

Public health and traditional medicine in Namibia

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Abstract

International and regional public health policy have been promoting an integration and regulation of traditional medicine and their practitioners since the late 1970s with the aim to ensure the safety of the traditional healers' patients and to improve healthcare services in rural areas by utilising traditional healers as auxiliary healthcare personnel. Contrary to many other African countries, such as South Africa, Tanzania and Zimbabwe, Namibia has still not officially recognised traditional medicine and its practitioners as a complementary healthcare system. Nevertheless, traditional healers continue to provide their services to Namibians. This paper seeks to explore how the Namibian government, the public health system and individual traditional healers interact and collaborate in the absence of an official recognition of traditional medicine in Namibia. Data presented in this paper is based on an ethnographic exploration in Namibia from December 2011 until May 2012, including several in-depth-interviews with six traditional healers.

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1. Introduction

Traditional healers and their practices continue to provide their services to many people on the African continent despite the progress made in strengthening public health systems and health service provision in African countries. Traditional healing, or traditional medicine – as it is called in the context of international public health policy – has been the focus of many ethnographic and sociological studies and has been shown to be very diverse and innovative (e.g. Langwick 2011a; Teppo 2011; Marsland 2007; Luedke and West 2006; McMillen 2004).

International public health policy has been addressing traditional healers and their practices as a potential resource to fill in the gaps of national public health systems in Africa since the late 1970s. First, traditional healers were identified as a human resource for under-served rural areas in developing countries within the framework of the Primary Healthcare approach (PHC)¹. Their training and integration as auxiliary healthcare personnel was promoted (e.g. Bannerman et al. 1983; WHO 1995a, 1995b, 1991), especially in the context of AIDS to care for the terminally ill (UNAIDS 2006, 2002, 2000). With the rise of Intellectual Property Rights (IPRs), traditional healers have been gradually defined as holders of traditional medicine knowledge, specifically knowledge on medicinal plants, and traditional medicine as a traditional knowledge system. Since some plants were proven to contain important active ingredients for medications², traditional medicine has become a potential resource for new medications and green economy (Ventevogel 1996:43). The focus of international public health policy has been since on quality control, research, development, and the trade of traditional medicinal plants (e.g. WHO 2013, 2011, 2009).

On the African continent, the WHO African Regional Office (AFRO) and the African Union (AU) have equally emphasised the importance of integrating African traditional medicine (TM) into national healthcare structures (AU 2007; WHO-AFRO 2013). To increase the public recognition of traditional medicine and to strengthen efforts to institutionalise traditional medicine at the national level the AU Decade of Traditional Medicine was proclaimed, including an annual commemoration of the African Traditional Medicine Day (WHO-AFRO 2010, 2003). However, while international and regional public health policy is clear about the

¹ The idea of using traditional healers as a human resource originated in the 1970s, when the structural deficits in the healthcare system of developing countries became apparent. After the Second World War, the former colonial territories in Africa inherited a healthcare system that was focused on the colonial administrations' needs and not on delivering healthcare to the native populations (Crozier 2007; Digby 2006; Vaughan 1991). Quality healthcare was mainly available to the urban white population through hospitals, while the native population, especially in the rural areas, had very limited access to the formalised biomedical healthcare system. Against this backdrop, the international community identified a lack of healthcare personnel as the main bottleneck inhibiting the expansion of healthcare in underserved areas of the Third World. Inspired by the success of the barefoot doctors in China (Hoff 1992) – the traditional medicine men equipped with basic healthcare knowledge and utensils – WHO member countries identified the deployment of locally trained laymen as auxiliary PHC workers (Standing and Chowdhury 2008; WHO 1978b), such as the then called traditional health practitioners (THPs), as a viable solution.

² The TRIPS agreement has had an impact on research and patenting of plants that traditional healers and communities use for treatment of certain diseases. By making nature globally patentable, the TRIPS agreement re-frames collaboration between state structures, the pharmaceutical companies and traditional healers (Osseo-Asare 2014; Langwick 2011b; Correa 2002).

need for the integration and improvement of traditional medicine, only 39 African countries have developed a policy on traditional medicine by 2011 (WHO-AFRO 2011). Having a bill on traditional medicine in place, however, does not mean that the practice of traditional healers is actually regulated or integrated in national healthcare systems (Mbatha et al. 2012; cf. WHO-AFRO 2013:1). Most of the traditional medicine bills only establish the legal framework for a traditional health practitioners' council (c.f. Republic of South Africa 2007). These councils then have to define what a legitimate traditional medicine practice is and develop standards and rules accordingly, before traditional healers can be officially registered, their practices controlled and integrated into the national healthcare systems. African countries are yet to succeed in establishing such systems.

