

Traditional healers to improve access to quality health care in Africa



In Cameroon, we like to say, “one finger cannot hold a piece of meat”. In other words, at least two fingers are required to eat a piece even with a fork. This thought is reminiscent of Africans customarily seeking health care from both traditional and western medicine. Traditional medicine has been used for the treatment of various diseases since before the advent of western medicine in Africa. In South Africa, for example, 80% of the population seek health care from traditional healers.¹ It thus seems evident that they keep playing a major part in African health systems.

In *The Lancet Global Health*, Radhika Sundararajan and colleagues report on the use of traditional healers to improve HIV testing in Uganda.² Like many African countries, the 90-90-90 strategy for HIV management remains a failure, despite a few countries that have achieved this target.³ The first 90, which requires 90% of people to know their status, is the key entry point to the HIV care cascade and remains low (eg, 20% in the Ugandan male population). Innovative and homegrown solutions are needed to increase the proportion of people being tested for HIV and therefore aware of their status. Sundararajan and colleagues implemented a cluster-randomised trial to determine the effectiveness of traditional healers delivering HIV testing in rural southwestern Uganda, a high HIV prevalence setting. They found that the delivery of point-of-care HIV tests by traditional healers to adults of unknown serostatus significantly increased rates of HIV testing, with 100% of patients being tested in the intervention group (vs 57% in the control group), and 70% of those being tested linked to care (vs none in the control group).² This is a major finding that could be applied across Africa with potential for impact on the HIV epidemic.

Beyond HIV, traditional healers are involved in the screening and management of many other diseases and are at the forefront of pandemics and epidemics, such as Ebola virus, where they have played an important part in Africa.⁴ Tropical neglected diseases are also investigated and managed by traditional healers. Examples include diseases such as human African trypanosomiasis (sleeping sickness), Buruli

ulcer, and snake bites in Cameroon, where more than 80% of the patients seen at the hospital first consulted a traditional healer⁵ because of the established relationship of trust they have with their community.⁶

Moreover, the COVID-19 pandemic has been an opportunity for African traditional medicine and healers to become involved in the management of patients facing many challenges. Several products issued from traditional medicine have been used by the population (eg, Elixir COVID in Cameroon, Covid organic in Madagascar, and BAELMBO Syrup in Mali), and some of them have eventually been considered and used for COVID-19 cases in many countries, including in Cameroon.⁷

Using a randomised controlled trial design to prove the usefulness of traditional healers in access to quality care is the major strength of the study implemented by Sundararajan and colleagues. It highlights opportunities to integrate them into the pyramid of care by, for example, providing traditional healers with suitable technology to contribute to adequate patient management and transfer to other health-care services when appropriate. It is possible to go further. With the advance of telemedicine especially during the COVID-19 pandemic,⁸ traditional healers could be trained and equipped with smartphones and other technology that will help them to contribute to the surveillance of epidemics and pandemics. Their integration into the formal health-care system will both facilitate overall care provision, as well as increase quality control of traditional healer activities, as should be done with any health professional. Such regulation will limit the malpractice that is seen in many African countries, where traditionally prescribed drugs are not controlled.⁶ Without integration of traditional and western medicine, patients might languish in the traditional system, leading to delays in care and, in some cases, death. Devising efficient schemes to collaborate with traditional healers will make them assets in providing health care in our communities, instead of the liabilities they might, in some cases, be. How to better integrate traditional healers into the health-care system remains an open question. The experience in China serves

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a good example of the integration of traditional medicine, which has been recognised by WHO. China has managed to integrate traditional medicine into its national health-care systems through the development of technical guidelines, particularly in the field of herbal medicines and acupuncture, despite some challenges including management of side-effects and toxicity of Chinese medications.^{9,10}

The study by Sundararajan and colleagues has important implications for health-care delivery in Africa. The authors showed that it is possible to successfully integrate traditional medicine as a catalyst for accessing quality health care. Future implementation efforts will require three key elements: first, integration of traditional healers as a main component of the health-care workforce, which involves proper regulation of care delivery as with all health-care professionals; second, rigorous evaluation and scale-up of effective endogenous treatments and interventions issued from traditional medicine; and, third, strong political will to ensure that traditional healers are equally seated at the discussion table. This integrated approach to desired means of accessing health care will improve health-care quality and avoid the African population “eating” only at the table of traditional healers without any regulation.

We declare no competing interests.

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