

The traditional health practitioners Act No 22 (2007) of South Africa: Its history, resolutions and implementation in perspective (Part 2 : Resolutions)

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RESEARCH

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ABSTRACT

Background

Before the promulgation of the Traditional Health Practitioners Act No 22 (2007), there was no formal guideline or training culture to steer traditional healing in South Africa. Training was and is still mostly informal. Sometimes a new healer is trained by other traditional healers. In many cases, the traditional healer is self-taught without any learning whatsoever.

Aims

The present study aims to describe the various resolutions of the Act to plan, develop and manage traditional healthcare training in the future.

Methods

This is an exploratory and descriptive study in line with the modern historical approach of investigation and review. The

emphasis is on using contemporary documentation, like articles, books and newspapers, as primary resources to reflect on the development and promulgation of the Traditional Health Practitioners Act No 22 (2007). The findings are offered in a narrative format.

Results

It seems that Act No 22 (2007) was promulgated without comprehensive research and in-depth discussion on training with all the role players who have a vested interest.

Conclusion

It is clear that training ideals such as formal study programmes, qualified staff and institutional bodies to train and to educate future traditional healers are not immediately attainable. The nearly ten years of minimal activity to enact Act No 22 since its promulgation confirms this failure. Inexpensive and uncomplicated training paths are needed until a system can be developed. One such path is the continuation of informal in-house training with another traditional healer.

Key Words

Accredited training, educational authority, health establishment, traditional health practitioner, statutory recognition, student-practitioner, traditional tutor or master

What this study adds:

1. What is known about this subject?

In-depth research on the resolutions (regulations) of the Traditional Health Practitioners Act No 22, notwithstanding its promulgation nearly a decade ago, is still lacking.

2. What new information is offered in this study?

The present study offers a summarized explanation of the Act's resolutions and its future intention to manage traditional healing in South Africa.

3. What are the implications for research, policy, or practice?

It offers a pathway to address possible shortcomings.

Background

South Africa first granted traditional healers statutory recognition with Proclamation No 7 of 1895 and KwaZulu Act No 6 of 1981. These pre-1994 legal frameworks were solely aimed at regulating the activities of the traditional healer and ignored any statutory form of training (“Traditional” refers to “indigenous”). The reference in this study is to informal and unregulated medical services and medicines manufactured in general by the indigenous people of South Africa. It is in meaning similar to ethno-medicine, but this name and profession has been statutorily reserved in South Africa for persons who have obtained the five-year tertiary qualification in Ethnotherapy at the University of the Western Cape.^{1,2}

The Traditional Health Practitioners Act (Act No 22, 2007) was promulgated to rectify this pre-1994 socio-political discrimination.

One of the purposes of Section 2(b) of the Traditional Health Practitioners Act No 22 (2007) is to provide a new approach and system for the training of traditional healers, with specific reference to the traditional health practitioner, the student-practitioner and the specialist practitioner.³

The primary aim of the Act is to regulate the practice, activities and behaviour of persons practising traditional healthcare in South Africa. In turn, for this control and management by the state, the traditional healers receive statutory status and rights as a health professionals and service providers.³ An effective learning and training model for future traditional health practitioners is a pre-requisite for the success of the Act. Theoretically, the Traditional Health Practitioners Act No 22 offers a training model as embedded in the various resolutions.

The present study describes the various resolutions of the Act to plan, develop and manage traditional healthcare training in the future.

Method

The research was done by means of a literature review. This method has the aim of formulating a viewpoint based on the evidence as it developed in literature. This approach is used in modern historical research where there is a lack of information. The databases used were EBSCOHost, Sabinet

online, and various contemporary sources like newspapers for the period 2014, articles from 1992 to 2014, books for the period 1990 to 2013 and governmental documents covering the period 1981 to 2014. These sources reflect on the resolutions of Act No 22 (2007) and the plans of the South African authorities to establish a training culture for traditional healers.^{4,5} The findings on the intent to establish training and education for traditional healers are offered in narrative format

Results

An effective and well-structured professional body is a pre-requisite for reaching the aim of the Traditional Health Practitioners Act No 22 of establishing training for traditional healers. The central role players in this endeavour are two entities, the Council for Traditional Health Practitioners (CTHP) and its chief executive, the Registrar.³

