

Final Report Back to Bristol-Myers Squibb: Secure the Future Programme

For the work with Traditional Health Practitioners

August 2005



**Traditional Health Practitioners we work at the Annual General Meeting of
KwaZulu-Natal Traditional Health Practitioners Council at Stanger.**

Compiled by: Thami Kheswa (contact tmspup@vtrust.org.za)
Richard Haigh
Ben Lewis



Document Outline

I. Executive Summary

II. Introduction

III. Objectives of the Program

IV. Processes used in the Program

V. Participation in the Program

VI. Summary of the Activities

VII. Achievements Overall

VIII. Emergent Issues / Contradictions

IX. Challenges Faced within the Program

X. Learnings

XI. Conclusions

Acknowledgements

We would like to acknowledge the Traditional Health Practitioners who have shared their stories and experiences and shaped us a development facilitators over the years. Our partners Bristol-Meyers Squibb -Secure the Future Programme and Bread for the World who have engaged and supported on many fronts, colleagues we have worked with and Ben Lewis a volunteer placed in the Integrated Technology Department for their interest, care and enthusiasm in supporting a marginalised sector within our health community to share their wisdom and experiences and contribute to health for all.



I. Executive Summary

This report intends to describe the development and overall experiences of the Traditional Plant Resource Management Team, one of six focus areas within the Integrated Technology Department of The Valley Trust, from its inception in 2001 to the present. The report starts with background of traditional medicine in South Africa and KwaZulu-Natal, the document goes on to detail the history of the team and its work, the objectives of the work itself, and the processes by which this work has developed and continues to develop. Activities of the team are discussed in relation to the overall objectives and the achievements are evaluated based on those objectives. Finally, contradictions and challenges that came up in the course of this process are reflected.

II. Introduction

The Traditional Plant Resource Management team developed as a focus area within the Social Plant Use Programme of the Valley Trust which is aligned to explore and facilitate the relationship between people and plants. The overarching philosophy of the department as a whole is that this complex and multi-levelled relationship is fundamental to the physical, mental, social, spiritual, and cultural health of households, communities, and the nation as a whole. Traditional Health Practitioners, or THPs, have an integral part to play in this relationship between people and plants. THPs not only facilitate the holistic wellness of individuals and households through the administration of medicinal plants, but also serve as guardians of Zulu culture and plant and animal biodiversity within a cultural context. The cultivation of knowledge regarding the use of traditional plants and the dissemination of this knowledge enables the promotion of wellness at all levels. **Figure A** shows the foundations of primary health care as they are related to traditional health practitioners in TVT experiences.

The Traditional Plant Resource Management team has been dedicated from its inception to a holistic approach. THPs do not work in a vacuum: their relationship to health is multi-faceted and each ingredient must be present for success. Our belief has been that, in order to approach working towards a common goal with traditional health practitioners, all the elements that shape their practice must be worked with in a complementary way. These elements have evolved through the course of this focus area and will be discussed in the section on Process. (For a diagram of these elements see **Figure B**).

In KwaZulu-Natal there are over 1032 plant species that are used for traditional healing [1] and there are an estimated 30,000 THPs [2]. Department of Health reports have estimated that up to 80% of South Africans consult traditional healers. A survey completed in December 2001 at the Valley Trust of 1200 patients seen in clinics of the surrounding Outer Durban Area indicated that



an average of 17% of patients had visited a Traditional Health Practitioner about their condition before coming to the clinic with a range from 8% in Ntshongweni to 39% in Mpumalanga [3]. Although these percentages are lower than the former figure, it is nonetheless clear that THPs play a vital role in community health and health care delivery.

The working definition that the WHO employs to characterize 'traditional medicine':

[Includes] 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. [4]

The two main types of traditional health practitioners in South Africa are *Izinyanga*, or herbalists, and *Izangoma*, or spiritual diviners. The team has been involved primarily with *Izangoma* in the communities, whose role has expanded to include the prescription of traditional plant remedies.

Although traditional health practices are an integral part of Zulu culture, processes of apartheid and modernization as well as biotechnology promotion have threatened the role of Traditional Health Practitioners and their art. Additionally, many see traditional treatments as being incompatible with the dominant 'biomedical model' and this has led to difficulties in collaboration between the two realms as well as perpetuated misunderstanding on both sides. The extent to which THPs are consulted and trusted in the community shows the necessity of their involvement in HIV and AIDS intervention. If THPs are to be partners in health provision and the struggle to deal with the devastating HIV and AIDS epidemic, their contribution in the implementation of primary health care needs to be meaningfully recognized. This recognition needs to take place on several levels: in the communities, in local health care provision structures, in governmental policy as well as the judicial system.

Two recent governmental initiatives bear significance for the Traditional Plant Resource Management team: The 'Traditional Health Practitioners Act' of 2003 that was only promulgated as an Act in February 2005 and the 'Biodiversity Act' of 2004. Both pieces of legislation confirm the vision and direction of the Traditional Plant Resource Management team (indeed, the team has been recognizing the link between THPs, health care delivery, and biodiversity well in advance of these legislative measures) but also introduce new challenges to face. The 'Traditional Health Practitioners Act' aims to

Provide for the establishment of the Interim Traditional Health Practitioners Council of the Republic of South Africa; to provide for a



regulatory framework to ensure the efficacy, safety and quality of traditional health care services; to provide for control over the registration, training and practice of Traditional Health Practitioners and to provide for matters incidental thereto. [5]

Within the larger framework of 'The National Environmental Management Act', the 'Biodiversity Act' was designed:

To provide for the management and conservation of South Africa's biodiversity within the framework of the National Environmental Management Act, 1998; the protection of species and ecosystems that warrant national protection; the sustainable use of indigenous biological resources; the fair and equitable sharing of benefits arising from bioprospecting involving indigenous biological resources; the establishment and functions of a South African National Biodiversity Institute; and for matters connected therewith. [6]

As many of the plants used by Traditional Health Practitioners are endangered, protected, vulnerable indigenous species, this latter Act bears much significance even though it does not directly mention the use of flora for traditional medicine.

The Traditional Plant Resource Management team is about building relationships: relationships between different health providers, relationships among the THPs themselves, relationships between people and plants, and, finally, relationships between community and community health.

