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# Evaluating the Integration of Traditional and Western Medicine in Rural Ghana: The Role of Healers and the Government



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## Abstract

A question of pressing importance for the healthcare system in Ghana is the integration between biomedicine, which is unreachable for many rural citizens, and traditional medicine, which fills in the gaps in access for rural and non-rural citizens seeking care and is utilized by 70% of the population. The WHO promotes integrated health systems and created strategies to assist governments in their efforts.

The Ghanaian government did create policies to aid in integration, but their attempt to integrate was unsuccessful. This, along with other factors, has led some scholars to consider the government's efforts as "tokenistic"; however, they do not explain why.

During my investigation, I found the Ghanaian government likely did use the WHO strategies when developing their policies, most healers are in favor of an integrated healthcare system, and the government did not appear to fully consider the needs of healers and their viewpoints when creating their policies. Theoretical models were used to hypothesize that the government allowed barriers to remain during implementation as a representation of minimal efforts and a lack of political interest.

## Introduction

Traditional medicine and biomedicine both rely on science to practice evidence-based medicine, but they differ in their orientations toward disease and illness (Kleinman, 1980). There have been attempts to integrate these systems by the Ghanaian government, many of which ended in failure (Kpobi & Swartz, 2019). My research focuses mainly on the 2011 attempt to integrate traditional herbal units into the biomedical system. According to the World Health Organization, integrated health systems:

- Improve health literacy & patient engagement
- Yield fewer unnecessary hospitalizations & readmissions
- Enhance equity by providing patients with a choice

