showing the effect of integrating traditional healers in mitigating the spread of HIV/AIDS in Southern Africa. Experiences across African countries show that modern and traditional care systems are not incompatible. Collaborations among traditional and modern providers can create complementary systems that are of greater benefit to patients and communities. Preliminary assessments of some projects have shown that, although in most cases 'trained' healers quickly assimilate the new knowledge and integrate it into their practices and messages they deliver to communities, misconceptions remain, especially after short-term training. Training programs have emphasized counseling, HIV-related issues including HIV transmission risks, infection control procedures, and condom use. Referral is normally expected from the traditional healer to the biomedical health practitioners. The benefits of counseling have been realized in helping patients take their medicines regularly, change their sexual behaviour and accepting to live with HIV/AIDS.

The traditional healers of Africa have been using ritual in combination with herbal remedies to treat Africa's people for generations. The World Health Organization (WHO) observes that it is difficult to assign one definition to the broad range of characteristics and elements of traditional medicine, but that a working definition is essential (WHO, 2002). It thus concludes that traditional medicines: include diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness. Chirwa and Sivile (1989) assert that a number of these medicines seem to be effective where modern science has failed to find a cure. Yet for some reason, modern science is regarded as infallible, as an absolute truth. It is because of this faith in modern medicine that the traditional healers in Africa are now regarded as primitive witch doctors (Green, 1996). There have been efforts to discourage people from seeing the traditional healers and encourage them to go to the medical doctors in an attempt to attack the AIDS crisis. Traditional healers are the major health manpower resource for Africa (World Health Organization, 2002-2005). Often traditional healers are the only source of health services for major rural population groups throughout Africa (World Health Organization, 2002-2005). The report goes on to declare that in many cases, traditional healers are the preferred source of health care. According to the report, it is estimated that between 80-85% of the population of Sub-Saharan Africa receives its health education and health care from practitioners of tradi-

tional medicine. Traditional practitioners far outnumber modern health care practitioners, they are culturally accepted and respected, and more universally located (World Health Organization, 2002-2005). The World Health Organization (WHO) estimates that up to 80% of the population in Africa makes use of traditional medicine (WHO, 2001). In Sub-Saharan Africa, the ratio of traditional healers to the population is approximately 1:500, while medical doctors have a 1:40 000 ratio to the rest of the population (World Bank, 2001). It is clear that traditional healers play an influential role in the lives of African people and have the potential to serve as crucial components of a comprehensive health care strategy.

Traditional Healing Practices in Zimbabwe, South Africa and Zambia

Traditional healers are generally divided into two categories, those that serve the role of diviner-diagnostician (or diviner-mediums) and those who are healers (or herbalists). The diviner provides a diagnosis usually through spiritual means, while the herbalist then chooses and applies relevant remedies. Colonial powers and structures have played an overpowering role in changing the cultural landscape and practices of traditional healers and their patients and have disrupted the distinction between diviners and herbalists. Various pieces of legislation in South Africa (such as the Witchcraft Suppression Act of 1957 and the Witchcraft Suppression Amendment Act of 1970) explicitly prohibited the diviners from practicing their trade as early as 1891 in colonial Natal (Steinglass, 2002; Copson, 2000; Timmermans, 2003). With the additional encroachment of 'Western' health care systems in South Africa on the practice and livelihood of traditional healers, the roles of the diviner and herbalist have become increasingly blurred. Dickinson (2008) writes that traditional healers are thus undergoing "a strange process of mutation as the continent modernizes". This situation is the same for Zimbabwe and Zambia. In addition, (Anon, 1999) argues that the AIDS epidemic constitutes a considerable part of the modernizing forces that constantly challenge and change traditional healers' role and their practices. Increasing efforts have been made regionally and internationally to include traditional healers in primary health care, as well as in HIV/AIDS care and prevention. A range of challenges, difficulties and opportunities present themselves against and for the major.

Traditional African medicine involves diviners, midwives, and herbalists. Diviners are responsible for determining the cause of illness, which in some causes are believed to stem from ancestral spirits and other influences. Traditional midwives make extensive use of indigenous plants to aid childbirth. Herbalists are so popular in Africa that an herb trading market in Durban is said to attract between 700,000 and 900,000 traders a year from South Africa, Zimbabwe, and Mozambique (Green, 1996; World Bank, 2005). Smaller herb markets exist in virtually every community (World Bank, 2002; Hlabisa, 2002). There are strong spiritual aspects to traditional African medicine, with a widespread belief among practitioners that psycho-spiritual aspects must be addressed before medical aspects. Among traditional healers, the ability to diagnose an illness is considered a gift from both God and the practitioner's ancestors. A major emphasis is placed on determining the root cause underlying any sickness or bad luck. Illness is said to stem from a lack of balance between the patient and his or her social environment. It is this imbalance that determines the choice of the healing plant, which is valued as much for its symbolic and spiritual significance as for its medicinal effect. For example, the colors white, black, and red are considered especially symbolic or magical. Seeds, leaves, and twigs bearing these colors are deemed to possess special properties. Diviners ay use plants not only for healing purposes but also to control weather and events (van Wyk, van Oudtshoorn, & Gericke, 2000). In addition to plants, traditional African healers may employ charms and incantations for casting out bad spells.

