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POLÍTICAS DE SALUD Y SUS IMPLICACIONES HACIA ÁFRICA.

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## The drugs at stake

### Market of pharmaceuticals in Tigray

*The paper aims to discuss some findings of an ongoing research on pharmaceuticals the A, is carrying on in the Regional State of Tigray of Federal democratic republic of Ethiopia. After presenting the context of research, the paper will focus on the market of pharmaceuticals. It has to be viewed as a complex phenomenon which should include Western drugs and traditional and religious ones as well. The three arenas are not independent but each one defines itself by its relationships with the others, in a system which is shaped by social forces and rooted in history. The analysis must not elude these dimensions.*

*Which are, both at private and public level, the politics of distribution of western pharmaceuticals? How people use it in facing the major infectious diseases. How Western pharmaceuticals are perceived and used? Which are the relationships among Western, religious and traditional drugs?*

*The paper will attempt to answer to these questions.*

Pharmaceuticals, Medical system, Ethiopia.

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In this paper I would like to outline a particular aspect of field of therapies in Mekelle. As Market of therapies I intend the whole of therapeutic resources available in a certain context, to be viewed not only as sources for reaching a state of health but also as forces competing between them in acquiring a role and a better position in the arena of therapies. In this way I would like the focus will shift from the healing process to the socioeconomic aspect of that arena (Fassin 2002).

I will focus on the pharmaceuticals. Using this term I will refer that is to say on how the different kinds of drugs –whether they are biomedical and produced by a pharmaceutical factory or they are handcrafted by a traditional healer – are perceived and used by the people. To do so, it is necessary to give a definition of medical system and to discuss about what can be intended as “field of therapies”.

What I am going to do now is to provide a definition of the medical system in medical anthropological terms. In a review of the anthropological studies on this issue ran with César Zúniga Valle, we proposed a general and broad definition of medical system as:

The whole of representations, knowledge, practices, resources, as well as social relationships, organizational and prescriptive structures, professionalism and forms of transmission of abilities. In every specific social and historical context, that whole is directed towards identifying, interpreting, preventing and dealing with what is thought as “sickness” or else is regarded as threatening a “normal” healthy condition, in whatever form it may be conceived by the group (Schirripa P. – Zúniga Valle C. 2000: 210)

This definition is so wide to allow us to define a medical system as any set of conceptualizations and practices referring to health problems – in whatever form they may be built. This set enables a human group to think of, cope with and prevent any event which the group itself regards as pathological or abnormal.

In that review we outlined the main assumptions around the conceptualizations of medical systems discussed by anthropologists. We were interested in pointing out the crucial steps in these conceptualizations. Starting by acknowledging indigenous medicine as a coherent whole of practices<sup>1</sup>, we discussed how, in recent years, the foci of analysis were the fragmentation of both knowledge and systems. The recent debate emphasized the fluidity and indeterminateness concerning both the aetiologies and taxonomies of such systems (Pool 1994, Massé 1997). At the same time we underlined

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<sup>1</sup> Cf. Rivers W. H. 1924, Clements F. 1932, Murdock G. P. 1934, Redfield R. - Villa Rojas A. 1934, Evans-Pritchard E. E. 1937.

the increasing attention awarded to the so-called “plural systems” where different therapeutic traditions coexist. We still noticed problems and perspectives left open in the debate:

What has been introduced by the definition of medical system is the possibility to conceive the “other” therapeutic traditions not as a set of herbal and manipulative practices – regarded as empirically effective - combined with a conceptualization of illness and magical interventions seen as superstitious.

The medical system definition, instead, perceives them as integrated and coherent systems where the empirical dimension is strictly linked to a wider symbolical and cognitive order. Medical systems have a fair level of inner coherence. Within them the dimensions of aetiology and cure are relevant, but they also include a more comprehensive dimension of prevention and of preservation of health. (Janzen J. 1978, 1979). In the last two decades researchers called into question the idea that such systems appear to be so coherent, advancing more complex and “fuzzy” interpretative models. The ethnographies of creole contexts where several systems interact, though, need to be further explored, taking into account the impure and syncretic character of their practices.

Social actors stand at the crossroad between different paths. At the same time even the therapists locate themselves at the junction of the different therapeutic traditions. Plural practices, thus, meet with different symbols and ways of thinking. These premises contribute to a wider definition of the analytical and theoretical framework. However surveys must take into account another constitutive issue, that is to say the idea of creole contexts as historical processes. They could be analysed in their socio-historical dynamics, their resistance strategies, and their actual power relations (Schirripa P. - Zúniga Valle C. 2000: 219).

The variety of practices and way of thinking in a plural medical system represents still an open issue. Irwin Press and Arthur Kleinman are among the most quoted authors in the debate regarding the definition of plural medical system. The two authors represent opposite perspectives.

