Available online at http://www.journalcra.com

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

International Journal of Current Research
Vol. 15, Issue, 03, pp.23935-23941, March, 2023
DOI: https://doi.org/10.24941/ijcr.44329.03.2023

ISSN: 0975-833X

RESEARCH ARTICLE

ROLES THAT AFRICAN TRADITIONAL MEDICAL PRACTITIONERS CAN PLAY AS FRONTLINE WORKERS DURING DISEASE OUTBREAKS IN RESPONSE TO DISEASES SUCH AS COVID-19, EBOLA, HIV, AND CHOLERA TO NAME A FEW

***Vitalisgoodwell Chipfakacha, MD.M.SC**

School of Sciences and Technology Health Systems, Botswana Open University, Gaborone, Botswana

ARTICLE INFO

Article History:
Received 04th December, 2022
Received in revised form
17th January, 2023
Accepted 19th February, 2023
Published online 19th March, 2023

Key words:
COVID-19, Ebola, Traditional Medical Practitioners, Personal Protective Equipment, Alternative medical practitioners, and Allopathic Medical Practitioner.

**Corresponding Author:*
Vitalisgoodwell Chipfakacha, MD.M.SC

ABSTRACT

Traditional Medical Practitioners are found in every part of the African continent; and are the backbone of primary health care fulfilling the three As of primary health care namely; availability, affordability, and acceptability. Unfortunately, most African governments do not recognize the roles of traditional medical practices and do not utilize them as part of human resources for health, particularly during disease outbreaks. **Methodology:** The paper reviews the roles of traditional medical practitioners during past epidemics such as Ebola, HIV and AIDS, and cholera on the African continent. A literature review of scientific journals and newspapers was done during the review. **Results**: UNESCO has written a few policy documents on the roles of traditional medical practitioners during the 2019-2022 COVID-19 pandemic (UNESCO 2019). In Ethiopia, research showed that 50 percent of communities consulted traditional medical practitioners to manage COVID-19 (Belachew U. Chali *et al* 2021). The World Health Organization has shown that the use of traditional medical practitioners as human resources for health in the Democratic Republic of Congo and West Africa during the Ebola epidemics reduced both morbidity and mortality. **Conclusion:** Utilizing traditional medical practitioners as human resources for health reduces both morbidity and mortality.

Citation: ***Vitalisgoodwell Chipfakacha, MD.M.SC.*** **2023.** "Roles that African traditional medical practitioners can play as frontline workers during disease outbreaks in response to diseases such as covid-19, ebola, hiv, and cholera to name a few*". International Journal of Current Research*, 15, (03), 23935-23941.

INTRODUCTION

Very few articles in Medical Journals have been written about the roles of traditional medical practitioners in disease outbreaks including COVID-19, prevention and management. However, much discussion has been taking place in Blogs and newspapers. UNESCO news for instance, had a very interesting article at the beginning of the pandemic entitled "The Place of African traditional medicine in response to COVID-19 and beyond. (5). In this article, UNESCO argued that;" Africa has the capacity to consolidate the knowledge that is readily available on the continent to provide traditional medical therapies that are affordable, and safe for public health, including to face sanitary crises such as COVID-19". The article however fails to clearly stipulate the precise roles and activities traditional medical practitioners (TMP)could play in the infection prevention, control, and management of this emerging pandemic. It is also interesting to note that whereas WHO developed a Guideline Document for the religious Sector on COVID-19, it did not do the same for TMPs. The Department of Health of South Africa in May 2020, developed Guidelines for TMPS entitled; "Guidelines for Traditional Health Practitioners in dealing with COVID-19 and Lockdown" (7). These guidelines were for assisting TMPs on how to protect themselves and their clients, through the necessary protocols of wearing masks, gloves, physical distancing, and sanitization; unfortunately, the guidelines do not seem to mention who provides these necessary Personal Protective Equipment (PPEs).

The document goes on to list 8 possible roles for TMPs in the fight against COVID-19 including Behaviour Change Communication (BCC), damage control on false information, and how to refer clients. Unfortunately, there are no plans forthe dissemination of the guidelines to the TMPs and plans for their training.Since the guidelines are in English, it is hoped that they are translated from English into all vernacular languages of South Africa including, IsiZulu, Sotho, Sepedi, Shangaan, etc. and that TMPs will undergo training to understand the contents of these guidelines. Damage control can only be done by a person who understands the subject matter at a very high level.

