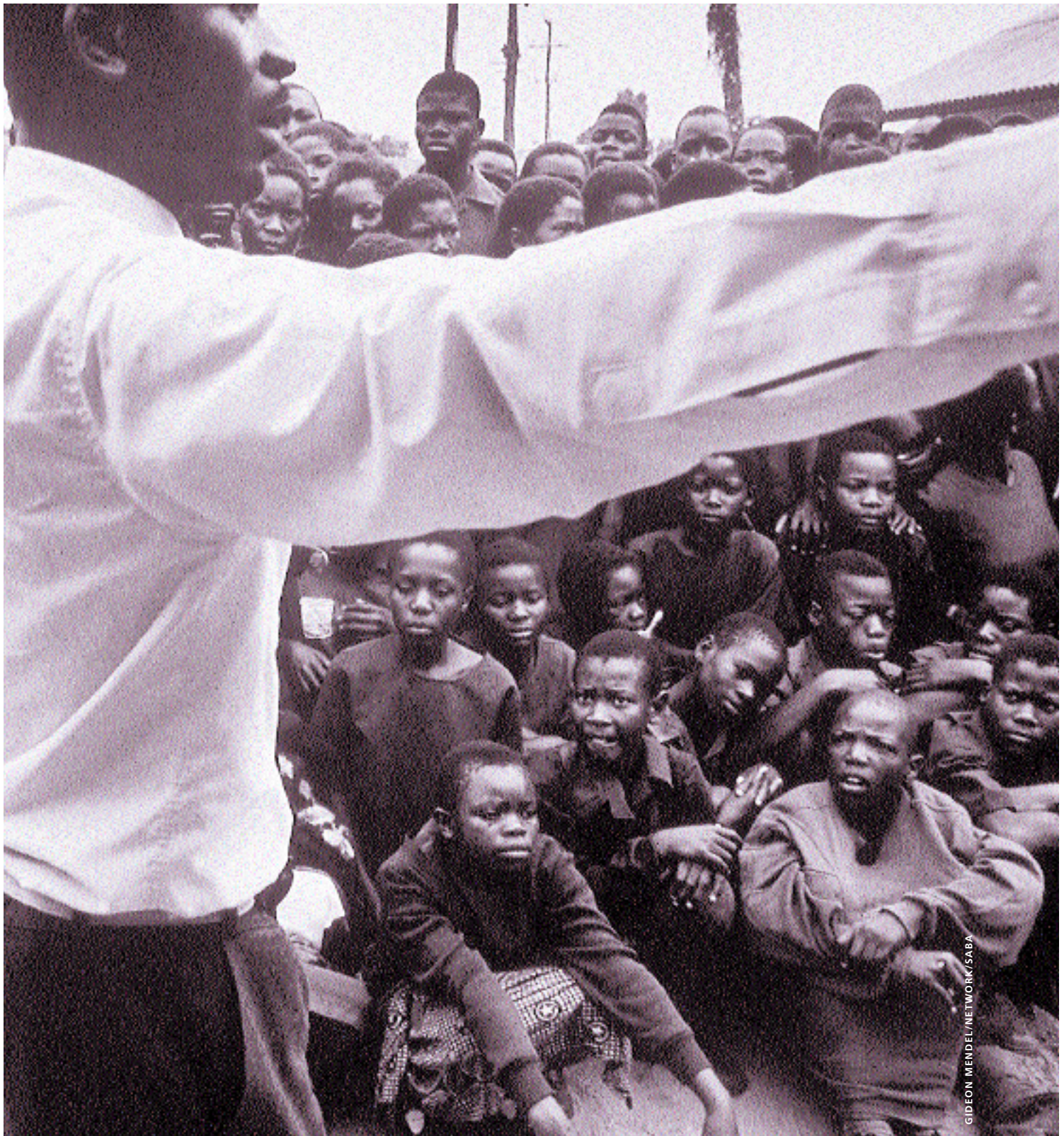


Since both traditional and modern systems of health care coexist within communities and serve the same target populations, collaboration between the two not only enhances the services being provided by each system individually, but also ensures transparency and trust benefiting individuals and the community as a whole.



GIDEON MENDEL/NETWORK/SABA

A CROWD OF YOUNG PEOPLE IN TANZANIA LISTEN ATTENTIVELY TO A HEALTH EDUCATOR WHO SERVES AS A ROLE MODEL WHILE EXPLAINING THE NEED TO PRACTICE HIV PREVENTION BEHAVIORS.