Irwin Press offers a rather narrow definition of a medical system as an interrelated and integrated body of intentional practices and values ruled by a unique frame which gives meaning to the sickness and allows to identify, prevent and cure it. (Press I. 1980).

Press' perspective is a taxonomic one. The identification of a medical system requires a definite coherent paradigm that includes the whole of practices and values

which orientate the agencies of social actors, as well as the ways in which sickness is interpreted and the various manners to cope with it.

Press' taxonomic view does not take in account the traditional therapists intervention strategies -which are often impure, syncretic and poorly coherent - and the health seeking behaviours as well; that it to say the concrete actions of patients moving among the available therapeutic resources.

Kleinman's interpretation pays more attention to patients behaviour (Kleinman A. 1978, 1980). In his fieldwork in Taiwan the American psychiatrist and anthropologist suggested a threefold model. According to the author, the model could be useful also for the transcultural comparison of medical systems conceived as cultural systems.

The model comprehends three sectors: *popular*, that is to say the set of beliefs and practices widespread shared within a community; *folk*, which includes those practitioners which have a specialized knowledge and are considered as healers by the community although they do not have any official recognition by the institutions; *professional*, including the activities of the therapists involved in any form of formalized medicine, whether it is biomedicine or a kind of local medicine, i. e. Chinese traditional medicine (Kleinman A. 1980).

Kleinman and Press assumptions are distinctly far from each other, since Kleinman individuates in the variety of the resources a main feature of medical systems.

Similarly, Benoist recognizes the value of therapeutic resources' plurality (Benoist J. 1993, Benoist J. cur. 1996). Benoist' ethnographies focused mainly on creole contexts, societies where different traditions – not only in the therapeutic field - cohabit close to each other and sometimes fall into creative phases of synthesis. Benoist stresses how a plural medical system in such contexts has to be seen as a whole. The medical system comes out as:

a space where plants become symbols, gods become medicines and ritual treatments and promises become vaccines [...] a space where modern medicine, social assistance, CAT and antiviral have their leading options [...] but they adapt to traditional issues, making them complete (Benoist J. 1993: 148).

A medical system is plural since it is the historical output of specific dynamics and the result of particular social relationships, because it is rooted in history and shaped by social forces. Benoist focuses on creole societies in order to analyze the social and cultural dynamics through which «plurality has its shape». Therapeutic resources in this context become also ways through which the social and cultural

identified of social actors can be defined and places of exchange among manifold traditions. (Benoist J. 1996).

Finally, Fassin gives particular relevance to power issues and debates the definition of medical system (at least the Press taxonomic conception of it):

[...] the medical system, as a definition, cannot be considered to have heuristic effectiveness in describing complex societies where several therapeutic traditions stay side by side. Basing on his fieldwork in a *banlieue* of Dakar, Fassin (Fassin D. 1992) calls into question medical system classification models based on the traditional/modern axis. Thus, he shades the differences among the different medical systems, enlightening their convergence and syncretism. He takes into account social actors points of view, first of all the therapists' one. Fassin points out the process of continuous negotiation which in a context of medical pluralism is marked up by policies of legitimation of traditional medicine. One can notice how, in such a situation, the role of therapists is constantly repositioned on several levels of the global therapeutic offer (Schirripa P. - Zúniga Valle C. 2000: 217-218).

Plural medical systems are not harmonious: they reflect conflicts across the society, as well as the competition among different social actors fighting to obtain resources and improve their status. All the anthropologists I have quoted here, although from different theoretical positions, point out how a plural medical system has to be considered a hierarchic set of competition among social actors with asymmetric positions.

Bourdieu's notion of field fits properly<sup>2</sup> here (Bourdieu P. 1971a, 1971b, 1994). Bourdieu defines a field as a setting in which agents and their social positions are located. The position of each particular agent in the field is a result of interaction between the specific rules of the field, agent's habitus and agent's capital (social, economic and cultural). The field and the position each actor occupies within it are both shaped by the individual agency and by the relations between the individuals acting in it. It has a hierarchic structure articulated on the basis of dominant and dominated positions, due to distribution of capital (symbolic, social, etc.). Instead of being static, a field is an area of struggles in order to keep and transform the status of any social actor

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<sup>2</sup> I attempted to delineate an analytic model for the medical system and its social actors in Ghana based on the bourdiean concept of field. Cf. Schirripa (2005)

which acts within it as well as the power relation between different social actors. The notion of field will be a standpoint in this book aimed at the definition of the medical system in Mekelle, as well as of its actors and of the ideological conceptualizations one can find within it.

### Pharmaceuticals

Before describing the market of drugs I would like to give a brief definition of drug.

One can define as drug a specific substance – or more precisely a compound of substances – that a specific community, in a given historical and social situation, perceives as effective to deal with, and often to resolve, what in that context is thought as sickness.

