

APPENDIX A

Statement of Consensus and Recommendations on the Need for Collaboration Between African Traditional Healers and Biomedical Eye Care Workers in Eye Care.

Prepared by participants at the *International Symposium on Collaboration with Traditional Healers for the Prevention of Blindness in Africa*, Blantyre, Malawi, September 10–12, 1997.

Traditional healers are an integral and important part of most cultures and will remain so. They are respected members of their communities and live and work in the most rural areas. They are the most commonly consulted and most accessible primary health care providers in all African communities.

Eye care programmes have been effective at the district hospital level in many countries. There has, however, been limited success in expanding activities beyond this level and in overcoming many of the barriers precluding cataract surgery uptake by rural communities.

Collaboration with traditional healers in Zimbabwe and Malawi has been successful with an increase in the cataract surgery uptake and a decrease in the incidence of blinding corneal ulcers due to harmful traditional eye medicines.

Eye care programmes could increase accessibility of services to rural communities by including them, following appropriate reorientation, in the network of primary eye care providers in the locality. Traditional healers are interested in collaborating with eye care workers. There is now a clear imperative for collaboration. This should be based on mutual trust and respect with the two disciplines as both should complement each other to the benefit of the patient.

Recommendations

1. Collaboration should focus on improving the capacity of traditional healers to assist their patients, on referral, on counseling patients and their families, and on decreasing harmful traditional practices.
2. There is tremendous variation in traditional healer practice; approaches to collaborative blindness prevention programmes, therefore, must reflect local conditions.
3. A clear understanding of traditional eye care practices is necessary prior to the development of collaborative activities and training.
4. Such collaborative activities should be consistent with Ministry of Health policy and guidelines.
5. Ministries of Health are encouraged to set policy and guidelines, and establish and regulate traditional healer associations. To protect the public, regulations concerning advertisements and service outcome should apply to all health providers be they traditional healers, couchers or biomedical personnel.
6. If Ministry of Health allows the use of pharmaceuticals by traditional healers, consideration should be given to sustainability and possible adverse effects of combining pharmaceuticals and traditional eye medicines.
7. Collaborative activities should be patient focused, community based, culturally appropriate, and sustainable.
8. Training programmes for healers should be participatory in nature, reflecting the unique role healers have in their communities; the proposed manual should be adapted as necessary.
9. Collaborative eye care programmes should only be established where there are adequate training, support, referral, and feedback capacities.
10. Couching remains a significant cause of visual loss and blindness; the provision of affordable, accessible high quality modern cataract surgery with good visual outcome would reduce this practice.
11. Operational research is needed to clarify the best approaches to collaborative interventions.

Organizing Institutions

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