

Summer 2011

“Mind the Gap” Addressing the Gap Between Health Care Policy & Health Care Reality in Madagascar & the Way Forward Integrating Traditional Medicine & Ethical Reform Within Health Care

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Recommended Citation

Dillon, Laura, "“Mind the Gap” Addressing the Gap Between Health Care Policy & Health Care Reality in Madagascar & the Way Forward Integrating Traditional Medicine & Ethical Reform Within Health Care" (2011). *Independent Study Project (ISP) Collection*. 1101.

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“Mind the Gap”
Addressing the Gap Between Health Care Policy & Health Care Reality in
Madagascar

&

The Way Forward
Integrating Traditional Medicine & Ethical Reform Within Health Care

By Laura Dillon

SIT Summer 2011

Antananarivo Madagascar

“Mind the Gap”

Addressing the Gap Between Health Care Policy & Health Care Reality in Madagascar

Abstract

At first glance the health care system in Madagascar looks pretty good. No health care system is perfect, in fact most are far from perfect, but some certainly work better than others. On paper it seems that the current system in Madagascar would be among those that “work better”. Sadly, there is oftentimes a disconnect between what a government writes on paper and what happens in reality; looking around the streets of Antananarivo it quickly became apparent that Madagascar is an example of this disconnect. You do not have to be a health care professional to see the lack of medical care among the people of Antananarivo. The city is filled with an overwhelming presence of poverty and illness, as is the rest of the country.

Despite the idealistic claims of the government and the supposedly “free” access to medical care in public facilities, it is clear that the current health care system is not working in practice. Policy and practice are not the same thing. Even the best (and good intentioned) policies can crumble and deteriorate when they are actually implemented. There are many factors that can determine how effective the policy actually is. In health care policies these factors are extensive. There are economic, cultural, environmental, religious, political and ethical issues at play. I hope to better understand both the health care system in place in Madagascar and the factors that are influencing its efficiency and effectiveness. From there I will explore the ways in which the system could be improved through the integration of traditional medicine. If we can understand why a policy is unable to translate into reality, we have a better chance of discovering the best possible ways to improve it.

Methodology

Due to the divide between health care policy and the actual functioning of health services, policies are not always the most reliable source. It is important to read the actual policy in order to understand the ideal goals of the system, but to see the reality other sources are needed. I think the best way to really understand a health system is to interview ordinary people who have gone through the system and talk to them about their experiences. Were their experiences positive or negative? Did they receive the care they needed? Could they afford the care? As I do not have the ability to travel around Madagascar and interview many lay people about their experiences with the health care system, I must rely on the expertise of others. Dr. Ramihantaniarivo Herlyne and former Minister of Health Pr Andry Rasamindrakotroka are intimately connected with the health care system in Madagascar. They are both familiar with the political side of policy making, as well as the reality of those policies. I did have the ability to speak with my host families and their friends about the health care system and their experiences with it. This offers some insight into public opinion but it is clearly very limited.

Health For All?

Health care has been an important part of Malagasy government throughout its history as an independent nation and even during the period of colonialism. During the French colonization a system of Native Medical Care or AMI was implemented and remnants of its structural design still exist today (Randria, 8). In the late 1990's health care issues, spurred by The World Health Organization, came to the forefront of global politics. In 1977, The World Health Assembly adopted a plan of "Health For All." This was followed by a conference in Alma-Ata in 1978, which emphasized primary health care as the key for universal health (Wojtczak, 88). Madagascar seemed eager to achieve this "Health For All" goal and has initiated many different policies to

promote health care based on principles of human rights and equality (WHO, 1).

The Madagascar Action Plan of 2007 reflects the changing global conception of health care. MAP aimed to tackle many of the current problems in Madagascar. Health and Family Planning were addressed under Commitment Five. They defined their goals as follows:

“We will work to ensure that all of our people are healthy and can contribute productively to the development of the nation and lead long and fruitful lives. The problems of malnutrition and malaria will be brought to a halt. HIV and AIDS will not advance any further; safe drinking water will become accessible; and through education and the provision of health services the average size of the Malagasy family will be reduced”(MAP, 71).

The goals were ambitious and unfortunately many of them are still unachieved; however, what I want to highlight is the political commitment to solving the problems.

If this commitment is truly genuine then the next step is to consider why attempts to create an effective and efficient system continue to falter. It is also important (and perhaps more realistic) to explore the possibility that the commitment may not be genuine.