The Borgen Project in South Africa, in its article," How Traditional Healers in Africa Help fight COVID-19", reiterates the same list as the Department of Health (2). Both lists lean on the Western approaches to medical practices. The definition of disease causation(etiology) of the African TMP and their clients is different from that of Western medicine so it is not explained how this gap can be bridged. Rumbi Chikanda in her article in Devex News entitled "Africa's attempt to regulate TMP fails to gain traction", discusses how Africa's Center for Disease Control (CDC) and other policymakers met at the beginning of the pandemic and agreed to do research on herbs and traditional medical practices on the African continent. To date, nothing has come out of that meeting and no research has been done on African Herbs. (3) In the last few months

more articles on Traditional Medicine and COVID-19 have appeared in a number of Journals: Belachew Umeta Chali and his/her colleagues at the Jima University Department of Pharmacological Sciences; did a community study on responses to COVID-19 entitled," COVID-19 Pandemic Community Claim in Jima Zone, Ethiopia" (16). This article published in 2021 showed that 50 percent of community members relied on traditional herbs in managing COVID-19. These herbs included garlic, ginger, lemon, garden cress and "Damakase". A comment in the Lancet Global of November 1, 2021 by Yab Boum entitled, "Traditional Healers to improve access to quality health care in Africa", also emphasizes that for Cameroon and other African countries to fight back effectively against COVID-19 collaboration with TMPs is essential (17). Sarah Wild, in her article of December 31st 2020 which appeared in MEDSCAPE entitled, "Bringing Traditional Healers under the Microscope" discusses the widespread use of herbs such as Artemisia Afra by TMPs and communities in South Africa in the management of COVID-19 (18).

Africahas in TMPs a very high number of human resources for health (HRH) that it could utilize before, during, and after disease outbreaks. These TMPs unfortunately are rarely utilized to their full capacity (4). With the shortage of human resources for health (HRH) in all African countries, TMPs could fill the gap during times of emergencies and assist in managing epidemics and pandemics. This abundant human resource of TMPs could if well trained be utilized for preparedness against the COVID-19 and other emerging illnesses. In most villages, the first contact between communities and the "health care system", is through TMPs because they live with the communities. The same TMPs could be utilized to raise awareness, encourage behavior change and sensitize people thereby assisting in reducing the morbidity and mortality associated with epidemics on the African continent.It must also be noted however thatTMPs play a dual role in any disease outbreak in Africa, first, they can be a major potential source for the transmission of the diseases, especially if not trained in the initial stages of the pandemic, but secondly could playa very importantrole as allies in disease prevention, control and care. Experiences in Ebola epidemics in the Democratic Republic of Congo (DRC) and Sierra Leone clearly show that working together with TMPs reduces both morbidity and mortality among communities and protects the TMPs themselves. The World Health Organization {WHO} in its publication of the 20th June 2020entitled, "How traditional healers become allies in the Ebola response", shows how TMPs reversed the negative impacts of Ebola in the DRC (15). It also shows that before the collaborative partnership, most TMPs did not triage patients or have basic protection themselves and their patients. Infection prevention and control was next to nothing. The virus was passed from patent to healer and on to the next patient with disastrous effects on morbidity and mortality rates. To break this chain of transmission, the WHO, the DRC Ministry of Health and other partners worked with TMPs providing them with kits to protect themselves. The TMPs were also trained and received support on infection prevention and control. Experiences in Sierra Leone also showed that the delay in working together with TMPs cost the country a lot in terms of increased morbidity and mortality. An article in Aljazeera by Dariusz Dziewanski of November 2015 entitled, "How traditional healers helped defeat Ebola", shows that working with TMPs in Sierra Leone although at a very late stage of the epidemic had positive results in reversing the impact of the epidemic (6). The Ebola index case in Sierra Leone was traced to a well-known TMP who was exposed when treating Guinean patients who had crossed the border to seek her assistance (6). Epidemiological tracing link 365 Ebola deaths to that healer, who also succumbed to it. Richard Mallet and his colleague Lisa Denney, who studied Sierra Leone's health system, state that the failure to include TMPs at an earlier stage may have prolonged the Ebola outbreak and increased both morbidity and mortality (6). This article discusses some of the gaps that exist in utilizing TMPs as Human Resources for Health (HRH), behavior change advocates, infection prevention and control practitioners, patients' referral points and management of the sick and infirm, in a way that protects both themselves and their clients.

MATERIAL AND METHODS

Two approaches were used during this research, literature reviews on roles of traditional medical practitioners during previous epidemics in Africa and experiences that I had whilst working in Southern Africa.
2.1There was intensive Desk/literature review done particularly on the roles of TMPs in other epidemics, such as the Ebola outbreaks in the Democratic Republic of Congo (DRC) and West Africa using the internet and Google search. This yielded some very interesting positive outcomes as shown by the role of TMPS in prevention and management of Ebola in the DRC and Sierra Leone. Articles on TMPs and tuberculosis were also reviewed and many studies have been done in the Southern African Development Community (SADC) especially in South African rural areas and Malawi. In September 2000, the United Nations Agency responsible for HIV and AIDS (UNAIDS) produced a document entitled," Collaboration with Traditional Healers in HIV/AIDS Prevention and Care in sub-Saharan Africa. I am also cited in this literature review, for my work in Botswana (11). The Review cites many collaborative efforts between governments and TMPs in response to HIV and AIDS which also had very positive outcomes for people living with HIV (PLHIV) and communities.

