

Traditional medicine practitioners as a bridge to conventional healthcare in Mozambique

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- In rural Inhambane, Mozambique, traditional medicine is a widespread source of care: 61% of surveyed households have consulted a traditional medicine practitioner (TMP, called a *curandeiro* in Portuguese), and TMPs are often more accessible than conventional healthcare facilities.
- Provider choice depends on beliefs about what *causes* an illness: patients with conditions seen as spiritual in origin (such as epilepsy) are taken to TMPs; those with conditions with natural origin (such as malaria and HIV) are taken to conventional healthcare facilities.
- TMPs are widely used, but they recognise only about a third of the typical symptoms of illnesses such as HIV, malaria, and tuberculosis.
- Training TMPs to recognise and refer treatable, non-spiritual illnesses could be a cost-effective and sustainable way to increase referrals to conventional medicine. A randomised controlled trial to study the impact of this approach began in September 2026; this brief presents preliminary data on the market for traditional medicine that motivates the intervention.

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The policy problem

Across sub-Saharan Africa, traditional medicine is thought to be the first or only source of healthcare for a large share of the population (World Health Organization, 2013), yet there is little systematic evidence on who uses it, for which conditions, and how it interacts with the formal health system (Lowes and Montero, 2019). Access to healthcare is a well-known problem in rural Mozambique: there are around nine doctors per 100,000 people (among the lowest ratios in the world), alongside a high HIV burden and maternal and child mortality driven by conditions such as pre-eclampsia and malaria. For many rural households, a TMP is not just the closest source of care, it is often the only one, with conventional healthcare facilities too far to reach.

Governments have sought to respond to this gap by bringing TMPs into the formal health system, in Mozambique through the practitioners' association AMETRAMO and the Ministry of Health's National Department of Traditional and Alternative Medicine. Our research speaks directly to this effort: it investigates whether it is possible to leverage the existing network of TMPs to increase take-up of conventional care through referrals made by practitioners, provided practitioners can recognise the illnesses that call for conventional treatment.

The research

We carried out an exploratory survey in Inhambane Province, covering 722 households, 169 TMPs and 13 conventional healthcare facilities across 36 villages in two districts. It measured health-seeking behaviour, beliefs about the causes and treatment of specific illnesses, and practitioners' knowledge, services, and links to the formal sector.

What we found

- **Demand is widespread and not simply a last resort for the poor.** 61% of respondents have visited a TMP, men more often than women (68% versus 56%). The likelihood of visiting a TMP rises with household income and is not strongly related to distance from a hospital.
- **Beliefs about illness drive provider choice.** 92% of respondents think illnesses can have a spiritual origin, but this varies sharply by condition: almost all consider malaria purely natural, while around a third think epilepsy can be spiritually caused. Traditional medicine is rated more effective precisely for the conditions seen as spiritual.

- **TMPs are willing to collaborate with conventional medicine.** Many report being open to directing patients toward hospitals or other conventional healthcare facilities when needed.
- **But there is a knowledge gap.** Asked to list the symptoms of major illnesses, TMPs identified about 36% of typical HIV symptoms, compared with 58% among conventional providers, with similar gaps for malaria and tuberculosis.

Figure 1: The practice of a traditional medicine practitioner in Inhambane Province



Note: This hut is the practice of a traditional medicine practitioner, where they receive and treat patients. Practitioners are often based in remote rural communities, where they may be the closest, or only, source of healthcare. Photo: Authors' fieldwork, Inhambane Province, Mozambique.

Recommendations for policy

- **Treat TMPs as referral partners, not competitors.** Many practitioners are already willing to direct patients toward conventional care. Policy should formalise and support this—for example, through simple referral tools and feedback from conventional healthcare facilities—rather than treat practitioners only as competition for care.
- **Train TMPs to close the knowledge gap.** Practitioners have only moderate knowledge of the symptoms of common illnesses. Targeted training on treatable, non-spiritual conditions such as tuberculosis, HIV, and syphilis, where effective conventional treatment exists, and a missed or delayed referral is costly, could directly close this gap and increase appropriate referrals.

- **Use TMPs' reach to close demographic gaps.** TMPs are consulted more by men, who are less engaged with the formal system for conditions such as HIV. They are a natural channel for reaching this group.

Implementation issues and challenges

- **TMPs are informal and heterogeneous.** Not all are registered with AMETRAMO, their training and methods are not standardised, and reaching every practitioner active in an area is difficult.
- **Practitioners often work in remote areas.** This can make it logistically difficult to supply them with referral forms or other materials needed to support the intervention.
- **Outcomes are hard to track.** Self-reported use of traditional medicine may be understated because of stigma.

Next steps

This brief draws on the preliminary phase of a randomised controlled trial that trains TMPs to recognise and refer patients to conventional healthcare facilities. The trial covers 152 villages across four districts of Inhambane Province, and baseline data collection began in September 2026. Once the trial is complete, we will publish a further policy brief presenting the results, including whether the intervention was effective and whether it could be scaled up.

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