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Targeting the "Be free", "90-90-90" – Need to Address Claims of "Curing" or "Delivering" HIV by Traditional Healers and Religious Prophets

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Background

Sub-Saharan Africa has the most serious HIV and AIDS epidemic in the world. In 2015, an estimated 25.6 million people were living with HIV in sub-Saharan Africa, accounting for two-thirds of the global total of new HIV infections [1]. It has been documented that HIV can be suppressed by combination of antiretroviral therapy (ART) consisting of three or more antiretroviral (ARV) drugs. ART does not cure HIV infection but controls viral replication within a person's body and allows an individual's immune system to strengthen and regain the capacity to fight off infections [1]. Despite this, nurses' stigmatization of people living with HIV/AIDS (PLWHA) has been reported to hinder effective ART provision. Literature on stigma emphasizes cognitive, individual and interpersonal factors that are relevant to the understanding of the stigmatization process among health care professionals (such as health professional's accuracy in knowledge of the workings of the virus, effectiveness of emotional management and degree of proximity to the stigmatized group). Besides this, a study of the socio-cultural factors underlying stigma has shown religion as a social phenomenon that may foster it [2]. Sub-Saharan Africa embraces a rich diversity of indigenous and imported religious traditions. Since moral behavioral proscriptions often trace their sources to religious teachings, religion and a strong adherence to religious principles have been believed to protect against HIV/AIDS transmission in Africa [3]. In Tanzania for example, a study showed that shame-related HIV stigma was strongly associated with religious beliefs such as the belief that PLWHA have not followed the word of God. The study showed that more than 80% of PLWHA believe prayer could cure HIV [4]. Unfortunately, the plight of PLWHA in Africa amidst religious beliefs is not only being ignored by the pharmaceutical or ART industry but by the HIV advocacy community as well. This has left PLWHA in Africa to continuously shuttle between hospital, traditional healing places and the church in search for a quick cure to HIV as seen in the following cases observed in Cameroon.

"Doctor, I went to see a prophet to deliver me of HIV/AIDS"; "doctor, I have been at a traditional doctor's place taking concoctions to clean HIV from my system". These were the responses of two PLWHA as to why they had not turn up for their ART for some months. Shocking as this may sound; you will feel sad to know that these two patients, who were brought to hospital critically ill and in an advanced stage of AIDS after defaulting ART, died few days preceding their admission. They express their reason for ART default in such low and pitiful tones as they struggled to catch their last breathes before dying. And they are not the only cases of PLWHA who switch from antiretroviral (ARV) treatment to seek HIV "cure" and or "deliverance" from traditional healers/religious prophets and then back to ART when their situations deteriorates. In Ghana, Dr. Naa reported that he received an HIV positive woman who came for her follow-up while her husband defaulted because he went to the village to treat a swollen leg which they believed was caused by spiritual powers [5]. Dr. Naa further explained that when Ghanaians are diagnosed with HIV, they believe that it is "all in God's plan", that through spiritual healing and "divine intervention", God will cure them. Studies have also documented that most patients with HIV/AIDS use religion to cope with their illness and that 80% of the Black African population consult traditional healers for most of their health care needs [6,7]. Yet, it has been documented that ARVs are the drugs to treat HIV and that strict adherence (>95% adherence) to ART is key to sustained HIV suppression, reduced risk of drug resistance, improved overall health, quality of life and survival, as well as decreased risk of HIV transmission [8,9].

Many strategies have been used to keep patients on ART and stop the further spread of HIV amongst which are the recent "be free" and 90-90-90 targets. The "be free" (start free, stay free, AIDS free) is a recent super fast-track approach adopted for children, adolescent and young women to access HIV prevention, treatment, care and support services [10]. The 90-90-90 target on the other hand is an approach aimed at diagnosing 90% of people living with HIV, placing 90% of people tested HIV positive on ARV treatment and achieving 90% viral load suppression in patients on ART (meaning that PLWHA must be retained in care and treatment) [11]. The main aim of the "Be free" and 90-90-90 targets is to let people know their HIV statuses early and get linked to ARV treatment as soon as they are diagnosed HIV positive. Perhaps, you may now be concerned about viral load suppression, development of resistance to ART, attainment of the "Be free" and the 90-90-90 targets in an era where PLWHA constantly shuttle between hospital, traditional "healing" places and the church with traditional medicine and prophetic "deliverance" consider as alternatives to ART.

None adherence to ART is a major public health problem in the developed as well as the developing countries causing resistance to ART and an increase in HIV/AIDS morbidity and mortality [12]. The problem of none adherence is much harder in resource limited settings where traditional healers and religious prophets respectively claim they can "cure" and "deliver" people from HIV [5,13]. In Africa, there is a long standing belief that traditional doctors would diagnose and treat everything under the sun especially chronic diseases with one concoction or the other. Most Africans know that African priests, political leaders, kings, chiefs and even presidents all occasionally consult a traditional doctor at critical times in their lives [7]. Besides this, information about traditional healers

treating many chronic diseases including HIV/AIDS with one concoction is readily advertised on local radio stations, television channels and even in inter-urban transport buses. This has caused many PLWHA to quite ART in order to swallow gallons of traditional concoctions in the hope that they will get "cured" of HIV.