Studies in South Africa by David Wilkinson et al, Mark Colvin et al, Gumede at al have also shown that without TMPs tuberculosis treatment can be delayed, increasing morbidity and mortality(1,5,8). Working in Southern Africa I always tried to work collaboratively with TMPs in dealing with communicable diseases and the outcomes were always positive. The lessons I learned from these interactions were that TMPs needed recognition and mutual respect in order to facilitate treatment programs instituted by the government. With training and constant dialogue, I had a good working relationship with TMPs and in most instances they became important Directly Observed Therapy (DOTs) supervisors or treatment buddies for our patients and they also played an important role in referral of patients suspected of having TB to health facilities for treatment. These experiences are part of the materials I used for this article. In Hlabisa, South Africa, the same positive outcomes that I mention were observed as Wilkinson and Gcabashe show in their 2006 article (10).
In my experience the two epidemics of tuberculosis and HIV & AIDS have shown that TMPs can decide the success or failure of prevention and management programs particularly in rural areas. TMPs can become spoilers and sway patients from allopathic medicine. Below are a few examples of my working together with TMPs:

Example 1: Tuberculosis and Traditional Healers: One of the biggest challenges of people living with chronic illnesses is the temptation to get quick treatment promised by Traditional Medical Practitioners. It is sometimes very hard to keep patients who are on TB treatment to adhere to their treatment schedules, especially in a rural setting. To avoid this the author created a system where he worked with the TMPs referred by the relatives of the patients. This was to reach a compromise so that during the consultation with TMPs patients would not stop allopathic treatment. TMPs were worried allopathic medicine would render their treatment ineffective. Both sides agreed that it would not be necessary to stop allopathic treatment and that clinics, hospitals and health care workers would follow up patients on both treatments to look for any possible interactions. Because we respected and recognized the TMPs, it was easy to reach compromises and the number of treatment absconders was reduced dramatically.

Example 2: Getting trust of Traditional Medical Practitioners: During one of my outreach visits to a rural clinic, I found an TMP with a client at the clinic and he insisted on being present whilst I was consulting the patient. I thought this was a first and interesting proposal, so after consultations with the client and getting her written agreement for the presence of the TMP during the consultation, I proceeded to consult the patient. First I asked the TMP what he had diagnosed and how he had come to that conclusion. After my history taking and initial examination I then suggested I had to do a few tests

before coming to a provisional diagnosis. I then after all was done, suggested my diagnosis and management to the TMP. However, I requested that the client/patient stop orally or invasive any medication from the TMP, to which he acquiesced. We agreed to meet for a review in a week's time. After our meeting the week after we all agreed our client was feeling better and that we had done our work well. During these meetings we had mutual respect for each other and I respected the TMP as a colleague of equal status. After this first encounter the TMP not only referred many patients to our facility but he actually encouraged other TMPs in the area to follow suit. This mutual respect for both practitioners was beneficial to all of us but most importantly the patients in the area.

Example 3: Dialogue with TMPs on sexually transmitted infections (STIs) management: Despite sexually transmitted infections (STIs) being one of the biggest public health problems in Southern Africa, most men prefer visiting TMPs and private practitioners for treatment instead of visiting public health facilities. Realizing that most males in the rural district I worked in preferred consulting TMPs, I came up with a proposal to have a dialogue on STIs with the TMPs. We started with comparing notes about our understanding of STIs and the management approaches. We then agreed to work together since we both agreed it was a problem. We also agreed that TMPs could play an important role in behavior change communication on STIs and also refer patients to their allopathic colleagues especially where treatment seems to be not having the desired effect. Further, clients even after feeling better could be referred for tests at the health facilities and the TMP colleagues have the privilege of sharing the results of the information with their allopathic colleagues. This mutual working together allowed allopathic practitioners to see more male patients than they saw before, and we saw an increase of male clients in our public facilities.

RESULTS

Reports, articles and suggestions from WHO, other development organizations and research papers show that the collaboration between traditional medical practitioners and allopathic medical practitioners reduces both morbidity and mortality during diseases outbreak. It is also suggested that this collaboration needs to start at the initial phase of responses to epidemics and pandemics. During 2021 some articles and comments on the need for collaboration between allopathic and traditional medical practices have appeared in journals such as the Lancet Global and Jima University in Ethiopia (16 and 17). Many studies have also been done on the role of TMPs in prevention, control and treatment of tuberculosis especially in the Southern African Region (1, 5, 8, and 10). There are also a few newspaper articles and WHO accounts of the training and use of TMPs in the prevention and control of Ebola in both the DRC and West Africa (6, 15). The HIV and AIDS epidemic has had many collaborative examples in most countries in sub-Saharan Africa, showing very positive outcomes for communities and People Living with HIV (PLHIV) and assisted HIV and AIDS programs achieve positive results (11).My own experiences working with traditional medical practitioners in Southern Africa show that collaboration between the different medical practices helps communities reach quality health statuses.