Figure A: The foundations of a primary health care approach in relation to the work of TVT with THP:

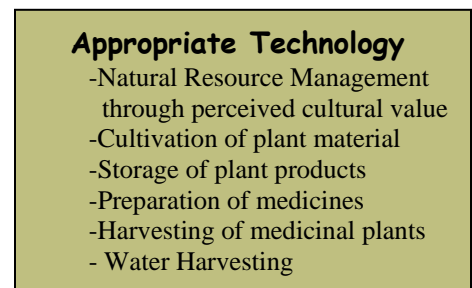
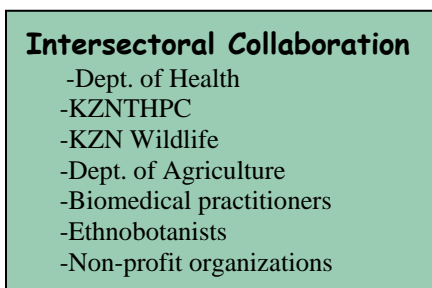
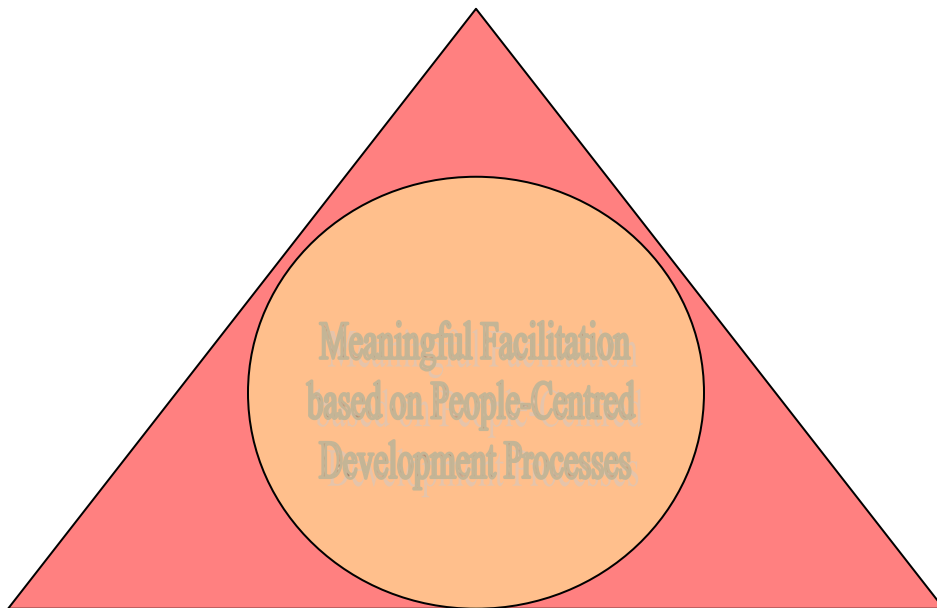
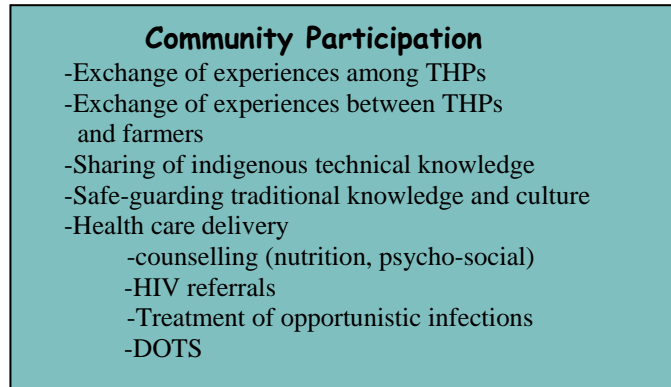
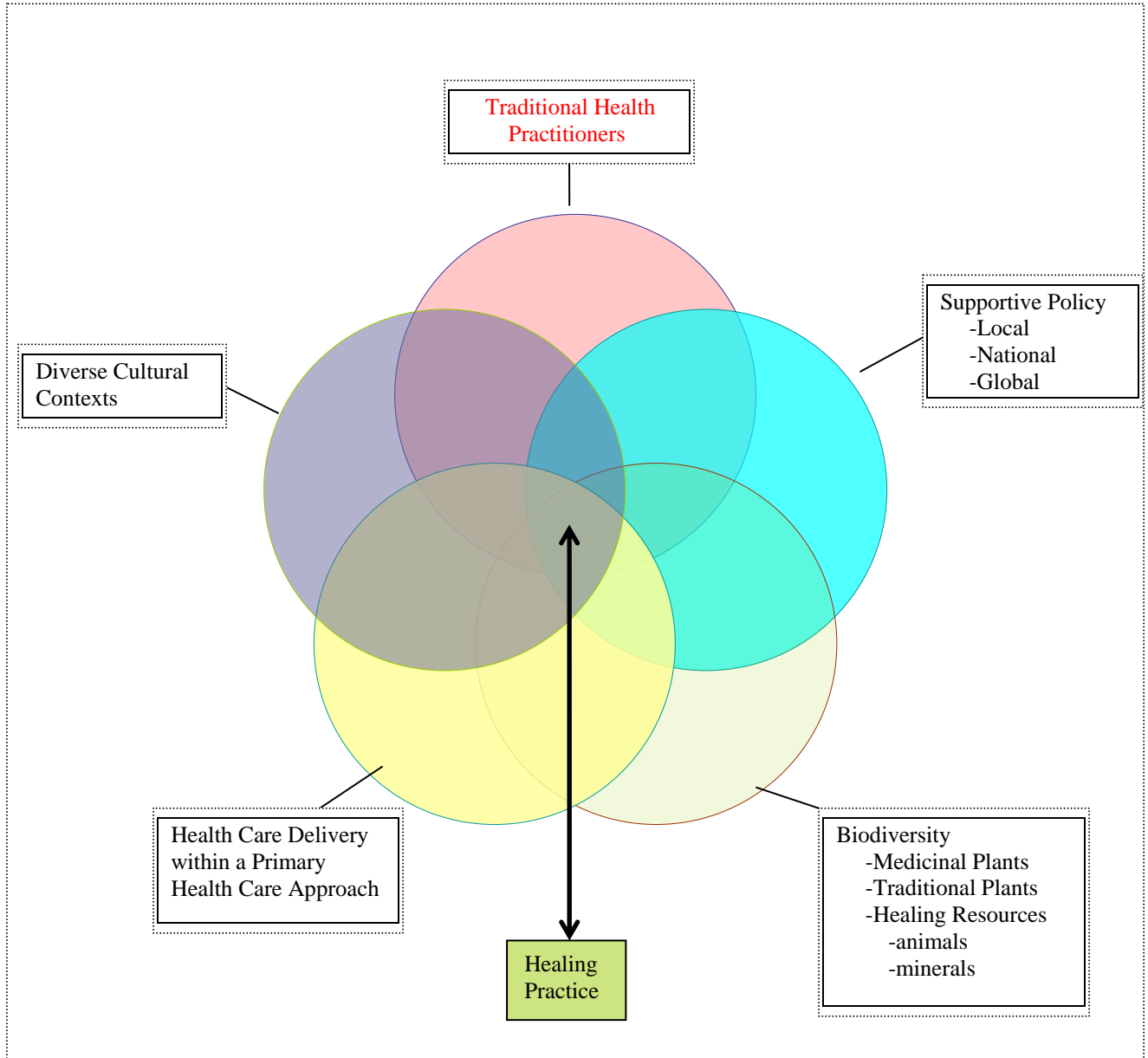