There are many well organized, officially recognized traditional medicine organizations throughout Africa. Although they may not be able to prescribe the latest "scientifically proven" drugs, the benefits of involving the traditional healers in the war against AIDS cannot be ignored. There has been a tremendous amount of organization on the part of the traditional healers. As early as 1985, there were healers associations in 23 African countries (NEPAD, 2001). By 1990, the African traditional healers association had over 220,000 members (NEPAD, 2003). In Zimbabwe alone, for example, the Zimbabwe National Traditional Healers Association (ZINATHA) founded in 1980 has a membership of approximately 45,000 traditional healers whereas the country has only 1,400 medical doctors (Sebit et al., 2000). Thus the traditional healers are able to reach far more people than the medical doctors are able to. It is estimated that as many as 90% of the Zimbabwean people utilize the services of the traditional healers, while some of them make use of both. In South Africa the Traditional Healers Organization (THO) is the biggest traditional healer umbrella organization and was established in 1970. It counts 69,000 traditional healers in Southern Africa as its members, with 25,000 of those residing in South Africa (King & Homsy, 1997). Because the traditional healers are already a trusted source of health information and treatment, it makes far more sense to work with these people rather than against them. Traditional and Modern Health Practitioners Together against AIDS (THETA) in Uganda includes both traditional and modern practitioners. Traditional healers are organized in varying degrees

throughout all African nations. In Zimbabwe Traditional healers have been trying through traditional counseling, to limit fidelity alongside the more conventional methods of condoms and abstinence to curb the spread of Aids in the country. In addition healers claimed to have come up with the idea of using a technique that is said to "magically bar" men and women from having extra-marital sex, alongside condoms and abstinence in an attempt to further reduce the spread of Aids. Traditional healers claim that counseling is one of the most powerful tools they use to help clients make rational decisions on how to conduct their lives in order to stop the spread of HIV and AIDS. According to the traditional healers' association, ZINTHA, in their training sessions traditional healers take counseling as a key component in the fight against HIV/AIDS (Sebit et al., 2000). The association claims that counseling helps individuals to convince themselves in change of behaviour and life style.

Incorporating traditional ideas and practices into AIDS education has been highly effective. It would be almost impossible to completely overturn a set of ideas that has been accepted as the truth for generations. For example, the ideas of pollution and contamination are prevalent in relation to a number of diseases. The healers also promote the importance of practicing safe sex and upholding traditional values. Those who visit the healers, especially the patients with STDs (including AIDS/HIV) are given advice about avoiding sex with prostitutes as well as limiting the number of sexual partners that one has. Traditional healers encourage people to practice non penetrative sex, such as thigh sex, which is already a common practice among many. In addition, the healers have begun promoting modern methods of AIDS prevention. Most healers now sell or give out condoms to their clients.

In South Africa, traditional healers who intend to join the THO have to attend a one-day workshop, which introduces them to THO activities, and a five-day workshop on traditional primary health care. Members also have to produce a good character reference. At the moment the THO has provincial branches in Mpumalanga, Limpopo, KwaZulu-Natal and the North while the head office is located in Johannesburg (Bodeker, Kabatesi, King, & Lancet, 2000). The 'South African Traditional Healers Health Care Group' is another example of an umbrella body of traditional healers. It has a number of branches all over South Africa, that focus specifically on home-based care, Direct Observation Treatment (DOT) support for people with TB, Voluntary Counseling and Testing, education on HIV/AIDS and 'street counseling'. It is difficult to estimate how many South Africans make use of traditional healers and how many traditional healers practice their trade. While a number of other African countries have made early attempts to formally recognize traditional healers and to set up traditional healer organizations, the South African government has only recently embarked on this process – notably with the drafting of the "Traditional Health Practitioners Bill". The first traditional healers' council was only established in 1999.

Zambia with an estimated 20 to 25 percent of the population being HIV positive, has only 900 western educated doctors 600 of them being foreign but has 40,000 registered traditional healers (World Bank, 2004). The ratio of doctors to traditional healers is 1:44. Given one of the central cultural role of traditional healers in communities, they provide one of the best hopes for treating HIV/AIDS. Healers rely on medicinal plants and there has been a significant decrease in the abundance of many important medicinal plant species as their habitant are lost through deforestation, cultivation, overgrazing, burning, drought, desertification and many other factors. Zambia like Zimbabwe and South Africa, encourage training programs for traditional healers in order for them to avoid the spread of HIV/AIDS with their patients. Training covers a number of diseases and health related aspects. By the end of the training traditional healers should be able to: identify high risk conditions and make timely referrals to health centers; apply knowledge of HIV/AIDS and condom use, to promote sexual and other risk reduction behaviours that limits the spread of HIV/AIDS in the communities; provide key messages on safe motherhood, child health and nutrition and compile and send monthly reports to the health centres.