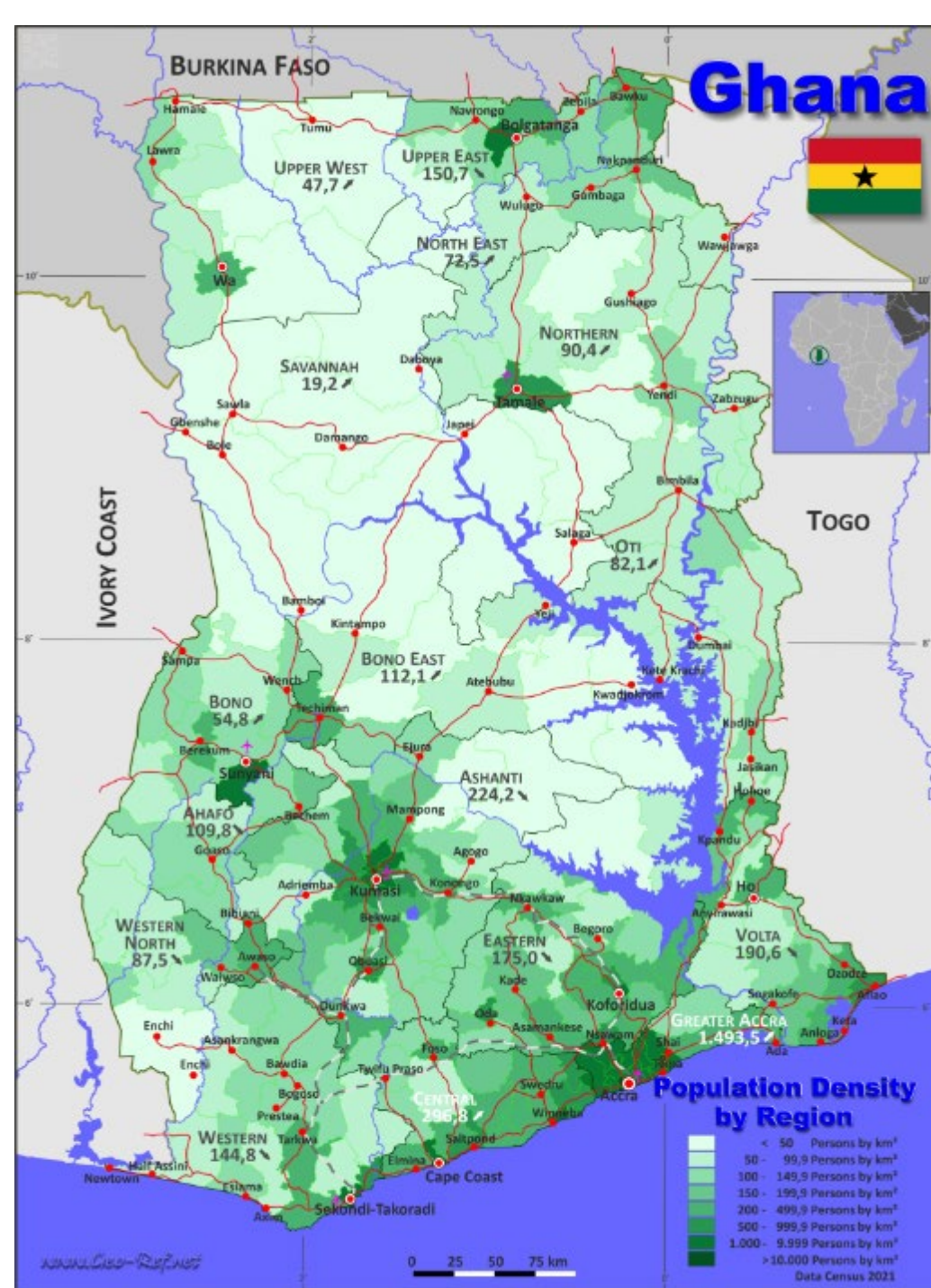


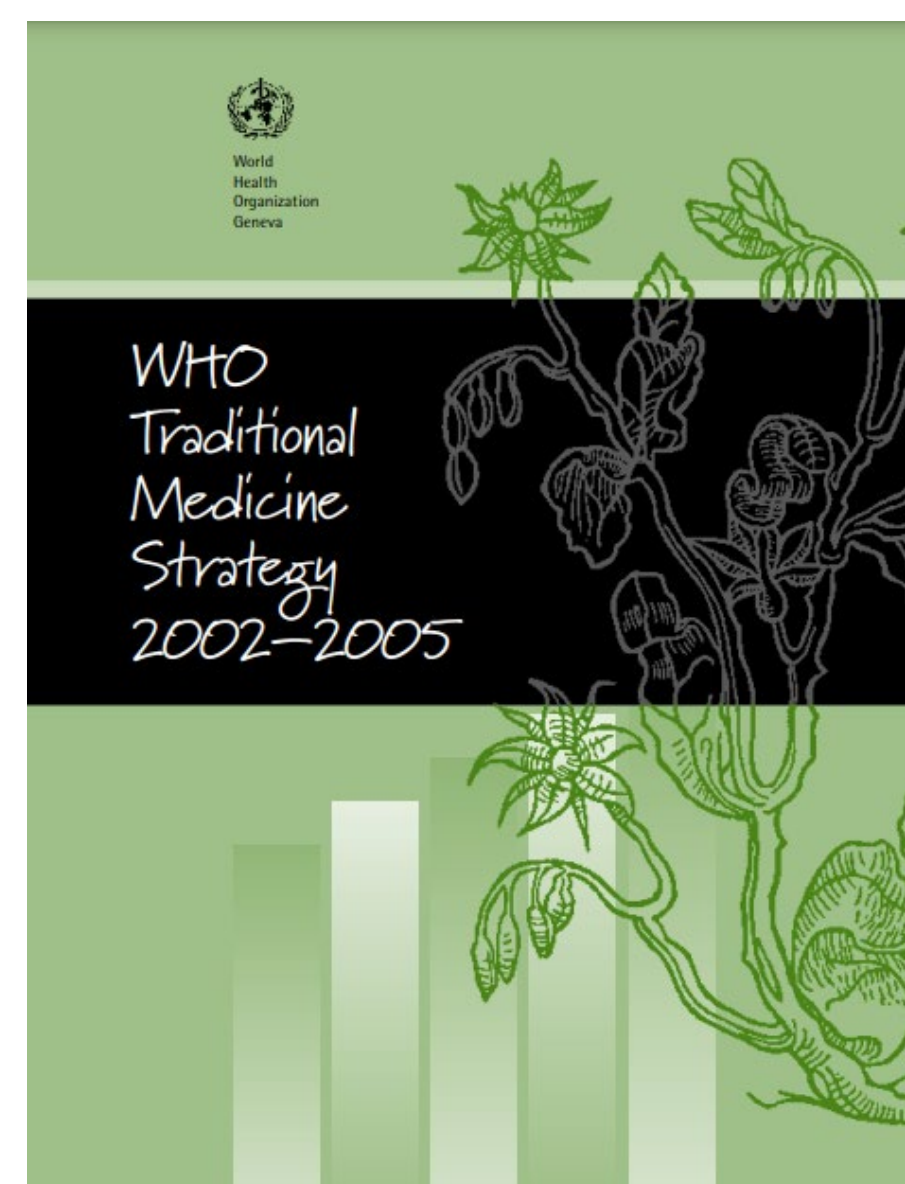
Image 1: Map of population densities in Ghana by Geo-ref.net.