Council for Traditional Health Practitioners

The Council for Traditional Health Practitioners (CTHP) has certain aims and objectives, with the training of the traditional healer as a main goal. This mandate of the CTHP is fully reflected in various sections of the Traditional Health Practitioners Act [5(a) to 5(b), 8(2), 9(a) to 9(g), 10(1) to 10(6), 11(1) to 11(3), 12(1) to 12(7), 13(1) to 13(2), 14(1) to 14(5) and 15 to 17].³

Registrar’s Office

The registrar’s office is the administrative pivot. This makes the aims and objectives of the Council a reality, especially the future registration of traditional health practitioners, student practitioners and specialist practitioners. The functions of the registrar are fully described in various sections of the Traditional Health Practitioners Act [18(1) to 18(2), 19(1) to 19(2), 20(1) to 20(3), 21(1) to 21(6), 22(1) to 22(2), 23(1) to 23(4), 24(1) to 24(4), 25, 26(1) to 26(4), 27(1) to 27(2), 28(a) to 28(c)].³

Act No 22 (2007): various definitions and descriptions

Various definitions and descriptions included in Section 1 of the Traditional Health Practitioners Act make provision for a new statutorily recognized training system, especially with reference to the traditional practitioner, student practitioner and specialist practitioner. The definition *traditional philosophy* offers a guideline for the training and education of the traditional healers in the near future.³

Section 1 of the Act defines a learning system as part of the definition traditional health practice. The definition describes the performance of a function, activity, process or

service based on the traditional philosophy. It includes the utilization of traditional medicine and traditional practice.³

The definition traditional medicine in Section 1 describes the specific way in which a traditional health diagnosis is delivered and patients are treated. This is meant to start on completion of the prescribed training of the traditional healer. Traditional medicine also refers to an object or substance used in traditional health practice.³

The traditional healers to be trained in terms of above definitions of Section 1 includes the traditional health practitioner in the categories diviner, herbalist, traditional surgeon and traditional birth attendant.³

The type of service that the traditional healer should deliver during or after training and the establishment to which he or she must deliver this service after training, are reflected in the following two definitions in Section 3, namely³:

1. Health establishment refers to any public or private institution, facility, agency building, place or part thereof, whether the organization intends to make profit or not, that is operated or designed to provide health services.
2. Health services include in-patient or out-patient treatment, diagnostic or therapeutic interventions, nursing and rehabilitative, palliative, convalescent and preventative health services.

The adjective *traditional* is omitted from the above two definitions in the Act. The two other definitions (*traditional medicine* and *traditional health practice*) that do include the word *traditional*, create the impression of a model where traditional healers work in a parallel and separate healthcare system from the allopathic. This creates a situation where the traditional health practitioners are on one side of a divide and other regulated health professions are on the other. The traditional health practitioner's practice is limited to only *traditional activities* as part of his service and in his place of health delivery. The omission of the prefix *traditional* indicates something else: full practitioner status to the traditional healer within the same health system as that of a medical doctor and therefore on the same level. It re-affirms the government's movement towards granting traditional healers full status as health practitioners and merging (and forcing) traditional healers into the official health sector. This intention brings a shift in the planning and management of the training of traditional healers.^{3,6-16}

[The above-mentioned inclusion of traditional healers in the circle of established healthcare professions is not really new. The KwaZulu Act No 6 positioned traditional leaders in this manner. This Act indeed safeguarded all the traditional healer's exclusive practice rights and privileges from intervention and interference by the allied and allopathic practitioners in KwaZulu].^{1,17}

Section 47(1) is very specific about future accredited training institutions, education authorities and traditional tutors. There is also a general reference to fees to pay for training, a register of students and the duration of programmes. The section furthermore establishes so-called minimum requirements for the curricula, the minimum standard of education, examinations, a minimum age, standards for the general education of students who want to enrol and other educational guidelines. These prescriptions are only tentative at this stage, seeing that formal, accredited training is totally absent. The proposed ***Traditional Health Practitioners Regulations of 2015 (No 1052)*** is an amendment to the Traditional Health Practitioners Act No 22. Promulgation was set for March 2016 and these regulations make Section 47(1)(e) stipulations much more focused and Act No 22 more executable.^{3,18}