The HIV/AIDS pandemic is the greatest challenge mankind has ever faced. Since the disease came on the scene nearly three decades ago, scientists have laboured in vain to find a cure for the disease which has continued to claim millions of lives especially the young generation in the prime of their lives. In Zambia, the first case of HIV/AIDS was recorded in 1984 and since then the Government, in conjunction with various stakeholders, has been working hard to mitigate the impact of the pandemic. Traditional medicine has not been ruled out as one of the potential solutions in this regard. It is worth noting that the use of traditional medicine in Zambia, Zimbabwe and South Africa is not new; it is as old as mankind (Sebit et al., 2000; Ndulo et al., 2001; Colvin et al., 2003). Before conventional medicines were introduced, Africans used traditional medicine to cure different diseases. With this background, in 1978, the Traditional Health Practitioners of Zambia (THPAZ) was established and underlined the importance the Government attaches to traditional medicine in the country's health care system. With the advent of HIV/AIDS, THPAZ has been actively involved in the treatment of opportunistic infections associated with the pandemic. A code of ethics for THPAZ was developed to ensure that operations of traditional healers conformed to the expected

standards. Eastern Province AIDS Coordination Adviser (PACA) observes that the Government and the people of Zambia have recognized the role that traditional healers have continued to play in the fight against HIV/AIDS. His report pointed out that traditional healers have always had a role to play in the health sector from time immemorial and the province has made notable achievements in reducing the HIV infection rate. The HIV infection which was rated at 13.7 percent in 2001 was reduced to 10.3 percent in 2007 in the province. To this end traditional healers received support from the Government, the general public and non-governmental organizations (NGOs) (Kay, 1996; World Bank Report, 2002). Like medical doctors traditional healers are encouraged by the government to continue researching on various traditional herbs to help find a cure for AIDS. However, the report emphasized that the National AIDS Council (NAC) should ensure that traditional medicine is subjected to scientific research and testing. Traditional healers have also effectively contributed to the fight against the scourge through community health education and counseling. This is done in partnership with bio-medical workers in various areas like voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), pre-test counseling in home and clinic-based care, in referrals of clients for VCT, PMTCT sites and post-test support.

The Zambia National Council of Ng'angas and WHO have embarked on training more traditional healers in the Eastern Province. The government acknowledges that there is need for concerted efforts of all stakeholders to fight the AIDS pandemic. To this call THPAZ submitted 78 remedies for clinical trials and three proved to be effective such that the Government is in the process of endorsing them to be used. Although there were still some doubting "Thomases" who question the effectiveness of traditional medicines, a good number of people have been treated successfully (Chirwa & Sivile, 1989). Despite false claims of finding a cure for AIDS from some traditional healers many people living with the virus, through sound education, they are determined not to abandon the conventional anti-retroviral therapy (ART) with the hope to be healed through the use of traditional medicine. People living with HIV/AIDS are encouraged not abandon ART because resistance to modern medicine may result and also that there is no confirmed treatment yet. In the meantime, it cannot be denied that traditional medicines are playing a critical role in prolonging lives of people infected with the HIV virus. Therefore, it is important that more attention is accorded to traditional medicine in the continued search for the AIDS cure.

Scientific Research on Traditional Medicine

Traditional medicine has an important part to play in the fight against HIV/AIDS. It is of paramount importance that research be conducted into the efficacy of African traditional medicine therapies. Such research will nullify or validate the long held beliefs and empirical positive outcomes that are popularized throughout Africa. Coupled with the appropriate intellectual pressure from human rights and the traditional healers association, this research will provide the appropriate answer to the question of "whether African traditional medicine works or not?" The result of such research can also help eliminate the unacceptable acts of dehumanizing practices that exists throughout Africa and are perpetuated under the cover of traditional medicine practice.

Although western scientific research principles are not compatible to all forms of African traditional medicine such as divination and trance therapy, they are an appropriate measurement of African herbal medication efficacy. However, it would appear as though the western pharmaceutical industry has no interest to support research into traditional herbal preparations. It is most likely that traditional herbal medicine could be of low cost compared to anti-retroviral medications. Until traditional medicine is respected and protected, it is clear that pharmaceutical companies will not be trusted partners or collaborators of traditional medicine organizations. African countries must pull their resources together to support research on traditional medicine for the benefit of African people.

