



PROCEEDINGS REPORT
WEBINAR ON
**MENTAL HEALTH AND THE
ROLE OF TRADITIONAL HEALERS**



science & innovation

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This report reflects the proceedings of
Mental health and the role of traditional healers webinar held on Zoom.

Views expressed are those of the individuals and not necessarily those of the Academy nor a consensus view of the Academy based on an in-depth evidence-based study

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Moderator: Dr Palesa Sekhejane, Director: Strategic Partnerships Unit, Human Sciences Research Council (HSRC)

WELCOME AND INTRODUCTORY REMARKS (Dr Palesa Sekhejane)

Dr Sekhejane opened the webinar, welcomed everyone and introduced the topic.

BACKGROUND

The provision of treatment, care and rehabilitation services for people with Mental, Neurological and Substance use (MNS) disorders is a multisectoral responsibility and affects various communities in South Africa and other challenged economies in Africa. MNS disorders are common, often disabling and associated with increasing premature mortality. Traditional healers have a unique role to play in MNS disorders especially in resource-limited settings. It was estimated that there are about 200,000 traditional healers as compared to 975 registered psychiatrists - who mostly practise in urban areas and the private sector. Traditional healers are highly accessible and accepted as health practitioners in Sub-Saharan countries. Traditional healers and those linked to faith-based organisations play a significant role in providing services for people with MNS disorders and are often an entry point into systems of care. These providers, therefore, could play a significant role in identifying people with such disorders, and in some cases, have worked co-operatively with health services in providing for the mental health and spiritual needs of individuals. There is a need to understand the role of traditional health practitioners in mental health care.

This webinar sought to understand the role, knowledge, attitude, and practice of traditional healers in mental health care with the aim of encouraging their participation in terms of the treatment, care and rehabilitation of people with MNS disorders.

INTRODUCTION OF SPEAKERS

Dr Lerato Dikobe-Kalane is a dynamic psychiatrist with a medical degree from the Medical University of Southern Africa (MEDUNSA). She received her post-graduate psychiatry training at Weskoppies Psychiatric Hospital and graduated as a Specialist Psychiatrist from the University of Pretoria (UP) in 2006. She worked as a Senior Consultant Psychiatrist and Clinical Head at Pretoria Academic Hospital between 2006 and 2007. In 2007, she started her private practice. In 2014, brand, DR DIKOBÉ PSYCHIATRIC PRACTICE, was established. The practice has flourished and brought positive change to the lives of many patients.

Prof Tholene Sodi is a Registered Clinical Psychologist, currently employed as Full Professor in the Department of Psychology at the University of Limpopo (South Africa). He holds a Masters Degree in Clinical Psychology from the University of the Witwatersrand, and a PhD (Psychology) from the University of Cape Town. Prof Sodi serves on the Board of the South African Medical Research Council (SAMRC). He is also a member of the (South African) Ministerial Advisory Committee on Mental Health. From 2004 up to 2015, he served the Professional Board for Psychology and the Health Professions Council of South Africa (HPCSA) in different capacities. For example, between 2010 and 2015 he was vice president of the Health Professions Council of South Africa and chairperson of the Professional Board for Psychology. Prof Sodi has published widely and has presented more than 70 papers at national and international conferences. In 2012 and in 2018, he was awarded a C rating by the National Research Foundation (South Africa). This six-year recognition award is given to scholars with a sustained recent record of productivity in their field and are recognised by their peers as having produced a body of quality work. He has also received a number of awards in recognition of his scholarly achievements. These include: the University of Limpopo (UL) Vice-Chancellor's First Place Award for "Best Established Researcher in the School of Social Sciences" and, the PsySSA award for Mentoring and Developing the Careers/Studies of Students, Psychologists or Colleagues. Prof Sodi's key areas of research interest include: culture and mental illness/health; suicide; behavioural medicine; mental retardation; and, mental health policy.