It is clear that Sections 47(1)(b) to 47(1)(e) will be the primary driving force behind the planning and management of the training of the traditional health practitioners, although the Act does not say this explicitly. These Sections³, together with the incorporated proposed amendments of the *Traditional Health Practitioners Regulations of 2015 (No 1052)*¹⁸, read as follows:

- (a) (i) The registration by the Council of students in any prescribed category of traditional health practice undergoing education or training at any accredited training institution or educational authority or with any master, the fees payable in respect of such registration and the removal by the Council from the register in question of the names of such students. Fees to be paid are foreseen to be R 100.00 for the first year and then R 50.00 per year for subsequent years (Regulations No 1052, 2015: Table of Fees)
- (ii) The minimum standards of education and training required of students are stipulated as a condition precedent to registration. No one may be registered as a student practitioner unless he or she has attained an ABET Level 1 educational

level or equivalent (School Grade 1-3) and has in his or her possession letter of admission indicating the training or course to be done from the tutor or institution registered and accredited by the Council to provide or offer the training or the course (Regulations No 1052, 2015: Regulation 5).

(iii) The duration of the educational programme to be followed by students at an educational or training institution or with a master (Regulations No 1052, 2015: Regulations 6) will be:

(1) The Divination student must attend or undergo training for a minimum period of twelve months in which period the student practitioner must learn at least diagnosis, preparation of herbs and traditional consultation;

(2) The student herbalist must undergo training for a minimum period of twelve months during which the student must learn to identify and prepare herbs, sustainable collection of herbs and dispense herbs and consultation;

(3) The student traditional birth attendant must undergo training for a minimum period of twelve months during which the practitioner must learn issues of conception, pregnancy, delivery of a baby and pre- and post-natal care;

(4) The student traditional surgeon (circumcision) must undergo training for at least five years during which the practitioner must observe in three initiation schools and do supervised practise for two years.

(iv) The minimum requirements of the curricula and the minimum standards of education or examinations which must be maintained at every educational or training institution or by every master offering training in traditional health practice, to secure registration and recognition of the qualifications obtained under this Act;

(b) (i) The minimum age and standards of general education required of a candidate for examination for a certificate, entitling the holder

thereof to registration in terms of this Act (Regulations No 1052, 2015: Regulations 7) are as follows:

1. The student for Divination and Herbalism must be at least 18 years old, and Traditional Surgeon and Traditional Birth Attendant must be at least 25 years old, to qualify for registration for a certificate entitling the holder thereof to registration in terms of the Act;

2. The student practitioner contemplated in sub-regulation

(i) Must at least have attained the Level 1 ABET or equivalent.

(ii) The courses of study and the training required for examinations;

(iii) Institutions at which, or persons with whom, educational courses or training may be undertaken and any other requirements relating to such study or training;

(iv) The registration by the Council of persons undertaking educational courses or undergoing training and the fees payable in respect of such registration. The Council must register the persons undergoing training on FORM THPA3 on payment of the fee of R500 (Regulations No 1052, 2015: Regulation 8/Table of Fees). The following categories of traditional health practice must undergo education or training at any training institution or educational authority or with any traditional healer (Regulations No 1052, 2015: Regulation 3):

(a) Divination;

(b) Herbalism;

(c) Traditional birth attendant's practice;

(d) Traditional surgeon (circumcision) practice.

(v) The fees payable by candidates for examinations;

