



Medical Dialogue:

How to kick-start a joint AIDS response by health workers and traditional healers

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The Context

Malawi is one of nine countries, all in southernmost Africa, with the world's highest rates of HIV infection. In 2005, 14 percent of Malawian adults from 15 to 49 years old were infected with HIV. Only 31 percent of women and 38 percent of men used condoms for casual sex. Few had been tested for HIV and those few were mostly urban residents with higher levels of education and income.

No matter what their levels of education and income, most Malawians turn to both modern biomedicine and traditional medicine for HIV prevention, diagnosis and treatment. They see the two kinds of medicine as complementary or, at least, as two valid approaches to health both of which should be taken just to be on the safe side.

The Need and Opportunity for Collaboration

Governments and biomedical institutions and practitioners often disapprove of traditional healers. A more constructive attitude is to accept that they exist, that many people turn to them with health problems and they have the potential to become strong allies in the response to AIDS and other diseases. They can help bridge the gap between scientific thinking and cultural tradition and between the small supply of biomedical services and the large demand for health care. Often HIV prevention, testing and treatment campaigns are based on the presumption that scientifically-derived information will change people's behaviour. In fact, most people's behaviour is strongly influenced by their socio-economic status and by cultural tradition and belief. While "traditional" may imply unbroken continuity from past to present, traditional medicine is seldom static. Instead, it changes constantly through re-interpretation and adaptation to new circumstances. Traditional healers are respected custodians and practitioners, re-interpreters and adaptors of



Presenting the collaboration on World AIDS Day 2006

traditional medicine. Working as partners with governments, biomedical institutions and practitioners, they can help deliver more effective prevention, testing and treatment campaigns that are consistent both with scientific thinking and with cultural tradition and belief.

For all of the above reasons, WHO and UNAIDS have long recommended integration of traditional medicine into public health care and collaboration among government, biomedical institutions and traditional healers.

German HIV Practice Collection

The German HIV Practice Collection is edited by the German HIV Peer Review Group (PRG), an initiative of AIDS experts working in the context of German and international development cooperation. Approaches published in this collection have been peer-reviewed and approved by PRG members on the basis of a set of criteria for 'good practice'.

The BMZ-commissioned project "Strengthening the German contribution to the global AIDS response" serves as Secretariat to the PRG and moderates its internet platform at

<http://hiv.prg.googlepages.com/home>

PRG membership is open to AIDS experts and development cooperation planners and practitioners with an interest in German contributions to the AIDS response in developing countries. For more information, contact the Secretary of the Peer Review Group at aidsprg@gtz.de

Peer-reviewed

The beginnings of the Dialogue Method

In 2002, GTZ supported the development of an “inter-generational dialogue” in Guinea, where many girls are continuing to undergo genital mutilation despite campaigns to inform people about the harm it can do. This innovative approach facilitates respectful dialogue, free of prejudice, among community members from different generations who are influenced by both “traditional” belief in the importance of this custom and by “modern” awareness of its harmful physical and psychological consequences. Given that in Guinea the method led to community action against the practice and to improved relations between the older and younger generations, GTZ transferred the method to address female genital mutilation in Mali and Kenya and the reintegration of child-soldiers in Eastern Congo.



Girl in Labé, Guinea, interviewing her mother about girls' initiation in her time.

Developing the Medical Dialogue in Malawi

Background

In Malawi, some traditional healers claim to be able to cure AIDS. Biomedical institutions and practitioners object to those claims, while implying their own absolute authority in matters of health. Meanwhile, the argument has little impact on the behaviour of most Malawians and many continue to go to traditional healers. There is a draft Traditional Medicine Policy but Parliament has yet to ratify the draft and the two sides in the argument remain at a stand-off.

Since 2000, a number of events have set the stage for dialogue:

- In 2001, WHO published guidelines for research and evaluation of traditional medicine and, in 2002, a strategy to support the integration of traditional medicine into health care.
- After years of dispute, Malawi's three largest traditional healers' associations formed an umbrella organization through which they can resolve their differences and reach agreement on joint action.
- The Government of Malawi has given the Ministry of Health responsibility for integrating traditional medicine into its brief.

Launch of a five-step process

In 2004, GTZ agreed to work with the Herbalist Association of Malawi (one of the three largest traditional healers' associations) on applying the medical dialogue method in Kasungu, a district near the centre of Malawi. Kasungu ranked last of the country's 27 districts for take-up of HIV testing; 91% of its population had never been tested and did not know their HIV status.

With permission from Kasungu's District Commissioner, a five-step process was launched that included 1) training dialogue facilitators, 2) training assistants to help with focus group discussions, 3) focus group discussions, 4) a dialogue workshop resulting in an agreed plan of action, 5) engaging key stakeholders in implementation.

Focus group discussions

Over two weeks, 140 traditional healers including herbalists, traditional birth assistants and spiritual healers, and 40 biomedical practitioners including doctors, nurses, midwives and health surveillance assistants and local NGOs took part in 18 focus group discussions, 13 for traditional healers and 5 for biomedical practitioners. The topics included local sexual practices, beliefs and taboos, modes of transmission for HIV, and methods of prevention, diagnosis and treatment. The discussions were transcribed and analysed in order to provide material for use in the subsequent workshop and in HIV prevention campaigns.