The Current System

In her lecture Dr Ramihantaniarivo Herlyne highlighted the complicated structure of the current system (Lecture, June 2011). It has many tiers moving up from rural clinics to large public hospitals in the urban areas; however, the movement between these tiers is often inefficient and disordered. At the commune level there are two levels of care. The first level of Primary Health Care Services is staffed by a paramedical. The Level 2 are staffed by a doctor as well as a paramedical. Currently there are 2,506 CSB's and over two thousand of those are Level 2. The next level is the district level with 86 CHD. The CHD are like Primary Care Centers but also have emergency surgery and gynecentric service (Herlyne, Lecture June 2011) . The CHD have a referral system for the regional hospitals, or CHRR which can perform major surgery. There are currently only eighteen CHRR. The top tier of the system is the University Training Hospitals or

CHU's. There are only four hospitals at this level. All of these levels are part of the public sector (Herlyne, Lecture June 2011).

The concentration of health care services in the urban areas is a remnant of colonialism. This means that the large proportion of the population still living in the rural areas have struggled to access quality care for decades.

The Power of Money & The Reality of Poverty

Perhaps the best way to understand the political world is to first understand who has the money and who wants the money. This is especially apparent in the functioning of health care systems. The United States system is based on a capitalist model in which health care is bought and sold like any other commodity (Dickens, 57). When it comes down to it insurance companies are exactly that: companies. Companies are designed to make a profit, so rather than focus on providing the best care possible to people, insurance companies focus on how they can make more money.

Currently Madagascar has a system that combines both the private and the public. Unlike the US system, private or voluntary health insurance is a small fraction of the system (Herlyne, Lecture June 2011). Less than one percent of the entire population can afford to purchase private insurance. There are other options, including Mutual Insurance funds in which people pay annual payments toward a mutual fund. Once again, much of the population is too poor to afford such care. Despite the small amount of the population that can purchase private insurance, the health sector is moving toward privatization. According to the World Health Organization in 2005, private expenditure was 37.5 percent of the total expenditure on health care (WHO, Bulletin 2). Similar to the US system, people can receive coverage through their places of work; however, also similar to the US system, money plays a corrupting role. Dr. Ramihantaniarivo Herlyne noted that

many employers don't always declare the number of their employees in order to avoid the added cost.

Even if capitalistic greed doesn't play as large a role in Madagascar as it does in the US system, quality of care still depends on an individual's socioeconomic status. It is impossible to avoid the central role that economics plays in all health care systems.

According to The Human Poverty Index or HPI, more than 2 out of every 3 persons in Madagascar are poor (Herlyne, Lecture June 2011). This makes Madagascar one of the poorest nations in the entire world. The poverty is especially apparent in rural areas. As I discussed above, rural areas also have the least number of health care facilities. This creates a dangerous situation for the rural population.

In order to provide care for the poorest percent of the population, the government implemented an Equity Fund; however, this fund is very inefficient and serves less than 1 percent of the population (Herlyne, Lecture June 2011). The fund is designed to identify the lowest income families in every community but sadly it often fails to identify them properly due to corruption (Herlyne, Lecture June 2011). Without the proper functioning of the equity fund or another form of government funded care, many low-income groups are left out of the modern health care system.

Prescription Medications

Even when people are able to access care, they may still encounter problems. Although the services at public hospitals are called "free", care still comes with a price tag. After a diagnosis has been made and a medication prescribed, the individual patient is responsible for purchasing the medication. Many patients receive a diagnosis and then have to go home because they cannot afford the medication. Others may choose to purchase drugs on the parallel market which is

unregulated and extremely dangerous. Later I will discuss the ways in which integrating traditional medicine could help curb the costs of medications.

Political Will

My grandfather is fond of the phrase, “Where there is will, there is a way.” As I discussed in previous sections the Malagasy government has continuously voiced their commitment to health care for all. The system claims to provide “free” care for Malagasy citizens, and the government continues to pursue ambitious health care goals; however, these commitments have yet to be translated from paper to reality. In his article “The Coming Storm” Anthony Piel wrote, “the main systemic constraint that may stop us all in our tracks: lack of political will”(254). The Malagasy government can say what they want but the fact is that they have yet to follow through with their commitments. A successful and efficient health care system is a complex and oftentimes convoluted political structure. If Madagascar is truly going to meet the goal of healthcare for all, the government must show unwavering commitment to improving the current system.