From this point of view we can see the drug as parcel and part of that complex whole of theories, acts and practices which constitute the therapeutic process (Kleinman, Csordas). A drug can be drawn by vegetable, animal or mineral substances, or it can be the product of a process of chemical synthesis of laboratory. One can think that its effectiveness depends on the inner quality of the substances used in its production – as in the case of biomedicine – or, on the other hand, one can think that the effectiveness depends on the right acts or on the prayers the one who has prepared it has performed – as in the case of most of the traditional medicines. In any case the drug represents in its materiality as a concrete and visible object one of the tangible moments of the therapeutic (Van der Geest S. - Reynolds Whyte S. - Hardon A., 1996)<sup>3</sup>.

It is its concreteness which allows us to look at the medical system through a particular lens. The pharmaceuticals are the focus of complex transactions – both material and symbolic – that involve different phases of their life-cycle: from their production to their use by people. They literally touch and build the relations between the principal actors in the therapeutic arena: policy-makers, pharmaceutical industry, pharmacists, therapists and patients.

Pharmaceuticals have their own value regime (Appadurai) that comes from a whole of ideas and attitudes, consequence of a peculiar historical process and of concrete relations in a given context. By concrete relations I mean the whole of social relationships that preside over control, distribution and use of a given resource, including the pharmaceuticals.

From this point one can say that looking at pharmaceuticals would allow us to focus on the *political economy* of a given medical system. Using the term “political

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<sup>3</sup> In their review Van der Geest S. - Reynolds Whyte S. - Hardon A. (1996) proposed a biographical metaphor to approach what can be called the pharmaceuticals' “life-cycle”. In the analysis one can focus on production, marketing, prescription, distribution, efficacy and so on.

economy” I refer to “a) the way in which resources are controlled and distributed; and b) the human interaction which is both the catalyst and the consequence of that control and distribution” (Keita M. 2007: 3).

### **Health resources and drugs in Mekelle**

Mekelle is the capital town of Tigray, one of the nine regional States which are part of the Federal Democratic Republic of Ethiopia<sup>4</sup>. It is a 200.000 inhabitants city which recently boosted its social and demographical rates, being a main attraction for the surrounding town and villages. Lots of people move in Mekelle mostly to seek for better opportunities, life commodities and health facilities as well. In fact most of the health facilities are concentrated in the town, while in the rural areas and the little town as well the health services – both public and private – are less equipped and generally not so diffused.

In my account I will use the frame biomedicine/traditional medicine/religious medicine. It is clear that the social reality is more complex. There are many overlaps and syncretisms as well between them. Using that frame I do not want to force the social dynamics within the dialectal game between tradition and change. I use it just because in referring to their medical practices the social actors I worked with often used these terms. They do not reflect a clear and sharp distinction among the different therapeutic traditions, but just the way normally people look at them and perceive them.

The medical system is dynamic, then it is not possible to propose a sort of reification of the different traditions one can find within it. It is an arena where the social position are always negotiated and the social relations are continually changing. I will use the frame biomedicine/traditional medicine/religious medicine, but these different sectors have not to be seen as something taken-for granted. The peculiar role and meaning each of them will have in the field of therapies will be the result of the relations among the different sectors and of the peculiar history of the presence and development of any sector in that social context.

The medical system of Mekelle, seen as a whole, gives to the people a large range of therapeutic resources to cope with the different pathologies. There are several biomedical facilities (both public and private), different kinds of traditional practitioners (both Christian and Islamic), and religious sources, mainly the holy water sources.

In describing the role of the pharmaceuticals in the medical system of Mekelle I would like to start from biomedicine. In my opinion it is important to underline the distinctive history of Ethiopia compared to other African countries (I refer for instance to

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<sup>4</sup> The Federal Democratic Republic of Ethiopia has been established in 1991 (European calendar,) after the end of civil war and the defeat of DERG regime. For more details on the recent history of Ethiopia and on the civil war cf.

Ghana, where I worked in the past). Ethiopia is indeed the only African country that has not been under the colonialist rule, apart from the very brief experience of Italian occupation. The formation of the Ethiopian state is not a legacy of colonialism but is the result of an internal and complex development. Also the introduction of biomedicine is not a legacy of colonialism. It was brought in by Menelik II and Hailé Selassie in the context of their politics of reforms and opening to the Western World. Both Emperors invited the first European doctors to move to Ethiopia and later built the first biomedical facilities. Among them there was a pharmacy in Addis Ababa owned by a Russian doctor (Pankhurst 1990).

Although they are not a legacy of colonialism, pharmaceutical are perceived as a Western product. However a focus on the local reality imposes a deconstruction of the idea of Western product. In recent decades, because of the decentralization of industrial production and of the dramatic entry in the market of the Asian countries, the production places of the biomedical pharmaceuticals have multiplied.