Any such regulative policy has to clearly and expressly state in writing for whom the regulations apply – it has to define what a 'genuine' traditional healer is (Rautenbach 2011). Distinguishing between 'fake' and 'real' traditional healers, however, is not an easy undertaking. Traditional healers are often denounced as charlatans or 'quacks' (e.g. Staugård 1985:6), especially since the many incidences in the 1990s and early 2000s of healers claiming to have found cures for incurable diseases like cancer and HIV/AIDS (Amon 2008; Clark 2000; Chipfakacha 1997)³. Therefore, the common practice in public health policy is that types of traditional healers and their practices are defined along the dichotomous line of supernatural versus rational – the shaman-like traditional healer (the spiritual healer, the witch-doctor) and the herbalist (e.g. Wreford 2005; Oponng 1989; Oyebola 1980; Landy 1974). It is this 'herbalist' healer, who is allowed to practice, as the effectivity of medicinal plants can be assessed by science and their utilization standardised. Scientific testing or standardising the intangible aspects of traditional healing, however, is not possible. Consequently, countries like Tanzania explicitly rule out any traditional spiritual practices by referring to respective 'Witchcraft Act' (United Republic of Tanzania 2002a, 2002b) – a relic from the colonial times that have often been amended or never repealed due to the relevance of witchcraft in many African countries (cf. Thomas 2007; Ashforth 2005; Bond and Ciekawy 2001; Moore and Sanders 2001; Geschiere 2013, 1997). This practice of separating the herbal from the spiritual practice does not only lead to an effacement of certain practices of traditional healers, it is oftentimes also an artificial classification, as both are intertwined and an integral part of many traditional healing practices (Levin 2012; Langwick 2011b; Pigg 1995). Traditional medicinal plants are often not utilised according to the same disease aetiology as conventional medicine (Gibson and Oosthuysen 2012; Meincke 2016; WHO-AFRO 2003). The implementation of such regulative frameworks, hence, will be challenging, as a clear distinction is not always possible.

Namibia is one of the African countries, which has yet to find a solution to the challenges of integrating traditional medicine into official public health system. Nevertheless, traditional

³ HIV/AIDS was often depicted as an age-old African disease, which can be cured by traditional medicine. Not only traditional healers all over Africa came forward to advertise their AIDS cures (Chipfakacha 1997), but also African leaders chimed into the celebration of traditional medicinal knowledge (Amon 2008). Traditional medicine, thus, was often constructed as a reason for 'denial and inertia to roll-out ART' (Chinsembu 2009). AIDS denials especially amongst the African political elite are believed to have exacerbated the burden of HIV/AIDS in southern African countries (Butler 2005).

healers continue to provide their services to Namibians. This paper seeks to explore how the Namibian government, the public health system and individual traditional healers interact and collaborate in the absence of an official recognition of traditional medicine in Namibia. Data presented in this paper is based on an ethnographic exploration in Namibia from December 2011 until May 2012, including several in-depth interviews with six traditional healers, one female and five male, in Windhoek, Rundu and Katima Mulilo. All names of informants are changed to ensure their anonymity.

2. Public health and traditional medicine in Namibia

In Namibia, an official regulative framework is yet to be established to control the practice of traditional healers and to officially integrate their services into the public health system. Nonetheless, the Namibian government has been engaged in several processes and set up certain structures to address traditional medicine in the context of public health. For example, traditional healers are acknowledged in two important public policy documents – the National Health Policy Framework (MHSS 2010a) and the Community-Based Health Care (CBHC) Policy (MHSS 2009, 2007). Both public health policies reflect the international and regional conceptualisation of traditional medicine. The role of traditional healers in the Namibian PHC system is seen as health promoters and outreach personnel, based on their standing within the communities. Contrary to other people in a community, they also are thought of more effectively conveying health related information. The National Health Policy Framework defines traditional medicine as one of the alternative medicine systems, for which culture is an important attribute. Accordingly, inter-cultural medicine, that is, the collaboration with this traditional medical sector, is promoted. However, this is just on paper, as will be discussed in the following.

Traditional healers were indirectly recognised as a profession by the Allied Health Services Professions Act in 1993 under ‘any other profession’ relevant to healthcare provision according to the opinion of the Minister of Health (Republic of Namibia 1993). To clarify the role and the responsibilities of traditional healers in Namibia further, the Ministry of Health and Social Services (MHSS) conducted several consultations with traditional healers. In 1996, with the help of the Namibia Eagle Traditional Healers Association (NETHA), countrywide elections among traditional healers were organised (LeBeau 2003:37). In the end, the Traditional Medical Practitioners Board was established (WHO 2001:27). However, shortly after, the board was dissolved due to an amendment of the Allied Health Professional Act of 1993, which excluded traditional healers from being identified as allied health professionals (Chinsembu 2009). Instead, the MHSS sought to develop a separate Traditional Health Practitioners Bill, which would, once it is passed into law, establish a national Traditional Health Practitioners Council under the auspices of the MHSS that would clarify the role and responsibilities of traditional healers. For this purpose the MHSS teamed up with WHO in 1997 to conduct a study that guided the development of the 1998 draft Traditional Health Practitioners (THP) Bill (WHO 2001:27-8), which was revised in 2010. At the time of fieldwork, the version of the THP bill that was circulated within the Ministry was an amended version of the draft from 2010. Similar to the traditional medicine acts of other African countries, the aim of the draft of 2010 was to establish a traditional healers’ council

that would be responsible for the development of guidelines and control mechanisms for traditional medicine in Namibia. It would also handle registration of all traditional healers in Namibia, including foreigners. However, the council would not only consist of traditional healers, as MHSS informants indicated, but also of representatives from MHSS and the Ministry of Trade, and a legal practitioner. This draft bill from 2010 had to be revised, as some within the Ministry felt that the issue of witchcraft should be addressed and reference made to the South African Witchcraft Suppression Act of 1970, which has still not been repealed. The revised version was finally tabled in parliament on 18 June 2014, causing mixed responses by members of the parliament (Namibian 24.06.2014). Until now, the bill has not been passed and the current status is unknown.