Divide Between Policy & People

Politics can be a powerful and beneficial tool for humanitarian causes. Modern health care systems require political backing and structure in order to operate. The problem is that health care systems often become entirely about the politics and the people are forgotten in the midst of complex policies. This is what I call the “gap” between policy and reality. In Madagascar this gap is literal as well as metaphorical.

There is a physical gap between health care providers and the people living in rural areas that most need the care. With poverty concentrated in rural areas and health care facilities concentrated in cities, it is clear that this gap needs to be addressed. Almost 65% of people in rural areas are more

than 5 kilometers away from a CSB, which is the lowest level of care (Herlyne, 2011). Without an ambulance service people are often unable to afford transportations to urban facilities even if they have received a referral.

The other gap I have discussed is that between health care policy and the people it is supposed to help. Health care should be designed with the people in mind. When policy is disconnected from the people it is not surprising that it doesn't function properly. So how can the system be changed so that the people are connected and engaged?

The Way Forward

Integrating Traditional Medicine & Ethical Reform

Modern health care systems can learn from the medicine uses of traditional healers, but I think the more important lesson is an ethical one. Traditional healers continue to treat patients as people rather than economic factors. Policy makers and health care professionals should look at the way they interact with patients compared to the way traditional healers do. I guarantee there is a big difference.

Madagascar's current health care system is certainly flawed, but it has the potential to become more effective and equitable. I will examine the ways in which integrating traditional medicine as well as traditional ethical approaches toward medicine could help the modern health care system.

Affordability

Offering "free" consultations to patients doesn't matter if the patient still has to pay for all tests and all medications. It's not really "free" at all. This is especially problematic for many

Malagasy people who seek treatment and are unable to pay for the medications they have been prescribed.

Why should someone access the care if they cannot afford the supposed cure for their ailment? Sadly, some Malagasy people don't utilize the health care services for this very reason. More dangerous than not utilizing the care is when people seek treatment and then procure the medications themselves. Prescription medications can undoubtedly be very dangerous when used in the wrong dose, duration, or form.

Utilizing the knowhow of traditional healers would help make health care more affordable and thus more accessible to many Malagasy people, especially the rural communities (Quansah, Interview June 2011). By using local resources the community can become more self-reliant. Local remedies are also much less expensive than prescription medications (which more often than not have been imported from foreign countries). Why import resources when you already have them? Fiscally it makes more sense to utilize and expand on the work of traditional medicine.

Easier Access & Availability

When I asked former Minister of Health Andry Rasamindrakotroka what he thought was the greatest problem with the current health care system he immediately identified the distance between health care providers and those people who most need the care (Rasamindrakotroka, Interview June 2011). Even if Madagascar had wonderful health care services it wouldn't matter if people couldn't access that care. The physical distance between the services and those that need the services makes the health care system both inefficient and ineffective.

It is impossible to move the entire population closer to health care facilities which means that the facilities need to go to the people. MAP laid out plans to improve the CSB's already in existence and increase the number in rural areas but clearly that was not enough. The CSB we visited in

Andasibe served six different communities and had only one ambulance for over 250,000 people (CSB Doctor's name, Interview 2011).

Actually following through with the goals of MAP will help improve access and availability of care in rural areas but that is not enough. There will always be people who are either too far away from the facility, too poor to afford modern medicine, or untrusting of modern doctors. Integrated traditional medicine would enable this people to have a third option. Traditional healers work locally, meaning that they are easy to access in communities too rural to use the current system of facilities.

Even in those places where modern facilities are available, some people may still choose to use traditional healers or consult them in addition to modern doctors. An integrated system would enable people to make this choice. People will not access care if they are uncomfortable or untrusting of it, thus choice is an important aspect of any system.

Bridging the Gap

As I've discussed the gap between health care policy and the public it is supposed to serve has proven detrimental to Madagascar's population. Integrating traditional medicine into the current health system would help bridge the gap between the system and the people while at the same time creating a bridge between the population and their environment.

In the United States health care is a highly politicized and esoteric topic. Much of the population is confused by the complexity of the actual policies. The politicization of health care distances people from the system, leaving them with no voice and no control. The situation in Madagascar is very similar. When I asked a local resident of Andasibe how he felt about the local CSB he responded, "I have no other choice. There is nowhere else to go" (Razafindrasoa, Interview June 2011). He was unsatisfied with the system but he felt powerless to do anything about it. He was

disconnected and disengaged.

I believe that integrating traditional medicine would help reengage the population. Having traditional medicine as a third option, or in combination with modern medicine, gives people a choice; choices give people power. When citizens believe they have no political voice there is no incentive for them to become engaged within the political system. By bringing the health care system to local communities citizens will have the opportunity to actively participate.

