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understanding of health access and care practices in
Southern Lao PDR
**CONTRIBUTIONS OF A
QUALITATIVE STUDY IN THE UNDERSTANDING
OF HEALTH ACCESS AND CARE PRACTICES IN
SOUTHERN LAO PDR**

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BACKGROUND

In Lao PDR, medicine can be bought in pharmacies, herbal medicine shops (herbal, apothecary), and markets. To investigate the access to medicine in Lao PDR, this research studied the interaction between different stakeholders: patients, health workers, pharmacists. We investigate individual and household behaviours in case of illness. In scientific literature, health seeking behaviour is an assemblage of personal, cultural, social, economic and contextual factors that influence access to care.

STUDY QUESTIONS

As health facilities organize space, we decide to apply a geographical analysis in order to understand health/medicine access and care practices. A geographical analysis of the healthcare system is based on its main spatial features: location of health care providers, their attraction areas and the care seeking of the population. Our main research question aimed to understand health access experienced by the population from a qualitative point of view.

How qualitative data (practices and perceptions) expressed by the population allow a deep knowledge of the access to health facilities, care and medicine ?

The objective of this two-month study is to understand the social and spatial dynamics around the access to care, with a particular focus on the question of Malaria.

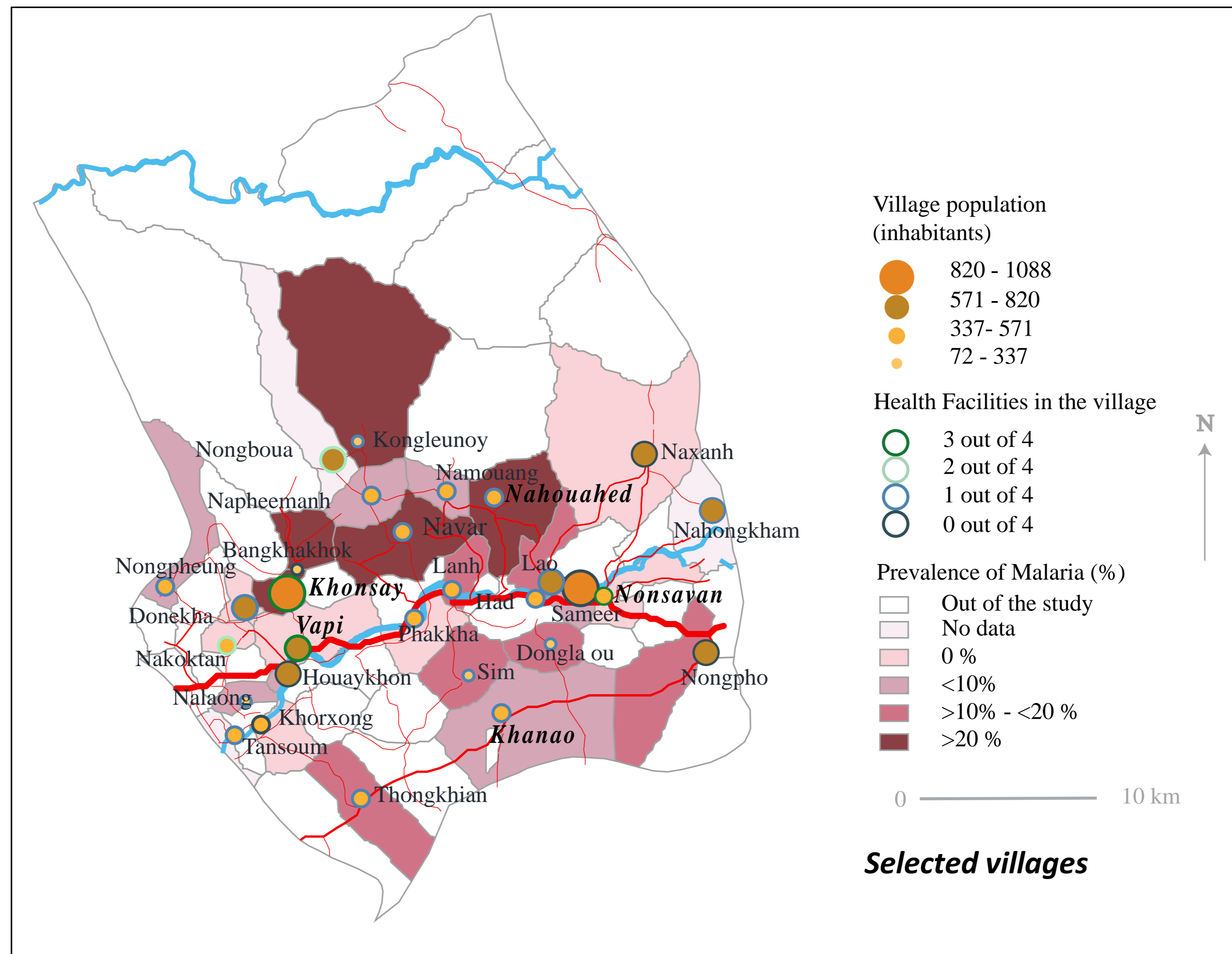
Our study was constructed on 2 parts.