Figure B: The elements of the system that contribute to traditional healing practice



- [1] Hutchings, Anne et al. *Zulu Medicinal Plants: An Inventory*. Univ. of Natal Press, 1996.
- [2] Personal communiqué Mr. S. J. Mhlongo President KZN-THPC
- [3] Ellse, A.Z. *Traditional Healer Practitioner Snap Survey*. The Valley Trust, Dec 2001.
- [4] *Traditional Medicine Strategy 2002-2005*, World Health Organization, WHO/EDM/TRM/2002.1. Retrieved online from www.who.org.
- [5] As published in *Government Gazette* No. 24704, Vol. 454, 11 April 2003.
- [6] National Environmental Management: Biodiversity Act 2004



III. Objectives of the Program

The overall goal of the Traditional Plant Resource Management team is to support the role of traditional health practitioners as health providers and managers of plant biodiversity.

At its inception, the Traditional Plant Resource Management Programme was organized around the following five objectives:

- 1. To support links between Traditional and Western Health Practitioners in order to facilitate referrals between each other.*
- 2. To increase opportunities for community based health including the treatment of HIV / AIDS related illnesses.*
- 3. To assist Traditional Health Practitioners to gain better control of and access to traditional and cultural healing resources particularly those used in the treatment of AIDS related diseases. This is achieved through accessing, growing, and managing medicinal plants of their interest through sustainable harvesting, cultivation, and the improved use of land and associated resources.*
- 4. To facilitate the sharing of scientific knowledge between Traditional Health Practitioners and ethnobotanists relating to medicinal plants through discussions and reflections in such a way that Traditional Health Practitioners benefit from the knowledge of pharmacology and thus have more options in their medicinal preparation, dosage, and treatments.*
- 5. To revive the cultivation of indigenous and traditional plants at homesteads and in the community that strengthen cultural identity.*

Organizational changes within the Integrated Technology department have reshaped the objectives of the team to better serve the five overarching goals of the department as a whole so as to better integrate client services. The five common goals of the Integrated Technology Department are as follows:

- a) Ensure that the way we work with our clients and each other builds opportunities for personal development through increased self-worth, self-understanding, and pro-activeness through people-centered development processes.**



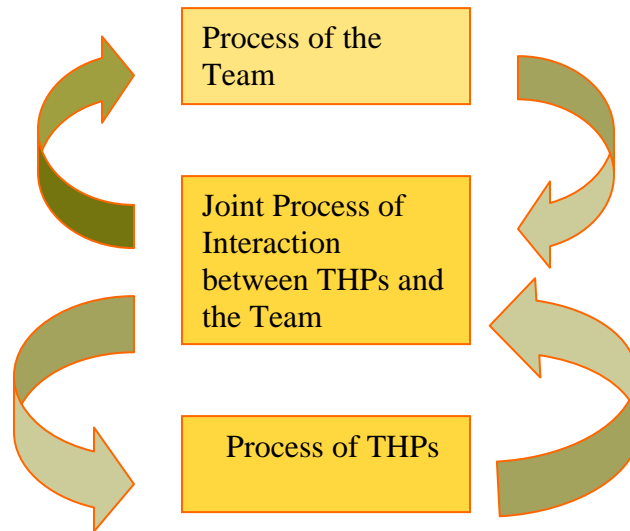
- b) Create a supportive environment for the exchange of ideas and information relating to good health and HIV/AIDS that is practical at a household level.**
- c) Encourage biodiversity enhancement and management at a household level.**
- d) Enhance opportunities for regular income at a household level.**
- e) Further develop our team work approach within the department.**

Linking the Traditional Plant Resource Management team's goal, "*To support the role of Traditional Health Practitioners (THPs) as important health providers within society and managers of biodiversity,*" to the five common objectives of the Integrated Technology Dept. are the following three strategies:

- 1. Production of useful plant species at a household level*
- 2. Exchange of knowledge in preparation, administration of treatments and treatment to patients.*
- 3. Organizational Management Competence by THPs.*

IV. Processes Used in the Program

A people-centred developmental approach has been critical to the success of the programme. Process is more than the sum of its individual parts. However, the functioning on the whole can perhaps best be understood by first breaking overall process down into discrete processes. In this light, the process of the TPRM team from inception to the present will be discussed on three levels: a) the process of the team itself as a learning organization, b) the process of participation with clients, and c) the process of the THPs themselves, or how the work is then carried on without our intervention. These separate levels all inform and influence each other as represented by the following diagram:



Processes of the team itself as reflected in its organizational approach influence the processes of interaction with the THPs who, in turn, develop their own processes of self-organization and operation. These processes developed feedback and change the way that we work with THPs which, ultimately, results in realignment of the team processes to better serve the needs identified.

The cycle is tied to the development approach employed by the Social Plant Use Program as a whole: an assets-based approach whereby the focus is on peoples' skills and indigenous knowledge, the sharing of experiences, and the analysis of locally available resources for optimal utility. Fundamentally the work is people-centered, which is to say it is focused on the building of good relationships, the facilitation of communication and collaboration, and the strengthening of awareness of local resources and opportunities. Due to the delicate nature of the work and the hesitations of some THPs based on prior abuse by 'outsiders', team facilitators have approached the interactions in an unbiased and sensitive fashion so as to build trust and strengthen relationships. This past abuse includes THPs not being taken seriously as health partners as well as being taken advantage of by organizations or individuals engaged in research who do not deliver on their claims of assistance.

A. The Process of the Team

Initially declined funding from Bristol Myers Squibb in 2000, further inquiry resulted in funding for the project given an up scaling of the project to 5 countries. The Valley Trust proposed a pilot program in Swaziland but this could not be successfully negotiated by BMS and Swaziland. Funds were redirected towards three years of outreach and development of the Traditional Plant Resource Management project in KwaZulu-Natal, from 2001-2003.