In the pharmacies of Mekelle one can find pharmaceuticals made in Europe, Asia as well as in Ethiopia and other African countries. Their perception and circulation is different.

European pharmaceutical – the most expensive - are perceived by the locals as the most effective. Locals consider this effectiveness as linked to their high price, which is not perceived as a consequence of a higher production cost but rather of their higher effectiveness. Such a higher performance is also linked to their European origin, as Europe is viewed as the birthplace of biomedicine. This is why Europe is considered as the place where there is a deeper knowledge of pharmaceuticals.

Because of the high price of European pharmaceuticals, the Asian pharmaceuticals are the ones mostly used. Although they are viewed as less effective, these latter are cheaper and have a lesser impact on the family budget. The use of European pharmaceuticals is limited to those cases that are considered most serious or else it is a sign of distinction (Bourdieu).<sup>5</sup>

We can speak of pharmaceuticals also in the context of traditional medicine. Such drugs are made out of minerals, plants or animals. Their circulation is usually limited: the therapist prepares the remedy which is then used by the patient according to the instructions received. Sale of traditional pharmaceuticals is limited. In Tigray there is only a therapist who prepares his drugs (creams, liquids and so on) and keeps them in containers or boxes, so that they look like European products. They are then sold in two drug shops owned by the therapist. Compared to other African countries

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<sup>5</sup> This does not apply to ARV drugs, which the government distributes for free to the patients affected by HIV, nor it applies to other drugs, such as the contraceptives.



traditional medicine does not seem to follow a commercial or industrial pattern of development. In my opinion this is due to the circumstance that traditional medicine is as yet not recognized.

During the years of DERG, the military government overthrown by the current rulers, a politics of recognition of traditional medicine was introduced. That is why the current government has ignored the problem for many years. Currently a law is under discussion but it has not been approved as yet. This means also that the process of social re-evaluation of traditional medicines that we can observe in other African countries is not present in Ethiopia. The use of traditional therapeutic practices is not a sign a distinction in Ethiopia. It is a popular practice among people not because of the higher costs of biomedicine but because the traditional drugs are perceived as effective in specific pathologies where on the contrary biomedicine is seen as ineffective or damaging.

In my fieldwork I worked also with the people, all of them women, which use to sell herbal remedies in the marketplaces. They sell mostly row herbs or minerals which will be prepared and mixed by people, but sometimes also sell simple compounds.

Normally are lay people which buy those products, many healers during my interviews told me they do not refer to those women for getting row materials to prepare their compounds. This is because they do not trust them: in their view the row herbs to be effective have to be harvest following certain rules which those women do not know; moreover there is also a problem of secrecy. Getting herbs and minerals from the marketplaces, the healers would risk to reveal what they use in their compound which is a knowledge they want to be concealed. The secrecy is necessary for different reasons. Their knowledge is their mean to acquire clients. The only way to share it is exchanging a compound with or selling to another healer.

The women which sell herbs and mineral in marketplaces then have as clients lay people. They also usually do not have any particular knowledge nor they have any peculiar training. Their knowledge of remedies is limited to those normally used in every family to cope with simple ailments. From this point of view their knowledge pertain to the popular sector, if we use the Kleinman terminology, and they occupy an interstitial place in the field of therapies

Finally, the holy water is used in all sorts of pathologies, including the most serious ones like AIDS. Those who use holy water most often do not use other drugs. The circulation of this remedy is however controlled by the Church.

As I told before is not possible to look at these three sectors as separated entities. There are interplays as well as competition. For instance in packaging his remedies in a Western style the therapist I mentioned before is claiming for a specific

place in the arena. A place which stand in the traditional sector but challenge the biomedical hegemony in selling pharmaceuticals using drugstores. At the same time when the priests sometimes induce people not to use drugs when they are using holy water, they create a specific locus of action which define themselves through the differentiation by biomedicine and the demonization of traditional therapies. At the same time biomedicine is claiming his own role in the arena underlines the effectiveness of its products (the drugs) and delegitimizing the therapeutic action of traditional remedies as well as of holy water. Finally traditional medicine occupies his place also through the use of some specific nosologies. I refer to such nosologies which are thought not to be healed by biomedicine. It is the case, for example of a dermatological problem, called *almasbalechera*, “a kind of skin disease that is identified by health professionals with the biomedical term herpes zoster. According to the most of the informant interviewed, ‘this disease doesn’t like modern treatment’, because the injection received in biomedical facilities is perceived as multiplying the lesions. On the contrary, traditional treatment for *almasbalechera* is perceived as effective because it arrests the spreading of the wounds” (Bruni, forthcoming).

In this way any sector, or it is maybe better to say any social actor, define itself in the arena by confronting and competing with the others.

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