DISCUSSION

The World Health Organization (WHO) refers to traditional medicine (TM) as knowledge, skills and practices based on theory, belief and experiences to different cultures, used in the maintenance of health and in prevention, diagnosis, improvement and treatment of physical and mental illnesses (14). TM is often termed alternative or complementary medicine in most developing countries. WHO describes it as one of the surest means to achieve total health care coverage of the world's population (14). TM and its practitioners could therefore play a crucial role in epidemic preparedness, response and recovery if well utilized.

Approximately 80% of African communities rely on traditional medicine (TM) for their health care needs (14). The relative ratios of TM practitioners and allopathic practitioners in relation to the whole population in African countries are revealing (Table 1). In Ghana for instance in Kwalu District for every TM practitioner there are 224 people, against an allopathic (Western trained doctor) practitioner for nearly 21 000 people (4). The same applies to Eswatini (Swaziland) where the ratio is 110 people for every TM practitioner and 10 000 people for every allopathic practitioner. These statistics clearly show high numbers of TMPs in most African countries, and they are also very close to their communities including the most remote areas. Western trained practitioners on the other hand are mostly found in urban, peri-urban areas and places that are well developed

Despite most African governments claiming that TMPs should co-exists with biomedical health care, as part of a pluralistic medicinal system, on the ground this is not happening. If this were true TMPs could be used as the local first level preparedness cadres and responders to disease outbreak controls, thereby playing a crucial role in the prevention and control of emerging illnesses such as COVID-19. An intensive training program on disease transmission, infection prevention and control would benefit TMPs, communities and Ministries of health in controlling disease outbreaks. This training could make them an existing stand-by preparedness force, which could be utilized in times like now where countries are burdened by the COVID-19 pandemic. They would assist Ministries responsible for Health and indeed the African governments in creating Civil Protection Mechanisms. Their proximity to communities including marginalized population is an advantage and could assist government in the implementation of primary health care and other social programs. Health increasingly relies on behavior. To successfully change behavior direct, open, understandable and timely information from a single source is required. All health care workers including TMPs should be aware of and expect a "cultural" explanation of any new illness, especially at the beginning of an outbreak. TMPs have large networks which could have a potential to be used to address any epidemic or pandemic. If TMPs are mobilized, trained, sensitized on the response, they might be useful in referral, surveillance and prevention communication. Communication and social mobilization to raise awareness about pandemics such as the current COVID-19 and their risk factors are central to the response. Risky behavior relating to traditional practices such as weddings rituals, burials, and religious rituals etc. musts be addressed by the TMPs who are experts in cultural beliefs and practices. When Ebola first emerged in Sierra Leone, communities there believed it was a curse. As the virus spread, so did feverish rumors that Western Medical personal were infecting patients with Ebola or using their blood to gain supernatural powers {6}.

4.2Thus at the peak of the crisis, most patients would seek care from local TMPs whom they knew and trusted. It was only when the government and partners started working with TMPs and training them that patients started trusting modern medicine, through referral from local TMPs.If all these practitioners were trained in disaster and disease outbreak preparedness, infection prevention and control the impact of epidemics such as COVID-19 would be greatly reduced. These TMPs are also very important because government human resources, particularly during disease outbreaks, are overstretched, and they could be used as the vanguard for local level responses. TMPs also understand the cultures of their communities and speak their language. To achieve change, which is critical in pandemics, information must be provided in a language and format that is understood. If a large proportion of the community is illiterate, then the issue of the vernacular language becomes very important and must be taken into account.

Experiences of collaboration of TMPs in past and current epidemics such as HIV and AIDS, tuberculosis and Ebola could assist in mapping up a way to utilize them again in COVID-19 prevention and care. Traditional medical practice in rural Africa is easily assessable, acceptable and affordable making it the best primary health care system. Table 1 below shows the ratio of people to TMPs in

Table 1. Sample Ratio of TM Practitioners compared with the ratio of Allopathic medical doctors in African populations in a few countries

Country	TM Practitioners per population	Allopathic medical doctors per population
Kenya: Mathare (urban)	1:833	1:987
Kilungu (rural)	1:143-345	1:70 000
Zimbabwe	1:600	1:6250
Swaziland	1:100	1:10 000
Ghana	1:200	1:20 000
Uganda	1:700	1:25 000
Tanzania	1:400	1:33 000
Mozambique	1:200	1:50 000
Nigeria Benin City	1:110	1:10 400
Nigeria National	No data available	1:15 740

Source: Chatora 2003 (4).