The responsible unit for the development of the THP Bill and other activities to promote and control traditional medicine in Namibia is the Namibian traditional medicine programme within the Department of Primary Health Care of the MHSS. One officer has been responsible for coordinating all related activities, including the commemoration of the annual Traditional Medicine Day. At the time of fieldwork, the post for the officer responsible for traditional medicine had been just recently filled again after years of having been vacant. Accordingly, no activities related to traditional medicine had been carried out by the MHSS for about two years. Even at the time when this post was still occupied, collaboration and contact with traditional healers was very limited. According to the study's informants, MHSS staff mostly met with traditional healers to plan and to execute the African traditional medicine day. Further, as one of the informants claimed, when the traditional health practitioners bill was discussed, traditional healers were invited, but nobody came⁴.

The MHSS staff identifies several reasons for the limited and slow progress of establishing working relationships with traditional healers and developing national guidelines and structures for the recognition and regulation of traditional medicine. Impeding factors were mostly located with traditional healers. According to the MHSS informants, traditional healers struggle with finding a joint voice to represent their interests at the national and regional level. The informants shared the opinion that there is so little unity and trust among the healers in Namibia that, even when the Bill is enacted, it would be difficult to work together with them.

We keep on telling them that they need to work together, but currently they are not working together. The others are killing, the others are lying. The others are cheating. The others are asking more. The others... they are so jealous... it is difficult to bring them together. Even for those meetings you see, they will come and then it will start: Ya, we work together. And then, from the behind they say: That one, ah ah. And that one, ah ah. And then in the meeting they all say what they don't like. That one, don't tell him. That one, don't tell him... they are fighting among themselves... I think in most countries they don't cooperate. I don't know whether it is a matter of understanding or

⁴ The researcher had access to a list with names and contact details of traditional healers with whom the MHSS previously met. However, no one within the MHSS was aware of whether these traditional healers are still alive and practicing, or whether the phone numbers were still up to date.

what. If everyone has their own idea or whatever. Or it is not the same person but everyone is trying to find out their herbs or whatever, and so. And this witchcraft, it seems it is everywhere also.

Former officer for traditional medicine, MHSS

MHSS informants further identified the lack of professionalization of traditional healers as another impeding factor for constructive collaboration. In their opinion, Namibian traditional healers do not know how to speak the language that is spoken at official meetings and do not understand the issues at stake. They believe that South African traditional healers are more 'advanced', and therefore were able to develop together with the South African Government a THP Bill that was passed by the parliament into law (cf. Republic of South Africa 2007).

Finally, Namibian healers lack the means of enhancing their recognition among other actors, such as degrees or any type of documents that would prove quality and length of their training in traditional medicine. Without any means of proof, anyone can claim to be a traditional healer. This, the informants believe, is detrimental for receiving political support. Only the establishment of a traditional health practitioner council would lead to the formulation of certain standards and eventually also to some kind of quality control. The informants recognise that the lack of professionalism of healers leads to a lack of support from policy makers and other stakeholders, which in turn diminishes the chances of traditional medicine ever becoming professionalised.

Setting up standards and tools for quality control were identified as the responsibility of the University of Namibia (UNAM), which would be responsible for research, and other Ministries. However, after prompting whether these and UNAM have been involved in the development of the Bill or any other traditional medicine programme, it was admitted that the communication with UNAM and between Ministries is not ideal. In fact, the MHSS did not know whether and what activities on traditional medicine were carried out by other governmental institutions and UNAM at the time of research⁵. Further, the traditional medicine programme had had no working relationship with any international organisation and bilateral donors since 1997. This reflects the lack of interest of foreign aid in traditional medicine.

The interviews with MHSS staff shows that the policies in Namibia really only pay lip service to international and regional policy discourses on traditional medicine. Apart from commemorating the African traditional medicine day, any other practice by the stakeholders, including those of aid organisations, are not supportive of including traditional healers in any national practices. Traditional healers are invisible in the national policy arena. As one of the MHSS informants stated, who was not directly involved in MHSS practices related to traditional medicine, there is no need for traditional healers or their practice to be included or

⁵ The MHSS was not aware of any of the studies carried out by UNAM on traditional medicine and the researcher provide them with a list of publications.

to be regulated. They provide neither solution nor cause any problems in Namibia. This is also true in the context of HIV/AIDS prevention.

On paper, traditional healers are allocated a specific role within Namibia's HIV/AIDS programme. Namibia's national policy on HIV/AIDS from 2007 clearly states that traditional healers as well as other civil society actors, should be included into prevention activities (Republic of Namibia 2007:21). However, contrary to the official policy discourse, there are no HIV/AIDS activities carried out in Namibia that are aimed at traditional healers. As informants at the MHSS and from the UN, bilateral organisations and local NGOs explained, there is no need to include traditional healers into any prevention activities. Namibia's HIV/AIDS programme is already relatively successful. Namibia is a forerunner in rolling out ART, AIDS incidences have significantly dropped and the HIV infection rate has stabilised (UNAIDS 2013). Therefore, traditional healers do not constitute a needed human resource base. Since the MHSS has not received any reports of local traditional healers causing problems, such as discouraging ART, there is no need to provide training to healers or to include them into HIV/AIDS prevention activities.