PARTNERSHIP WITH TRADITIONAL HEALTH PRACTITIONERS IN HIV/AIDS PREVENTION AND CARE: THE TANGA EXPERIENCE IN TANZANIA

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PARTNERSHIP WITH TRADITIONAL HEALTH PRACTITIONERS IN HIV/AIDS PREVENTION AND CARE: THE TANGA EXPERIENCE IN TANZANIA

INTRODUCTION

The HIV/AIDS pandemic continues to grow in Tanzania, taking a heavy toll on the population despite the intervention measures in place since 1985. By the end of 1997, for example, there were an estimated 520,000 AIDS cases in Tanzania, although only 103,185 had been officially reported to the Ministry of Health. In 1999 about 1.2 million Tanzanians were estimated to be living with HIV, and HIV prevalence among the general population stood at 10 per cent. Prevalence rates among women attending antenatal clinics in some parts of the country in 1999 were as high as 44 per cent. As in other sub-Saharan countries, HIV is mainly transmitted through heterosexual intercourse in Tanzania, with young adults between 15 and 24 years of age being more vulnerable than other age groups.

The impact of the pandemic is severe and affects all social and economic sectors of Tanzanian society. The burden of the disease will also result in a decline in productivity, slower growth in gross national product (GNP), increased health care costs, high infant and child mortality and a growing number of orphans. By the year 2000, more than 1 million children in Tanzania will have lost one or both parents to AIDS.

Most recent statistics from government hospitals show that up to 50 per cent of all the beds in some hospitals are occupied by patients with AIDS-related illnesses. This situation has created a high demand for hospital supplies and services, and many health care facilities are unable to cope with the level of services needed.

THE RESPONSE

Since 1983, when the first AIDS cases were reported in Tanzania, various programmes and plans have been instituted to address the pandemic, with varying but limited results. Following official recognition of the AIDS epidemic in 1985, for example, the Tanzanian government formed a two-year Short-Term Plan (STP). This was followed by a five-year Medium-Term Plan I (MTPI, 1987–1992) and the establishment of the National AIDS Control Programme (NACP) to coordinate its implementation.

During the implementation of MTPI, the government recorded a number of achievements. These included strengthening public health services to ensure safe blood transfusions, management of sexually transmitted infections (STIs), care for people living with HIV/AIDS (PLHA), as well as raising the level of

HIV/AIDS awareness to an estimated 95 per cent of the Tanzanian population (NACP Quarterly Epidemiological Report, 1990).

However, despite these achievements, MTPI implementation remained largely the responsibility of the Ministry of Health, with little involvement from other sectors, including other government agencies, institutions, nongovernmental organizations (NGOs) and businesses. This narrow approach denied communities the opportunity to create and carry out the kind of multisectoral and community-based interventions that have proved to be effective in responding to the HIV/AIDS pandemic. Realizing this crucial shortcoming, the Ministry called for a multisectoral response from all government, private, bilateral, nongovernmental and other donor organizations in implementing the second Medium-Term Plan, MTP II.

THE TANZANIA AIDS PROJECT (TAP)

One of the bilateral responses to the call for multisectoral collaboration in AIDS prevention came from the United States, through the United States Agency for International Development (USAID) Mission in Tanzania. This response came in the form of a five-year (1993 to 1998), \$20 million support project, later known as the Tanzania AIDS Project (TAP). TAP was awarded to Family Health International (FHI) and implemented through its AIDS Control and Prevention (AIDSCAP) Project, in collaboration with several other international organizational partners, including Population Services International (PSI).

The goal of TAP was to contribute to government efforts to reduce the HIV

transmission rate and thereby lessen the social and economic impact of HIV/AIDS on Tanzanian society. The purpose of the project was to increase the level of HIV-prevention practices and ensure the provision of adequate support services to AIDS orphans and families affected by the HIV epidemic.

The project created a network of regional NGO clusters to introduce and coordinate a package of interventions aimed at promoting safer sex through individual behavior change, by reducing people's number of sexual partners and encouraging consistent and correct condom use. Project activities promoted access to condoms, early diagnosis and treatment of sexually transmitted infections (STIs), and care for people living with HIV/AIDS (PLHA). The NGO cluster network, which operates in ten out of 20 regions in the country, works in close collaboration with the Regional and District AIDS Control Coordinators, as well as the regional, district and community leadership.