Dr Tozama Qwebani-Ogunleye is the Co-Chair of the South African Young Academy of Science (SAYAS) and Project Manager in the Faculty of Applied and Computer Sciences at Vaal University of Technology (VUT). Her mission is to integrate her passion in research, writing, teaching and leadership in order to advance organisations or institutions conducting scientific research which will impact positively on the socio-economic development of our societies. Her research focus area is on Traditional Medicine and Traditional Knowledge. The main aim behind Dr Qwebani-Ogunleye's research is to create a platform specifically purposed to rigorously evaluate traditional medicines from a scientific point of view. In 2021, she was appointed by the Minister of Health to be a member of the National Department of Health expert working committee on Traditional Medicine. She is the recipient of many accolades including the 2011 DST Women in Science Award, 2016 Mail and Guardian Top 200 Young South Africans. She was a grant holder for the NRF-SAASTA National Science week grant in 2016 at Tshwane University of Technology and 2018 at the Vaal University of Technology as well as judge for Eskom Expo for Young Scientists in 2015 and 2016. She is a recipient of the 2018 TechWomen fellowship from the U.S. Department of State's Bureau of Educational and Cultural Affairs which is a platform for emerging women leaders in STEMI and the 2019 Inspiring 50 South Africa award. Last year she launched a book titled, '100 Nuggets: Pearls of wisdom'.

PRESENTATIONS

Spiritual/Traditional Healers' Role in Mental Health (Dr Lerato Dikobe-Kalane, Psychiatrist and Member of the South African Society of Psychiatrists (SASOP))

The World Health Organisation (WHO) defines mental health as a state of wellbeing in which an individual realises his or her own potential, can cope with normal stresses of life, can work productively and fruitfully in their occupation and is able to make a contribution to his or her own community. In terms of the prevalence of mental health issues it is estimated that 16.5% of the population has been diagnosed with a mental disorder over a period of 12 months. The lifetime prevalence of common mental disorders such as depression, anxiety and substance abuse is estimated at around 30.3%. In South Africa, only one in four people with common MNS disorders receive some form of treatment. Identification and access to treatment for those with psychotic disorders is far better than for those with common mental disorders such as depression and anxiety. Those with psychotic disorders are able to access care quicker because they are disruptive to communities, although this does not necessarily mean that the care provided is effective. People with mental health conditions often face stigma and discrimination, impacting negatively on their lives and driving them to commit suicide or to self-harm.

Myths about mental health include that, it is something to be ashamed of, it is a sign of weakness, it is 'all in the mind' and possible to 'just snap out of'. Mental health is real and very important to people's wellbeing and one's mental health is as important as one's physical health. Mental health is very complicated and fluctuates depending on internal and external situations and influences.

Recent statistics show that the number of psychiatrists currently practicing in the country has decreased to around 649 as numerous have been lost to other countries due to immigration over the past 10 years, and more recently, to Coronavirus Disease 2019 (COVID-19). Of the remaining registered and active psychiatrists, only 130 are in the public sector and responsible for 75% of the South African population's mental health problems. The majority of the psychiatrists both in state and private practice are located in urban areas. Very limited access to psychiatric treatment by the general public has opened the door for alternative practitioners to play a very important role in supporting mental health needs for a large part of the population. There were many more traditional and faith healers than mental health practitioners in the country and they should play a very important role in assisting people with mental health issues at a primary health care level. In many African traditional belief systems, traditional or faith healers are regarded as having expertise in MNS disorders. In addition, traditional and faith healers are influential and respected in their communities. It is not uncommon for people to visit their traditional healer before consulting a psychiatrist. Research has shown that traditional and faith healers could intervene positively in patients that suffered from mild mental health issues such as mild depressive episodes of grief or mild anxiety disorder, but there is little evidence of the impact of their treatment for severe mental illness such as bipolar disorder or schizophrenia.