Table 2. Suggested steps to follow in utilizing TMPs as COVID-19 preparedness cadres

Step	Suggested procedures (these could be done simultaneously)
Step 1	Create a directory of all traditional medical practitionersin the country by national and sub-national location. {Province, District, Village}
Step 2	Hold dialogue with Traditional medical practitioners to agree on the definition terms of the diseases and the kind of language to be used that all can understand particularly TMPs and the broader community. It should be noted that the cause of diseases (etiology ;) diseases differ between the two medical disciplines so there is a need to find common ground. It is very important to agree on a culturally acceptable definition and description of the disease. It is during the dialogue meeting that training plans could be developed, with input from the TMPs. It is also the opportune moment to discuss the necessary equipment and other commodities paying special attention to who provides these, it is also time to give them and discuss the envisaged in-service training plans for them and their associates.
Step 3	Hold regular in-service training sessions on communicable diseases including emerging ones such as COVID-19 using the adult education approaches. These must include the following •Name of disease and modes of transmission (get vernacular names) •Risk factors and community members at the highest risk •Signs and symptoms of the disease •Infection prevention and control of the disease; self-protection, protection of the clients and the broader community •Disease surveillance and what role TMPs can play e.g. data collection •Referral system and particularly when and where to refer to •Management of the patient suspected to have the disease •Communication, social mobilization, and behavior change including how TMPs can assist •Cultural attitudes, beliefs, and practices that may facilitate the spread of the disease (this is a very important topic) •Information management particularly how to respond to false and fake information including the information peddled by some of the TMPs themselves (social media and some religious sectors can be the biggest challenge to Public health in Africa and there is a need for timely damage control).
Step 4	Provide TMPs with thermometers and training on their use, provide masks, gloves and other relevant equipment. The TMPs should be encouraged to triage patients, refer patients they suspect of any flu symptoms to the relevant COVID-19 transit center. It might be necessary to sign a contract on referral system. Literature both in vernacular and other official languages must be given to TMPs to distribute to patients, clients and community members and for their own consumption.
Step 5	Train TMPs on collecting and collating of data; those who read and write can use notebooks but small stones and sticks can also be used for counting numbers, particularly those referred. This would assist in follow-up. Authorities should make routine inspection visits (once a week if possible), especially at the beginning of the epidemic but where authorities are satisfied by the performance of TMPs these visits could be reduced to once a month or so.
Step 6	Create a system of regular feedback to TMPs and discussion on cases, and give TMPs general information on the outbreak at the sub-national and national levels for them to appreciate their contribution. I used to give feedback to TMPs who had referred patients and this encouraged them to send more patients. This mutual respect was beneficial to both of us. I usually had face-to-face discussions about the client with the TMPs, after getting written permission from the referred patients.
Step 7	Advise TMPs to have regular assessment of their own health by consulting other professionals to prevent their being infected and transmitting to clients and communities: health authorities can use nurses; and other professions for this with discretion and as an outreach program.
Step 8	Provide TMPs with simple analgesics and Vitamin C tablets to give patients with signs and symptoms. This may be the opportunity to talk about the herbs they prescribe. In most cases these are harmless but others may interact with the drugs from the clinic. Allopathic practitioners must be aware of what herbs are prescribed and where necessary send for laboratory investigation of what ingredients are contained in the herbs. WHO suggested the development of pharmacopeia of herbs in countries but unfortunately very few have done so (14). This might be the opportunity for Africa to develop pharmacopeia, herbariums and research on the efficacy of herbs.
Step 9	It is important to note that some TMPs may resist and spread false information: there is a need for damage control by authorities in a diplomatic manner. I suggest such individuals be taken out of circulation because they can cause irreparable damage to preparedness and response. TMPs are powerful and can easily sway public opinion. They may be a challenge to preparedness against COVID-19. It is advised to sit with them and make them understand not only their role in protecting communities but communicating correct information at such times.
Step 10	Provide counseling services to all; TMPs and members of the communities. It must be remembered that TMPs have a holistic approach to the management of diseases which should be encouraged. It is during counselling that one can talk about harmful substances and practices TMPs may be not be aware (for this people must have the right and correct facts).

comparison to allopathic medicine practitioners in a few African countries. COVID-19 is a classic example of a pandemic where TMPs could play a very important role. The first process would be to register all TMPs in all communities from the village level upwards. These registered TMPs can then be trained in basic hygiene, referral system, disease surveillance, and infection prevention and control of communicable diseases such as cholera, Ebola and any emerging epidemics including COVID-19. They could also be advocates for behavior change and raising awareness amongst the population in times of disease outbreaks but also on a day-to-day basis. Training these cadres also protects them; the first line of health seeking in most communities in Africa is the TMP, and most TMPs are infected through their clients and they in turn infect clients; the Ebola epidemic in West Africa is a typical example {6}. It is worth noting that the TMPs in the SADC Region are aware of the new pandemic and have been demanding to be recognized as frontline health care workers (9). In an article by Ndivhuwo Mukwecho in the Health News-e of the 10th February 2021, the president of the SADC Unified Ancestors Practitioners Association, Dr. Sylvester Hlathi, argued that TMPs are at the frontline of the COVID-19 epidemic since they see patients daily putting themselves at risk of contracting the virus. He believes TMPs deserve the protection afforded to other health care workers.