Through this cluster network, the NGOs have trained resource persons involved in peer education, home-based care and counselling, orphan care and support, and care for PLHA. These training activities also involved traditional birth attendants and traditional healers in the care and support of PLHA, in collaboration with modern health care practitioners (MHPs).

This collaborative undertaking brought together the country's traditional health care practitioners (THPs) and MHPs in a working partnership that is unprecedented in the history of health care delivery in Tanzania. This case study highlights some of the partnership's distinctive features and its impact on health care provision for PLHA in the Tanga region.

THE TANGA AIDS WORKING GROUP (TAWG)

Collaboration between THPs and MHPs in the Tanga region began during implementation of the Village Health Project (VHP), established in Pangani district in 1989. This project provided health care services for PLHA and tested the efficacy of various traditional remedies. Attracted by the project's efforts, MHPs and key public health researchers began to focus their attention on traditional health practices in Tanga.

The interest in traditional health care services was fuelled in part by the growing frustration among MHPs in trying to treat a variety of ailments among the PLHA who were frequenting their health facilities. The lack of drugs in most of the health facilities was equally frustrating to the PLHA who then resorted to seeking alternative care from the THPs. Capitalizing on the already growing interest for collaboration between the two groups of practitioners, the VHP organized a series of meetings to devise mechanisms for putting the partnership in place. During these meetings a spirit of mutual respect and trust was forged between the two groups of practitioners as they shared experiences. For example, the THPs came forward with detailed information on the health problems they were comfortable managing and acknowledged their shortcomings in addressing those, in their opinion, that were better handled by MHPs. Similarly, the MHPs shared their experiences by highlighting cases where their clients with AIDS-related problems showed great improvement after seeking alternative treatment from THPs.

This initial openness and candid attitude among the two groups of practitioners levelled the ground for a serious partnership that quickly spread throughout the region, leading to the

formation of an NGO known as the Tanga AIDS Working Group (TAWG) in 1992. TAWG's main mission is to promote HIV/AIDS/STI prevention and to provide social support and care for PLHA and their families.

TAWG's popularity has continued to grow over the years, with a total membership of 94 practitioners, and includes 60 traditional healers and birth attendants and 34 health workers, ranging from medical doctors, nurses, and counsellors to home-based care workers. The TAWG joined the TAP NGO Cluster Network in 1995, which enabled the two groups of practitioners to benefit from TAP support. With a three-year technical assistance and financial support grant from TAP, TAWG was able to provide extensive care services to PLHA in the three selected districts in Tanga region.

PROJECT METHODOLOGY

In collaboration with TAP, TAWG held a series of meetings to sensitize local government leaders and health care providers on the need for partnership between the traditional and modern health care sectors. The main objectives of these meetings were to:

- Update participants on the status of the HIV/AIDS/STI epidemic in the district.
- Share information on the intervention efforts of the National AIDS Control Programme (NACP) in collaboration with local NGOs.
- Share experiences and establish a sustainable mechanism for MHP/THP collaboration on HIV/AIDS prevention and care for PLHA.

Following these sensitization meetings, training workshops were held for THPs. The overall objective of these workshops was to provide them with information about HIV/AIDS/STI

and equip them with basic skills in home-based care and counselling for PLHA and their families.

Among others, the following issues were highlighted during the training:

- The importance of using appropriate diagnostic procedures and maintaining sterile equipment
- Recognition of a life-threatening condition (i.e., cerebral malaria) and the need for early and timely referrals of these clients to a health care facility
- Importance of maintaining good hygienic practices and other protective measures when attending clients.

The primary training material was a manual specifically developed by the TAWG to address the information needs of THPs and their supervisors. The training process encompassed a number of adult learning methodologies, including the Learner Centered Problem Posing Self Discovery Action Oriented (LEPSA) approach, lectures, group work, role-playing and drama.

To ensure the quality of the services provided by the THPs and the overall sustainability of this initiative, two trainers were assigned to monitor and supervise THPs in the field. The trainers made regular visits to the worksites of THPs, where they observed them in action. Based on these observations, hands-on training was provided to the THPs: harmful practices were corrected and good ones were reinforced. As a backup, 17 other supervisors were selected from the Association of Traditional Health Practitioners (Chama cha Waganga na Wakunga wa Jadi Tiba Asilia Tanzania, or CHAWATIATA) and trained in monitoring and supervising THPs in their workplace.

