

# **AIDS in AFRICA:**

## **Bridging Traditional Healing with Modern Medicine**

*National College for Naturopathic Medicine & Africa Bridge  
And the Tanga AIDS Working Group*

Project site: Tanga region, Tanzania

### **Primary Objective**

- ★ Improve prevention and treatment of people living with HIV/AIDS by combining the practices of traditional and western medicine

### **Secondary Objectives**

- Create a network between MDs and traditional healers for patient referral, treatment, counseling and education
- Educate health care providers and traditional healers about the strengths of each other's treatments.
- Create a database and catalogue of traditional medicines, to be available for all practicing doctors
- Initiate scientific outcome/validation studies to:
  - determine the efficacy of traditional medicines used by people living with HIV/AIDS in Tanga
  - expand the portability of effective herbal treatments used in Tanga region
  - identify common hard to treat conditions and conduct research to discover treatments
  - identify plants being used by traditional healers and devise outcome studies to assess their efficacy
  - determine the possible outcomes of combining traditional and western medicine
- Create a database and catalogue of traditional medicines used by healers in Tanga region
- Build on the lessons learned and develop protocols to replicate this collaboration in other communities

### **Key Significance**

- ★ Establishes a medical collaboration model that can be replicated in other communities worldwide

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Heather Zwickey, Ph.D.  
Director of Research  
National College of Naturopathic

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Barry Childs  
President  
Africa Bridge

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Samwel Mtullu, M.D.  
Tanga AIDS Working Group

# Application Summary

## *National College of Naturopathic Medicine, Africa Bridge And the Tanga AIDS Working Group*

### **Primary Contact:**

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### **Primary Collaborator:**

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Project Manger  
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Date of collaboration establishment: December 2002

### **Applicants:**

#### ***National College of Naturopathic Medicine***

*Staff: 250 Annual income: \$10,021,000 USD*

The National College of Naturopathic Medicine (NCNM) is one of the most respected colleges in the field of natural medicine in the world. Established in 1956, NCNM is the oldest accredited naturopathic college in the United States. NCNM houses two naturopathic medical clinics that provide 50% of the care given to underserved populations in the city of Portland. NCNM gives people low cost or free health care when in need. NCNM is a 501(c)3 non-profit organization.

The research department at NCNM has been recently formed into the Helfgott Institute. The mission of the Helfgott Research Institute at NCNM is to conduct solid, groundbreaking research using naturopathic modalities to treat human disease. The current research priorities of the Helfgott Institute include: (1) Genetic analysis of the effects of cruciferous vegetables on Human Papilloma Virus, (2) Naturopathic interventions for diabetes, (3) Taraxacum as a diuretic to treat hypertension and congestive heart failure, and (4) The effects of hydrotherapy on monocyte number and cytokine production. Because of the focus on indigenous medicines and diseases with the highest burden of human suffering, a natural priority for the research at NCNM is addressing AIDS in Africa.

#### ***Africa Bridge***

*Staff: 2 Annual income: \$25,000 USD*

Out of the hearts and minds of a small group of Africans and westerners, Africa Bridge, a 501(c)3 non-profit organization was launched in the summer of 2000. The HIV/AIDS crisis in Africa serves as the foundation upon which a bridge can be built linking the western and African worlds – a bridge over which diverse cultures can share complementary gifts and lessons, and create healing possibilities for those in need.

The mission of Africa Bridge is to nurture and inspire leaders in their struggle with HIV/AIDS in Africa. Africa Bridge is currently engaged in the construction of the Idweli Children's Center for children orphaned due to AIDS, and in developing an AIDS simulation that dynamically demonstrates the potential consequences of AIDS on individuals, communities and local economies.

#### ***Tanga AIDS Working Group***

*Staff: 28 Annual income: \$70,000 USD*

Tanga AIDS Working Group (TAWG), a non-profit charitable organization founded in 1990, is comprised of physicians and traditional healers providing treatment to approximately 400 patients in the Tanga region. The organization's objectives are: (1) to provide treatment for people living with HIV/AIDS, (2) to minimize the spread of HIV infection in Tanga, (3) to collaborate with traditional healers, and (4) to provide training on HIV awareness, infection control and medical referral in the region. TAWG accomplishes these goals by HIV testing, video and educational theatre production, counseling, and dispensing traditional medicines. TAWG physicians study and document the efficacy of these traditional medicines and supply them to patients in need. TAWG's success can be attributed to its knowledge of and integration into the communities with whom it works, as well as the respect given to traditional healers as health care professionals.

