

Determining Sustainable Global Health Policies

assessing the policy for the integration of traditional, complementary and alternative medicine into local health care systems in the Philippines



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Introduction

TIMELINE

The Declaration of Alma Ata (1978) “health for all” can be achieved through utilisation of all local human resources

Proposes integration of non-biomedical practices and practitioners into state and local biomedical health care systems.

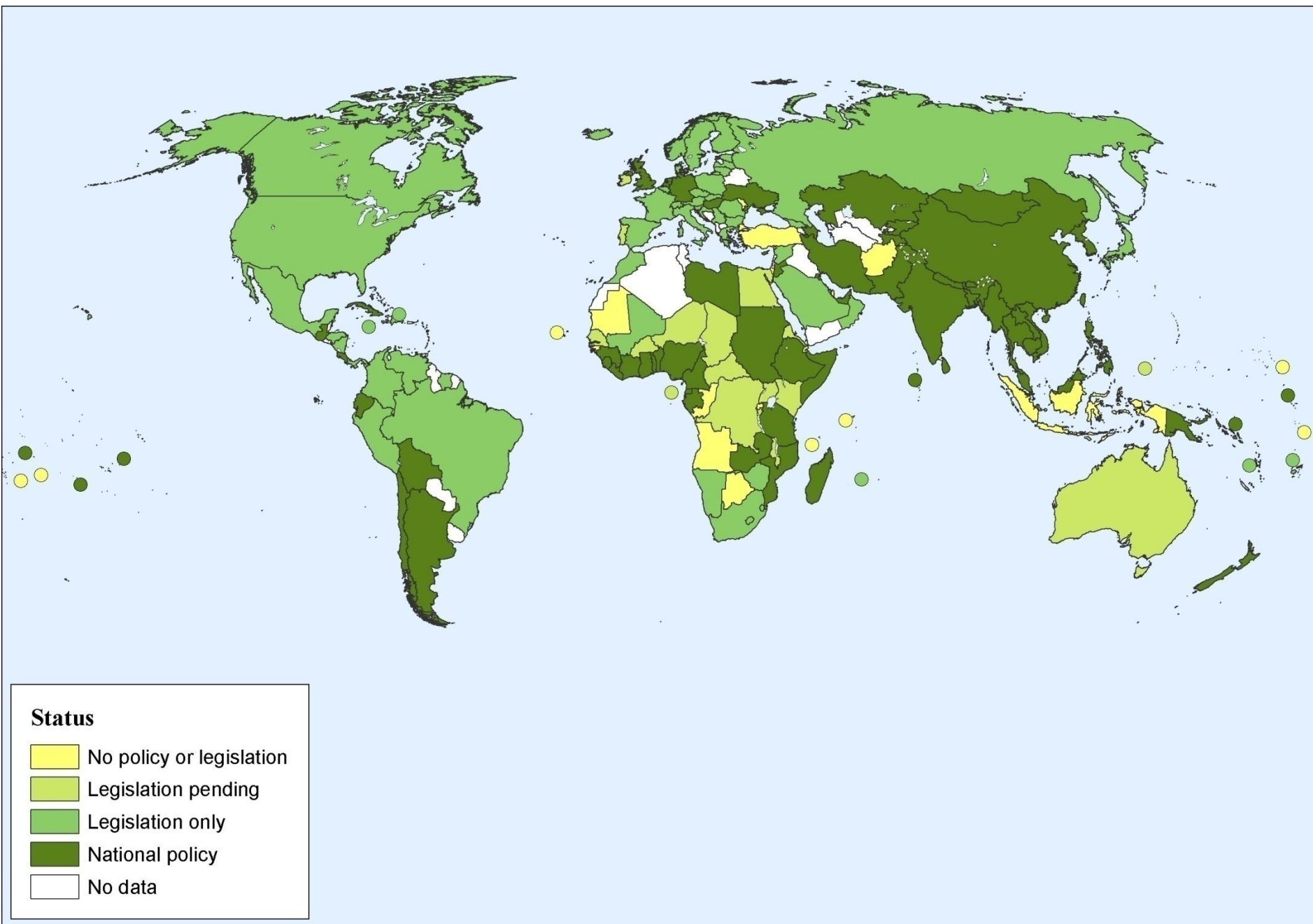
Philippines Traditional and Alternative Medicine Act (TAMA) 1997

The Philippine Institute for Traditional and Alternative Care (PITAHC), 1998.