Initially, the Traditional Plant Resource Management team was one of three focus areas within the Social Plant Use Programme which also included Integrated



Land Use and Outreach. The Social Plant Use Programme was combined with the separate Appropriate Technology Programme to form the Integrated Technology Department. The Integrated Technology Department is now divided into six teams all linked to common objectives through individualized sets of strategies: Traditional Plant Resource Management, Integrated Land Use, Water and Sanitation, Men's Group, Partnership and Development, and Lobbying and Advocacy. This restructuring has had the effect of increasing collaboration between teams and making possible a more holistic approach to some of the issues facing THPs. This increase in collaboration and communication has led to a greater awareness of traditional healers and their work within the organization and more support for the TPRM team. As THPs network in larger spheres, establishing communication links at the district, provincial, and national levels, it has become more and more important to have free information flow between the teams.

The team follows an Implementation Monitoring Plan whereby planning for the team is done for the entire year. Every six months there is an organized reflection period held to review the previous work as well as to develop new six month key activities. Monthly plans are also compiled and reviewed each month. This monthly planning is reflected on and adjusted where necessary. Every six months a report is compiled and submitted to BMS.

B. The Joint Process of Interaction between THPs and the Team

The Traditional Plant Resource Management team first piloted its work with a small group of Izangoma in KwaNgcolosi. Interest among other groups of THPs in various communities was sparked by Community Health Workers, or 'Nompilos' who, being from the respective communities, were able to identify the THPs working in the area and organize meetings at Health Posts. Facilitators from our team then made a presentation and interested THPs subsequently formed an informal group. Team facilitators assisted in the identification of interest areas and challenges as well as with specific planning and regular reflection. Eventually groups of THPs were meeting on their own with periodic visits from a facilitator. As relationships between THPs progressed, some groups built traditional huts, or '*uguqasithandaze*' within the boundaries of the Health Posts. These traditional buildings are used for meetings and events and are an important visible symbol of the collaboration between traditional and 'biomedical' health systems.

As work with Traditional Health Practitioners progressed, the TPRM team saw its role expand and change. Rather than approach groups of THPs, the team was increasingly approached by THP groups themselves interested in the learning and collaborative opportunities the team presented. The team has become more and more involved with institutions like the KZNTHPC and the Dept. of Health and these connections have increased the visibility of The Valley Trust and enhanced its



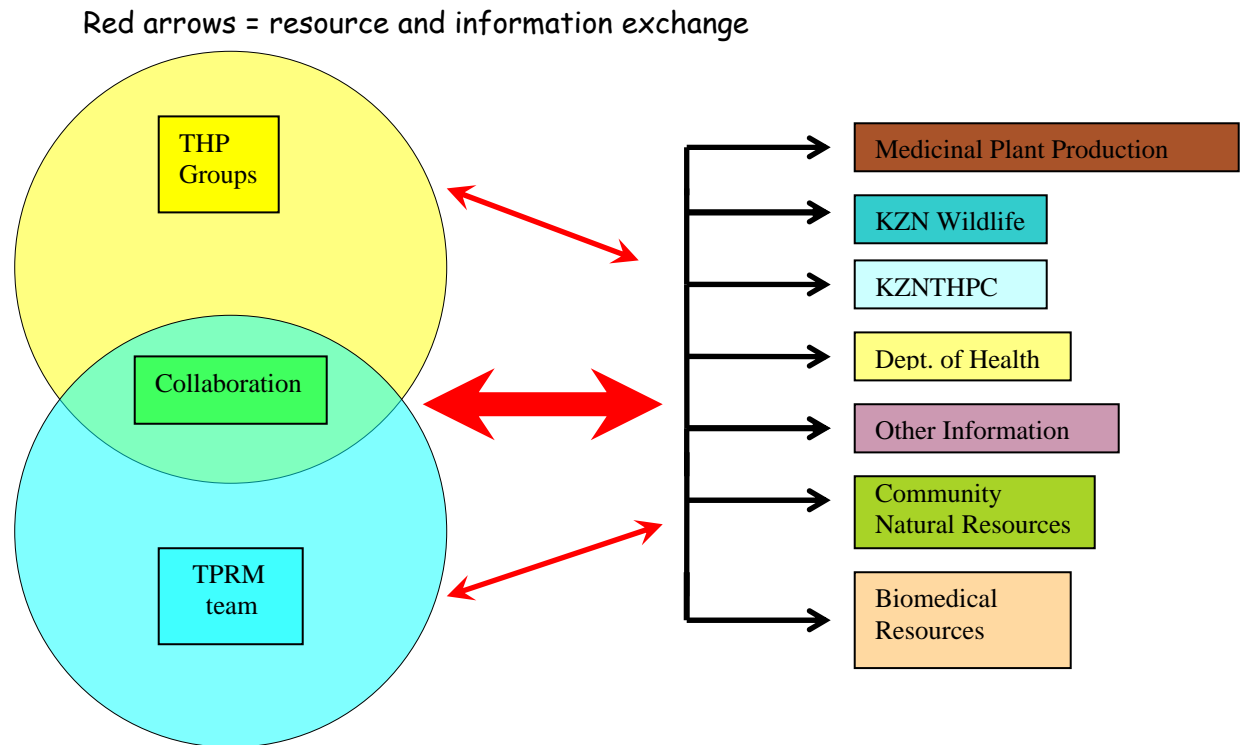
ability to facilitate the practice of traditional medicine. Because of the many stipulations of the Traditional Health Practitioners Bill, the TPRM team has become increasingly seen as a resource for THPs to access information and build relationships.

C. The Process of THPs

Initially skeptical of collaboration, THPs that have been involved with the TPRM team have shown enormous growth evident in the increased cross-visits, increased number of traditional and medicinal plants, and increased participation in workshops, conferences, and meetings. Access to reliable information provided by the TPRM team has empowered THPs to self-organize and self-initiate processes designed to better their practice. The larger perspective afforded THPs has allowed for communication at not only the community level, but the district, provincial, and national levels as well. As THPs recognize their role on a larger stage, this, in turn, changes the nature of the interaction between them and the TPRM team: the team has become more of a *link* between THPs on the one hand and information on the other. This information involves crop production techniques, organizational management and professional development resources, biomedical resources, and governmental stipulations.