- (vi) The appointment and remuneration of examiners for examinations;
 - (vii) Any matter incidental to examinations or the issue of certificates by the Council;
 - (viii) The nature and duration of the practical training to be completed by persons before they may be registered;
 - (ix) The nature and duration of the training to be completed by a person who has obtained a qualification as a traditional health practitioner, but who is not yet registered as such, before he or she may be registered as such.
- (c) The conditions under which a registered person may practise as a traditional health practitioner or practise in any category of traditional health practice. Regarding the exemption of the pre-requirement of training an applicant who, on promulgation of these Regulations, is a Diviner, Herbalist, Traditional Birth Attendant or Traditional Surgeon may be registered as such by the registrar on the basis of the documentary proof he or she may produce to the Registrar, or on basis that the community regarded him or her to [be] a Diviner, Herbalist, Traditional Birth Attendant or Traditional Surgeon (Regulations No 1052, 2015: Regulation 10).
- (d) (i) The registration of students of traditional health practice, including the recording of particulars relating to their training and proof of the fulfilment of the requirements thereof (Regulations No 1052, 2015: Regulation 9):
- (1) The registered students must submit or cause to be submitted the log book that details the observations and procedures undergone;
 - (2) The log book must be signed by the Institution or Tutor as proof of the fulfilment of the requirements for the qualification;
 - (3) The student must submit the certificate of completion of the training from their Institution or Tutor to the Council.
- (ii) The health establishments or other institutions, if any, at which or the persons with whom such training may be undertaken;
 - (iii) Any other matter incidental to the registration or training of students.
- Regulations No 1052 (2015) provides for the formal registration of traditional health practitioners with the Council in terms of Section 21 of the Traditional Health Practitioners Act. This can be done by applying on FORM THPA1 to the registrar and paying the fee of R 200.00 (Regulation 2/Table of Fees).^{3,18}
- Sections 47(1)(b) to 47(1)(e) of the Act and Regulations No 1052 (2015) create a basis for planning and managing the future training and education of the traditional healer. However, these legal guidelines are incomplete and lack details on planning and managing the effective training of traditional healers. The Traditional Health Practitioners Act No 22's training guidelines and intentions need extensive description.^{3,18}
- Regarding the vision of the Traditional Health Practitioners Act No 22 (2007), namely to create a new training model for traditional healers, Section 47(b)(i) refers specific to *any accredited training institution or educational authority*. This undoubtedly means a formal institution that the Interim Council intends to approve and to accept as one that meets the requirements to offer training. It seems that the focus here is on a General/FTE college or some kind of tertiary institution like a South African university.¹
- Private and public places, for profit or not, may offer future learning**
- The implication of Section 47(b)(i) is that a single traditional healer tutor, or a group of traditional healer tutors, can establish a place of learning, private or public, for profit or non-profit (see also Section 1: *Health establishment*). This outcome of learning from a single tutor is confirmed by Regulations No 1052 (2015): Regulations 4(1)(c)(ii), 5 and 9. One crucial fact is that all such learning institutions (either run by a single person or a group), must be registered in some way with all the prescribed South African Education Authorities. The same goes for the programmes they want to offer and the education levels of their staff. Accredited institutions are defined in Section 1. It reads: "*accredited institution* means an institution, approved by the Council, which certifies that a person or body has the required capacity to perform the functions within the sphere of the National Quality Framework contemplated in the South

African Qualifications Authority Act, 1995 (Act No. 58 of 1995)".^{3,18}

The goal of an immediate high level of training, especially full-time training at FTE Colleges, Universities, etc. as proposed by Act No 22 (2007) are just too ambitious to become a reality at this stage. The lawmakers clearly never thought through the implications of creating this training. Developing a year-long programme (starting with research, design, compilation and writing) can take one to three years, while the registration process with the different education authorities can take another one to three years. In addition, the development and running costs of such an enterprise come into play; special programme designers must be employed to do research on the content of programmes, while the education authorities prescribe further fees for registration of qualifications on the NQF and SAQA. Finally, the institutions need infrastructure: staff, buildings, facilities (like libraries, computers, textbooks, appointment of salaried tutors, etc.). All this must uphold the prescribed standards of the education authorities.¹⁹

The standard of the programmes that the traditional healers have to complete as reflected in Regulation 6 of the Regulations No 1052 (2015) are clearly at a very low level. This negative profile is confirmed by the ABET Level 1 entrance qualification (School Grade 1-3). The so-called dynamic and high level training of the South African traditional healer alleged in the literature over the years is clearly non-existent. Regulations No 1052 (2015) reflects this matter as well.¹⁸

Ways to train the traditional healer other than the above complicated and costly approach are needed. One such a way is in-house apprenticeships.

In-house apprenticeships

Establishing the new training model for traditional healers as foreseen by the Traditional Health Practitioners Act No 22 (2007) will be costly and time-consuming. The obstacles are overwhelming.