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) used in psychiatry and psychology practice, updated the criteria to reflect cross-cultural variations in presentations rather than having a simple list of what used to be called culture-bound syndromes. This gives more detailed and structured information about cultural concepts of distress and includes a clinical interview to facilitate comprehensive and person-centred assessment. Psychiatry and Western mental health practice is trying to de-stigmatise culture and cultural presentations of certain mental disorders. Different cultures and communities exhibit unexplained symptoms in various ways and it is therefore important for clinicians to always be aware of relevant contextual information stemming from a patient's culture, race, ethnicity, religion and geographical origin. Understanding such distinctions helps clinicians diagnose and treat problems accurately.

Dr Dikobe-Kalane shared two case reports of actual patients she had treated in her practice during the past 18 months:

Case one: The patient was a 33 year-old female with two children, an auditor by profession and entrepreneur who ran a side business. Her husband had been gunned down in their driveway and for about a year after his passing she had protected his assets from her in-laws. The in-laws then cursed her and told her that she would not live to see another year. She experienced an irritable mood and anger outbursts, her work performance was poor and she had trouble sleeping. She had lost interest in the things that she used to enjoy doing and became paranoid. She had feelings of low self-worth and thoughts of harming herself. Her spiritual mother had found that these symptoms were not as a result of a curse from her ancestors nor the result of witchcraft. The patient was then referred to Dr Dikobe-Kalane for further intervention and after further psychiatric assessments she was diagnosed with persistent grief disorder and a depressed mood. The patient was hospitalised for comprehensive in-hospital care for a period of about two weeks after which she was doing very well and was discharged.

Case two: The patient was a 28 year-old female, unmarried with one child and working as a personal banker at the time. She had not slept for about five days and believed that she was going through a spiritual awakening, which made her concerned that her family suspected that she would reveal their deep, dark secrets. She had a history of vivid dreams and felt overwhelmed in crowded spaces because she has experienced negative energy and had déjà vu experiences. Dr Dikobe-Kalane had diagnosed her with a manic disorder and hospitalised her. Her progress was monitored for three to four days while on mood-stabilizing antipsychotics to try and calm down her brain neurons. In order to be able to exclude any physical or organic causes, the patient underwent a drug screen, numerous blood tests, a brain Magnetic Resonance Imaging (MRI) and an Electroencephalography (EEG) and all these tests showed no abnormalities. By the tenth day, her sleep had improved, her mood had settled down and her thought processes were more logical. She was discharged and mood stabilizers were prescribed for a period of about six months. Dr Dikobe-Kalane advised the patient to allow the medication to take effect before pursuing the spiritual calling. After six weeks, the patient as well as her family reported that she was doing well. Dr Dikobe-Kalane discussed the matter with the patient's family and asked them to give her their support with regards to the spiritual calling. After six months, the patient's mental state had fully settled, she was happy, doing well both personally and at work, and her family had given the go-ahead for her to follow her spiritual journey.

There is a need for greater collaboration between Western mental health practitioners and traditional and faith healers to assist in the provision of hasty and appropriate mental health care. There needs to be mutual respect and understanding of each other's roles and cultures when treating patients with mental health challenges. By fostering a working relationship between Western mental health practitioners and traditional or faith healers, treatment resistant patients could appropriately get cross-referred for alternative treatment. With appropriate education and information sharing, traditional and faith healers could learn how to identify and treat common mental disorders, and refer those cases that are beyond their scope of practice to the Western practitioners. Traditional healers can be equipped with appropriate referral pathways to more specialised treatment facilities for those with more complex mental illnesses. Similarly, the Western mental health practitioners should be educated on how to appropriately refer those patients in need of traditional and spiritual intervention.

The Multiple Roles of a Traditional Healer in Mental Health Care (Prof. Tholene Sodi, Department of Psychology, University of Limpopo (UL))

A systematic review and meta-analysis of studies between 1980 and 2013 established that up to 29.2% of individuals globally experienced common mental disorders at some point in their lifetime. South Africa carries a huge burden of mental disorders, the most prevalent being depression, anxiety, substance abuse and mood disorders. More recently, global and local studies have shown that the COVID-19 pandemic has had a very serious impact on the mental health of individuals, families and communities. A health tracking poll conducted in July 2020 (a few months after the onset of the pandemic) found that four in 10 adults in the United States (US) reported symptoms of anxiety and depressive disorders. In South Africa, a recent study found that more than 45% of participants surveyed for COVID-19 related stressors met the diagnostic threshold of anxiety and depressive disorder. It would be interesting to observe how these figures would play out post-COVID-19, particularly as levels of violence and suicide are on the increase and other types of societal ills have manifested in communities.