In absence of a regulative framework and a national traditional healer board, traditional healers nevertheless formed associations to be better represented at the national and sub-national level. The Namibia Eagle Traditional Healers Association (NETHA) had been Namibia's national traditional healers' association, which was founded in 1990 after independence (WHO 2001). NETHA's role had been to organise and professionalise traditional healers. They claimed responsibility for registering all healers, handing out certificates so that they can practice in Namibia. NETHA has been registered as a non-profit organisation and hence is allowed to receive funding from the Government of Namibia and donor agencies (LeBeau 2003:38). However, since the death of the head of the association NETHA is in disarray. According to the MHSS a female faith healer took over his position, but there have been no workshops or any events organised since then. The former head of the association, by contrast, was actively collaborating with the MHSS and UNAM (e.g. Chinsebu 2009).

As NETHA was not providing the platform to organise traditional healers at the national level, the MHSS set up an interim traditional health practitioners' council (ITHPC) in 2008. However, this council only met once and has not been active since its establishment. Hence, at the time of this research, there was no institution at the national level, which represented the traditional healers in Namibia. Accordingly, there is no recent data available on the number of practicing traditional healers in Namibia. The last official number of 2400 healers was reported by NETHA in 1998 (LeBeau 2003:38).

Apart from the association at the national level, traditional healers also established regional associations and regulative processes, such as the one in the former region of Kavango. Interviews suggest that if a traditional healer wanted to practice in Kavango in 2012, an annual amount of 500 NAD had to be paid to the local authority to receive a practice licence. If non-Namibian nationals wanted to practice, they were to pay 1500 NAD. The president of the association, Trevor, was previously elected into the board of the traditional healers'

council in 1996 and had established working relationships with UNAM (Chinsembe 2009). However, working relationship between healers in the region were not good and traditional healers hardly ever met. Consequently, he stopped registering healers, due to the poor collaboration and lack of recognition by national and regional health authorities.

The Zambezi region, former Caprivi, has an own association as well, with more than 200 members in 2012, which appeared to be very organised and active compared to the association in Kavango. It is led by a council of six people, including a secretary, a treasurer, the head of the association and the vice-head. All of the former heads of the association were working at the hospital and therefore had connections to their conventional medicine counterparts, or at least to the regional department of health. Some of the traditional healers even had received white coats with a label of the association. Each member has a membership card and they developed a 'constitution of the tradition healers of the Caprivi', which includes an ethical code for their practice and other regulatory statutes. A local NGO helped with the formulation of the document, which was then given to the Governor of the then Caprivi for him to share it at the national level as best practice.

In sum, traditional healers associations have not always been effective in bringing traditional healers together to jointly advocate for their recognition. There needs to be more in-depth studies to identify the underlying reasons for their little success. It is unclear, whether it is the inability of traditional healers to collaborate, as claimed by MHSS staff, or whether it is the lack of progress made in receiving official recognition of their practice. Presently, it seems as there is not enough will power and interest either from the government, development aid, and traditional healers to jointly work towards an integration of traditional medicine into official state structures.

3. The role of difference and ambiguity in traditional medicine

In the absence of a national regulative framework that would give credibility to traditional healers and their practices, individual traditional healers constantly have to struggle to prove their genuineness. Consequently, interviews indicated that traditional healers are in general supportive of the THP bill and often seek to be integrated into PHC programmes. To date, their only means of identification as Namibian healers, however, is through local certificates issued by traditional authorities. These documents are not approved by the Namibian government and therefore are not recognised by any national legal entity. Since the Government neither checks nor credits their healing practices, they have no official means of differentiating themselves from fake healers and no legal means to go against fake healers who negatively affect the image of their profession through dangerous practices.

Though generally in favour of a THP bill, all traditional healer informants were aware that, even if the bill was enacted and a council of traditional healers established, the question of how to legally define a genuine traditional healer would still be unresolved. They were concerned that handing out certificates would not help to identify genuine healers, if the government is the one in the end to decide. Corruption was feared to become a problem and that people might get certified as traditional healers only because they are related to some politicians or have powerful and influential connections (cf. Lumpkin 1993). Further, as

traditional healing works according to a different ontology than biomedicine, traditional healers were not convinced of the MHSS having the competence to establish the genuineness of a healer.

M: I think the problem is who qualifies as a healer. Because when you are a conventional doctor, you say, you have spent so many years in the university, and so many years doing a practical training. But if somebody says, I was born a healer, you know, you can't quantify that...

A: The government, this thing, as you are saying, it's more on spiritual work. So, for them to know reality, they have to listen to the people who are in the practice. And, it is not difficult for them to know this one was born with it, or this one is faking it, or this one doesn't have the knowledge. It's just for them to send inspectors.

M: But they have to be healers themselves.

A: That is the thing. Because, how are you going to know what I am doing is true?

Group discussion with the traditional healer Andrew and a client, Windhoek

In fact, due to the intangible aspects of the practice of many traditional healers their identity is very ambiguous not only because it is hard to proof by science. It is also epistemologically ambiguous, as traditional healers draw their power to heal from the same source that can also do harm. Traditional healers walk a thin line between being healers and becoming so called witchdoctors – people that use witchcraft for selfish reasons and to harm others. Witchcraft, therefore, plays an important role in shaping the identity of the traditional healer.