The herbal units were established in 17 hospitals, but the hospitals are primarily in urban areas.

The consensus is that there must be a standardization and formalization of healers' practices. This would require effort from government officials, healthcare professionals, and healers. It would also require a greater financial investment than what is currently being given.

## Methodology

The initial research process began with a generalized search through the abstracts of anthropological journals to identify potential sources. I mined the bibliographies of these sources to find primary and secondary sources



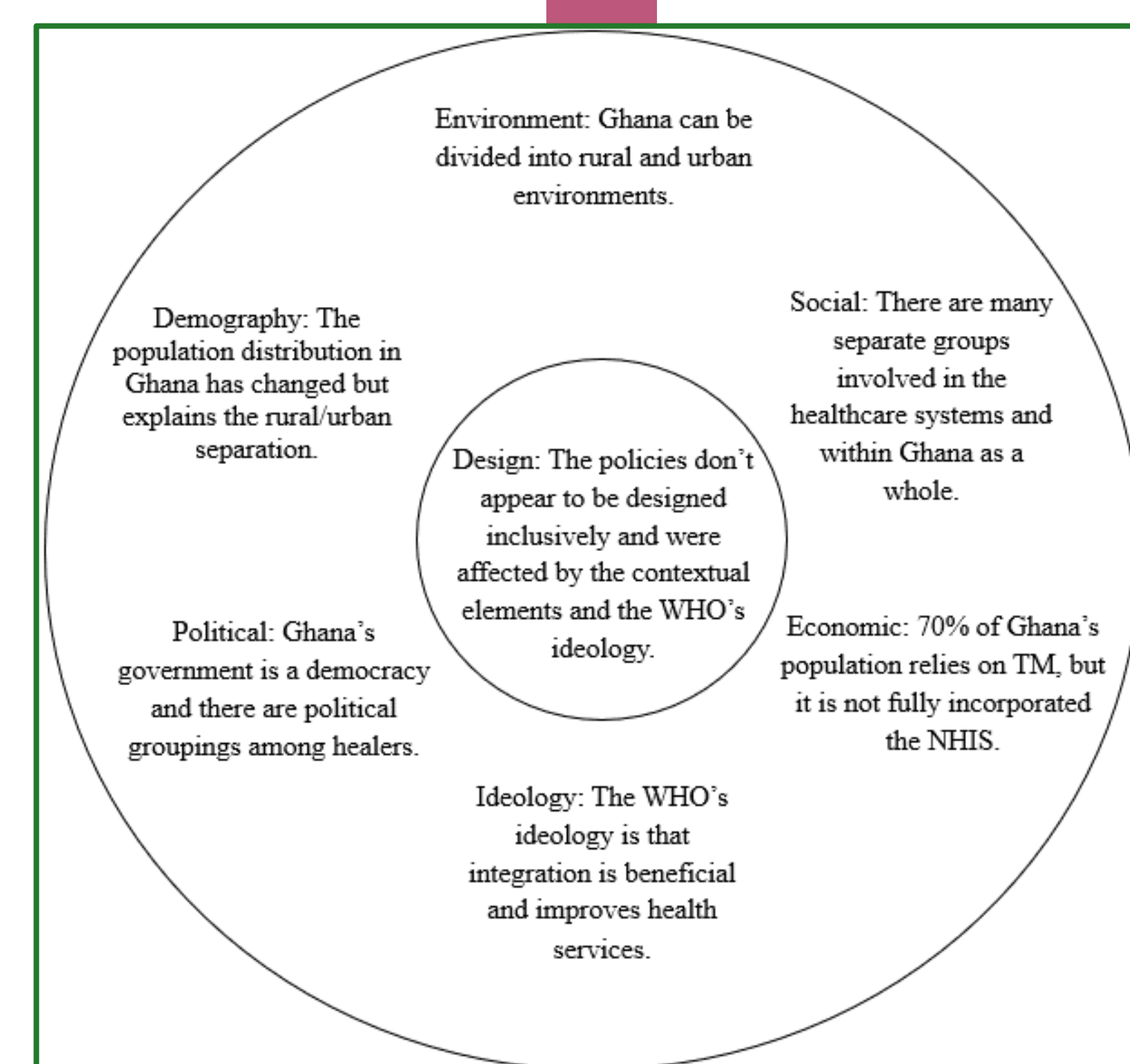
that explained the healthcare system in Ghana. Important primary sources are the WHO's Traditional Medicine Strategy 2002-2005, WHO's Traditional Medicine Strategy 2014-2023, WHO's Global Report on Traditional and Complementary Medicine 2019, and the following Ghanaian Ministry of Health policy documents: the Policy Guidelines on Traditional Medicine Development 2005, the National Health Policy 2020, and the National Medicines Policy 2017.