The net result of these levels of processes occurring is shown in the following model of the interaction between the THPs, the Traditional Plant Resource Management team and the resources, activities, and institutions that shape the practice of traditional medicine:

The Interaction between the TPRM Team, THPs, and Resources, Information, and Institutions



In the above model, the TPRM team facilitates resource and information exchange between the THP groups themselves as well as between the THP groups and the institutions on the right. Although the THP groups can function without the facilitation of the TPRM team, the collaborative effort between the two results in a synergy that allows for optimal information exchange. The bi-directional arrows indicate that the goal is not only the delivery of information to THPs from the various sources, but *communication* between sources. As relationship building depends on the open flow of resources and information, the red arrows above can also be seen as representing the process of establishing and strengthening relationships. Through the development of the program these relationships have changed somewhat: the KZNTNPC and the Dept. of Health (DoH)



figure more significantly into the interactions. The category 'Other Information' is a means of building flexibility into the model: rather than impose a structure on the interaction, it is important that our approach allows THPs *themselves* to dictate the type and source of information they are interested in.

V. Participation in the Programme

Throughout the four years of operation of the Traditional Plant Resource Management team there has been a steady increase in participation by Traditional Health Practitioners themselves as well as a sustained growth in collaboration with other organizations and individuals. For the first reporting period from April 2001 to September 2001 three THP groups were reported to have met to discuss issues related to their practice: groups at Embo, Mgoqozi, and Mathebethu. By the time of the last reporting period from October 2004 to March 2005 there are now seven groups of THPs at Maphephetheni, Mabedlane, Embo, Mgoqozi, Kranskop and two from Centocow. The Mathebethu group was not able to self-sustain and is no longer functional.

Chart #1: THP Participation per Group

THP groups/location	Originally	Currently
Embo- KwaDedangendlale	5	7
Mgoqozi- KwaDedangendlale	10	2
Mathebethu- KwaDedangendlale	7	0
Maphephetheni- KwaDedangendlale	0	12
Mabedlane- KwaDedangendlale	0	5
Mkhizwane- KwaDedangendlale	0	12
Sizanani Izangoma- Centocow Upper	0	10
Centocow- Centocow Lower	0	12
Thuthukani Belaphi Bendabuko- Kranskop	0	12
TOTAL	22	72

% Increase in Participation Overall = 227%

Along with the growth in participation, there has been both a steady increase in the number of plant species produced by the practitioners (see **Chart #2** in the section on Achievements) as well as increased desire to collaborate in the exchange of



seeds and methods as witnessed by the increasing frequency of cross-visiting between practitioners from different areas.

In the past four years the Traditional Plant Resource Management team has been fortunate to have collaborated with a wide variety of individuals and organizations that have participated in integral ways. Anne Hutchings has participated in three pharmacology workshops for THPs to discuss HIV/AIDS related diseases and the plants that can be used to treat these diseases. Dr. Neil Crouch of the S. African National Biodiversity Institute in Durban has collaborated to catalogue medicinal species. The team has benefited from the support of well-known and well-respected THPs that have participated such as Mr. Cele from Kwazulu-Natal, Zizwezonke Mthethwa (known as Khekhekhe), and Makhosi Tholakele Ngcobo. Since its inception, the team has worked with Ecabazini Zulu Homestead, the National Traditional Healers Association, the KwaZulu-Natal Traditional Health Practitioners Council, the Dept. of Health, the KwaZulu-Natal HIV/AIDS Action Unit, KwaZulu-Natal Wildlife, and the National Gene Bank and the South African National Biodiversity Institute in Durban (SANBI).

VI. Summary of the Activities

The activities reflect the three strategies used to link the team goal, "*To support the role of Traditional Health Practitioners (THPs) as important health providers within society and managers of biodiversity*", to the 5 objectives of the Social Plant Use Programme.

1. Production of useful plant species at a household level

Experience has shown that THPs have a wealth of knowledge of traditional plants. The problem has often been where and how to access these plants. The team has facilitated the planting of medicinal species in homestead gardens as well as around Health Posts enabling THPs to harvest fresh herbs from their own gardens rather than buying from street vendors and chemists. Facilitators offer workshops on the propagation and harvesting of plant parts such as roots, corms, bulbs and bark in an ecologically friendly and sustainable manner. The team has also facilitated cross-visits between THPs and farmers so that the former are more equipped to independently start and tend their own gardens.

THPs have also been interested in the cultivation of indigenous and traditional plants that are tied to cultural identity: plants for ceremonies or cultural occasions, crafts, and traditional foods. With this interest in mind, the Social Plant Use Programme has kept a well-established seed store with an



extensive collection of traditional seeds to serve as a depot for exchange and cultivation.

2. Exchange of knowledge in preparation, administration of treatments and treatment to patients.

Exchange of knowledge is based on trust and this trust is facilitated by the team through people-centered processes and developmental facilitation. The organization of meetings and workshops are designed to bring THPs together in a collaborative manner. Cross-visits have been arranged between THP groups in disparate areas so that these practitioners can see, first hand, what other practitioners are doing and how they are doing it. These cross-visits have enabled exchanges of experiences and questioning. From many of the questions during the cross-visits, hosts changed their practices or adapted what they were doing.

The team has also been involved in the sharing of scientific knowledge of ethnobotanists with THPs in relation to their practice. Pharmacology workshops have been conducted by Anne Hutchings of the University of Zululand to discuss indigenous plants that can be used to treat opportunistic infections related to HIV and AIDS. These workshops are designed to give THPs more options in the preparation and administration of treatments.

An important aspect of knowledge exchange that the team has facilitated is the dialogue developed between THPs and Community Health Workers regarding HIV/AIDS and tuberculosis. The Community Health Workers have conducted workshops regarding the nature of the diseases, types of opportunistic infections encountered, and treatment options, including DOTS for TB.

3. Organizational Management Competence by THPs.

Workshops have been given on committee skills, leadership, and organization for THPs to better prepare them for self-organization. In light of the recent Traditional Health Practitioners Act there are many questions that THPs have regarding the logistics of registration and licensure—these questions have been and are in the process of being addressed and discussed at meetings and workshops.