A three-day workshop resulting in a plan of action

As well as providing material for the workshop, the focus group discussions helped identify those traditional healers and biomedical practitioners who would make the best participants. It was agreed that there should be no more than 15 to 20 participants and that the ideal would be eight traditional healers and eight biomedical practitioners. They were invited to attend a three-day workshop where:

- *On day one*, traditional healers and biomedical practitioners met in two separate sessions and were asked to discuss and come to agreement on the strengths of their kind of medicine (whether traditional or biomedicine) and its potential contributions to the AIDS response.
- *On day two*, the two groups met together and presented and discussed the strengths and potential of each kind of medicine, while also airing their doubts and concerns about each other's kind of medicine. The facilitators moderated the proceedings to ensure that all participants were treated with equal respect and that they were given fair hearings. The aim was to familiarize each group with the other's strengths and potential and to foster mutual respect
- *On day three*, the two groups worked together on building consensus, finding common ground for action and agreeing on a plan of action.

During the workshop, the facilitators took the participants through six exercises:

- *The Introductions Exercise* paired participants off, so one traditional healer and one biomedical practitioner told each other about themselves and then each of them introduced the other to everyone else.
- *The Curiosity Exercise* invited the two groups to ask each other questions they had had on their minds for some time but had never before had the opportunity to ask.
- *The Raising Awareness Exercise* invited the two groups to be frank in expressing their doubts and concerns about each other and to talk these through until they reached better understandings.
- *The Challenge Exercise* invited each group to make a presentation illustrating how it can contribute to the AIDS response and to make free use of role play,

poems, songs or other illustrative techniques and of any equipment and supplies they use in their normal work (e.g., herbs, condoms, drums). Each presentation was followed by questions, answers and discussion.

- *The Visions Exercise* broke the participants into small mixed groups where they used concrete cases and role-play to find ways in which patients can be helped by traditional healers and biomedical practitioners working together. For example, HIV prevention might involve a reciprocal referral system whereby traditional healers and biomedical practitioners send their patients to each other.
- *The Consensus Exercise* involved a final plenary session to consider the results of the Visions Exercise, develop an agreed plan of action and identify the key stakeholders who would have to be involved in implementation.

Implementation in Kasungu West and beyond

Over the weeks following the workshop, the traditional healers and biomedical practitioners established a Task Force Team of five representatives from each group to oversee implementation of the plan of action. The Team developed a system of mutual referrals (by traditional healers to biomedical practitioners and vice versa) and looked for a pilot area of manageable size to test the system and chose Kasungu West.

The facilitators of the medical dialogue workshops presented the results to three levels of stakeholder: district authorities in Kasungu's capital; people throughout rural Kasungu, including village leaders and residents, theatre groups and mask associations; in the capital Lilongwe, authorities of Malawi's Ministry of Health and the Malawi University College of Medicine.

An evaluation one year later found that collaboration between the traditional healers and biomedical practitioners was working smoothly. For example, maternal mortality had been significantly reduced because traditional midwives were now referring critical cases to the hospital in timely manner; traditional healers and midwives were using the latex gloves provided by the district hospital to protect themselves and their patients from HIV infection.



Kasungu Task Force Team

Kasungu's Medical Health Officer now plans to use the medical dialogue method across the district. Beyond Kasungu, a large organization of traditional healers hopes to test the method in an urban setting with an ethnically and religiously mixed population. The National AIDS Commission and the Ministry of Health have both expressed interest in using the medical dialogue method to expand the country's capacity to respond to AIDS and other diseases. Malawi already has a draft Traditional Medicine Policy and results achieved by applying the medical dialogue method could help move that draft toward ratification by Parliament.

German HIV Peer Review

The German HIV Peer Review Group has established a number of criteria at least some of which must be met before a new approach is recognized as a "promising practice" and becomes part of this collection. The medical dialogue method in Malawi meets most of those criteria including:

- **Effectiveness** at achieving the collaboration between traditional healers and biomedical institutions and practitioners that WHO and UNAIDS have long been recommending and, in so doing, at achieving positive results for patients.
- **Cost-effectiveness** by utilizing an existing resource (traditional healers) in the response to AIDS in a country with limited financial resources, an acute and worsening shortage of biomedical practitioners and a weak health care system.
- **Participation and empowerment** by giving due recognition to the roles traditional healers play in the lives of most Malawians and making them partners in the officially recognized response to AIDS.
- **Gender awareness** by taking pains to include women who are traditional healers and biomedical practitioners in all processes and by addressing issues of particular concern to women, such as the high incidence of maternal mortality and women's greater vulnerability to HIV infection.

Tools on the internet

The following tools were developed or used by this project and can be downloaded at <http://hiv.prg.googlepages.com/toolbox-medicaldialogue>

- Toolset 1: PCP Dialogue Toolbox
- Toolset 2: Generation Dialogue about FGM and HIV/AIDS in Guinea. Method, experiences in the field and impact assessment
- Toolset 3: Reader on Communication Skills
- Toolset 4: Full mission report: Medical Dialogue between Traditional Experts and Bio-medical Health Workers in Kasungu, Malawi
- Toolset 5: Medical Dialogue Presentation
- Toolset 6: Full report on focus group discussions
- Toolset 7: Study presentation on focus group discussion
- Toolset 8: Report on the Mid-Term Evaluation of the Dialogue Project

- **Sustainability** by showing results that have district and national authorities, biomedical institutions and traditional healers all interested in using the method to expand this collaboration beyond the pilot area.
- **Transferability** by showing that a method applied with considerable success in Guinea, Mali, Kenya and Congo can also be applied in Malawi and by providing further documentation and more instruments (e.g., manuals for the focus group discussions and dialogue workshop) that can be used in applying it elsewhere.

Developing capacity to respond to AIDS and other diseases is a priority for German development cooperation. The medical dialogue method develops capacity by making better use of existing resources (traditional healers), forging new partnerships and setting the stage for legislation that integrates traditional medicine into public health care.

Contacts and credits

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