It is sad to note that these concoctions may even intoxicate or poison the patients and exacerbate their death. Despite this, only few patients seeking traditional treatment like the example we cited will turn back to ART and of course, often when they are critically ill. We can only imagine the number of PLWHA dying at traditional healers' places without knowing that ART could have prolonged their lives. Perhaps, let's even think for a minute of one practice of traditional healers that favors transmission of HIV-the use of one common bottle from which medicine is taken with bare hands to rub on scarified patients' bodies [13,14]. In this practice, the traditional practitioner uses a blade to scarify a patient's body. Then he uses his bare hands to take medicines from the bottle and apply to the bleeding scarified body parts. In case the amount of medicines he removed was not sufficient for the body part scarified, he deeps his bloody-stained hands again into the same bottle, mixing the blood with the medicine thereby contaminating the whole bottle with infected blood if the patient was infected. He will use this contaminated medicine to apply to scarified body parts of other patients seeking treatment together-directly infecting them. This practice does not only expose the traditional healer to acquiring HIV but places him in the middle of transmission of the virus from an infected to non infected persons jointly seeking the services of the traditional healer. The worst part of all these is that African governments neither regulate nor control the broadcast and consumption of traditional concoctions that is unfounded in modern medical practice.

Besides traditional medicine used in "curing" HIV, there has recently been an uncontrolled proliferation of churches in Africa with prophets claiming to "deliver" or cast out all demons and sicknesses including HIV from patients [4-6]. Pastors and or prophets commonly preach that they have a "cure" for HIV. There are ever-present signs for church events and conferences focused on faith based healing and deliverance from evil. Prophets advertise HIV as a spiritual disease that only faith can cure. Most Africans believe in God and uphold that their faith will bring about a healing miracle especially through a renowned prophet. So, they easily subscribe to the prophet's request that they stop ART and embark on fasting and prayers while the church leaders perform "healing" rituals for them [5]. Religious organizations are influential social networks that have the power to support or stigmatize PLWHA, promote or impede HIV education and endorse or reject medical treatment of HIV. Most PLWHA belong to an organized religion and they incorporate spirituality as a way to cope, to help reframe their lives and to bring a sense of meaning and purpose to their lives in the face of an often devastating situation [4,6]. However, strong religious beliefs do not always correlate with HIV protective behaviors. A study had shown that people who considered religion "very important" were less likely to display HIV-preventive attitudes (e.g. intentions to change behavior to protect against contracting HIV) than those who attached less importance to religion [4]. We understand that HIV/AIDS presents a unique set of existential challenges to patients as they confront issues of hope, death, grief, meaning/purpose and loss, and we know that patients need to be treated holistically. So, we are not against the believe in God nor the believe in miracles; our concern for the interest and welfare of patients is that if ever anything works, it should have a well-defined mode of operation and proof so that many people can benefit from it, not just the few who have faith. We are open to the idea that spirituality and traditional medicine can heal if they can be proven. But these have yet to show any concrete evidence. As long as there is no proof of patients who were "cured" through prophetic "deliverance and traditional medicine, we only accept patients' beliefs as long as they do not default on their medications.

Conclusion

The "be free" and 90-90-90 targets are very ambitious and could end the HIV epidemic if attained. They can be attained if PLWHA adhere 100% to ART. However, traditional healers'/religious prophets' claims of "curing" HIV deter patients from ART, fueling none adherence. Unfortunately, relatively little is being done to help in solving none adherence to ART in developing countries and while billions of dollars of aid are being spent cheerfully every year to help countries fight HIV without much success, very little is spent to raise the awareness and help to contain a serious danger like the claim of traditional doctors and religious prophets of being able to "cure" or "deliver" patients from HIV. Our recommendation for future implications and reduction of HIV transmission and adherence to prescribed treatment for those already infected, is to merge faith (which is notably a significant aspect in the lives of men and women of Africa) with public health delivery. Also, faith leaders should be educated and empowered with accurate and up-to-date HIV knowledge and effective treatment options. Spiritual leaders already have men and women as a captive audience. The leaders simply need to be armed with accurate information to create a healthier believer. They must preach it from the pulpit, even be bold enough to be tested in front of the congregation and lead by example. Steadfast following of teachings from faith leaders which already encourages a healthy lifestyle of exercise, eating healthy, sex after marriage and faithfulness to that one partner, is conducive to HIV reduction. Faith institutions have the ability to play a major role in the eradication of HIV in African men and women. So, addressing an individual's over all wellness (inclusive of spiritual health) is very vital to the attainment of the "be free" and "90-90-90" campaigns. We also strongly urge the stakeholders and health policy makers in Africa and the world to do much more effort to change the unwise attitude of claiming and or preaching that traditional medicine and prophetic deliverance can cure HIV; otherwise, an end to the HIV epidemic through the "be free" and 90-90-90 targets may just be a dream never to be attained.

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