In a letter to the South African National Health Department, he argues, "As traditional health practitioners we are saying to our government and the department of health that we should be included among the very first people to receive the COVID-19 vaccine as we treat many patients on a single day and that puts us at risk of being infected with COVID" (9). Dr, Hlathi went even further by writing a circular to all associate members of his Association in the 16 Member States of the Southern African Development Community (SADC), to protect themselves by following health protocols such as; social distancing, wearing personal protective equipment, sanitizing, and also getting vaccinated at the earliest opportunity. The TMPs could create a snowball effect by not only practicing and observing the protocols for the prevention of COVID-19; but could encourage their clients who in turn would encourage their families, relatives, and community members to do the same.The recent outbreak of Ebola in West Africa between 2014 and 2015, clearly showed how vulnerable TMPs are during outbreaks of dreaded diseases (6). Their lack of knowledge comes from being sidelined by their own governments and other authorities. The World Health Organization needs to produce materials on the roles of TMPs in the fight against COVID-19, as they did for the Religious sector (13). This is a gap that needs to be filled as soon as possible. The WHO should however be commended for making the theme for the 2021 African Traditional Medicine Day as, "The Potential Contribution of Traditional Medicine to COVID-19 Response" (19). The WHO Regional Director for Africa, in her speeches to commemorate this day on 31st August, reiterated the important role of TMPs in fighting the pandemic. She even mentioned countries where traditional herbs are already in phase three trials; these include Cameroon, Madagascar, Nigeria, and South Africa. Governments could also follow the example of South Africa and come up with documents and guidelines to be followed by TMPs in their countries. There are a few issues that both the South African and other African governments should correct; The SA Department of Health for instance comes up with very useful tips for the TMPs but does not offer the relevant training to them. The department takes it for granted that TMPs understand the causes(etiology) of COVID-19, and neither does it offer any Personal Protective Equipment (PPE). Worse still the document was produced only in English with no copies in the vernacular languages of South Africa which include IsiZulu, Sesotho, Sepedi, etc. which is the language used by TMPs. It is interesting to note that in most African countries security personnel and other non-medical personnel measure client temperatures at business premises and yet TMPs not only do not have the body temperature measuring equipment but have no technical knowledge on how this is done and for what purpose. It is also suggested that the TMPs could play a role in correcting misinformation that has become rampant through social media. Most clients will seek information from their healers, who without the relevant facts will not be able to provide and disseminate the" right" information. This is a missed opportunity. Damage control can only be done by persons with skilled knowledge of a subject matter.The articles published by UNESCO and other partners may also be used as ways to implement prevention approaches against COVID-19 and its transmission. The same partners with the collaboration of African governments need to put more effort into the regulation and research on African herbal medicine used by TMPs to manage COVID. Very little has been done to provide advice over the safety and efficacy of the current herbs TMPs use for treating COVID-19; none of the proposed remedies have yet progressed beyond phase II clinical trials (3). The delay in testing African herbs and other management procedures is a major gap in assisting TMPs in that they will continue using the herbs whose medicinal value is unknown. One of the most used herbs on the African continent against COVID has been Artemisia Afra sold on every street corner in Africa and highly recommended by TMPs. Some countries such as Madagascar even produced bottled products of amedicinal herb called COVID-Organicsplus Curative which was utilized in many countries.Most of the articles in the newspapers including UNESCO, DEVEX News, and blogs also offer suggestions on the roles of TMPs in responding to COVID and protecting communities without suggesting how TMPs arm themselves with the relevant equipment and technical know-how.

Capacity development of TMPs on modern scientific approaches to disease prevention and control is highly recommended as examples with Ebola have shown. In the DRC, one of the TMPs Mr. Ngabia after his training by WHO and the Ministry of Health had this to say, "infection prevention and control categorically changed the way we care for patients. It is the only way to protect ourselves from illness: protective equipment such as gloves, boots, soap, sanitizers saved lives" (9). Mutual respect between the two medical practices is of benefit to all. Health experts that experienced the West African Ebola outbreak say, "indigenous healers (TMPs) cannot be ignored as the countries rebuild after the deadly disease epidemic. In African nations, TMPs play a key role in society, and their help will be vital in dealing with any future disease outbreaks". The new kid on the block which is the future disease outbreak they meant is here and the role of TMPs has to be recognized well at the beginning of the pandemic to avoid the mistakes in the DRC and West Africa. Healers working collaboratively with allopathic practitioners can be asked to motivate and educate people to go to health facilities such as clinics and hospitals. Ignoring them may alienate them and make them spoilers, which in the end is very costly for both humans and financial losses.
Recent comments from WHO-AFRO, the Lancet Global, and MEDSCAPE all argue that there is a need for TMPs to be part of the fight against COVID-19 especially since most rural communities rely on them for disease management (17, 18, 19).