RESULTS

Over the three-year funding cycle, TAWG trained a total of 120 THPs in three districts out of five in the region, including Tanga, Pangani and Muheza. Out of these, 60 were traditional birth attendants (all women) and 60 traditional healers (16 were men). Eighty of these THPs came from the Pangani district, the locus of this initiative. This team of practitioners not only became a major resource in the provision of care for PLHA, but also a source of HIV/AIDS/STI information, education and counselling both for their clients and the public in general.

The respect and trust established between the two groups of practitioners during the sensitization seminars, and the training activities that followed, enhanced the collaboration between the two groups in delivering HIV/AIDS/STI prevention and care services to their clients. Collaboration between the two groups also has resulted in increased mutual understanding of each other's medical concepts and practices. This understanding and frequent consultation between the two groups has enhanced the cross-referral process for clients, facilitating holistic health care provision.

Since most THPs and health care facilities were already well known in the community, organizing client referral services between the THPs and MHPs was easy to accomplish. Through this system, THPs referred more than 1,600 people to the modern health care facilities for HIV counselling and testing over the life of the project. Similarly, MHPs referred some 5,400 clients to THPs for counselling after the initial pre- and post-test counselling at their health facilities.

This cross-referral system not only reinforced the partnership between the two groups, but also enabled them to build on each other's strengths and weaknesses. For example, the realization by the MHPs of their limitations in providing effective treatment for various ailments related to AIDS led some of them to start providing herbal remedies known to treat opportunistic infections among their clients and to keep records of the observed changes over time. These records were jointly reviewed with their THPs counterparts and future follow-up procedures were recommended.

Following this teamwork, substantial information on the effectiveness of these local remedies slowly started emerging. Available data from the TAWG document showed that a number of traditional remedies were reported

to provide effective treatment for various ailments experienced by PLHA. These include "muogola," which is both antifungal and an antibacterial drug known to treat diarrhoea and improve appetites, thus leading to weight gain among PLHA. Others include "mkusu," which is also potent for fungal and bacterial treatment and is known to treat candida albicans and "mvuti," which is also antifungal and antibacterial and functions more or less like "muogola." The most powerful of all is the "zingiri," which like the others is antifungal and antiviral and treats a number of problems including oral thrush, skin lesions, tinea versicolor and tinea capitis, as well as herpes zoster.

All these medicines are extracted from various local trees and, depending on the condition of the patient, are provided independently or in

SIDEBAR 1

Relieving HIV Symptoms Through Traditional Remedies

To demonstrate the effectiveness of traditional remedies, TAWG volunteered the following data on "Case Four" of their clients:

"Carolina, a 29-year-old single mother, is reported to have been suffering from prolonged fever, diarrhea, malaise and occasional outbreak of oral thrush. She visited a number of public and private health facilities in Tanga, where she was repeatedly told that she was suffering from malaria. On each visit she was either given malaria drugs or other drug combinations, which did not improve her situation. On sharing her frustrations with a friend, she was advised to go for an HIV test, which she did

after a long agonizing period of decision-making. Her worries were finally confirmed when she got the results of her test. She was HIV-positive."

"On sharing the news with her friend, she was advised to go see Salehe Waziri (the THP working with TAWG). Mr. Salehe put her on a combination of herbal medicines, which took care of most of her ailments in three months. She later, however, developed oral thrush, which was also attended by Mr. Salehe. Carolina has been on Mr. Salehe's drug combination for more than a year now, and she remains healthy taking care of her eight-year-old daughter."

combination. The majority of these medicines, with the exception of the ones for treatment of herpes zoster that are applied topically, are taken orally in combination with liquid such as porridge (with the viscosity of tea). Instructions for utilizing these medications are simple, and most patients have no problem in adhering to them.

Furthermore, TAWG, in collaboration with other researchers, have capitalized on home-based care and counselling services and the existing working relationship between the THPs and MHPs to initiate studies aimed at assessing the efficacy of traditional herbs and remedies for AIDS-related illness. These studies are a continuation of those supported by the Tanzanian government through VHP. Although more time is needed before conclusive results can be measured through these studies, preliminary findings as described above show the great potential of these traditional remedies for treating various AIDS-related problems.