# **AIDS in Africa: Bridging Traditional Healing with Modern Medicine**

Amount Requested: \$144,000

## **Description of the Proposed Project**

“AIDS in Africa: Bridging Traditional Healing with Modern Medicine” originated in October 2002 when Barry Childs met Mohammed Kasomo (commonly known as Bongo Mzizi, a Swahili phrase for ‘root genius’). Bongo is a traditional herbalist who works in the outskirts of Tanga in Tanzania. He began collaborating with the Tanga AIDS Working Group (TAWG) in 1993. Through clinical observation by TAWG, Bongo’s medicines have proven effective in treating common HIV/AIDS opportunistic infections, such as chronic diarrhea, herpes zoster, oral thrush and wasting.\* Bongo’s vision is to create a collaboration between all practitioners of traditional and western medicines in Tanga region to more effectively address the needs of people and communities affected by the HIV/AIDS crisis. Our intent is to establish a community driven medical collaboration model that can be replicated nationally and internationally, in order to expand health care opportunities for millions of people, particularly those living with HIV/AIDS in developing nations.

A shortage of medical doctors as well as the lack of a knowledge exchange between them and traditional healers impedes the delivery of the most effective treatment for patients. Within the region, the ratio of physicians to residents is only 1:33,000 whereas for traditional healers it is 1:350. While western medicine has the science to address disease progression, the reality of the sheer number of patients prohibits adequate patient contact. Traditional healers have been effectively treating the symptoms now associated with AIDS for decades. Educating physicians and healers about the strengths of each other’s medicine will allow them to combine their approaches to increase effective care delivery for HIV/AIDS patients.

This project involves groups from TAWG, western medical physicians (MDs), traditional healers, National College of Naturopathic Medicine (NCNM), HIV/AIDS patients, the local African community, and Africa Bridge. Each group in this collaboration brings a unique perspective. TAWG is comprised of western physicians, counselors, and caregivers that provide testing, counseling, home visits, and dispense Bongo's traditional medicines to HIV/AIDS patients in Tanga. Western medicine offers a scientific understanding of HIV/AIDS and life-prolonging drugs that control infections. Traditional healers are trusted in the community, and have the knowledge to utilize the region’s biodiversity for skilled medical application. Naturopathic doctors (NDs) serve as a bridge between physicians and traditional healers. They “speak both languages,” having been trained in both modern medical sciences and traditional methods such as herbalism. NCNM can further bridge the knowledge gap by sharing with traditional healers methods to increase portability of their remedies. Most importantly, HIV/AIDS patients and local community members will guide the project by voicing their specific needs and providing valuable feedback. Finally, Africa Bridge provides the link between these groups, the dedication to the facilitation process, and the support for the leaders.

The proposed collaboration begins with a series of facilitated meetings, projects, and support services. The meetings will take place in two parts. First, each of the aforementioned groups will meet individually to clarify their role and specific goals in the collaboration. Second, a three-day conference will be held in Tanga where all the groups will meet to review the past, define the current reality, articulate a common vision, and specify projects to manifest these visions. The outcome of these meetings will be a series of projects, an outline for clinical research of local plant medicines, delineated support services, and a plan to sustain all of these projects locally. Participants will leave with a fuller understanding of the available successful medical approaches for HIV/AIDS, and share an operational network with which to implement the integration of treatments. TAWG, Africa Bridge and NCNM will assist with developing these projects into grant proposals for the National Institutes of Health, World Health Organization and other funding agencies and foundations. TAWG and a local project coordinator will provide support for the collaboration, and for the projects throughout implementation. The local community will have created a self-sustaining infrastructure to address HIV/AIDS in the Tanga region.

African problems need African solutions. This initiative recognizes the need for an innovative solution to HIV/AIDS crisis in Tanga. Combining ancient and contemporary approaches to this illness will lead us to improved treatment methods while expanding the network of care available to patients. Ultimately this collaboration will provide hope, achieve greater wellness and offer new solutions to people in Tanga as well as the larger global community.

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\* See **UNAIDS Case Study: Ancient Remedies, New Disease: Involving traditional healers in increasing access to AIDS care and prevention in East Africa**. June 2002. <http://www.unaids.org> ISBN:92-9173-171-

## **Primary Objective**

- ★ Improve prevention and treatment of people living with HIV/AIDS by combining the approaches of traditional and western medicines

## **Secondary Objectives**

- Create a network between MDs and traditional healers for patient referral, treatment, counseling and education
- Educate health care providers and traditional healers about the strengths of each other's treatments.
- Create a database and catalogue of traditional medicines, to be available for all practicing doctors
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  - identify common hard to treat conditions and conduct research to discover treatments
  - identify plants being used by traditional healers and devise outcome studies to assess their efficacy
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## **Outputs**