Promoting African Traditional Medicine (PROMETRA) International is conducting scientific research into the efficacy of African herbal preparations in HIV/AIDS among other diseases. Conducting scientific research that meets international standards is both difficult and costly for third world African countries that operate on shoe-string budget. Bio-resources Development and Conservation Program (BDCP) of Nigeria is conducting extensive scientific research into the development of herbal medicinal products for diseases plaguing the African continent, including HIV/AIDS (NEPAD, 2001). The African Advisory Committee for Health Research and Development (AACHRD) passed a resolution calling for enhanced research into traditional medicine in the African region (World Bank, 2005). WHO reports that in the Africa, 21 out of 46 countries have organizations that are carrying out research on the use of traditional medicine. However, the majority of African universities, medical schools and research institutions have not embraced traditional medicine research in a significant way (Schoneboom, 2001). There are some exceptions to that generalization with new programs being implemented and research undertaken (University of Swaziland, 1999; University of the Western Cape, 2001; World Bank, 2004). International presented results of a 62

patient cohort clinical observational study at the fourteenth International AIDS Conference (WHO, 2004). Reports out of South Africa on the positive impact of sunderlandia have been presented in the literature. A decrease in viral loads and increase in CD4 counts have been documented in small samples. Following treatment with traditional preparations patients report weight gain, decreased diarrhea and ability to return to work and increased quality of life. These small studies provide great hope for the use of traditional medicine therapies in the African AIDS epidemic. A study carried out in Zimbabwe (Sebit et al., 2000), assessed the quality of life of people with AIDS, where some were treated with traditional medicines (79%) and others with 'conventional medical care' (21%). The study determined the quality of life of the subjects and measured disease progression. The results of the study indicated concluded that "data supported the role of traditional medicine in improving the quality of life of HIV-1 infected patients, yet its pharmacological basis was unknown". In Zambia eighty (80) traditional healers, 54 from an urban and 26 from a rural setting, attended to patients with symptoms of HIV/AIDS, were interviewed using a semi-structured questionnaire. Healers displayed the knowledge of symptoms of HIV/AIDS and related diseases. On the treatment of patients almost half of the healers did apply some biomedical practices in the management of patients with HIV/AIDS, such as history taking and examination of patients before diagnosis and prescription. The healers also advised patients to avoid sex while on treatment and to avoid re-infection by remaining with one partner and using condoms. Some healers advised their patients to bring their sexual partners for consultation and counseling. Since traditional healers attend to patients with HIV/AIDS, both in rural and urban areas, efforts should be made to promote cooperation between traditional and biomedical health care providers, so that treatment of patients and their partners could be improved. Traditional management that concurs with biomedical practices could thus be a starting point for discussion and cooperation.

The benefits of a scientifically proven African herbal medication for treatment of HIV/AIDS would be enormous. With herbs harvested from Africa's natural agriculture resources, the costs would be low and access to treatment would reach the bigger population of poor Africans in remote places. There is need to train traditional healers to live and work in harmony with the natural assets of forests, seas, land, fire and air. Protection of such resources would be part of the training. The World Bank has provided funding to Zambia and Ghana to support biodiversity conservation projects (World Bank, 2004). In 2004, the South African Parliament considered passing a 'Traditional Health Practitioners Bill' (World Bank, 2005). Due to decades of colonialism, cultural imperialism and the power of the multi-national pharmaceutical industry, traditional healers and traditional medicine have been marginalized and their value to communities underplayed. There is therefore a need for urgent investment and support of traditional healers and traditional medicine not only by government, but also by civil society and the private sector. Surprisingly, even though the majority of the African population utilizes traditional medicine services, in many African nations traditional medicine is not recognized and remains illegal. The World Health Organization's 2001 survey of the legal status of traditional and complementary/alternative medicine revealed that out of the 44 African nations surveyed, only 61% had legal statutes regarding traditional medicine. However, even those countries with the legal frame works, rarely implemented or encouraged the use of traditional medicine.

Scientific evidence from tests done to evaluate the safety and effectiveness of traditional medicine products and practices is limited. While evidence (Santee, 2007) shows that acupuncture, some herbal medicines and some manual therapies (e.g., massage) are effective for specific conditions, further study of products and practices is needed. Requirements and methods for research and evaluation are complex. For example, it can be difficult to assess the quality of finished herbal products. The safety, effectiveness and quality of finished herbal medicine products depend on the quality of their source materials (which can include hundreds of natural constituents), and how elements are handled through production processes.

Collaboration Between Biomedicines and Traditional Medicines

Throughout the past decade, many organizations and government agencies have called for a closer collaboration between traditional and modern medicine. Most recently the African Union declared the period 2001–2010 as the Decade of African Traditional Medicine (NEPAD, 2003). Traditional medicine is listed as an important strategy in the plan of NEPAD – New Partnership for Africa's Development. Yet, official recognition and legalization of traditional medicine continues to move at a slow pace in the legislatures of African nations (NEPAD, 2001; Foundation for Democracy in Africa, 2000; Copson, 2000).