Below is a table of a summary of the key activities undertaken by the team:

Summary Key Activities	Description of team's role
1. Joint Planning, Monitoring, Evaluation with THP Groups	The team meets with THP groups every 6 months to compile activities, reflect on the process, identify challenges, and formulate new objectives
2. Workshops a) Sustainable agricultural methods and Plant Production b) Pharmacology c) HIV/AIDS d) TB/DOTS e) Home Based Care f) Nutrition g) Committee Skills	The team facilitates workshops on the topics shown, responding to the need expressed by THPs themselves
3. Facilitating Cross-Visits	The team helps arrange and provide transport for cross-visits between groups of THPs, in most events THP contributed financially
4. Exposure Visits	The team arranges outings for THPs to enhance their knowledge, such as exposure visits to: Emoyeni Hospice, Ecabazini Zulu Homestead and other well respected THP such as Cele and Khekhekhe in KZN
5. Cross-visits	Between groups in the Valley of a Thousand Hills, Centocow, Kranskop and THP that are not part of the direct programme
6. Nursery Activities and Seed Store	The team maintains a nursery of plants as well as a seed store of traditional and endangered seeds
7. Presentation of THP work	The team enables THPs to present their work to nurses and tertiary students, other THP and at conferences.
8. Stocktaking at Households	The team records number of traditional and medicinal species planted at each home garden to assess progress.
9. Conferences a) BMS Conference b) THP Conference at TVT	At these conferences presentations have been made not only by team members but by THPs themselves.
10. Collaboration with: a) KZNTHPC b) KZN Wildlife c) Dept. of Health d) Halley Stott Centre Clinic e) SANBI f) individuals (i.e. Anne Hutchings)	Collaboration with these institutions and individuals has enriched the team process as well as increased its visibility.



VII. Achievements Overall

A. Exchange of Plant Material and Methodology

An important testament to the success of the process employed by the team whereby the focus is on building and strengthening *relationships*, is that, as these relationships have deepened and expanded, so has the number of medicinal and traditional plants grown by individual THPs increased (see **Chart #2** below). This indicates both a growth in the exchange of material and methodology as well as a reduction in the perception of competition between THPs for clients. It is important to note that this increase in number of plant species is accompanied with an increase in understanding and appreciation of the plant itself for its medicinal as well as its cultural value.

As relationships have developed through various events there has been an increase in the sharing and swapping of plant material for home planting including succulents, grasses, orchids, and bulbs. During the facilitated cross-visits we have observed THPs filling their pockets with slips and bulbs to take home and plant. When visits have occurred at The Valley Trust we have exchanged plant material as well as sold from our medicinal plant depot. The fact that this exchange between THPs is no longer documented by the team is, itself, an indicator of achievement: the process has taken on a life of its own without our control.

B. Engagement with New Ideas

The acquisition of new information, ideas, and methods has enhanced the traditional healing practices of the THPs the team has worked with. Information regarding traditional foods that help boost immunity has been shared (eg. the high levels of Vit. A and carotenoids in Orange Fleshed Sweet Potato, and the high selenium content of both Black Jack or *ucadolo*, and Calabash *iselwa*), and the planting of these crops has increased among THPs.

Pharmacological workshops have presented treatment options and enhanced the knowledge of THPs regarding opportunistic infections. The preparation of a cream (used to treat sores, rashes, and oral thrush) which combines traditional medicines and biomedical ingredients facilitated by Anne Hutchings has proven to be quite effective and, furthermore, symbolically represents the collaboration between paradigms that the team strives to achieve.

Workshops on HIV and AIDS, ARVs, TB, and DOTS have been conducted. The success of these workshops is evident in that several THPs that we have been working closely with have been chosen by their patients to monitor their treatment.



THPs were also fortunate to have gained knowledge and motivation from a profound and influential Traditional Health Practitioner, Khekhhekhe, who passed away in early March. The opportunity for THPs across several provinces as well as the team itself to be part of his last ceremony held in February was both an honor and a growing experience for all.

C. Capacity Development and Engagement with Decision-making Structures

THP groups have become better able to complete their own prioritizing, planning and monitoring processes as evident by the diminishing responsibility of the team itself to initiate such events. Along with better group dynamics, individual THPs have further developed their individual capacities of traditional medicine, self-organization, leadership, and cooperation.

The increased engagement of THPs with the KZNTHC at a district level has had several effects. First, THPs can more easily tap into a network of support and exchange of ideas among themselves. Secondly, THPs have better access to information regarding policy that affects their practice, for instance the Traditional Health Practitioners Act and its consequences. Thirdly, this engagement has allowed THPs to voice out their individual and group concerns regarding issues of patient care and consultation, registration, licensing, and management of funds.

During the conference hosted by The Valley Trust, 'Exploring ways of supporting Traditional Health Practitioners' held on the 20-22 of September 2004, THPs set their own agenda and lobbied the KZNTHPC, Dept. of Health, and KZN Wildlife with regard to:

- *Training and access to resources*
- *Involvement of THPs in the planning and implementing of THP programs by the Dept. of Health*
- *Development and formalization of meaningful referral systems between THPs and biomedical practitioners.*
- *Their concerns and frustrations with issues related to consultation, registration, licensing, accountability, and representation.*
- *Assistance with fencing household medicinal gardens and accessing plant and animal species.*

The conference was a great success: all eleven districts were represented at the conference as were government representatives from the national and provincial Department of Health and KZN Wildlife. Overall there were 115 delegates in attendance. Outcomes included:



1. Clarification on the role and powers vested in the KZNTNPC.
2. Clarification of registration, affiliation, benefits, and protection offered by members of the KZNTNPC.
3. Clarification on the procedures of Traditional Health Practitioner service integration with the Dept. of Health Programme at a provincial level.
4. Exploration of strategies to improve policy implementation across all 11 districts
5. Sharing of knowledge and methods of supporting THP resources and practice with special reference to protected plant and animal species.

D. Protected Plant Conservation at a Local Level

KwaZulu-Natal contributes 18% of South Africa's endangered species yet only occupies 5% of the land area [1]. These living, evolving resources are not just living botanical assets, they are reminders of the complex connectivity between people and plants which is threatened by the forces of globalization and urbanization. The planting and preservation of endangered indigenous species not only for their rarity but for their medicinal *utility* has helped enhance the role of THPs as protectors of plant biodiversity within the Zulu cultural context as the names, uses, and associated indigenous knowledge is kept alive and passed down. THPs have reflected on the processes they have been involved with and have been reminded of the integrity of Zulu culture and the utility of indigenous plants. Importantly, this affirmation of heritage is achieved in a way that is both *practical* and *replicable*.

Nearly every THP the team has worked with is now growing protected and vulnerable species such as *isibaha*, *unukane*, *inguduza*, and *isiphephetho/indungulu*. The success of this measure is evident in the increased difficulty in procuring these seeds and materials due to increased demand. Collaboration with SANBI has helped to ensure greater opportunities in the future for lobbying and advocating relevant policies.