Whilst the number of people with common mental disorders in South Africa is evidently high, less than 27% of those presenting with these problems receive treatment in established mental health care facilities. This suggests that nearly three-quarters of those suffering from mental disorders are not accessing mental health care from established mental health care facilities. This raises a question, Where do these many people who need mental health services go? There are two possible responses to this. Firstly, many of these individuals go untreated, in some cases for the rest of their lives. Secondly, a significant proportion of these individuals may be receiving treatment from traditional healers and other alternative mental health care service providers such as faith healers. Available evidence suggests that up to 70% of South Africans will consult traditional healers at some point in their lives possibly due to the holistic approach adopted by traditional healers and their accessibility compared to Western trained mental health practitioners.

In the Sepedi (or Northern Sotho) language, a traditional healer is known as a ngaka. The concept of traditional healer is a misnomer because of the multiple roles that a ngaka plays. Among others, a ngaka is a(n): medical practitioner/psychiatrist, pharmacist, general psychologist, social worker, spiritual leader, environmentalist and cultural specialist. A ngaka is able to diagnose, assess and administer some form of treatment to someone with an MNS disorder. There is a need for studies in this field in order to be able to discern the specific conditions that a ngaka would be able to treat compared with other types of health practitioners.

Some lessons and recommendations

It is important to understand that the respective roles played by psychologists, psychiatrists and social workers for instance are also played by traditional healers in providing comprehensive and holistic services to clients. Some of the lessons that can be learned include:

The holistic potential of traditional healing. Western trained health practitioners could learn from this approach

Mental disorders are not just a physical or psychological ailment, there are cultural, spiritual, family, environmental and many other dimensions.

Traditional healers are primary health care service providers – they live within their communities, making consultation a lot easier.

Traditional healers do not only administer medicine but also other interventions. The context and way in which medicines and other interventions are administered plays a significant role in the success of this form of healing.

Prof. Sodi concluded that there is room for meaningful collaboration between traditional healers and Western trained health practitioners in mental health promotion. This can only happen if both health care systems are open to a dialogue that could lead, at times, to unknown knowledge and clinical

practice territories. It is necessary to invest more time and resources in research in order to understand and implement an informed policy for collaboration between the two health care systems. This area needs to be explored in order to bridge the gap between the two systems of health care.

The Role of Universities in Reclaiming the Space of African Traditional Medicine (Dr Tozama Qwebani-Ogunleye, Senior Lecturer-Project Manager, Faculty of Applied and Computer Sciences, Vaal University of Technology (VUT))

The project presented involves a number of consultations with about 400 THPs in the region, researchers from VUT, the Department of Science and Innovation (DSI), the Chairperson of Traditional Healers in the Sedibeng region, as well as community participation concerning the role of universities in reclaiming the space of African traditional medicine. The national consultation process is necessary because the herbs used in traditional medicine form part of the country's biodiversity, which is a national priority. While universities tend to ask what they can do for traditional healers, they ought to be asking what they could do with traditional healers. Universities refer to academic excellence in the framework of a discipline, while solutions to the grand challenges are found at the interface of disciplines. Although much of the focus has been on the integration of traditional medicine into the South African health system, it is important to reclaim the space filled by traditional medicine alone.