The WHO formally recognized the importance of collaborating with traditional healers in 1977 (WHO, 2004). WHO has organized a number of expert consultations and conferences, and has issued guidelines on traditional medicines, traditional healers and collaboration between biomedicines and traditional medicines. Because traditional medicines use biological resources and knowledge of traditional groups, it is often linked to biodiversity conservation and indigenous peoples' rights over their knowledge and re-

sources. In various countries, traditional healers have been drawn on in primary health care strategies before the advent of HIV/AIDS. With rapidly escalating HIV prevalence rates in Sub-Saharan Africa, it is foreseeable that people's expectations of traditional healers and the subsequent workload of traditional healers are dramatically increasing. There is potential to bridge the gap for a health care partnership between African traditional healers and biomedical personnel in Southern African countries.

A shortage of medical doctors as well as the lack of a knowledge exchange between them and traditional healers impedes the delivery of the most effective treatment for patients. Within the region, the ratio of physicians to residents is only 1:33,000 whereas for traditional healers it is 1:350 (World Bank, 2004; WHO, 2005). While these statistics differ from one source to another, the difference between them is insignificant and they all indicate a big gap in terms of the ratio of the population to trained medical doctors in comparison to traditional healers. While western medicine has the science to address disease progression, the reality of the shear number of patients and the cost prohibits adequate patient contact. Traditional healers have been effectively treating the symptoms associated with AIDS for decades. Educating physicians and healers about the strengths of each other's medicine will allow them to combine their approaches to increase effective care delivery for HIV/AIDS patients. A key principle in making this collaboration work and sustain the projects is the participation of all stakeholders. Our process requires that the voices of women, youth and people living with HIV/AIDS, western trained physicians, traditional healers, traditional birth attendants, care givers, government officials and scientists join hands and work together to address the AIDS pandemic.

Expectations of traditional healers and their subsequent workload are dramatically increasing. Many of the delegates at a conference held in Dhaka (Senegal) in 2001, tasked to review the effect of traditional healers on HIV prevention and care, noted that "in view of its widespread use, traditional medicine is in a real sense carrying the burden of clinical care for the AIDS epidemic in Africa". It would follow that traditional healers need the support, education and cooperation that formal health care systems, might be able to offer, while the latter could potentially expand the reach and efficacy of their HIV prevention and treatment programs by enlisting the help of traditional healers. As pointed before, in Southern Africa over 80% of the population seek health advice and treatment from a traditional healer before visiting a medical doctor. Those that do seek formal health care also continue to visit traditional healers. Most governments believe that partnering with traditional healers and bringing them into the formal health system is vital to improving health in Southern Africa. Their potential as a resource and point-of-contact for both rural and urban communities cannot be ignored. Rather than ostracizing traditional healers, it is better to give them training, like the program in Zambia, making sure they: disinfect the implements they use; identify high risk conditions and make timely referrals to health centers; apply knowledge of HIV/AIDS and condom use, to promote sexual and other risk reduction behaviours that limits the spread of HIV/AIDS in the communities and they provide counseling. However, it must be noted that the practice of traditional medicine has major problems associated with the practitioners themselves and the medicines they use.

Concerns on the use of Medicinal Traditional Healing

Traditional medicine practices have been adopted in different cultures and regions without the parallel advance of international standards and methods for evaluation. The popular media in Southern Africa often carry horror stories of traditional medicine and its practitioners, while sensationalist articles have escalated with the rise of the AIDS epidemic (Anon, 1999). There are so many reports of the prescription of mysterious herbal treatments "muti", with healers claiming to have found the cure for AIDS (Mchunu, 2000; Leeman, 2000). Reports of unethical and unsavoury behaviour relating to treatment of patients are often found in the pages of newspapers or magazines. All cases of serious illness need to be examined by a medical doctor. Serious side effects, even death, can result from incorrect identification of healing plants. For example, species of the aloe plant are extensively used in traditional African medicine, but some forms, such as *Aloe globuligemma,* are toxic and can result in death if misidentified (Kay, 1996; Copson, 2000). All people have the right to medicines and treatment that are safe and efficacious. Many people believe that because medicines are herbal (natural) or traditional they are safe (or carry no risk for harm). However, traditional medicines and practices can cause harmful, adverse reactions if the product or therapy is of poor quality, or it is taken inappropriately or in conjunction with other medicines. Increased patient awareness about safe usage is important, as well as more training, collaboration and communication among providers of traditional and other medicines. Medicines, whether western or traditional, have to fulfill the same uniform standards, tests and trials before being made available to the public. In this regard, it is recommended that the religious, spiritual or metaphysical elements be separated from the physical matter (for example the plant materials) of traditional medicine in order to facilitate the process of testing and approving these medicines for use by the general public. More resources and infrastructure need to be committed to test and promote the use of safe and efficacious

traditional medicines, as well as to regulate the traditional healing profession. This will be in keeping with the principles of the New Partnership for Africa's Development (NEPAD), that emphasize African ownership and leadership, as well as broad and deep participation of all sectors of society and partnership between and amongst African people. However, some concerns have been expressed that increased demand for wild plants used in traditional African medicine is endangering local plant populations. Herbal materials for products are collected from wild plant populations and cultivated medicinal plants. The expanding herbal product market could drive over-harvesting of plants and threaten biodiversity. Poorly managed collection and cultivation practices could lead to the extinction of endangered plant species and the destruction of natural resources. Efforts to preserve both plant populations and knowledge on how to use them for medicinal purposes is needed to sustain traditional medicine.