A review of literature on past and current epidemics and pandemics such as HIV and AIDS, tuberculosis, and Ebola clearly shows that collaboration between TMPs and allopathic practitioners is not only possible but has positive outcomes. Many studies in South Africa and elsewhere show that collaboration with TMPs in other epidemics such as tuberculosis and HIV/AIDS has produced positive outcomes for programming (1, 5, 8, 10, and 11), these positive lessons and practices could be applied to the current pandemic. TMPs could be trained in causes of COVID-19, infection prevention, control and care, and also how to recognize signs and symptoms and how to refer patients timely. Experience has shown that TMPs are good partners if they are recognized and shown mutual respect. Studies being done currently show that a high percentage of Africans resort o traditional herbs to manage COVID-19 disease (16). Comments from African health experts and medical journalists suggest it is crucial to allow TMPs to contribute to the COVID-19 response in Africa (17, 18). The WHO-African Region has also argued for the use TMPs in the response and clinical trials of herbs used by TMPs and communities in Africa (19). These are encouraging ideas, which hopefully will allow Africa to fight COVID-19 with encouraging outcomes.Table 2 below suggests ways in which African governments could use TMPs in preparedness and response to a possible outbreak of COVID-19 on the African continent

CONCLUSION

It makes logical and economic sense to use Africa's abundant human resources comprising of TMs and other alternative medical practitioners (AMPs) torespond to the current COVID-19 outbreak in Africa. The examples of the collaborative partnerships between TMPs and other allopathic practitioners in both the DRC and West African Ebola epidemics should be used as a yardstick for any emerging illness on the African continent (9). The WHO, Ministries responsible for Health, and other stakeholders should utilize this abundant manpower by training them in the relevant skills of public health including disease surveillance, infection prevention control, use of protective equipment, social mobilization, and referral of patients to COVID-19 transit centers. They should be made aware of the importance of triaging patients including basic protection of themselves, which in turn protects their clients. Lessons from Sierra Leone show this epidemiological link between patients and TMP is disease transmission and it needs to be broken at the earliest stage of the pandemic. TMPs can also play an important role in convincing doubting patients to visit clinics, particularly where communities believe in witchcraft and spirits. Sierra Leone also shows us how TMPs through their convincing of rural communities assisted in the fight against Ebola (10). Both TMPs and communities feel comfortable when they realize Ministries of Health and other partners are collaborating with TMPs who communities respect and trust, and also use a language they can understand. 5.1Alternative Medical Practitioners (AMPs) also include self-proclaimed prophets mushrooming all over the continent and homeopathic practitioners. TMPs and AMPs are found in every community on the African continent. They also have the advantage that they command a lot of respect among the communities and are therefore important advocates for change. TMPs and AMPs are the first people sought for medical assistance by Africans; and have the added advantage of being important cadres of primary health fulfilling the three As of PHC namely accessibility, affordability, and acceptability.Prophets on the other hand oversee millions of congregants who listen to them more than anyone else. They could be used as a vehicle for behavior change communication during the current COVID-19 pandemic. Ignoring AMPs and TMPs may actually exacerbate the spread of disease. The shortage of manpower and other resources on the continent makes it common sense to utilize what is easily available.

RECOMMENDATIONS

A literature review of TMPs and past and current disease outbreaks shows the advantage of the collaboration of the two medical systems. My own experience as a Public Health Specialist having worked in Botswana, Zimbabwe, South Africa and the Southern African Development Community (SADC) proved that with recognition and mutual respect TMPs and allopathic practitioners can work collaboratively for the benefit of their communities. The following are suggested recommendations, to assist the collaboration between TMPs and allopathic practitioners:

- The World Health Organization (WHO) should develop guidelines for TMPs on COVID-19 like they did for the religious sector at the beginning of the pandemic. They could use the experience from the DRC for these guidelines and also create the necessary training modules on surveillance, infection prevention and control and provision of personal protective equipment.
- Traditional medical practitioners (TMPs) and alternative medical practitioners (AMP) should be trained to gain the required skills in dealing with mis- and dis-information. One of the greatest challenges during this COVID pandemic has been the amount of fake news and misinformation on social media. Some TMPs and religious sectors have also passed on fake and misleading information to communities. A lot of this information may actually be fake news but it is hard for lay people to differentiate between fake and non-fakes news and misinformation. TMPs and AMPs due to their proximity to people and the respect they are given could play an important role as vehicles for damage control. However, they need skills on this and also education on the right facts.
- The Public and Private sectors using the Public Private Partnerships (PPP) could supply TMPs with PPE and other instruments including sanitizers for use in their day to day work.
- Institutions in Africa must use maximum efforts to test herbs utilized by TMPs, instead of just dismissing them.
- There is need for dialogue between the two medical systems namely Western Medicine (allopathic medicine) and Alternative medical practices. In most cases governments simply prescribe to TMPs which roles they have to play and how to practice their trades without showing respect. African government should try implement the recommendation in the two strategies on Traditional Medicine developed by WHO (14).
- WHO and other development partners should collect and disseminate best practices on collaboration between traditional medicine and allopathic medicine in past and present epidemics. UNAIDS developed a Literature review on the collaboration of traditional healers in HIV and AIDS prevention and care in 2000 (11), which could be used as a blueprint. South Africa and Zimbabwe for instance vaccinated traditional medical practitioners at the same time as other frontline workers, thereby designating them frontline workers as well. These are best practices that other countries on the continent of Africa and other region could emulate and put into practice. WHO, ministries responsible for national health and other stakeholders should commission consultancies to collect, publish and disseminate any practices deemed as best practices during the current COVID-19 pandemic. These could be of great importance in future pandemics and disease outbreaks.
- Health experts in every country should at the beginning of any emerging pandemic strive to learn the community explanation of the disease so as to develop a culturally acceptable definition and understandable language describing the illness. There is need to work with TMPs in developing these important milestones

REFERENCES

Baker, R.D, Millard, F.J., Malatsi,J et al. Traditional healers, treatment delay, performance status and death from TB in rural South Africa. International Journal of Tuberculosis Lung Disease. 2006, July 10(6)670-5

Bring Traditional Medicine Under the Microscope in South Afric www.mediscape.com/view articles/943429

Chakamba, Rumbi. Africa's attempt to Regulate Traditional Medicine fails to gain Traction.Devex News 2020: www.Devex.com/news/Africa/Africa=attempt=to=regulate=traditional=medicine=fails-to-gain-traction.

Chatora.R: An overview of the Traditional Medicine Situation in the African Region:
African Health Monitor 2003:4 (1)4-7 (Google Scholar)

Colvin, M Gumede,L et al. Contribution of traditional healers to a rural tuberculosis control program in Hlabisa, South Africa. International Journal of Tuberculosis lung disease 20030ct0ber 7(9Supplement 1)886-91

Dariusz Dziewanski. How traditional healers helped defeat Ebola, https://www.aljazeera.com<features>2015/11

Department of Health, South Africa Guidelines for Traditional Health Practitioners for COVID-19 and Lockdown. May 2020

www.helath.co.za/COVID19/assets/downloads/policies/Tradtional%20Health%20Practices %20in%20Dealing%20with%20COVID-19%20 and%20Lockdown.

Gumede, Lindiwe, Colvin,Mark. Integrating traditional healers into a tuberculosis control programme in Hlabisa, South Africa. EVIPNet Repository ID:48. WHO 2003

Ndivhuwo Mukwevho, #COVID-19: SADC Traditional healers still want to be in front of the vaccine queue. https//www.helath-e.org.za/traditional-healer.

Wilkinson,D, Gcabashe,L. and Lurie M. Traditional Healers as tuberculosis treatment supervisors: precedent and potential. International Journal of tuberculosis lung diseases. 1999 September 3(9):838-42

UNAIDS: Collaboration with traditional healers in HIV/AIDS prevention and care in sub-Saharan Africa. A literal review. UNAIDS. Geneva. Switzerland.2000 September.

UNESCO: The Place of African Traditional Medicine in Response to COVID-19 and Beyond. www.UNESCO.org/news.COVID-19/clt??

WHO: Recommendations on Religious-Communities on Corona Virus (2020) www.who.int/vovid-19/facts gathering

WHO: Traditional MEDICINE Strategy 2014-2023 www.who.int>traditional>tm_14-23. WHO 2013

How traditional healers became allies in the Ebola response: https://www.who.int<....>Feature stories Belachew Umeta Chali et al, Department of Pharmacological Sciences, Jimma, Ethiopia. COVID-19 Pandemic Community Claim in Jimma Zone, Ethiopia https://doi.org/ 10.2147/IDR.5331434 Volume 2021 Pages 3773-3783

Yab, Boum: Comment: Traditional Healers to improve access to quality health care in Africa. The Global Lancet. Vol 9. Issue 11 E1487-E1488. November 1, 2021.

Wild, Sarah: Bringing Traditional Healers under the Microscope in South Africa. https://www.medscape.com>view article. December 31.2020

WHO Affirms support for COVID-19 Traditional Medicine Research. https://www.who.int?news>whoafro

****