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# The Benefits of Having an Integrated Health Care System in Madagascar

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Elizabeth (“Libby”) Miller

Final Individual Research Paper

“The Benefits of Having an Integrated Health Care System in Madagascar”

For my individual research, I wanted to look into all the benefits that could be offered by collaborating allopathic and traditional healthcare systems and how such a system is accomplished in Madagascar, in order to weigh and to discover the feasibility of using integrated healthcare systems as sustainable development in other parts of the world. Furthermore, as Madagascar sets the example in my research this summer, the use of traditional and modern medicine as an integrated health care system best serves the majority of the Malagasy population for several important reasons.

As Dr. Nat Quansah states, the goal of integrated healthcare is “health of all, health for all” (2011, Lecture). His realistic, yet idyllic approach of integrated health care provides health services to the maximum amount of people while creating independence and working to combat inequity in the current global market. He describes integrated healthcare as “a system that consciously targets and harnesses peoples’ links with biodiversity for health care reasons as a positive tool to arrive at meeting the health, economic as well as the biological and cultural diversity conservation needs of people and their area simultaneously... ...[It is] a holistic approach to health care provision that considers health as the basis of all things and as such: acknowledges, appreciates, respects and embraces cultural, biological, economic and technological diversities as well as the diversity of human capabilities and harnesses these to function in a complementary

manner to meet it's goal of health for all and health of all.” In summary, this integrative approach to allopathic and traditional medicine fights not only the scientific causes and continuation of disease and poor health that afflict the Malagasy people, but also, the social construction that perpetuates the inaccessibility and ineffectiveness of the current national healthcare system.

As Dr. Quansah contests, there are 5 pillars that will yield the cost-effective and -efficient benefits of an integrated health care system as seen in the clinic he helped create in northwest Madagascar: affordability, accessibility, availability, cultural acceptability, and personal responsibility. Furthermore, “this system minimizes waste while maximizing benefits “ (Quansah, 2011, Lecture). As mentioned earlier, “accessibility” and “availability” are challenging in the current health care system, since much of the population are unable to reach allopathic clinics.

For rural peoples in Madagascar, a traditional healer is usually the first point of contact for health care, even though the national healthcare system guarantees medical coverage to the entire population through the public health center network. One of the main reasons is simply physical access to hospital is difficult or simply impossible. 65% of the population lives in rural areas that are more than 5 kilometers away from a primary health care clinic and no ambulances are offered (Ramihantaniarivo Herlyne, 2011, Lecture). What's more, “some villages are seasonally (rainy season) isolated for months and people do not have access to health centers since these centers are implemented at least 5 kilometers away from home.” (Ramihantaniarivo Herlyne, 2011 Lecture). In terms of “affordability,” Madagascar is currently placed as the 10<sup>th</sup> poorest country in the world, where “2.5 out of 3 of its people are poor” (Ramihantaniarivo Herlyne, 2011,

Lecture). Although health “care” itself is free, modern pharmaceuticals are not. Citizens must pay out of pocket for any synthetic or modern pharmaceuticals they need which is utterly out of reach for most people.

Therefore, as Ramihantaniarivo Herlyne, states, “Most patients go to traditional healers first because they know what is waiting for them at the hospital. Thus, we’re now working to create an integrated system, so patients can see both [traditional and biomedical systems]... ...[Otherwise] if they have no money for medicine, they must struggle or die. That is the reality...” (2011, Lecture). As I found in my interview with Dr. Quansah, in an integrated health care system, a clinic should eventually be able to pay for its own running costs with proper investment strategies (i.e., a rice bank). Ultimately, health care services would be free to every member of the community. What’s more, money saved by community members from treating diseases with medicinal plants could be put towards other family or individual needs and aspirations.

In terms of the inner workings Clinique de Manongarivo in northwest Madagascar, a pilot integrated health care center, Dr. Quansah stresses on the strategy of a “relay team” to “harness and manage the diversity of individual strengths for the good of all (the team itself and their fans).” Traditional healers, or traditional medical practitioners, would work side by side with allopathic medical practitioners to diagnose and treat patients—“the team.” However, the traditional healer would always make the priority prescription. The allopathic doctor would prescribe a “pharmaceutical product only when there is no local remedy for the case in hand... ... This enables the Clinic to maximize benefits from using local resources before bringing in external resources to complement the local ones.” (Quansah, 2011, Lecture). Allopathic physicians and

traditional healers then consult various other specialists that compose the integrated health care team, such as “ethno-botanists/botanists, biochemists, chemists, pharmacologists, pharmacists, sociologists, economists etc.” (Quansah, 2011, Lecture). Herbal remedies prescribed are “prepared in the presence of the patient (or the accompanying person). This is meant to teach how to prepare the treatment correctly should the need arise. This is to help limit and finally remove the dangers associated with the misuse of medicinal plants.”

Moreover, as stated by Joel Swerdlow in *National Geographic*: “...Even with all their modern technology scientists do not know which plants to pick or when to pick them or whether traditional healers might have added other herbal or nonherbal ingredients to the cure...” “...While many plants have been the subject of extensive study and their effects well documented, data on others are inconclusive. Scientists are often unable to determine which chemical or combination of chemicals within a plant is responsible for relieving pain or stimulating blood flow or creating a feeling of increased well-being. Trying to find the part of a plant that has a specific effect can be like disassembling a radio to search for the one part that makes the sound (2000, pp. 114, 101)”

In summary, biomedical medicine and modern pharmacology need traditional healers to gain knowledge on and to be aware of the current herbal remedies that people are using, and, in addition, to not lose knowledge on current remedies. The knowledge traditional healers hold is a plethora of information that could be lost if modern scientists and health care providers do not take the time to listen. The effective collaboration between the two could offer endless benefits to the local community and the world.