- Successful herbal treatments are portable, providing people living with HIV/AIDS with additional affordable treatments
- MD/ healer referral network directs treatment to the most appropriate health care provider
- Participation of healers in the health system expands resources available to treat and prevent HIV/AIDS
- Catalogue documenting efficacious herbal remedies is used by local caregivers
- Common, hard to treat conditions are identified and research studies to discover treatments is initiated
- People living with HIV/AIDS impact health policy and practice
- Tools developed for communities in Africa and around the globe to replicate the Tanga model

## **Sustainability and Capacity Building**

The combining of traditional and western medicine started in 1992 with the formation of TAWG. The dreams and motivation to expand this collaboration were initiated by Mohammed Kassomo a herbalist, Dr. Mberesero Chairperson and her fellow doctors at TAWG. Dr. William Mwengee, the Tanga Regional Medical Officer is a champion of the project. A steering committee will be formed in Tanga made up of Dr. Mwengee, two healers, doctors from TAWG, people living with HIV/AIDS, local government and a full time coordinator. This group will decide the focus of the meetings, the stakeholder groups and the participants. At the meetings all decisions will be made by the stakeholders. Other participants such as members of NCM will be there to support and develop the decisions.

A coordinator will be retained by the collaboration for three to five years to support the process and the projects that result. NCM and Africa Bridge will assist in developing the projects and securing grants to complete the studies, research and other work. Funds are included in the budget to seed and develop the projects.

Success in developing the collaboration and implementing the projects will be driven by a common vision and plan created by the local healers, traditional birth attendants, physicians, care givers, people living with HIV/AIDS and local government. The people of Tanga will have demonstrated that what was initiated by TAWG and expanded through their collaboration is a model for other communities worldwide.

## **Gender Strategy**

A key principle in making this collaboration work and sustaining the projects is that all the stakeholders participate. Our process requires that the voices of women, youth, people living with HIV/AIDS, western trained physicians, traditional healers, traditional birth attendants, care givers, government officials and scientists are heard. In addition TAWG serves as a model for the gender strategy. Women and men serve together on the board, the chairperson is a woman and their clients mirror the population. The Steering Committee will ensure that this example remains consistent.

## **Schedule**

Establish and equip the project office in Tanga	2003
Hire Project Coordinator	
Form Tanga Steering Committee	
Register participating healers and MDs in Tanga Region	
Meetings	
Conduct stakeholder meetings	2004
Conduct three day collaborative meeting	
Conduct participant evaluations	
Projects	
Create referral network between Healers and Physicians	
Develop minimum of three projects according to community needs	2004
Create database of Tanzanian herbal studies and medicinal plants	
Grant proposal submission for projects	
Conduct qualitative project reviews	
Initiate outcome studies for plants and collaborative treatments	
Evaluation	2004
Track MD/Traditional Healer contacts	
Track MD/Traditional Healer cross-referrals	
Track success of meeting outreach and participation	
Create evaluation schedule for patients served	
Track individual community involvement	
Expansion	2005-2006
Facilitate similar endeavors outside of Tanga Region	
Track collaboration efforts nationally and internationally	

## **Budget**

### **Travel**

Barry travel to Tanga for event planning (3 trips) (\$6,000 planning, \$3,000 event)	\$9,000
NCNM staff travel for event planning (3 trips) (\$6,000 planning + \$3,000 event)	\$9,000
Local travel & accommodation for participants located outside of Tanga town	\$7,000
Other travel in United States	\$500
NCNM team (5 people) travel & accommodation costs for event)	\$17,000
<b>Travel Subtotal</b>	<b>\$42,500</b>

### **Planning**

Tanga Steering Committee event planning	\$2,500
Tanga fund raising group costs	\$2,500
<b>Planning Subtotal</b>	<b>\$5,000</b>

### **Meetings**

Meeting costs	\$7,000
(day 1: 20 people x 4 events, days 2-4: 60 people x 1 event)	
Meeting materials	\$3,500
<b>Meetings Subtotal</b>	<b>\$10,500</b>

### **Personnel**

US Facilitator to work with Barry (Travel & Consulting fees)	\$6,500
Project Coordinators in Tanga salary \$20,000 + benefits \$3,500	\$23,500
Consulting fee Barry Childs (30 days x \$300)	\$9,000
Follow up activities	\$40,000
<b>Personnel Subtotal</b>	<b>\$79,000</b>

### **Seed Money and Contingency**

Seed money for resulting projects	\$5,000
Contingency	\$2,000
<b>Miscellaneous Subtotal</b>	<b>\$7,000</b>

<b>Total funds requested</b>	<b>\$144,000</b>
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### **Existing Investments (not included in budget detail)**

#### **Africa Bridge investments to date**

Travel allocated Barry Childs trips to Tanga	\$3,000
Barry Childs salary (14 days x \$300)	\$6,300
<b>Subtotal Africa Bridge investments</b>	<b>\$9,300</b>