Apart from providing treatment for various AIDS-related ailments at their workplace, the THPs also carry out home-care visits, where they provide care and counselling for the whole family. Supervised by TAP-trained home-based care workers, the THPs made 2,731 home visits during the three-year period, providing services to more than 237 PLHA and their families. Contrary to the usual and expected reluctance by PLHA and their families to open up to outsiders, the THPs appear to have been accepted, mainly due to their traditional role in the community. Although tangible statistics are lacking on the impact of the services provided through this partnership due to absence of baseline data, anecdotal information shows that a good proportion of patients are benefiting from the services.

These include patients who otherwise would have been frequenting the health facilities for care of one ailment or another.

Further, following the training, the THPs acknowledged that their skills and confidence in addressing AIDS-related issues had been enhanced. They reported increased satisfaction with their role in the community, because they were now addressing HIV/AIDS/STI issues with authority. In turn, they said that members of the communities were giving them more recognition and respect. Thus, in addition to providing counselling and home-based care services for PLHA, the THPs used their new skills to educate the community in HIV/AIDS/STI prevention methods.

During the project, THPs reportedly conducted 1,241 educational sessions on HIV/AIDS/STI, both at health care facilities and at selected community sites. These sessions, usually accompanied by video or drama shows tailored to address local HIV/AIDS/STI information needs, reached 19,294 people in the community.

Finally, the training provided to the THPs also helped in humanizing the HIV/AIDS messages being communicated by both the MHPs and THPs. By communicating consistent, educational messages to their clients, THPs and MHPs have been able to reduce the myths and misconceptions about HIV/AIDS/STI that were prevalent in their communities. In addition, the THPs used their workplaces as outlets for socially marketed “Salama” condoms, distributed by PSI. Over the project’s two years some 320,000 Salama condoms were sold through the cluster consortium in Tanga, including the ones sold by THPs, showing there was significant demand for this HIV-prevention method.

SIDEBAR 2

Enlivening AIDS Understanding Through Community-Based Drama

Most of the drama shows developed in Tanga were written in collaboration with the target communities, usually following a "community diagnosis" of the social problem at hand. Based on the identified problem(s), the community resource persons, in collaboration with the THPs and assisted by relevant technical resources from other NGO clusters, came up with a drama to address the information needs in the community. The drama was performed by men and women selected from the community, thus making it more realistic.

The dramas focused on a number of social problems contributing to HIV infection, including alcoholism, commercial sex, migrant labour and infidelity. Community reactions to the locally adopted films as well as most dramas developed and performed in collaboration with the THPs were overwhelming. For example, after watching the video show, "Poa Mambo Bado," translated from the English-language film "More Time," one youth had this to say:

"I think the film has a lesson for the whole family: it has a lesson for mothers on dealing with issues of sexuality and HIV/AIDS with their teenagers, a lesson for youth on alcohol and AIDS; and even more important, it has a lesson for both parents and youth to talk openly about condoms and AIDS."

Similar reactions to the drama shows were observed. For example, after watching one of the locally staged drama shows, one elderly woman made the following remark:

"We need to be honest with our kids. This problem (rape) is quite real in our community. Women in our community have gone too far, losing their control due to alcohol. And the poor youth appear to be taking advantage of them, without knowing what they might encounter at the end."

One young person had a different reaction to the same play:

"The drama we just saw is a reflection of what is exactly happening in our community now. Personally, I think we need to be more open and candid about our actions. Some of the youth here have been taking advantage of drunken women by raping them just as it was depicted in the drama. This behaviour is likely going to expose them to the risks of HIV infection. I am sure those who are involved in this kind of behaviour learned something from this play because it was quite real."

BEST PRACTICE CRITERIA

This initiative presents a rare and successful collaboration between THPs and MHPs in Tanzania to provide care and support services for PLHA. The project's evolution is a reflection of the health care workers' response to the increasing demand by community members for HIV/AIDS/STI prevention and care services that built on locally available resources in an innovative and sustainable manner.

Relevance Historically, THPs have been the primary source of health information and care for communities in sub-Saharan Africa. Strategic collaboration between THPs and MHPs in HIV/AIDS/STI prevention and care services highlights the inherent ability of both types of health care workers to respond to the challenges arising from the HIV/AIDS pandemic, and underscores the need to forge new partnerships to address such challenges.

Effectiveness/Impact Since both traditional and modern systems of health care coexist within communities and serve the same target populations, collaboration between the two not only enhances the services being provided by each system individually, but also ensures transparency and trust benefiting individuals and the community as a whole. The success of efforts to promote collaboration between modern and traditional health care practitioners, strengthen the AIDS care and counselling skills of THPs and support their use of effective remedies demonstrates that such partnerships can make an important contribution to the response to the HIV/AIDS pandemic.