The beginning of most of traditional healing practice is a spirit possession. It is the ability to use and control the spirit possession in an altruistic and benevolent manner that is essential for the practice of many traditional healers in Namibia. As one of the traditional healer informants, Charles, explained:

Bad spirit brings you to be a traditional doctor. Not traditional witch, but traditional doctor! So, you have to join, to be treated, to be assisted to... because you have to go to a traditional doctor who knows how to assist.

Charles, traditional healer, Katima Mulilo

All of the traditional healer informants, with the exception of the two mystical healers in Windhoek, experienced a severe illness in young age. Spiritually mature people or other

traditional healers then identified them as future practitioners of traditional medicine. Often people, who were possessed by a spirit in such a way, were seen as not having another choice but to follow their calling for healing in order to heal themselves. Becoming a traditional healer, therefore, is besides learning of how to use traditional medicinal plants also learning how to control and live with a spirit possession. It is only through their spirits – whether they are ancestral spirits or other – that traditional healers can see whether a client is a victim of witchcraft, and what needs to be done to heal. However, it is also through these spirits that traditional healers could potentially witch.

Since traditional healers were aware of the ambiguously thin line between witchcraft and healing, all of them stated that at the time of their ‘calling’ they did not want to follow the path of the traditional healer. They feared to become witchdoctors and had other plans in their lives. The life stories of the traditional healer informants thus has not always been straight forward and not all truly embraced their destiny from the very beginning.

Kevin, another traditional healer from Rundu, for instance, had always wanted to become a soldier. When he was already practicing as a traditional healer, he decided to sign up to fight for Namibia’s independence and against the South Africans in the 1980s. Shortly after he became involved in the SWAPO movement, he was detained by South African soldiers. The soldiers brought him to a camp in northern Namibia and tortured him for several days. Only through some lucky circumstances, he was released. After recovering from his ordeal, he gladly turned towards healing again. Since then, he admittedly sees his calling with different eyes:

The work, which we are doing, is even better. Ya, you go in the bush, you dig the roots, you bring, there is not that much bad. You find that other people they are doing worse, worse, worse.... That is why, sometimes, I feel good. When you are walking in the street, you don't have any fear because you know what you are doing. Ya... You have never robbed anybody.

Kevin, traditional healer, Windhoek

Similarly, Selma, a Damara-Herero healer from Windhoek, was fighting against her calling from the very beginning. She managed to do so for a relatively long time, as she only started her practice as a healer in her forties. She had always considered herself a Christian and did not want to go – how she called it – ‘into medicines’. However, she had re-occurring nightmares and mental breakdowns, running off into the bush and staying there for weeks. She was not able to live a normal life and was dependent on her mother and father to look after her. Only by finally making peace with her spirit by following both its advice as well as God’s teachings, she was able to retain her sanity and integrity.

Not only does the ambiguous relationship between healing and witching affect how traditional healers embraced their calling, traditional healers also generally mistrust each other. They know that they harbour within themselves the possibility of becoming a witchdoctor; the power that enables them to heal is the same that they could use to witch. Once the traditional healer succumbs to immoral behaviour, the traditional healer turns into a witchdoctor for good. As Kevin stressed: 'The problem with witchcraft is that you cannot come in and go out'. He continued saying that,

[w]e doctors, we sometimes get difficulties. You see other things, the other images, where we end up. If you go deep into there [witchcraft], you are no longer a doctor. Then you become a witchdoctor... no matter they talk bad things to us, you should not do bad things to them. We should just treat and do our exercise. That's all. Because, if we do bad things we are also witches. There will be no difference.

Kevin, traditional healer, Windhoek

To ensure that only those healers with pure and good intentions are allowed to practice in Namibia, all traditional healer informants would support the integration of the Witchcraft Suppression Act from 1970 into the THP bill. They all claimed that true traditional healers can detect via their spiritual arts whether someone is a witchdoctor. These dangerous fake traditional healers could then be charged under the law and be forbidden to practice as healers.

Despite the ambiguous and contentious relationship between traditional healing and witchcraft, witchcraft plays also an incremental role in the construction of a meaningful identity of traditional healers within the public health system. Throughout the interviews traditional healers constructed conventional medicine as a white, highly technologised healing practice, which nevertheless fails to detect and treat witchcraft. Especially visible technologies such as needles and drips, X-ray, and operations were named as conventional medicine's strength, as well as treating some diseases, such as HIV/AIDS. Nonetheless, as Trevor, the traditional healer from Rundu, for instance, put it:

[T]hey [doctors] can put the person on the sonar or on the x-ray. They can't find what it is, where the disease is. But somebody is seriously sick. But then they come to us and we see that it was spiritual spiricity, which is sitting on you. Then we give him the medicine and make him fine. That's the way. And he become normal. Because the state hospital, they can't, because it is traditional witched thing... The hospital, they treat original from God. But if it's a witched thing, they can't do it. Because they can't see it.

Trevor, traditional healer, Rundu

Witchcraft, therefore, is something that is located outside the realm of conventional medicine. The only way to eradicate these kind of afflictions is through traditional medicine. Though technologically less advanced, traditional healers possess specific healing abilities, which – complementary to conventional medicine – provides needed healthcare services to Namibian people. The practice of traditional healers in their discourse, then, becomes the necessary Other practice, which is also distinctively African. Accordingly, Charles, the traditional healer from Katima Mulilo, consistently uses expressions as ‘we Blackies’, ‘we Africans’ to denote the difference between the “white” and conventional health needs, and the African “black” needs. Additionally, traditional healers construct themselves as an integral part of the poor and disadvantaged communities in Namibia, as does Kevin.

