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Mary Ann Liebert, Inc.

GUEST EDITORIAL

Traditional Healers and AIDS in Uganda

EDWARD C. GREEN, Ph.D.

Volume 5, Number 6 of *The Journal of Alternative and Complementary Medicine* had two articles that concerned Traditional and Modern Practitioners Together Against AIDS (THETA), which has been working in Uganda since 1992. I refer to the short Photoessay by Homsy (1999) and the longer research article by Homsy, et al. (1999). I would like to make a comment on the Photoessay. For the record, I have had no formal connection with THETA but I have initiated and worked with several similar AIDS-prevention programs involving collaboration between African traditional healers and "modern" medical personnel.

A 1998 UNAIDS evaluation of THETA that Dr. Homsy refers to on page 506 of the Photoessay found that 125 healers had been trained in HIV/AIDS prevention over a 5-year period. These very modest numbers provide an incomplete picture because they overlook THETA's "multiplier effect." Shortly after the UNAIDS evaluation was completed, I was asked by the World Bank to assess the impact of education and communication programs on HIV decline in Uganda. HIV prevalence has declined in Uganda by approximately half since 1993, probably the most significant HIV decline anywhere (incidence data in developing countries are less available and reliable than prevalence data).

I found that a great deal of training and face-to-face AIDS education was going on at district and lower levels, because of a recently implemented policy of decentralization of Ministry of Health programs. There were variations in the number and type of local people trained and sensitized in HIV/AIDS prevention, but they almost always included school personnel, leaders of youth and women's organizations, religious leaders, and village council members. These people often included traditional healers as well, and I heard that the THETA program was often the stimulus or inspiration for including healers. These thousands (I estimate) of traditional healers sensitized by district-level AIDS educators seemed to be contributing to HIV/AIDS prevention in various ways, yet they were not among the healers counted in the UNAIDS evaluation.

At least three districts, Moyo, Mbarara, and Mbale, were training and involving traditional healers in the "promotion of STD [sexually transmitted disease] early health seeking behavior." Given the reality throughout Africa that many or most STD cases are brought to traditional healers (c.f.: a review of evidence of this in Green, 1994), it makes good sense to involve healers in referral and in treatment itself, as well as in the promotion of behavior change. Other districts (e.g., Mubende) were involving healers in "promotion of safer sexual behavior." This included not only condom promotion but also encouragement of fidelity/monogamy among couples and delay of sexual debut among youth. Numerous behavioral-change studies found that the "fidelity/delay" messages actually resulted in reduced numbers of sexual partners and a rise by 2 years in the average age of first sexual intercourse.

I was able to estimate that between 4500 and 6750 religious clergy were trained in HIV/AIDS at district levels annually between 1995 and 1998. Perhaps only a third of districts trained traditional healers, but that would still

mean that more than 1800 healers were trained every year for 4 years. Of course, this estimate is based on written records. These and other numbers might be exaggerated by district officials. But, even allowing for considerable inflation of figures, this still amounts to a greater number of indigenous healers officially involved in HIV/AIDS prevention than most—perhaps any—other countries in Africa that I am aware of.

None of this amounts to hard evidence that Uganda's impressive decline in HIV infection rates is due, even in part, to the influence of traditional healers working in AIDS prevention. Such evidence would require more rigorous evaluation research than I was able to carry out in late 1998, because of time restrictions. Yet consider this: Involvement of local opinion leaders, such as traditional healers and clergy, in government-sponsored HIV/AIDS prevention on a scale such as we find in Uganda is uncommon in Africa and in the world. Uganda appears to lead at least the developing world in magnitude of HIV decline; it is therefore reasonable to hypothesize that involvement of healers and clergy has made some contribution to this HIV decline. A major donor agency might soon be sponsoring a more rigorous and detailed assessment of the factors contributing to HIV decline in Uganda. The role of traditional healers needs to be part of this assessment.

THETA is to be congratulated for contributing to an approach to HIV/AIDS prevention that seems to be making a difference.

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Address reprint requests to:
Edward C. Green, Ph.D.
2807 38th Street, NW
Washington, D.C. 20007

E-mail: egreen@aol.com