More people are now receiving holistic care though this collaborative effort, while others are being referred as needed. During the lifetime of this project, for example, 2,731 home-based care visits were made to PLHA by THPs, saving the health care system an estimated total of US\$10,500. This amount, which may seem small in an industrialized country setting, is significant given the low level of funding available to hospitals in Tanzania.

Replicability The coexistence of two parallel health care systems (traditional and modern) facing the same challenges presented by the HIV/AIDS epidemic is found in all communities in Tanzania. Therefore, the Tanga experience can easily be replicated elsewhere. What is needed is NGO initiative in taking a coordinating role and bringing the two systems together through true collaboration and mutually advantageous partnership, endorsed by the government and community leadership.

Sustainability Establishing the partnership between the THPs and MHPs in Tanga necessitated the substantial involvement of the local community leadership. The initial sensitization meetings created a solid foundation of stakeholders interested in and capable of sustaining community support for this initiative. From the beginning, the parties involved (i.e., government, THPs, MHPs and community leadership) had an opportunity to share experiences, providing a common understanding of the magnitude of the challenges the HIV/AIDS pandemic was presenting to their community. Based on this understanding, consensus was reached on what should be done and what should be the role

of each key player. Community involvement in the identification of the THPs for training further enhanced community ownership of the project and increased the prospects for future sustainability.

LESSONS LEARNED

Through this unique collaboration between the Tanzanian AIDS Project and modern and traditional health practitioners, the Tanga AIDS Working Group learned the following lessons:

- Sensitization of THPs and MHPs as well as community leadership is essential for establishing a shared understanding of the magnitude of the HIV/AIDS pandemic in a region and the roles and expectations of key stakeholders in addressing it. Sensitization efforts emphasizing common challenges and goals builds mutual trust and enables a serious partnership among the stakeholders to be established. By embracing common challenges, community ownership is enhanced and sustainability in HIV/AIDS prevention and care services becomes viable.
- Tailored training on HIV/AIDS/STI for THPs and MHPs is essential, not only for imparting the needed information and skills related to daily practice, but also for validating service needs by the community and enhancing confidence in addressing issues within their social context.
- The existence of local remedies for treatment of opportunistic infections provides the basic ingredient for home-based care services provided by MHPs and counsellors, gives holistic meaning to their work and increases its value to the provider as well as the recipient.

- Collaboration between the THPs and MHPs combined with the availability of cross-referral services saves money for the health care sector and eases the burden of hospital visits and hospitalization for patients, communities, and health care systems as a whole.
- Involvement of THPs in identifying community-based needs for behaviour change intervention leads to culturally grounded messages that are relevant, sensitive and have greater potential for influencing behavior change.
- Partnership between the MHPs and THPs not only facilitates holistic provision of care for PLHA, but also provides a viable platform for multidisciplinary studies on the safety and efficacy of traditional remedies.

CONCLUSION

As HIV/AIDS continues to take a substantial toll on the Tanzanian population, communities are slowly feeling the impact of the costs for caring for PLHA, burial services and support for AIDS orphans. People with AIDS-related illnesses occupy more than 50 per cent of hospital beds in referral hospitals. This has created a high demand for hospital supplies and services, which the Tanzanian government cannot afford to supply.

The integration of traditional health care practices into the modern health care system comes at a time when most hospital facilities in Tanzania are lacking the most basic drugs, including aspirin, paracetamol (Panadol), antibiotics and anti-diarrhoeal medicines, which are vital to treat various ailments suffered by PLHA. Traditional practitioners,

therefore, constitute a community-based resource with great potential for HIV/AIDS/STI prevention and care for PLHA. This potential, however, can only be realized through sensitizing MHPs, THPs and community leaders on the need for effective partnerships in addressing the HIV/AIDS pandemic.

The partnership described in this case study developed from the community demand for increased services and the MHPs recognition and acknowledgement of the importance of the services provided by THPs. This recognition and eventual partnership of the two health care systems reflects a long process in responding to the call made in 1989 by the former World Health Organization (WHO) Director General Dr. Halfdan Mahler:

“For too long, ‘traditional’ and ‘modern’ medicine have followed their own separate paths in mutual antipathy. But their aims are surely identical—the improvement of human health and, hence, improvement of the quality of life.”

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