As you can see, we are people, who are poor. We are only trying to live through farming. Now if he is a poor person, how can you pull him? His head drops, he is even crying, he is in pain. We are talking about Christianity, about love, but if they go to the private doctor, to the hospital, there is nothing like that. There is nothing that we share. It is your problem. If you don't have money, I ordered medicine from sososo. But we sometimes, we are having mercy. We feel pity to other people. Some people don't come back after being cured. Maybe he feels shy or he is afraid. But we don't consider this. The most important thing is that he is cured. Because your name will go popular.

Kevin, traditional healer, Rundu

Apart from the two mystical healers in Windhoek, all healers claimed they only charge the full amount after they have successfully treated the patient. The travel costs for attending to the patient other than at the traditional healer's own compound or for harvesting the medicinal plants needed for treatment is usually asked for in advance. Nonetheless, traditional healers stated that they venture out in some cases to find specific plants without having received the money prior to such travels. Such a payment method, traditional healers ensured me, is often an advantage for patients. Paying afterwards gives patients time to save up the money. In addition, they only have to pay in case of successful treatment, sometimes even in instalments or in kind.

In sum, the hidden world of occult practices and being ‘African’, are the discursive strategies employed by traditional healers to delineate themselves from the conventional medical system. They are agents of the African spiritual world, to which conventional medicine does not have access. It is this attribute and the benevolent utilisation of the power that defines a genuine traditional healer. Accordingly, traditional healers are in favour of a non-scientific evaluation and definition of their practice. The inherent ambiguity and contentiousness of

traditional healing, therefore, will continue to challenge the efforts by the Namibian Government to control and integrate traditional medicine into its national public health structures. It also challenges to policy recommendations at the regional and international level and might hint towards one of the reasons why African countries have not been successful in establishing a national regulative framework of traditional medicine.

1. The role of resemblance and complementarity in traditional medicine

Individual traditional healers develop strategies to improve their reputation as healthcare providers in absence of an official recognition of their practice and the constant threat to their credibility. All of the traditional healer informants, though maybe through different means, work towards a professionalisation of their healing arts – that is, a mimicking of conventional medical practices. To appear more professional they generally engage in practices that created a ‘resemblance’ (cf. Bhabha 1994:90) to the conventional medical practice. This includes visual resemblance, behavioural resemblance and discursive resemblance⁶.

Trevor, for instance, considered himself a very professional and modern traditional healer. He liked to stress that he does not use those ‘traditional’ paraphernalia that other healers from the Zambezi region need for divination. During interviews, he always wore a suit and one of the name batches from the meetings he attended at UNAM. He repeatedly stressed that he was called a ‘doctor’ at those meetings.

As stated before, Trevor was at the time of research the head of the traditional healers association in Rundu. He had been at various workshops organised by UNAM and was elected into the traditional health practitioner board in 1997. He was already used to dealing with ‘officials’ and neatly kept all the meeting reports and documents in one corner of his house. He considered keeping a patient book as essential for being a professional and genuine traditional healer. For years, he has recorded all the patients he agreed to treat. Once he successfully healed a patient, the patient confirms the treatment with a signature. He explained that he does this to be prepared in case the government checks his practice.

His cousin Kevin previously received some kind of training in workshops, when he was still living in the Zambezi region. Since then, he tries to follow the recommendations to keep himself and his patients safe. However, he complained that doing this is not very easy.

⁶ Traditional healers' associations in Namibia work only to a limited scale and it depends greatly on the head of the association whether there are activities implemented and whether there is a good working relationship established with other actors in the healthcare sector and in sciences. Collaboration, therefore, is largely an individual choice. The traditional healers who agreed, or who declined to participate in this research, did this due to past experiences and personal choices. Foreign researcher represent a group of people, which either were seen as bad or as a chance to reach certain personal goals. Many healers as possible were contacted personally by the researcher, but most of the times a participation was declined, as they had spoken to so many researchers of UNAM already and had had negative experiences. Those healers who were contacted and agreed to participate, therefore, had established good working relationships with the Ministry, local administration or UNAM. They thus represent a certain type of healer, who, through personal ambition, may it be to gain acknowledgement or to ‘help the people of Namibia’, to get involved with politics or the ‘other’ medical practitioners (cf. Green 1988).

We are having problems. We used to go there [to the hospital] and beg for gloves. Instead of giving us gloves, they are giving us their old gloves, which they have used.

Kevin, traditional healer, Rundu

For Kevin this is quite frustrating. Not only does he want to ensure his and his patients' safety, he also has a lot of aspiration to learn and advance his practice. He reads books and other materials to consistently learn new things. Accordingly, he lamented that traditional healers in Namibia still have a lot to learn. He often observed what he called 'dangerous methods' of other healers.

You find that people are still cutting people, putting medicine with his own hands, even without even gloves... If you could visit them [the other traditional healers] and see how they are doing it, you see that. Oh, really, really, we are still behind!

Kevin, traditional healer, Rundu

For Kevin, the adoption of conventional medical practices, such as wearing gloves and going to an annual HIV test, are indicators for advancement. This also includes how traditional healers speak, to know what words to use and which words should better be avoided. Especially older traditional healers, Kevin claimed, who may be very knowledgeable, but not acquainted with the language and the behaviour that one should display when dealing with 'officials', hinder the professionalization of traditional healers in Namibia.