#### 1. Laboratory Work

- Authenticate the use of the biodiversity (medicinal plants)
- Standardize the known effective remedies and provide information that enables the Field Team and the community to arrive at maximizing rather

than wasting the benefits to be gained by the sustainable use of local remedies

- Investigate to select the most effective remedies for a particular disease and the most effective part of the plant to be used.
- Research secondary effects, toxicity and the possible improvement of the method of preparation of the remedy.
- All laboratory results returned through the Field Team to the community to help optimize efficacy and conservation.

Although integrated health care systems are not common yet, many traditional healers and modern healthcare providers already practice a referral process between each other. As one traditional healer remarked, he does not believe one system is better than the other, but if a patient has an emergency, he refers them to a hospital or biomedical doctor immediately. Out of 9 traditional healers or birth attendants that were questioned, all 9 of them practiced some sort of referral process to a biomedical clinic when they felt a malady or health concern was beyond their expertise.

Meanwhile, the referral process back to traditional healers is not practiced equally, even though biomedical health care providers cannot fully meet their patients' needs as previously discussed. This could stipulate from several arguments. Some opponents of integrative and/or traditional medicine argue that traditional medicine has no proper means of regulation and therefore is unsafe. However, in reality, traditional knowledge has been conducting human clinical trials for thousands of years.

Even more pertinent, pharmaceutical companies find ways to harvest and to steal plants and traditional knowledge from the local communities, while rarely practicing

conservation methods. “Valuing and preserving the knowledge of these healers is as important as valuing and preserving the plants... .The world has realized it should be concerned about saving biodiversity. But cultural knowledge is just as important. Destroy the local knowledge system and thousands of years of time-tested data are gone” (Swerdlow, National Geographic, 111). In addition, the local healers and lay people’s intellectual property rights are usually disregarded or diminished and are not compensated for their knowledge. Furthermore, even in the production of a pharmaceutical from the extracted component of a plant, the local people still do not benefit because they are unable to afford their products.

Opponents also attempt to discredit traditional medicine by stating that there is no way to monitor or to regulate the dosage of an herbal remedy. However, in an integrated healthcare system, “patients (and/or accompanying persons) are taught to understand that the quantity of the medicine used, the frequency of take as well as the duration of treatment together have a bearing on the efficacy of a medication and need to be respected and applied” (Quansah, Lecture, 2011). In addition, “using the correct dose would mean avoiding waste and eliminating dangers through the misuse of too much or too little material – leading to drug poisoning or pathogen resistance. The same information (quantity, frequency & duration) is provided for Pharmaceutical products with the importance of the vehicle (transport) of delivery of medication added” (Quansah, 2011, Lecture).

As such, an enormous amount of people still use and practice traditional medicine. “In some Asian and African countries, 80% of the population depend on traditional medicine for primary health care” (People’s Daily Online, 2007, “Traditional

Medicine: Key Facts”). If the power of both biomedical and traditional medicine could be effectively collaborated and harnessed, not only would each health care system benefit from the other, but the people they serve would also benefit.

Time and again, knowledge is often lost with the introduction of modern medicine and the degradation of traditional medicine. Part of the problem may be that the credibility of traditional medicine and its effectiveness were diminished and demonized in Madagascar during French colonization. Practice of traditional medicine was made illegal and punishable by law. At the present, nationalism is working to re-inspire traditional culture/medicine. As Dr. Quansah more simply stated, “Losing one’s culture is like a tree losing its roots. Both are not grounded and will not survive when the wind blows, and they will be eliminated” (2011, Lecture). In terms of the pillar of “cultural acceptability,” an integrated system not only has the ability to lead to more culturally sensitive and relevant medicine, but it also values traditional culture/medicine and does not allow its wisdom to be lost. In fact, it encourages healers who have gone into hiding to come forth and share their knowledge.

During my interview with Dr. Quansah, I struggled to understand, after all the negative history and consequences of colonialism, why the Malagasy people would still tolerate or seek being American or European aid. To me, if I were Malagasy, it seemed like the last people I would want to ask. Why wouldn’t they be leaping at the opportunity to rid themselves of foreign aid? He gently explained:

“But you see the mentality of the Malagasy is different. I always tell them, your source of ingenuity and creativity have been killed. It’s dead, so you can’t wake up and take any initiative. But this [an integrated health care system] is an initiative. You want to take responsibility. And this is because during the colonial period anybody who tries to do anything apart from taking orders, doing this and that...they all turn into technicians... ..They need to take initiative. Now with initiative, you have to be



creative. You're [the Malagasy people] a human being, you cannot say, 'I cannot dream.' Everybody dreams. Even though some people, they wake up, they have forgotten their dreams. But that means they dream. A day will come when they can remember, and they can make their dream come true (2011)."

The last of Dr. Quansah's 5 pillars of an integrated healthcare system, and arguably, one of the most important is "personal responsibility." If communities take initiative to attain an integrated healthcare system, it would also help to empower themselves and take control of what they want. If this system were embraced, dependence would no longer be necessary on foreign aid, and therefore, would eradicate foreign interests that keep Madagascar dependent and take from it. The biggest thing holding the Malagasy people from getting the health care they deserve is themselves. Hopefully, over time, the Malagasy will take advantage of the "riches" or "green gold" of Madagascar to better their health and escape the negative effects that colonialism has had on their nation, because, as seen, an integrated health care system would undoubtedly offer the best health care services for the majority of the population and serve as a template of sustainable development for other nations' health care systems (Quansah, 2011, Lecture).

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