It is vital for people to feel responsible and active in their health care. If they feel engaged they will be more likely to practice preventative care as well as seeking treatment for illnesses. Another benefit would be the creation of a bridge between local communities and their environment. By utilizing traditional medicine and relying on local biodiversity, it gives the public a stake in their environment. When people understand the benefits of biodiversity they are more likely to conserve it and use it wisely (Quansah, Interview June 2011).

Mutual Respect

In Andasibe we visited a Traditional Birth Attendant. Earlier that month she had been asked by the hospital to come and assist with a birth (Denisse, Interview July 2011). This is a perfect example of integrated care in practice. By asking for her assistance the medical doctors acknowledged her legitimacy as a medical professional. The government of Madagascar had also recognized her practice of medicine by granting her a certificate of authenticity as a traditional birth attendant. She travelled to Antananarivo where she was questioned and tested by modern medical professionals to gauge her skill as a traditional healer.

Such “certificates” help regulate traditional medicine, preventing false healers from practicing, while at the same time showing respect for the talents of actual healers. Judging from her pride in the certificate, she was happy to obtain such recognition from the state.

When asked about the payment she received for her services she laughed. For an integrated system to function on the premise of mutual respect, traditional healers would have to be compensated for their services.

At the same time, integrating traditional medicine would help build trust in the community.

Florentine Odette Razanandrianina, a nurse in charge of a rural CSB, writes that “the health worker in Madagascar is not always in a position to be accepted”(5). She experienced mistrust from the local community which inhibited her ability to provide health care services. According to Razanandrianina’s experience, “the nurses and remaining health aides are generally accepted, but frictions arise when modern practices are perceived as counter to traditional customs”(6). Having traditional healers, who know the customs and traditions of a community, work alongside modern practitioners will lessen the mistrust of modern medicine. Modern health care providers should also be educated by traditional healers on customs so that they can be culturally sensitive.

Bring Morals Back Into Care

Unfortunately money will always be part of health care systems. It is impossible to completely separate health care services from the cost of providing them; however, money should never be the primary concern. Most of the traditional healers we visited in Madagascar either didn’t charge for their services or had a rate dependent of people’s ability to pay. Only one healer said he would turn away a person who could not pay because he “needed to survive too” (Ndrema, Interview July 2011). Even in this case the price was only 1000 ariary.

To me this marks the greatest difference between modern health care providers and traditional healers. With the exception of publicly funded universal systems such as Great Britain, health care systems are all about the money. It has become the status quo for access to care and quality of care to be based on socioeconomic status. People often accept it is reality that wealthy people will have

better care than poor people. This attitude contradicts basic principles of human rights and thus should no longer be tolerated.

If traditional medicinal practices were integrated into the current system, an ethical perspective toward care would also be integrated. In my opinion this is the greatest lesson modern health care systems have to learn from traditional systems. In systems such as those in Madagascar and especially in the United States, health has become secondary to business. In comparison, traditional healers view themselves as “healers” not businessmen. Marie Josephine, a traditional healer of the Andasibe area, said “service is the most important of all”(Marie Josephine, Interview June 2011). Madagascar’s policy should reflect this dedication to service. Health care should serve those that need help, not the other way around.

Where There Is a Will There Is a Way

Lack of political will is a huge roadblock in the way of reaching quality health care policies; however, political will of the population is equally as strong. Politics reflects the will of the people and public opinion; thus, if a population demands change politicians must respond to that demand. Perhaps the most important thing for the improvement of the Madagascar health care system is the will of the general population. This means that education will also play a large role. When the population is educated about the health care system they will be more likely to actively engage in the discussion.

Conclusion

In the United States health care has been political fodder for decades. As we have discovered it is not easy to create an efficient and effective health care system. Madagascar faces an even greater struggle with their health care system. As one of the poorest nations in the world and in the midst

of political transitions, Madagascar is in a difficult position; however, Madagascar also has unique biodiversity and rich traditions to draw from. It is important to use the resources one already has, so Madagascar should embrace their unique resources. Every country is different and every health care system should reflect that. Creating an effective system depends on so many individual factors such as economy, culture, religion, and ethical perspectives that health care systems must be fully comprehensive. In the case of Madagascar a comprehensive system would have to include traditional medicine and traditional ethical approaches to care. Through the integration of traditional medicine there is a greater chance for Madagascar to achieve an equitable and effective health care system based on the traditional principle of “service”.

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