The project views African biodiversity from the perspective of complementary medicine rather than that of drug discovery and defines the traditional medicine value chain incorporating basic science, applied research, authentication (of the claims and findings), product development and commercialisation to embrace Science, Technology, Engineering, Mathematics, Innovation, Infrastructure and Industrialisation (STEMIII). The objective of the project is to create a platform specifically purposed to rigorously evaluate medicinal plants from a scientific point of view as a means to ensure credibility in the scientific fraternity and the consumer market. The mission of the project is to conduct interdisciplinary to transdisciplinary research which will produce practical advances in Indigenous Knowledge Systems (IKS). Research components will focus on chemical profiling, biological screening, safety testing (toxicity), reproducibility and phytochemical characterisation of indigenous flora found in Africa. Claims need to be documented but do not require validation because the medicinal plants have been in use for many centuries.

Medicinal plants have been widely used within South African communities. Several universities have studied plants and their use and although this research has done much to elucidate the use, the research has been curtailed in several ways, including:

- a) The universities conducted their research into the use of natural products in isolation, forgoing the opportunity to adopt an interdisciplinary and global collaborative approach.
- b) Their efforts stopped short at the publication of their results for education and training purposes. This came at the expense of institutional recognition and a space in the accepted marketplace as a research output from Higher Education Institutions. The project seeks to resolve the above two shortcomings.

VUT worked with the University of KwaZulu-Natal (UKZN), North West University (NWU), the University of Limpopo (UL), the University of the Witwatersrand (Wits) and the Council for Scientific and Industrial Research (CSIR) among others. Although several universities conduct research on medicinal plants, a collaborative effort between the universities working with THPs as well as dynamic thinking are necessary to address the complex mental health challenges. The focus has been on publication at the expense of institutional recognition of African traditional medicine and focus needs to be not only on the chemistry of the natural products used in traditional medicine but on embracing it holistically. The idea is to form an alliance of universities that work in various areas of traditional medicine, to share infrastructure and provide a coherent framework to address the challenges of local relevance that include science advocacy and awareness, dissemination of information, securing funding, supervision of postgraduate students and commercialisation of research outputs.

DISCUSSION

Question and Answer session

Question

How do we deal with resistance by Western trained health care practitioners to work with traditional of faith healers, or vice versa?

Response, Dr Dikobe-Kalane: I will give my perspective as a psychiatrist. SASOP has sub-groups of interest. The psychiatrists in the spirituality sub-group are open-minded about the alternative modalities of healing. Workshops are being hosted to discuss this topic and presentations are made to the greater body of SASOP. Colleagues who do not believe in collaboration between Western psychiatrists and traditional or faith healers are able to refer cases to those who are more comfortable in this area.

Question

What are the differences between traditional healers and traditional leaders?

Response, Dr Dikobe-Kalane: Traditional healers are trained to diagnose, prescribe treatment and heal a condition while a traditional leader is elected or born into a position of leadership. The two are not at all synonymous.

Comment

One can understand the need for mutual understanding and respect for the roles of Western and traditional healers in the work with people living with dementia under the Strengthening Responses to Dementia in Developing Countries (STRiDE) project, especially in terms of supporting referral, care and support pathways and combatting stigma.

Question

How can these often juxtaposed worlds be bridged to support mental health services that are culturally acceptable and how can current primary health care responses be strengthened by including local sources of support, especially considering that traditional healers are often the first port of call.

Response, Prof. Sodi: Bridging the two worlds is a complex and sometimes emotional debate with power dynamics at the centre. An impression has been created that Western forms of healing and traditions are superior to others. Consequently, there is an agenda to portray this superiority and to perpetuate the notion that traditional health practices are dangerous, retarded and uncivilised. Those who believe these untruths often ignore the fact that any kind of healing method has the potential to be dangerous depending on how it is applied. The reality is that many of those who consult THPs or other alternative health care providers are healed and do not need to go to a hospital. However, the few whose health does not improve after consulting THPs often have follow-up consultations with Western trained health care practitioners and this is used as evidence that THPs are ineffective or even dangerous, ignoring the fact that millions of patients are healed using treatment given to them by THPs.