[I]f the young ones could have come in numbers [to those meetings with officials], would have done more achievement. Now, the elders, there is the problem... sometimes there comes those men who come to talk. Sometimes you make errors. Sometimes if you don't know anything, you shouldn't answer. You have to go to somebody who knows so you may explain. As I have said, there are limits where, like in witchcraft, where you can't go. Sometimes you can make even blunders... [Charles, the vice-head of the Caprivi association] is not answering the right question. But you cannot blame somebody. So, if we meet, we explain to him, no, that was the answer. They ask you such type of question, you have to answer like this, like this.

Kevin, traditional healer, Windhoek

Kevin is aware that certain things are not allowed to be said. Charles, on the contrary, sometimes utters things, as indicated by Kevin, which might be problematic. As a home-based care worker and the vice-head of the association, he is sometimes invited to speak on the radio about health issues. He also deals with officials from UNAM or local authorities. To claim that HIV/AIDS can maybe in some instances be cured with the African potato⁷, as he did during this study's interviews, would immediately discredit him as a genuine healer. Charles, to Kevin's dismay, still has not mastered the dos and don'ts of 'professionalism'.

Nevertheless, Charles was a professional in acting 'professional'. During the interview, he consistently scribbled down notes into his notebook, insisted that the interview should be recorded and inquired at the end how he and the association can help the researcher with her 'programme' – that is, this research. The Zambezi region is considered among the MHSS employees as 'the problem region' and the 'most underdeveloped'. Accordingly, many development projects have been operating in the area. For Charles being professional is also to speak and act development. A professional traditional healer, therefore, knows to mimic not only conventional medical practitioners, but also development aid workers.

Charles also knew how to present his association's professionalism. He repeatedly referred to the white coats and name batches that traditional healers of the association received, with whom they collaborate, and that they have a distinct governing structure including a treasurer. He also was proud of the constitution that they have developed together with a local NGO, for which he was hoping to receive official recognition.

On an individual level, Charles made it into a habit to go HIV testing every year. He proudly showed his test results from the previous years, announcing that he always came out negative. He claimed that doing this is important to prove to his patients that he is HIV negative, 'because they say traditional healers witch too much, wherever they go to treat'. Unfortunately, it was not entirely clear what message he wanted to convey with his test results: either, as an educational means to educate people about HIV/AIDS and that it is not caused by witching (cf. Thomas 2007⁸), or as a means to convey his genuineness as a traditional healer and has not been bewitched himself. Nonetheless, the booklet with the test results was important enough for his identity as a professional so that he willingly and enthusiastically presented it during one of the interviews.

In general, traditional healers try to utilise any kind of official document – whether it is the HIV test result, or a name batch that proves the participation at a workshop – to convey a genuine and professional identity. Andrew and his brother, the two 'mystical healers' in Windhoek, were the healers with most of the certificates, which were all showcased in their practice, such as an import licence for medicinal plants issued by the Government of Namibia. As Andrew admitted, all these certificates help him and his brother to attract clients. Traditional healers like Charles, Kevin, and Trevor, therefore, do not only try to improve their healing

⁷ The African potato is commonly used in the Zambezi region as an immunity booster (cf. Levin 2012:56).

⁸ In her study from 2007, Felicity Thomas analysed the impact of the prominent belief at the beginning of the Millennium in the Zambezi region that HIV/AIDS is caused by witching.

practices and to learn new things as part of their quest to 'professionalise'. They also adjust their speaking and their appearance. Like Andrew and his brother, traditional healers willingly practice mimicry as a strategy for attracting more clients. However, it is also about knowing when to better advise clients to seek health through conventional medicine, knowing one's boundaries not only in speaking but also in treating, is considered a professional trait.

In the absence of standardised collaboration mechanisms between traditional healers and the formalised healthcare system, traditional healers only engage in collaborative practices in an unsystematic and voluntarily manner. Informants' collaborative actions are based on their own observations and judgment, whether extra help would be needed. During the interviews, they mentioned that 'a lack of blood or of water in the body' are instances, when they refer a patient to conventional medical practitioners. Also, if traditional healers cannot identify the source of an illness as witchcraft, and the patient is seriously sick, they would refer their patient to the health clinics. This reflective ability and knowing one's limits of treatment is important, as Trevor explained during an interview:

Once I see that person that this is not my programme, I sent off them, if was serious sick. I said, no, this one is not for me. You are not witched. Just go to the state hospital. They are going to give you the medicine. You will become fine. He was given the medicine. He became fine. Next week he came and said, thank you doctor. You are true doctor. I'm now fine. Because I can't force somebody whereby it is not my illness, my treatment. Then you say I treat you whereby you can't proceed. No, that is not very fair.

Trevor, traditional healer, Rundu

All traditional healer informants were very aware of the general health promotion messages that the government disseminates to the public. This covers topics like HIV/AIDS, alcohol and safer sex. In cases when the traditional healer informants see there is need for awareness, they also talk with their patients about risky behaviour that could lead to contracting certain diseases, such as HIV/AIDS.