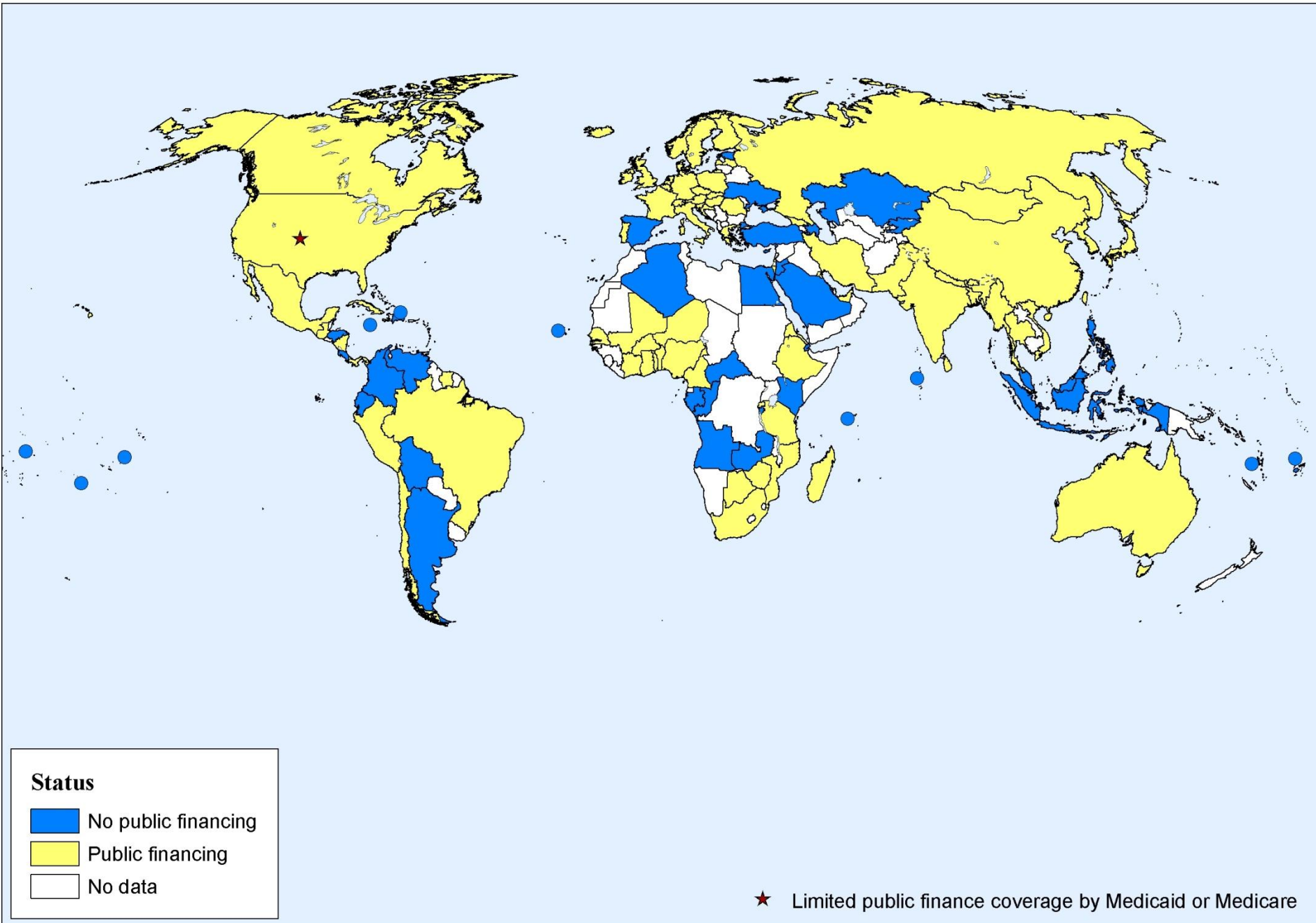
Research Question

What has been the effect on community health, local health care systems, and medical pluralism in the Philippines, of the World Health Organization's Declaration of *Alma Ata* and ensuing global health care policies promoting the integration of Traditional, Complementary, and Alternative Medicine practices and practitioners into state and local health care systems?