It is vital that the traditional healing profession be regulated and be brought into the ambit of current NEPAD regulated legislation. Not many countries have national policies for traditional medicine (Daes, 1997). Regulating traditional medicine products, practices and practitioners is difficult due to variations in definitions and categorizations of traditional medicine therapies. A single herbal product could be defined as a food, a dietary supplement or an herbal medicine, depending on the country. This disparity in regulations at the national level has implications for international access and distribution of products (Barnes, 2000). All practicing traditional healers should adhere to standardized norms and qualifications. To this end, the speedy passing of the Traditional Health Practitioners Bill is necessary and should be supported by all African countries. No medical or traditional healing practitioner may be allowed to overstate or misrepresent the efficacy of their medicines or treatment, and these should be strictly regulated. There is a need for a campaign that raises awareness of the rights of patients to adequate care, treatment and support by traditional healers. Unscrupulous traditional healers must be reported and disciplined by a regulating body. It is important to carry out more research on the effects of taking traditional medicines in conjunction with western medicines prescribed. While a number of traditional healers thoroughly deserve the negative publicity generated by their disreputable conduct, these stories may have contributed to a negative sentiment held towards all traditional healers and to all traditional healing practices. This has largely dented the role that ethical and well-educated traditional healers can play in Southern Africa's response to HIV/AIDS and its efforts, to build up an accessible health system.

The first step in bringing AIDS education to the people is the education of the healers. As in all countries, Africa has a number of myths about AIDS and the spread of diseases. Often, the practices of the healers may actually spread rather than prevent the disease. Most healers are not trained in sterilization techniques (King & Homsy, 1997). The effects of this can be deadly when many of the healers use tools such as razor blades to introduce traditional medicines to the bloodstream. Along with methods of sterilization, special workshops in training healers can be used to teach healers the benefits of using one razor per client (even if this means that the client brings his own razor). In addition, the healers have begun promoting modern methods of AIDS prevention. Most healers that have received training now sell or give out condoms to their clients and emphasize the notion of having one partner.

Implications for Counseling

In Africa, HIV is spread primarily through heterosexual intercourse. A study carried out by Meyer (2003) indicates that Sub-Saharan Africa is the only region of the world where more women are infected than men, and young women (15-19 years) experience higher infection rates than men of the same age. Meyer claims that the disease has created more than 13 million "AIDS orphans," children who face an increased risk of malnutrition and reduced prospects for education, if they themselves do not have their lives cut short by the disease. HIV infects people regardless of sex, race or social status, yet more women are infected than men in Africa (Banda, et al., 2006). The authors go on to say there's also a disparity in age with a higher prevalence in younger women. In their study, Banda et al. (2006) claim that young women in their teens and twenties have higher infection rates than females in other age groups. The fact of higher infection rates in women versus men in Africa is attributed to a claim that women are more promiscuous (Chaudhury, 2001). A more factual explanation is that women marry young (mostly while still in their teens) to older, more sexually experienced men who may expose their new wives to HIV/AIDS and other sexually transmitted diseases (Hamblin & Reid, 2000). As pointed out before all traditional healers need to go through training. One of the most important skills traditional healers require is counseling. The first step is to counsel traditional healers on claims that some of them make, of having a cure for AIDS. They also need to be counseled and encouraged to have clean places where they perform their rituals or practice their medicinal herbs. They are better placed to offer counseling to their clients with HIV/AIDS. With effective training in counseling traditional healers can play a major role in helping people change their life-styles and behaviours to stop the spread of HIV/AIDS. During counseling, trained traditional counselors help patients to cope with or change

thoughts, feelings, or behaviors regarding HIV infection. Other family members and caregivers may also benefit from counseling. Counseling helps clients accept their conditions and adopt a positive attitude towards life. For those clients who do not yet have full blown AIDS, they can be counseled to avoid multiple partners and or to use condoms. With proper training healers can also educate and inform their clients of the absence of the cure for AIDS. They can dispel the myth and false belief that some African people have that if somebody has sex with a young girl who is a virgin he will be cured of AIDS.