Chart #2: Comparison of average number of plant species before and after TPRM team intervention (includes medicinal plants, traditional plants, and fruits)

THP Group*	Average # species per THP before intervention	Average # species per THP after intervention	Percent Improvement
1. Maphephetheni	14.1	24.9	77%
2. Mabedlane	9.0	22.6	151%
3. Embo	9.7	47.1	385%
4. Mgoqozi	14	77.5	454%
5. Sizanani Zangoma	9.8	25.8	164%
6. Centocow	15.8	32.8	108%



7. Thuthukani Belaphi Bendabuko	14.1	24.1	171%
---------------------------------	------	------	------

* The group Mkhizwane has only recently requested TVT to work with them so they are not included in this table

[1] Scott-Shaw, Rob. *Red Listed Plants of KwaZulu-Natal*. Teeanem Printers, 1999.

VIII. Emergent Issues / Contradictions

The issues and contradictions that arose during the course of this project necessarily relate to the challenges faced which will be discussed in the next section but it is worthwhile to note here three definitive contradictions involved in the work. With the burgeoning prevalence of HIV and AIDS in South Africa and the central role that THPs play in the delivery of community health care, it is clear that for progress to occur, THPs must be integrally involved. Respected and trusted within the community, THPs have the potential not only to offer treatment but to exert influence over behaviors. The 'Traditional Health Practitioners Act' as published in *Government Gazette* No. 24704, Vol. 454 on April 11th, 2003 does help to legitimize traditional medicine in South Africa but it brings up some thorny issues. Section 44, for instance, states that any THP who:

- g) diagnoses, treats or offers to treat, or prescribes treatment or any cure for cancer, HIV and AIDS or such other terminal disease as may be prescribed;
- (i) holds himself out to be able to treat or cure cancer, HIV and AIDS or such other terminal disease as may be prescribed or to prescribe treatment therefor; or
- (ii) holds out that any article, compound, traditional medicine or apparatus is or may be of value for the alleviation, curing or treatment of cancer, HIV and AIDS or such other terminal disease as may be prescribed.

shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding twelve months or to both such fine and such imprisonment.

It is unclear how, exactly, THPs are to be an integral part of the fight against HIV and AIDS if they are fined or imprisoned upon offering treatment for AIDS-related illness. This is despite the fact that there is documented evidence for the effectiveness of traditional medicines for AIDS related *Candida Albicans* and other ailments [1], [2]. Additionally, the bill does not specify the training requirements for traditional health practice, only that the necessary qualifications



and examinations will be dictated by the Health Minister in accordance with the Council's recommendations (Section 25). These stipulations seem to further hide rather than openly highlight the role of THPs in health care delivery.

Secondly, from the perspective of THPs the 'freedoms' and 'recognition' for traditional healers touted in the bill are hard to identify. What kind of freedom is this that seems only to allow practitioners to continue doing what they have been doing for thousands of years? Why, in the first place, should something as historically and currently integral to the health care of a nation need permission to continue?

Thirdly, and a bit ironically, it is often the THPs themselves that are unaware of the Traditional Health Practitioners Act and its consequences for their continued practice. In the past, the practice of traditional medicine has not required the practitioner to engage in district, provincial, or national structures and THPs can be unsure of the means of doing so.

[1] Fennell, C.W. et al. (2004) *Assessing African medicinal plants for efficacy and safety: pharmacological screening and toxicity*. Journal of Ethnopharmacology. 94: 205-217.

[2] Richter, Marlise. *Traditional Medicines and Traditional Healers in South Africa*. AIDS Law Project. 27 November 2003.

IX. Challenges Faced

The challenges faced by the team during the past four years can be broken down into four groups: a) Paradigm challenges, b) Challenges in working with THPs, c) Challenges THPs themselves face, and d) Logistical and Organizational challenges.

A. Paradigm Challenges

As mentioned earlier in the introduction, the widespread integration of THPs into health care delivery is hindered by tension between conflicting perceived paradigms of illness. Part of the problem is a lack of clinical data deemed requisite from the biomedical perspective. Yet procuring funding for such studies is difficult due to the ambivalence of mainstream medical organizations to traditional medicine in general. Another aspect that further problematizes open and respectful communication is the potential adverse effects of some traditional treatments: for instance, "ukuphalaza" or induced vomiting for the treatment of TB, and "ukuchatha, or enema, to clients with diarrhoea. Health professionals that subscribe to a more biomedical approach may treat patients after they have been to a THP for such treatments and thus develop a biased view on traditional medicine in general.



The attitudes of clinic staff to both THP and patients of THP has been a challenge. Clients of THP are known to be bullied and interrogated by clinic staff. The superiority of many nurses has not been conducive to working together in a practical way and undermines the role of THP is community health

Another paradigmatic challenge that has appeared in the course of this programme is religious in nature. In meetings with THPs in Centocow during the reporting period from April to Sept. 2002 it was mentioned that some Christian staff members of Centocow Hospital are reluctant to work with THPs due to their religious beliefs. For effective engagement between health care workers and THPs this potential source of conflict needs to be recognized and addressed.

B. Challenges in working with THPs

Working with Traditional Health Practitioners presents a unique set of challenges. Attendance at meetings was often low due in part to the fear on the part of the practitioners: fear of revealing secrets of prescription and methodology that would enhance the skills of competitors and thus reduce their own livelihood, as well as fear of 'bewitchment' by other practitioners intending to stifle their practice. These hesitations were present in general but were particularly pronounced in the attempt to expand the programme outside of The Valley of 1000 Hills into Msinga, Kranskop, and Hlabisa. An additional source of reluctance on the part of the THPs to take part may be past abuse: in the reporting period from April-Sept. 2002 the loss of THP interest in the Maphephetheni group was attributed to their use as 'stepping stones' for other people who come claiming to assist them. These hesitations clearly can be overcome given the sustained growth in participation we saw but they nonetheless present a difficulty that must be accounted for and treated with patience.

Additionally, a pattern that appeared in working with THP groups was that one individual would often bear the burden of initiative and organization thus exposing the collaborative group to vulnerability should that individual get sick or be unable to attend. This was reported in the Mathebethu group during the April-Sept. 2003 reporting period where, upon the chairperson's falling ill, the group essentially dissolved.