The lawmakers themselves were clearly unsure about which avenues to follow to instate training immediately. The only options are training at formal institutions (none exist at present), or continuous training with in-house apprenticeships. Section 47 hints at this with frequent references to the *registered traditional tutor* as equivalent of the formal institution in terms of training [See the phrase "or with any accredited tutor", in the various sections of 47 b(i), b(iii), b(iv)]. This inclusion surely gives the Interim

Council a way out of the proposed new training model of traditional healers as intended by the Traditional Health Practitioners Act No 22 (2007). Regulations No 1052 (2015) echoes this intention of training with many references to future training by a traditional healer as a training entity on its own (Regulations 3, 4 and 9).^{3,18}

An in-house apprenticeship, offered by a master (tutor) traditional healer for a certain period, seems to be the most obvious solution.

An accredited in-house apprenticeship (for a moratorium period) under an accredited master or tutor traditional healer is a safe and inexpensive way out of the various problems that the new training model brings. It is furthermore clear that Regulations No 1052 (2015) makes the accreditation of tutors in terms of its Regulations (Regulations: 8/Form THPA, 1/Form THPA, 3/Tables of Fees) easy. The allowance that the approximately 200,000 unregulated traditional healers can be registered immediately based on their prior learning will free the Council from immediately creating costly training and evaluation/examination facilities. This can give them time (5 to 10 years) to reorganize the present problematic situation with traditional healing training. They will be able to put formal training institution(s) and formal programme(s) in position to accommodate a new calibre of *traditional health student*, for instance one with a Grade 12 school-leaver's certificate instead of the ABET Level 1/School Grade 1-3 as minimum entrance qualification for study. There will be time to write and implement a traditional healer's curriculum, etc.^{11,18,19}

Formulations such as the registration of students "undergoing education or training with a traditional tutor" amplifies this concern in Section 47 in its Subsections (b)(i), b(iii) and b(iv). The primary requirement of the Traditional Health Practitioners Act No 22 (2007) is that such a tutor must be accredited. Although the adjective *traditional* is omitted for *traditional tutors* in Sections 47 (b)(i), (b)(ii), (b)(iii) and b(iv), it appears as part of the *traditional tutor* definition (Section 1). This definition prescribes that a *traditional tutor* must be a person registered in any of the prescribed categories of *traditional health practice* and who has been accredited by the Council to teach *traditional health practice* or any aspect thereof. Section 44(2) qualifies the clause *registered* with the addition "suitably qualified healer". Sections 47(b)(i), (b)(ii), (b)(iii) and (b)(iv), however, clearly makes provision that a tutor, not necessarily a *traditional tutor*, but any tutor acceptable for the Interim Council, can be appointed.³

Section 44(2) still leaves the possibility that a student may be trained by an unregistered traditional healer or another type of health practitioner as long as the training takes place under the supervision of a “suitably” qualified traditional health practitioner.³

Discussion

The Traditional Health Practitioners Act No 22 (2007) clearly tries to fulfil its main aim, namely to establish a high standard of training for traditional healers. Certain guidelines, although vaguely described, are put in place by the Act to reach this aim. However, it is clear that these aims will take five or more years to achieve. Traditional healers lack the planning and management know-how that would make the immediate implementation of the initial training model possible.

The use of an in-house training model with registered traditional healer tutors seems to be the most obvious solution to the present training problems. Such a training model can go on undisturbed for many years. This approach can reduce development and management costs to a minimum and assure some peace, order and upkeep in traditional healthcare for the near future.

Strengths and limitations

The present study puts in perspective the intentions of the Act to establish training and to manage traditional healthcare and traditional healers through certain resolutions. It can serve as a guideline for future planning.

The resolutions included in this Act have not been studied adequately. The primary role players, who should understand the Act’s intentions and should manage its resolutions correctly, do not know how to bring about functionality. A study like this one is seldom consulted and has limited immediate positive impact.

Conclusion

South African traditional healers (as a group) have not yet passed the basic development phase of a medical science and a health profession. The aim of the CTHP to use the final stage of development of the Traditional Health Practitioners Act No 22 (2007) as a guideline for their planning and management of the training of traditional healers is too ambitious at present.

The objective of training and managing traditional health practitioners with the Traditional Health Practitioners Act No 22 (2007) is good, but the traditional healers’ lack of

leadership to steer traditional healthcare training through all the steps is a serious limitation.

The complete absence of an advanced traditional health science and culture will not be easily rectified. The true enactment of the Traditional Health Practitioners Act No 22 (2007) will move at a sluggish pace for many years to come.

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CONFLICTS OF INTEREST

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