Traditional healers can also counsel patients to eat healthy food and to stay on treatment and not to disregard antiretroviral drugs. People who are infected with HIV have a greater risk of developing depression. Counseling helps them to deal with the emotional aspects of the disease. Those who are in a dying state can receive grief counseling which helps to deal with end-of-life issues. The effectiveness of counseling varies. Some people respond very well while others find minimal relief. Studies (Moodley & West, 2005) suggest that counseling can effectively treat people with HIV who also have problems with depression. Counseling sometimes includes becoming a member of a support group. Support groups are often good places to share information, problem-solving tips, and emotions related to HIV infection. The organizations listed in the Other Places to Get Help section of the topic Human Immunodeficiency Virus (HIV) Infection often sponsor support groups for people who test positive for HIV, as well as for their caregivers and friends. Contact one of these organizations to find the support group nearest you.

Sometimes there is a great need for individual counseling therefore traditional healers can make use of their healing sessions on a one to one basis. One reason why individual counseling is successful is that it focuses only on the need of one individual. A person can have a peculiar problem and need the help of a professional counselor. In such cases traditional healers should be in a position to refer clients to professional counselors not to claim to know everything. Counseling also enables one to work on highly personal problems. It becomes a two-way communication in which both can talk and discuss and it can bring excellent results. Counseling can also yield more lasting results because of the depth and more personal aspect involved. The client can gain more insight into the solutions to his/her problems by looking at his/her problem from a different angle. In addition to training in counseling, traditional healers also need to maintain confidentiality so as to maintain the clients' dignity and privacy. With time the client gets to know and develops confidence and trust in the traditional counselor. When a counselor empathizes, and has developed a relationship, as one who understands the client, then acceptance from the client is readily available. The counselor needs to be a person the client can respect as this can open the door to more issues of counseling. All these factors should be included in the training of traditional healers.

Today's counselors must have more to offer than mere talk so they must be well informed and skilled. If a counselor is competent, clients are likely to realize in a short time that they can get help. The counselor needs to be well prepared and must also be a person who has professional ethics and can keep confidential information. A client does not want to reveal personal information to a professional in order to have it be repeated elsewhere. Something that is said in a counselor's office should never go any further. Traditional healers sometimes deal with the whole family in their treatment and prevention of ailments. With families that experience some serious problems that they find difficult to cope with due to members living with HIV/AIDS, home based counseling may be a good option to consider. Clients can also be encouraged to seek professional help. This is likely to increase confidence and self-esteem of individuals, as well as improve communication among family members. The objective of having counseling provided by a trained traditional counselor helps in identifying the issues that are actually affecting the family. This further helps the counselor to work with the family finding solutions to their problems. They may realize that counseling is a successful way to reinforce and improve a relationship and encourage a strong, enduring family bond. With the right trained counselor, working upon the seemingly impossible relationship problems can become possible. Family counseling usually involves the provision of a variety of interventions to help members cope with specific issues they may be facing. Focus is given on education and guidance in the aspects of developing discipline, problem solving as well as anger management skills, effective communication skills and skills in coping. Counselors may work with family members in a bid to help the members fulfill their goals. When young people or teenagers are the focus of family counseling, counselors usually try to find ways to provide favorable opportunities that will help improve a teen's self-esteem widen his knowledge of spiritual and family values and help him or her develop future goals. This type of counseling session is ideal for families where parents may not have sufficient time to monitor their children's physical and mental health, making sure that they take all the medication on a daily basis because of too much workload in their work places or business.

Counseling and Testing

Through randomized controlled trials conducted by the Kenya Association of Professional Counselors (KAPC) in Nairobi and by other centers in Tanzania,

Trinidad and Indonesia, the objective was to discover whether HIV testing accompanied by personalized, one-on-one counseling can influence individuals to adopt preventive behaviors and lower their risk of HIV infection. Although Counseling and Testing (C&T) has long been an essential component of HIV/AIDS programs in developed countries, the study was the first large-scale randomized research on its effectiveness as a tool for behavior change in developing countries. A limited number of studies of C&T's impact on specific populations in Gambia, Rwanda and Democratic Republic of Congo (DRC) have yielded mixed results (Santee, 2007). The lack of C&T data that can be generalized to a wider population is one reason why there has been so much debate over its value as a prevention strategy. Given how costly both HIV testing and intensive counseling are, C&T may appear too expensive to be sustainable, especially in poor countries such as in Southern Africa. In this case the use of traditional healers for both counseling and treatment of HIV/AIDS symptoms may be the answer to the bigger population of poverty stricken African countries. It is imperative to note that counseling and testing works even where there is little or no early medical intervention available for those who test positive. There may not be a sufficient supply of condoms within poorer countries to support C&T, but the use of rural clinics and healing centres continue to provide the best services they can in order to alleviate the situation (Reid & Bailey, 2000). One of the big issues these days is the best use of scarce resources for prevention and care of HIV/AIDS. C&T as a prevention intervention is believed to influence behavior in several ways. Knowing one's HIV status could ease the anxiety of uncertainty and encourage better prevention and health maintenance behaviours (Key & DeNoon, 1994). Early detection of HIV may also lead to referral to clinics for drug therapy, where it's available. Counseling could motivate risk reduction and present individuals with a range of choices for protecting themselves and their partners. Linking counseling and testing is thought to enhance the benefits of every patient.