C. Challenges THPs face

As mentioned in the previous section, the rapidly growing HIV prevalence rates present a significant challenge to THPs as the workload placed on these practitioners has greatly increased [1]. Not only has their patient load increased, but THPs themselves are personally impacted by sick or dying members of their households with HIV and AIDS. These greater pressures and demands have



coincided with an expansion of governmental regulation often leaving THPs unsure of their role in combating the HIV and AIDS epidemic. While the 'Traditional Health Practitioners Act' of 2005 does seek to empower THPs through governmental recognition and regulation it also introduces challenges and uncertainties for the practitioners. It is now a requirement for THPs to obtain certification from the Traditional Health Practitioners Council (THPC) in order to legally prescribe medicinal plants and remedies. Not only is the initial cost of obtaining certification prohibitive for many THPs in rural areas, but the certification must be renewed annually, making it difficult for THPs to achieve the legal autonomy offered by the initiative and to benefit from inclusion in the Medical Schemes Act which would allow them to receive remuneration for their practice. On top of this, some THPs view this recent measure of assistance as just another in a long line of attempts to take advantage of them and thus feel resentment at the threats of imprisonment should they deviate from the prescribed regulations.

Another set of challenges that poses a threat to the continued propagation of medicinal plants is largely out of control of the THPs themselves and involves large scale environmental changes such as climate change, the invasion of alien plant species, and the destruction of habitat.

A final challenge that THPs face that will hopefully be mitigated by the recent Act is the opportunism of people posing as THPs. A main rationale for the legislation in the first place was, as Health Minister Manto Tshabalala-Msimang stated, "[so] that genuine practitioners can be distinguished from the charlatans" [2]. These individuals posing as THPs endanger patients and damage the reputation of genuine practitioners.

D. Logistical and Organizational Challenges

This category refers to those challenges encountered in the delivery of the work due to both internal and external structural issues. Internally, the team faced a large challenge in being without a facilitator for two months during the reporting period from April to September 2002. Despite the interventions of the coordinator and Mr. Nhlanhla Vezi, team productivity fell. The expansion of efforts outside The Valley of 1000 Hills has proved to be a significant challenge for several reasons. First, it was difficult to organize in advance to ensure that THPs would be present due to inadequate communication channels. Secondly, THPs were more likely to be involved and active if they, as a preformed group, contacted The Valley Trust on their own initiative rather than being organized and assembled by the team. Keeping the seed storage at The Valley Trust fully stocked and accounted for was another internal challenge.



At times sourcing and accessing plant material has been a challenge. Plants take time to grow and unless stocks are continually replenished it is not always possible to have plants available that THP would like. The Municipal nursery has undergone many changes in management and this has effected the production of rare and endangered plants many of which are slow growing.

External factors also proved to be decisive challenges in the operation of the program. The long distances involved in the travel to and from THP meetings for many of the practitioners often affected attendance. Again, THP meetings proved to be vulnerable not only to the possible absence of a 'keystone' THP who bore the organizational burden, but to local political instability as well, as seen with the THPs in the Umsinga area leading up to elections during the reporting period from Oct-March of 2003. A pattern emerged in the past year whereby newer groups of THPs would show initiative and motivation as assessed by attendance at THP meetings and continued expansion of medicinal crops but the older groups that had been in existence longer did not continue to advance. Whether this was due to lack of perceived advantage in continued development or organizational difficulties was unclear.

[1] Richter, Marlise. *Traditional Medicines and Traditional Healers in South Africa*. AIDS Law Project. 27 November 2003.

[2] From an address to the National Assembly, reprinted at http://www.southafrica.info/ess_info/sa_glance/health/traditional-healersbill.htm

X. Learnings

Opportunities for learning have appeared throughout the work with Traditional Health Practitioners. Summarized below are some of the key points:

1. It is important to view working with THPs holistically: it is not just a project but a *process*.

As emphasized throughout this report, working with THPs involves many levels of interaction and communication and for meaningful progress to be made, each level, each aspect, must be present. Furthermore, the emphasis on 'process' rather than 'project' indicates that it is not simply the delivery of services to THPs that has defined the team methodology: it is the mutual growth of both sides, both the groups of THPs and the team itself, that has shaped the discourse between the two.



2. THPs are proactive and willing to collaborate.

In the course of the team's work it has been shown that the THPs have consistently shown a desire to learn new skills as well as sharpen those that they already have. THPs have openly shared techniques among themselves and have been able to view each other as resources for exchange rather than competitors. Despite the barriers that prevent adequate communication and collaboration with other forms of health care, THPs have shown themselves to be very interested in learning about HIV and AIDS and how they can expand the role that they play in treatment and support. Given the right environment, THPs actively ask questions and show flexibility towards new innovations and ideas.

3. Working with THPs requires sensitivity, patience, and good communication skills.

The demands on THPs are many and difficulty is often encountered in arranging meetings and workshops. Facilitators need to approach the work in an unbiased and sensitive manner making sure that there is joint communication between the involved parties. This is particularly important both from the outset in ensuring that the approach to be used is clear to the THPs, as well as in the later stages as the facilitator phases out of direct involvement. Additionally, there should be communication throughout the process to delineate the responsibilities of the facilitator and that of the clients. Unsurprisingly, THPs are far more likely to engage with ideas based on research at a practical level if the ideas are adequately communicated in a way that is sensible and logical.

4. Governmental and corporate infrastructure play a critical role in shaping the healing practice in South Africa today.

The THP Act and its provision for a Traditional Health Practitioners Council, the Biodiversity Act, and policy regarding genetically modified foods all bear increasing significance for the practice of traditional medicine. The impact of these measures affects THP activities on all scales, from the cultivation of medicinal plants and traditional foods in homestead gardens to the organizational requirements, restrictions, and freedoms at district, provincial, and national levels. The TPRM team has realized that, in order to effectively empower THPs that it works with, there needs to be comprehensive awareness of and involvement with these policies and institutions.



5. The requisites for a paradigm shift necessary for meaningful collaboration between THPs and modern health care practitioners have been underestimated.

Although the work of this team has enabled a degree of meaningful collaboration between the 'biomedical model' and traditional medicine (through workshops on pharmacology and opportunistic infections, collaboration with biomedical practitioners such as Anne Hutchings, THP presentations to nurses), there is still much work to be done to reach the potential envisioned. This will take time, dedication, and patience.

XI. Conclusions

In conclusion, the work undertaken by the Traditional Plant Resource Management team has been both successful, productive and rewarding. The participatory processes and tools used have enabled relevance and the team to adapt to changing circumstances and the perceived needs of THPs in a way that built on their strengths. This programme has developed a high level of trust with the KZN THPC and this will greatly support up-scaling of ideas, concepts and sharing on the various aspects of traditional healing.