I compared the Ghanaian MOH policies to the WHO strategy by outlining key elements of both to make the information more digestible. Identifying the key elements and how they compare allowed me to identify whether the Ghanaian government considered the WHO strategy when creating their policies regarding traditional medicine. To investigate the viewpoints of healers on an integrated healthcare system, I used scholarly literature from authors who interviewed TMPs (traditional medicine practitioners) in Ghana from urban and rural areas to gain an inclusive understanding of healers' wants and needs.

An attempt was made to use the Ghana Ministry of Health Facebook to find commentary from healers and/or citizens regarding healing, but most of the comments were not regarding healing or anything related to TM. The few comments that were from citizens discussing TM or TM practitioners were positive.

The entirety of Ghanaian integration was placed into a contextual framework (seen to the right) to consider how each of the contextual factors play a role in how the Ghanaian government designed their integration attempt.

All the aspects from design to environment attempt to align with the ideology of the WHO towards integration. Each has a role in the other, and each has the potential to be an area of failure during any of the stages within the integration and implementation process.



## Results

The Ghanaian policy documents and WHO strategies appear to align in the following areas:

- protection of property rights
- research and product development
- registration and standardization
- professionalization of healers
- protection of consumers
- medicinal product creation and plant conservation
- insurance coverage

The alignment of the TMPs' desires to be formally trained, to be able to provide patients with choices, and to continue a collaborative conversation with biomedical practitioners with the policies is evidence that there were at least a few surface-level considerations of the wants and needs of healers. However, there is also quite a bit of evidence that can be used to prove the Ghanaian government did not genuinely take healers' wants and needs into account.

Ampomah (2022) describes the following barriers to healthcare integration: registration is a multi-faceted, expensive process that is not accessible for rural TMPs, FDA approval is also multi-faceted and expensive, and both processes are even less accessible due to their location in the city.