A1: Policy and legislation on TCAM - Global



A2: Public financing for TCAM - Global



Theoretical Framework

Political Economy and the globalisation of TCM

critical policy theory and anthropology of policy

Modernisation and hegemony of Western science

Neo-colonialism and rational discourse

Review of the Literature related studies

How integration has been/can be/or should be accomplished

- 1) The process of integration of TCM
- 2) The state of current medical pluralism in the Philippines
- 3) The framework of integration and alternative frameworks

Review of the Literature

Typologies of Integration

4-7 categories along continuum of state acceptance of or rejection of non-biomedical practices and practitioners

Integration (complete formal acceptance; China/Cuba)

Integration (formal acceptance → informal acceptance)

Parallelism (Independent coexistence; India)

Prohibition (informal)

Unlawful (formal via legislation; parts of South Africa)

The Philippine Context



Archipelago of 7,107

24 official ethnic groups

Decentralised health care system

“Traditional medicine is so much a part of Philippine culture. In many areas of the country, traditional medical practitioners continue to be the main providers of health care” For example, “traditional midwives still attend to about 40% of all child deliveries in the country and in some regions the figure is as high as 80%” (Tan, Querubin, Rillorta 1988:73).



Research Methodology

Data Collection & Analysis



Qualitative-Quantitative-Qualitative design

qualitative (semi-structured interviews, free lists and pile sorts)

quantitative data (Department of Health morbidity and mortality reports for communities in the four municipalities)

qualitative data (using the same methods)

Qualitative data was analysed using *ethnograph*, *SPSS* and *Anthropac*.

Quantitative data was analysed with *SPSS*.

Research Methodology

approach & sample



Modified grounded theory approach

quasi-experimental, time series design/formulative assessments

Communities in two municipalities (Bagabag and Murcia) that implemented TCAM integration were compared with communities in two municipalities that did not (Bontoc and Siquijor)

Non-random convenience and snowball samples of N=100
semi-structured interviews, free lists, and pile sorts.

Key policy stakeholders at international, state and local levels were interviewed to contextualise TCAM policy.

Research Methodology



Operationalisation

The extent of local health care integration:

Change in #NBP or BP or CHW integrated/1000 pop

Change in access and utilisation:

Change in# of BP, NBP, CHW patient sees within 5km of home/1000 pop

Change in local health care satisfaction:

Change in community ranking of local health care

Change in local population health:

Change in # of annual sick days/1000 pop change in IMR

Theoretical Findings

Problematising Concepts of Integration Policy: Medical Pluralism

Low correlation classification with what practitioners practice.

Practice/practitioner terminology differ between/within locales.

Practitioners are generally self-taught.

General Filipino Traditional Medicine Practitioner Categories(Tan)

Arbularyo (herbalist but also traditional general practitioner)

Hilot: Mangihilot (bonesetter) + Magpaapanak (Trad. Midwife)

Mangluluop/Manghihila/Mangtatawas (ritual diagnosticians)

Faith Healers (psychic surgery)

CAM

TCM (primarily acupuncture, tui-na, cupping)

Theoretical Findings

Problematising Concepts of Integration Policy:

“Traditional” Medicine

Traditional Medicine ("tradmed") = local herbal remedies/
acupuncture and acupressure

The discourse is replacing what is, in actuality, locally practised and “traditional” with CAM.

The effect of this discourse on local medical pluralism included a reported sense of marginalisation by local practitioners and reported reduction in their patients.

Theoretical Findings

Problematising Concepts of Integration Policy: Integration

“The decision to combine Chinese medicine and modern Western medicine at all levels of health services in medical research has led to the evolution of a new form of integrated medicine which seeks to apply the best of both systems, and to offset the weakness of each. In this way the two systems are being gradually fused together.”

(WHO 1985:34)

Preliminary Findings

The extent of local health care integration:

Slight reduction in local traditional healers in all communities

CHW's in Murcia trained in preventative measures

Less than 5% of traditional practitioners queried would agree to Attend any form of standardised training

Change in access and utilisation:

No significant change in physical access to practitioners.

From 100% to 200% increase in the cost of a physician visit.

20% of informants solely seeking traditional practitioners as a result of increased cost.

Preliminary Findings

Change in local health care satisfaction:

Informants more satisfied with health care in communities that have begun to integrate (the municipalities of Bagabag/ Murcia)

Informants generally less satisfied with the cost of physician visits and pharmaceuticals.

Change in local population health:

Reduced incidence of infectious diseases in the past five years (URIs and GI) in communities of Murcia.

Slight reduction in IMR and MMR in Bagabag, the only municipality studied to actively continue training traditional midwives in sterile techniques.

Conclusions



The key actors at all levels in the formation of this policy were physicians
-> concerns regarding safety and efficacy/not a concern of informants.

“Trad Med” as TCM necessitates further exploration of China's
hegemony of TCM globalisation

Medical pluralism reduced in Bagabag (implemented top-down by the
Municipal Department of Health)

But was not reduced in Murcia (implemented integration bottom-up)

Hence, the method of implementation may effect integration outcomes.

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