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HEALTH SYSTEM, DEVELOPMENT, WOMEN AND CHILDREN IN POST-CONFLICT MADAGASCAR, ANTANANARIVO: VIEWS FROM THE LOCAL VOICES

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Political crisis that ended violent in Madagascar exacerbated the conditions of the vulnerable populace (women, girls and children). Women, girls and children became homeless and without livelihood, putting them at worsened social and economic periphery. Healthcare systems in low-and middle-income countries (LMICs) in Sub-Sahara Africa face diverse problems due to shortfall of infrastructure provision, financial commitment, policy implementation and universal, equitable, appropriate high-quality services. Healthcare needs of vulnerable populace are not considered priority perhaps due to their position in the social and economic strata. Therefore, economically and socially vulnerable people do not have an opportunity to adequate and equitable access to healthcare.

Aim: To collect primary narrative or views from women, girls and civil society in Antananarivo regarding healthcare system - challenges or successes in their own experience.

Objective: To locate views of vulnerable populace in building development from the perspective of healthcare system.

Theoretical Framework: Global investment is used in this study as a framework of analysis which encompasses overall health and development of women and children. Key dimensions in this framework are health system, community engagement, policy and innovation.

Findings: Social and human security of women, girls and children (vulnerable group) was significantly reversed post 2009 conflict as men left their households. Available of healthcare facilities is enjoyed by those with money, thus hampering accessibility. The character of Malagasy people, called 'Fiavarna' does not allow them to freely voice their concerns and plight, thereby making it difficult to participate in developmental goals.

Conclusion & Significance: Malagasy people make use of indigenous medical intervention to improve their health status; and we find it recommendable to incorporate it as an innovative mechanism in the healthcare system given the contextual challenges. Combination of a deteriorated political and governance morale compromise the health and development of women, girls and children; resulting in a sharp increase in poverty, reduced life span and adverse health outcomes.

Biography

Palesa Sekhejane has a PhD in biomedical technology specialised in bio photonics/Nano biosciences. Her studies were majorly on application of laser (Bio photonics) to cancer and diabetic biological models and assessing the biochemical responses. She is currently employed as a research specialist at Africa Institute of South Africa (AISA) within the Human Science Research Council (HSRC). The current research work and interest is focused on public health, biomedical sciences, technology and innovation; global health and health system policies in Africa. Countries researched include Ivory Coast, Madagascar, Guinea Conakry, Angola amongst others.

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