- First, a preliminary work based on quantitative indicators, maps and stakeholder identification, contributes to the development of our methodology. Five villages were selected in Vapy district considering several determinants (road proximity, village population, presence of health facility and/or pharmacy, prevalence of Malaria): Nonsavan, Khanao, Nahaouahed, Vapi and Khonsay. We use the results gathered through the Lao Decide initiative (LDI) and an epidemiological study led last year by a collaboration team between CMPE (Center of Malariology Parasitology and Entomology), the Saravan Provincial Department of Health, LOMWURU (Lao Oxford Mahosot Welcome Trust Research Unit) and URM MERIT IRD on the prevalence of malaria in general population in Vapy district.

- Secondly, a qualitative approach was conducted in the villages selected. Data collection consisted in semi-structured interviews with medical staff, health stakeholders and villagers- completed by direct observation, informal discussion.

METHODS

STUDY AREA: 5 VILLAGES IN VAPY DISTRICT

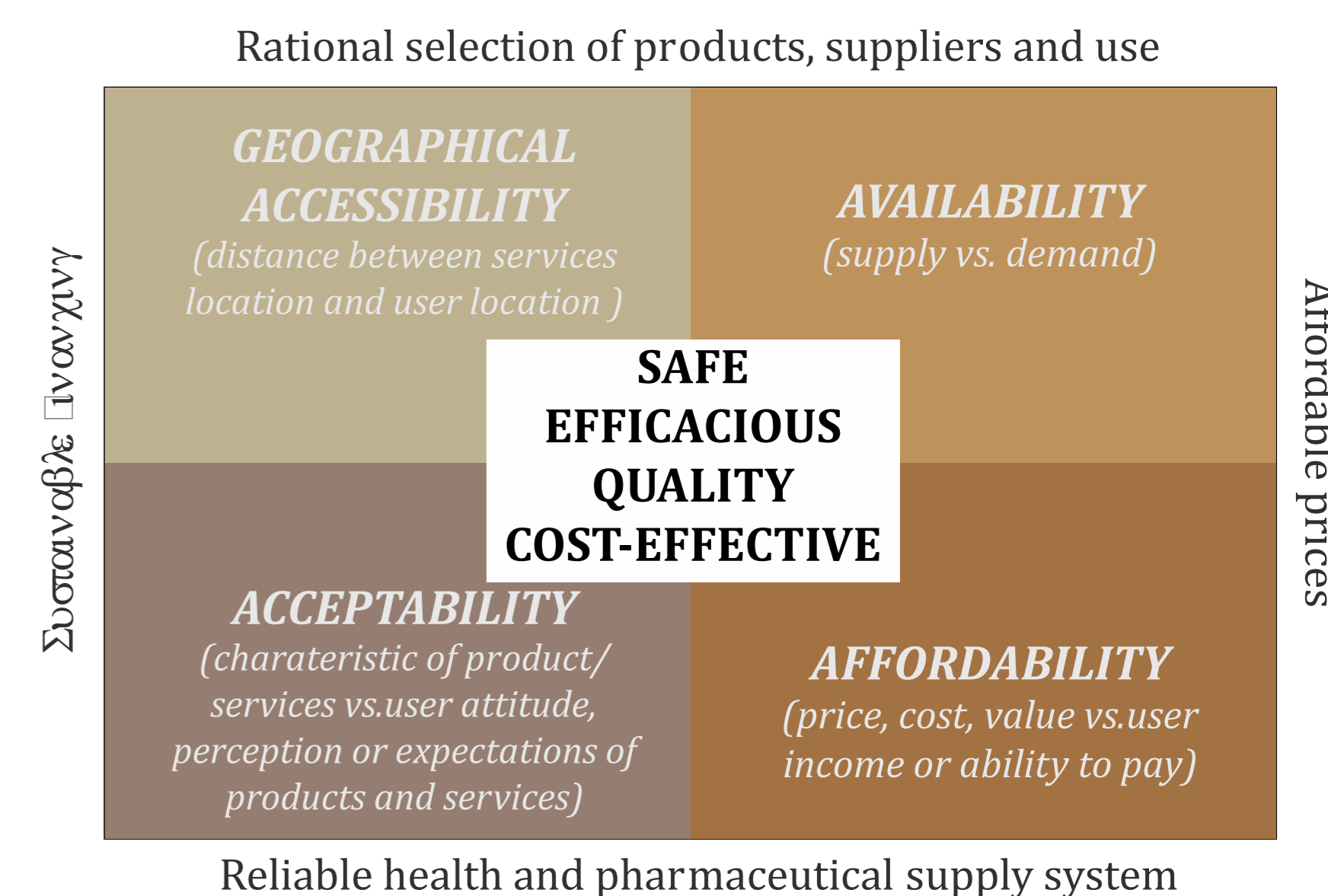


CONCEPTUAL FRAMEWORK : ACCESS TO MEDICINE

We define access to medicine from a combination of two sets of evaluation grid:

- The first one is set through the WHO Action Program on Essential Medicines and proposed 4 axe of evaluation: Availability, Accessibility Acceptability & Quality of health facilities.
- The second one is given by the WHO framework for access to essential medicine. The framework is based on the ascertainment that equitable access to quality pharmaceuticals is an essential component of health system strengthening and primary health care reform, particularly in low- and lower-middle income countries.

This combination of factors allows understanding the complexity of the question of access to quality medicine .



ACCESS TO HEALTHCARE IN VAPY DISTRICT IS COMPOSED OF A MULTIPLICITY OF SPATIAL, SOCIAL, ECONOMIC AND TECHNOLOGICAL FACTORS