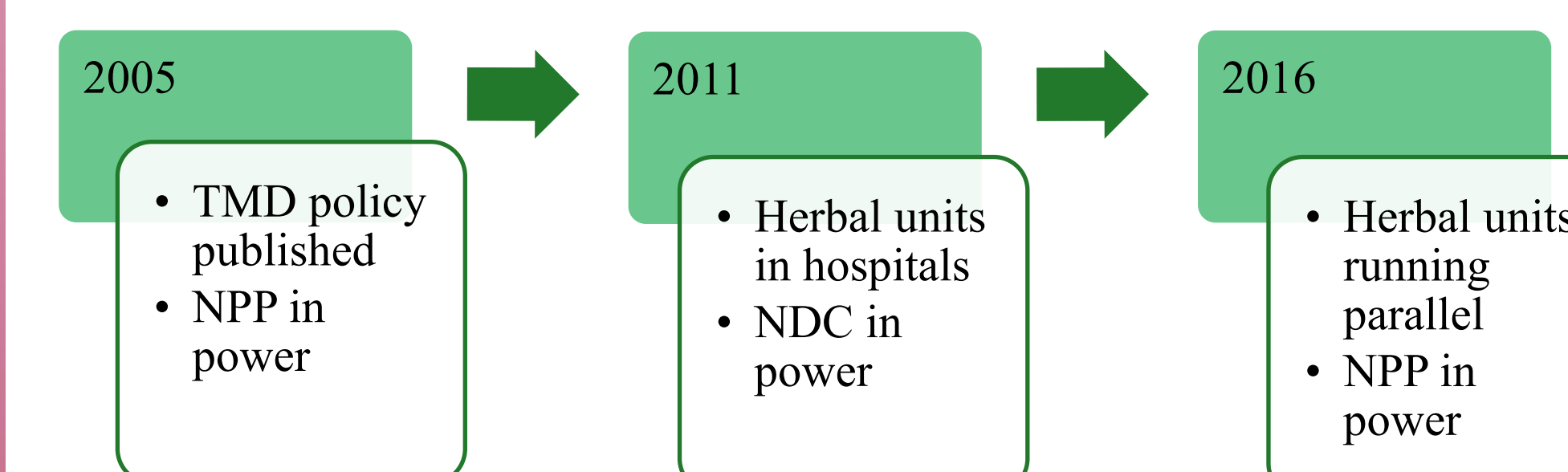


Figure 1: Timeline of correlations between political control and integration events.

While the financial barriers are important and have a large impact on integration in Ghana's lack of success, a lack of actual integrative policies to troubleshoot during implementation also played a role. Why the government provided only minimal effort and inadequate funding may be related to political control during times of integration efforts and the lobbying and political power of healers.

There is a correlation between the political party in control and the amount of effort placed towards integration. The NPP is the more liberal, urban party while the NDC is commonly the more rural party. The NDC likely has more reason to support integration but was not in power at the time of the 2011 event. There is also a lack of lobbying power among healers due to in-group fighting under GHAFTRAM. The inability of the associations to appear as a united front may affect their ability to fight for change (Barimah & Bonna, 2018).

## Conclusion

Ghanaian healthcare integration is incredibly complex and important. While it does appear the Ministry of Health used the WHO strategies as an aid when creating their integrative policies, it also appears there is much more that should have been done. Only certain viewpoints of healers were taken into consideration, and the viewpoints of healers after implementation still seem to be disregarded.

There is no doubt that a successful integration could benefit all parties involved, as seen in other countries that the WHO assisted. However, the evidence here and in the scholarly literature proves that this would first require a greater investment from the government. This is not only a financial investment, but also an investment of time and support that can be aimed at creating collaboration among healers and biomedical practitioners.

## Recommendations for the Future

According to Barimah and Bonna (2018), this collaboration under the integrative policy system would look like a joint practice that merges the two medical paradigms, and under the active collaborative system, it would look like mutual respect and understanding. While this is ideal, it may still be difficult to convince both parties in Ghana to find common ground among their practices and rid themselves of the "us versus them" mentality. This may be best achieved through genuine, open communication so that both groups can find commonalities in their paradigms, treatment plans, and patient care protocols.

Enhanced financial investments could look like:

- the institutionalization of TMPs within and near biomedical institutions (including primary care instead of just hospitals) in rural and urban areas.
- advertisement of integration to patients.
- creation of a unit or group of employees focused on inspecting the success of integration within different settings and among different groups.

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