



23438 Traditional Medicine and AIDS

A regional task force on traditional medicine and AIDS in east and southern Africa will be (*sic*) inaugurated in Kampala, Uganda, on April 10, 2000. The task force will coordinate activity related to the widespread use of traditional medicine by people with HIV/AIDS in Africa and the role of traditional healers in AIDS prevention. The nine-member task force of east and southern African non-governmental organizations (NGOs), international organizations, and west African observer delegations, will share information, generate an inventory of activities about traditional medicine, document and distribute best practices, promote research in traditional medicine, and mobilize resources. The task force will recognize the fact that in Africa, the high cost and scarcity of many essential drugs, including antiretroviral drugs, means that most people with HIV/AIDS use traditional herbal treatments for HIV-related conditions including opportunistic infections. In Uganda, there is one traditional health practitioners for every 200-400 people, whereas the availability of trained medical personnel is typically one per 20 000 people.

The plan to establish the task force arose from a UNAIDS-sponsored conference in Kampala, in February, 2000. 100 delegates from 17 African countries met to review the effect of traditional healers on HIV prevention and care. The meeting was hosted by Traditional and Modern Health Practitioners

Together Against AIDS (THETA), a Ugandan NGO that promotes collaboration between traditional and modern health practitioners in the fight against AIDS. Support was provided by UNAIDS and the Association for the Promotion of Traditional Medicine (PROMETRA), an international NGO based in Senegal. THETA has taken the lead in east Africa in developing partnerships between biomedical and traditional health sectors.

Many of the conference delegates argued at the Kampala meeting 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, a trend largely overlooked by health ministries, international agencies, and donors. Delegates focused on collaboration between the traditional and modern health sectors. They identified projects that meet criteria for "best practice" responses to the AIDS epidemic in Africa. Most

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countries in the region reported some initiatives involving traditional medicine and practitioners. Dr Sandra Anderson of UNAIDS, South Africa, noted that "traditional health practitioners occupy a critical role in African societies and are making a valuable contribution to AIDS prevention and care". THETA director, Dr Donna Kabatesi, cited clinical data on Ugandan herbal treatments effective against herpes zoster and HIV-associated chronic diarrhea and weight loss. Professor Charles Wambebe, head of Nigeria's National Institute for Pharmaceutical Research and Development, reported preliminary clinical data on a Nigerian herbal medicine that seems to increase CD4-cell counts and lead to improvements in HIV-related illness; controlled clinical trials are now underway. Dr Mberesero Firmina of the Tanga AIDS Working Group presented findings on Tanzanian herbal treatments for HIV-related fungal infections.

Although traditional health systems are locally accessible and culturally relevant, they must first be rendered safe. Most importantly, poor documentation, a lack of standardization, and the absence of regulatory mechanisms for traditional health-care practice in many countries were seen as challenges to be overcome if traditional medicine is to be more systematically included as a key player in AIDS prevention and care. Mutual misunderstanding between modern and traditional practitioners, weak organization of healers, and sensationalist media reporting all contribute to the marginal status of traditional medicine in African countries. Despite many governments and international agencies calling for "recognition" of traditional medicine, the lack of serious commitment and action on this issue was seen as a key impediment to identifying effective indigenous approaches to AIDS prevention and care and to building strong partnerships for an integrated strategy against HIV/AIDS. As a result, scores of medicinal plants that are used daily in Africa and may have potential effectiveness against opportunistic infections or HIV remain unknown or uninvestigated, while

most Africans with HIV/AIDS cannot afford modern drugs with proven effectiveness.

Noting the need for a regional network of organizations currently working in isolation with traditional medicine and HIV/AIDS, the meeting proposed the establishment of the task force, for which THETA will serve as the Secretariat. Task-force members include the Traditional Health Practitioners Association of Zambia, and the Zimbabwean National Traditional Healers Association. There will be observer groups from the west African nations of Ghana, Nigeria, and Cameroon. International partners are UNAIDS, WHO/AFRO, and the Global Initiative For Traditional Systems (GIFTS) of Health and its partner organization the Commonwealth Working Group on Traditional and Complementary Health Systems. GIFTS has accepted responsibility to lay the groundwork for a network of researchers and institutions to build a research program that will identify, assess, and develop safe and effective local treatments for HIV-related illnesses. The program will use simplified but controlled clinical protocols to conduct rapid investigations of promising treatments. It will build databases for information sharing on the successes and failures of local treatments. The program will be based on an intellectual property rights framework to protect the rights of local knowledge holders, learning lessons from a few existing programs in Africa. Recognizing the global, unsustainable pressure on wild stocks of medicinal plants, sustainable horticulture will be promoted for priority species. A solid government research infrastructure, backed by international agencies, will need to be developed to ensure a rapid research response to positive preliminary findings. This strategy will be designed to guide promising herbal treatments through to the stages of development of safe, effective, and affordable medicines. It will emphasize, where applicable, the local production and dissemination of useful herbs at the national, community, and family level, towards an African solution for combating AIDS in Africa.

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