#### **NCNM investments to date**

NCNM approximate initial personnel time investment	\$2,640
Student Workers	\$4,560
Research Director	\$4,160
Grant Coordinator	\$7,025
<b>NCNM Subtotal investments</b>	<b>\$18,385</b>

<b>Grand Total current investments</b>	<b>\$27,685</b>
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<b>Total project budget</b>	<b>\$171,685</b>
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## **Key Project Staff**

### **Heather Zwickey, PhD, Scientist, Director of Research, Helfgott Research Institute, NCNM.**

*Role:* Dr. Zwickey will advise and oversee ongoing research, and develop project outcome measures. She has extensive experience conducting research of infectious diseases and immunological disorders. In addition, she has worked on projects with HIV/TB combination patients in Uganda. Dr. Zwickey will train clinicians and traditional healers in project development, including clinical investigations.

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E-mail: [hzwickey@ncnm.edu](mailto:hzwickey@ncnm.edu)

### **Barry Childs, President, Africa Bridge**

*Role:* Barry is the project's principal facilitator. He provides the key contacts between the U.S. and Tanzania, and ongoing advisory support of leaders emerging from the project.

*Contact:* 3099 Kensington Court, West Linn, OR 97068. Tel: (503) 557-7245  
E-mail: [africabridge@yahoo.com](mailto:africabridge@yahoo.com)

### **Mohammed Kasomo "Bongo Mzizi", Traditional Healer.**

*Role:* Mohammed is the local expert on Tanzanian traditional medicine. He is the sole supplier of herbal medicines to TAWG. Mohammed is a liaison between healers and medical doctors in Tanga, and a collaborator on the project.

*Contact:* PO Box 1374, Tanga, Tanzania. Tel: 255-74-130-9712  
E-mail: [kassomo@yahoo.com](mailto:kassomo@yahoo.com)

### **Samwel Mtullu, Medical Doctor, TAWG.**

*Role:* Dr. Mtullu directs clinical studies at TAWG on herbal remedies used to treat HIV/AIDS opportunistic infections. He is a liaison between physicians and healers in Tanga, and a collaborator on the project.

*Contact:* PO Box 1374, Tanga, Tanzania. Tel: 255-27-264-2266  
Email: [tawg@kaributanga.com](mailto:tawg@kaributanga.com)

### **William Mwengee, MD, MPH, Regional Medical Officer, Tanga, Tanzania**

*Role:* Dr. Mwengee is the government representative and a champion of this collaboration. He will ensure that the key influences in the region participate in the collaboration process. In addition to being a physician, he has studied alternative medicine and is a Master of Public Health.

*Contact:* Bombo Regional Hospital, Tanga, Tanzania  
Email: [wmwengee@hotmail.com](mailto:wmwengee@hotmail.com)

### **Yumba (Ysu) S. Umbalo, Naturopathic Doctor.**

*Role:* Ysu is a key link between medical doctors and traditional healers. A West African native. Ysu will lead project expansion to Democratic Republic of the Congo.

*Contact:* Address: 6110 SE 52<sup>nd</sup> Ave #7, Portland, OR 97206. Tel: 503-771-8774  
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### **Wendy Hodsdon, Naturopathic Doctor, Research Scientist.**

*Role:* Wendy will provide consultation on research design feasibility within an African setting, and translate differences in medical frameworks used by western practitioners and traditional healers.

She has conducted research on the immunology of HIV and tuberculosis in Uganda.

*Contact:* 049 SW Porter, Portland, OR 97201. Tel: (503) 408-6359  
E-mail: [wendyhodsdon@hotmail.com](mailto:wendyhodsdon@hotmail.com)

### **Pam Girard, Project Coordinator, Africa Bridge**

*Role:* Pam will plan and organize meetings, and strengthen and maintain local contacts. She was a Peace Corps Volunteer in Northern Tanzania, worked one year for TAWG, and is currently working as a Project Manager for Medicine Education Africa in Tanga region.

*Contact:* PO Box 6132, Tanga, Tanzania. Tel: 255-755-75-8624  
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### **Laurie Menk Otto, Research Associate, Assistant Project Coordinator**

*Role:* Laurie will assist with documentation and coordination of meetings, and with the initiation of the resulting projects. She has conducted fieldwork as a student in West Africa on the impact of cultural societies on local communities.

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E-mail: [menkotto@yahoo.com](mailto:menkotto@yahoo.com)

### **Reola Phelps, Vice President, Africa Bridge.**

*Role:* Reola will provide business and strategy development for all aspects of the project. She is a founding partner of Headwaters Leadership Group and has a strong background in leadership development.

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