Only one of the traditional healers who participated in this research was systematically involved in PHC activities: Charles. He was trained as an HBC worker by a local NGO and regularly attended to people in a local clinic. He did this on a voluntary basis and did not receive any remuneration for his efforts. He was working at the clinic in the role of a HBC worker, and not as a traditional healer, performing those tasks that were ascribed to HBC workers only. He, however, believed that traditional healers can have a positive impact on the health of the people by not only getting involved as HBC workers but also actively taking part in disease prevention programmes, such as concerning HIV/AIDS.

As deputy head of the then called Caprivi Traditional Healers' Association, Charles sees it as one of his responsibilities to actively campaign for traditional healers' inclusion into health promotion and disease prevention programmes. He was a regular visitor at the governor's office and relentlessly contacted other organisations to ask for more 'programmes' - how he called it - for traditional healers to be included. In fact, when he agreed to be interviewed, he was hoping for a development project, to which traditional healers could contribute. His contact details were provided by the governor of the Zambezi region, and understandably, his expectations were high. Despite realising that this was not about any projects, he talked very passionately about the advantages of an inclusion of traditional healers into health promotion programmes. For him, participation at prevention programmes also gives traditional healers the opportunity to learn.

Is better to listen to things rather than staying like this. You see, when you go to Oshakati, there are traditional doctors, but no trainings. If you go to them today, they will just sit around and listen like that, without knowing, without giving some questions.

Charles, traditional healer, Katima Mulilo

According to Charles, if trained properly, traditional healers have the potential to assist in HIV/AIDS prevention efforts. He recalled experiences in other countries, but also in the Zambezi region, where traditional healers have proven to be a good addition for HIV prevention programmes.

[in] Uganda... The Ministry of Health and the traditional doctors they are together. Now HIV was high, now HIV was drop... [and also here...] Now the rate of HIV was too much, too much. Now it is shrinked. Because why? Because running here, door to door, door to door. Even with traditional doctor, let me tell you, even the governor was here. That is why it was needed a workshop to him... CBOs must stand up with some programmes. Other traditional healers are free to go from village to village.

Charles, traditional healer, Katima Mulilo

Charles was the only traditional healer of all the informants, who readily embraced the role as an auxiliary healthcare personnel as promoted by WHO in the context of the PHC approach. While the other traditional healers were articulating a distinctive, maybe complementary identity of the traditional healer in contrast to the national public health system, Charles constructed traditional healers as the untapped human resource (cf. Wreford 2005).

One of the motivational factors behind Charles' efforts to promote the inclusion of traditional healers into prevention programmes was to get the opportunity to learn. The other traditional healer informants were equally keen on receiving training and knowledge on current health related issues. However, their motivation for receiving training was to improve their own practice or knowledge base. They were not interested in receiving training to be included into governmental and non-governmental prevention programmes. Kevin, especially, was strictly opposed to working as an underpaid auxiliary healthcare worker. He was aware that traditional healers working for the government would be treated as second-class medical practitioners. He was seeking a general recognition of traditional medicine, rather than a fixed assigned role within the national healthcare system.

In sum, traditional healers mostly stressed the difference and to some degree complementarity of their practice to conventional medicine, while simultaneously engaging in various practices that mimic conventional medical practice. Tracy Luedke and Henry West's (2006:6) have described these actions of mimicry as a "brokering" of borders. Traditional healers discursively construct borders between traditional healing and biomedical practice to establish a meaningful identity and role in the Namibian society in absence of official recognition. At the same time, they also cross the same borders they discursively construct to appear more professional.

Conclusions

Despite decades of policy recommendations, guidelines and advocacy at international and regional level, African countries have not successfully established and implemented a regulatory framework for traditional medicine, which enables the control but also the recognition of traditional healers and their practices. This paper examined how the Government of Namibia has approached the official integration of traditional medicine in its public health structures, and how in turn traditional healers approach their practice in the absence of any formalised processes and governance structures.

The ethnographic examinations revealed a complex and intricate environment for a successful regulation and integration of traditional medicine in Namibia. On the one hand, the early efforts of the Ministry of Health and Social Services (MHSS) have failed, and general interest and motivation in collaboration with traditional healers is low amongst both Government and development agencies. On the other hand, traditional medicine is not only a medicinal-plant-based practice, but also a spiritual one, which follows a different disease aetiology that is hard to test and discern by common scientific and official methods. This makes testing and standardising of healing practices a difficult task. Even traditional healers have difficulties to establish the genuineness of a traditional healer due to the ambiguous relationship between traditional healing and witchcraft. This is often also one of the reasons why collaboration between traditional healers is weak. Against this backdrop, implementing and following international and regional policy advice on traditional medicine becomes a very challenging, if not impossible task.

Nonetheless, traditional healers in Namibia have developed own strategies to establish the role as representatives of a complementary healthcare system. Through actively occupying

the space that is excluded by conventional medical practice – that is witchcraft and spiritual aspects of healing – traditional healers have established the identity of the necessary other practitioner. Traditional healers also employ mimicking as a strategy to attract more clients. The embodiment of typical conventional medical traits, that is creating visual, behavioural and discursive resemblance, make them look ‘professional’ and ‘trustworthy’. Mimicry, thus, provides a space for traditional healers for their own individual agency. It enables them to remain an important healthcare service provider, without having the official recognition of the Government of Namibia. This lack of recognition, however, allows them to practice freely according to their own ontological and epistemological framework and ensures that traditional medicine can keep its innovative character.

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