Traditional healers address some of the major behavioral risk and protective factors with their patients, including partner reduction and condom distribution. Therefore, traditional healers may be more widely utilized in HIV prevention program, perhaps as risk reduction counselors and in collaboration with biomedical health practitioners on matters of community-level education. Considering that the largest group of traditional healers in Chaudhury's (2001) study was that of diviners who were mostly female, they could possibly provide support to other women, given the gendered nature of the HIV epidemic in Southern Africa, and the need for strategies to enhance women's ability to protect themselves. Traditional healers, who were interviewed in the same study, indicated that they had recently performed incisions or scarifications and used an enema on their patients. Making incisions and punctures in the skin for the purpose of introducing medication is a widely used technique in traditional Zulu medicine, as confirmed by other studies (Jolles & Jolles, 2000). However, the intervention effects for the reduction of HIV risk practices were not entirely successful. Quite a number of healers did not come forward for training and some of these still reuse enema equipment without sterilization, use the same razor blade for scarifications on more than one patient, and do not use gloves when carrying out scarifications. Similar practices were found among healers in Zimbabwe after a similar training intervention (Wellington, Chingono, Rusakaniko, & Williams, 1997). Some of these practices may be rooted in culture and thus difficult to change, and also require the availability of gloves and new razor blades. Both need to be sufficiently addressed in further training programs. On evaluating the training effects, a high preparedness to work with and refer patients to biomedical health practitioners was established, yet referral to biomedical practitioners did not increase by a significant margin. It is possible that despite the collaborative training module with biomedical health workers and emphasizing the importance of referral, traditional healers remained reluctant to refer more patients to the biomedical health sector.

It is encouraging to note that in South Africa, Zambia and Zimbabwe some of the traditional healers have been trained on basic HIV/AIDS counseling, home-based care, prevention of mother-to-child transmission, and anti-retroviral therapy, as well as recognizing the symptoms of HIV, tuberculosis (TB) and sexually transmitted infections (STI) (Dickinson, 2008; Chirwa & Sivile, 1989; Makgoba, 2001; Somse et al., 1998). Training includes topics such as childhood diseases and orphans and vulnerable children. Traditional healers have been encouraged to refer patients for HIV/AIDS testing and train traditional healers on how to monitor clients on TB treatment and ensure they adhere to the course. This has helped the health system to integrate indigenous healing systems with western medical approaches through strengthening links between healers and formal health workers. In South Africa over 80 Traditional Health Practitioners in one province (Kwa-Zulu Natal) have received training on communicable diseases, in particular on HIV/AIDS information and counseling (Hamblin & Reid, 2000). The Department of Health now provides home-based care kits to healers including gloves, disinfectant, bandages, and bleach (Somse et al., 1998). However, Zimbabwe and Zambia have not yet reached the stage where they can distribute kits to traditional healers, due to limited resources (World Bank, 2002). A number of healers who attended training have been tested for HIV/AIDS after encouragement from the

project. These healers are able to offer counseling to their patients based on their own experiences. In all three countries, traditional healers have become increasingly aware of hygiene and sanitation. They now use gloves either home made or commercially made to examine clients, use single razors and needles, and distribute condoms to those with sexually transmitted infections. Healers now refer patients they diagnose with TB to health care services as soon as possible. A closer relationship between traditional healers and the Department of Health has been established. While healers are gradually and increasingly being accepted as part of the formal health system, there is still a long way to go before a strong bond can be established.

Conclusion

Traditional healers have an unmistakable and crucial role to play in building the health system in Southern Africa and strengthening and supporting the national response to HIV/AIDS. Due to decades of colonialism, cultural imperialism and the power of multi-national pharmaceutical industry, traditional healers and traditional medicines have been marginalized and their value to communities underplayed. There is therefore a need for urgent investment and support of traditional healers and traditional medicine, not only by government, but also by civil society and the private sector. At the same time, it is vitally important that human rights principles and a human rights framework are strictly applied to all aspects of traditional healing. The situation of traditional medicine remains weak in most countries because of the insufficient evidence of safety and efficacy of traditional medicines; lack of knowledge of attitudes, practices and behaviours in traditional medicine; lack of coordination between traditional medicine and the rest of the health system; inadequate documentation; lack of protection of intellectual property rights and endangered medicinal plants.

Traditional healers make a unique contribution that is complementary to other approaches. They also tend to be the entry point for care in many African communities, and even more so for the complex HIV-related diseases that frequently jolt family dynamics and shake community stability. Traditional healers often have high credibility and deep respect among the population they serve. They are knowledgeable about local treatment options, as well as the physical, emotional and spiritual lives of the people, and are able to influence behaviours. Thus, is imperative and practical to consider traditional healers as partners in the expanded response to HIV/AIDS, and to maximize the potential contribution that can be made towards meeting the magnitude of needs for care, support and prevention.

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