To change the situation in this country and the rest of Africa, it is necessary to work on the mindset of political leaders and help them realise that knowledge systems and healing systems play a role and that the two systems could potentially be treated as equals and supported accordingly. It is important to accept that there were two epistemological foundations: one that governs traditional healing and one that governs Western health practice. In view of the fact that these two epistemological systems might not be the same, it is up to those who care about the health of the people in the country to find ways to ensure that the two systems work collaboratively instead of competing with each other.

Comment

With regards to the issue of power dynamics and the acceptability of traditional medicine in Africa, it is necessary to institutionalise the practice of traditional medicine. In China, every province has an institution that specialises in some form of traditional medicine.

Response, Dr Qwebani-Ogunleye: I concur that institutionalising African traditional medicine is a necessity. In addition, researchers and scientists have a role to play in using STEM as a channel to respond to the local context. Great strides have been made in this regard, such as the Department of

Health's (DoH's) initiative to establish a platform that focusses on advising and working on traditional medicine. The initiative has appointed a number of researchers and community members to work on the platform.

Comment

The National Health Insurance (NHI) does not clarify the role of THPs and it would be an important tool or instrument to use in institutionalising traditional medicine practices and practitioners into the health system.

Response, Prof. Sodi: Power dynamics are also at the centre of the debates about the role of various groupings in the NHI. Some of the Western trained health practitioners are side-lined and the role of THPs and traditional medicine has not been raised in these debates. There is a need for political will to address some of the fundamental inconsistencies and contradictions in the health care system.

Question

What is the difference between a traditional healer and a 'witch doctor'?

Response, Prof. Sodi: A traditional healer (ngaka) and a 'witch doctor' are different categories of people. In the past, the two were sometimes conflated, but there needs to be a clear distinction between them.

Comment

One of the major problems with traditional medicine is the lack of standardisation. It would be interesting to know what universities are doing to improve this situation.

Response, Dr Qwebani-Ogunleye: The South African Bureau of Standards (SABS) is responsible for standards and universities work with the SABS to develop the standards. Standards for traditional medicine have been approved around 2018. However, communities have expressed their disapproval of these standards during the public engagement process.

Comment

THPs should not be regulated through the DoH because they deal with a lot of issues that are not necessarily of a medical nature. Does the government support traditional healing as it seems to follow the repealed Witchcraft Suppression Act?

Response, Dr Qwebani-Ogunleye: Traditional medicines are regulated under the South African Health Products Regulatory Authority (SAHPRA) but not in the same category as pharmaceutical products. There have been discussions on whether SAHPRA was the appropriate platform to regulate traditional medicines. The role of the DoH in the value chain needs to be identified. The VUT's work with THPs focusses on authenticating traditional medicines and does not focus on the culture and spiritual aspects of traditional healing.

Questions to be taken forward

The following questions were raised by participants, but could not be addressed due to insufficient time in the webinar

What support is given to traditional healers dealing with children and adolescents?

Traditional medicines have been used widely for many years and yet Western scientific models are being used to test and evaluate these medicines. What could be done to evaluate and certify effectiveness of the formulations in a more favourable way?

CLOSURE (Dr Palesa Sekhejane)

Dr Sekhejane thanked the panellists for their insightful presentations and the participants for their interesting questions and for the engaging discussion points, which should be considered for incorporation into policy. There is a critical need to ensure an appropriate human-centric approach towards safeguarding inclusion of traditional and faith-based healers as they form part of the country's health care system, especially in the communities they lead and are trusted.

ANNEXURE A: LIST OF ACRONYMS

ASSAf	Academy of Science of South Africa
COVID-19	Coronavirus Disease 2019
DoH	Department of Health
MNS	Mental Neurological and Substance use
NHI	National Health Insurance
SABS	South African Bureau of Standards
SAHPRA	South African Health Products Regulatory Authority
SASOP	South African Society of Psychiatrists
STEMIII	Science, Technology, Engineering, Mathematics, Innovation, Infrastructure and Industrialisation
THP	Traditional Health Practitioner
UL	University of Limpopo
VUT	Vaal University of Technology