Source : Juliette MICHEL, 2015

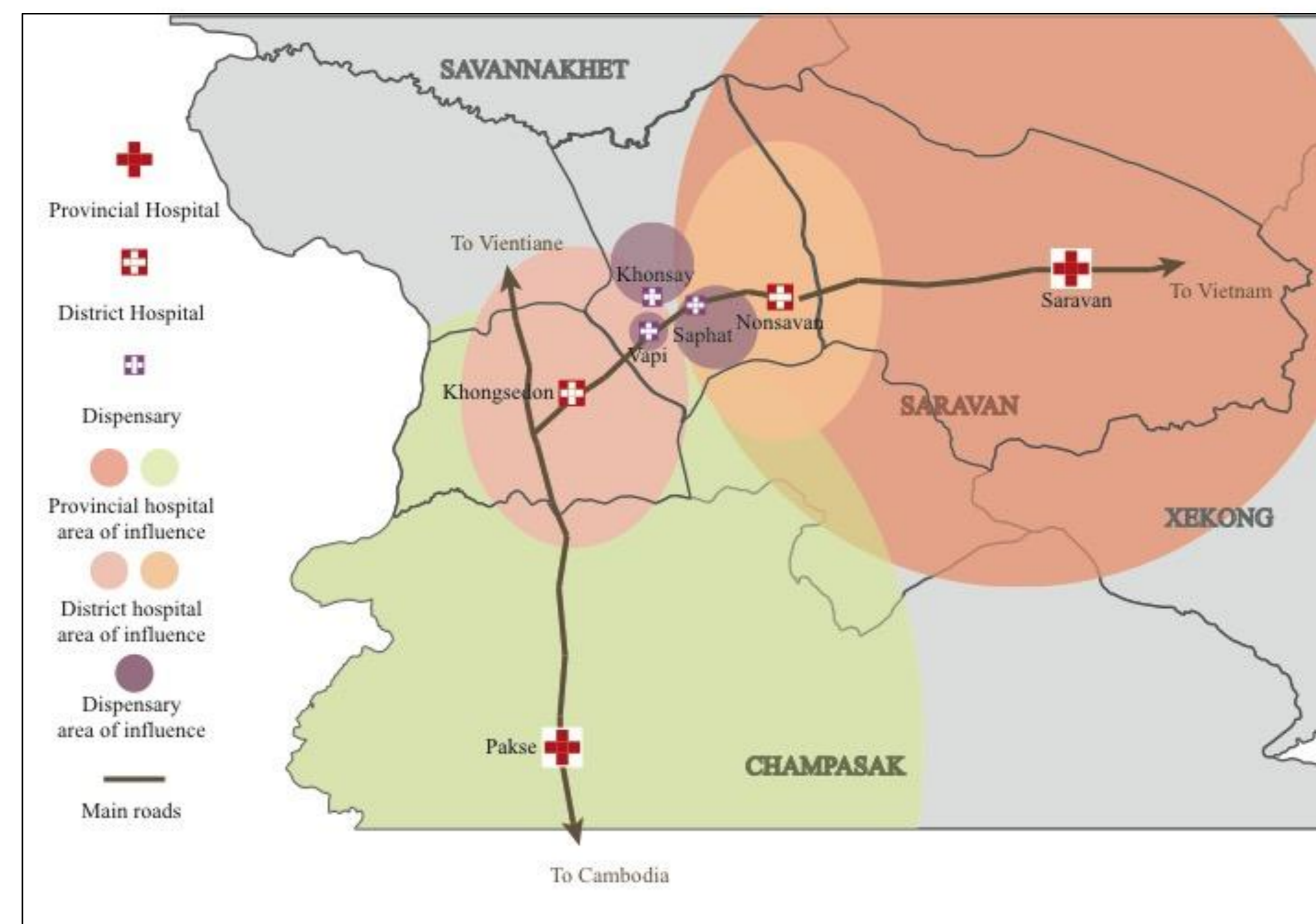
The role de of the distance

Different aspects compose the distance factor: the quality of the road network, means of transportation and their role in the shaping of the different areas of influence

About the quality of the road network in Vapy district: the main axis of the district is a transversal road (East/West) that goes through the entire province and links Saravan to the road 13, the main North/South axis of the country. This road was recently paved. The secondary network is mostly constituted by dirt roads which raises accessibility issues. Indeed, during the rainy season, half of the dirt roads are flooded.

About the means of transportation: private cars are the only way to go to provincial hospitals (Saravan or Pakse) and be back in the day. However, scooters are the most common mean of transportation in Vapy district.

In scooter, the two-way trip will take 8h in average, without counting the time spent in the hospital. Moreover, some disease conditions make the trip in scooter impossible, e.g. leg fracture, important fever.



Attraction areas of provincial hospitals : pushing administrative boundaries

Vapy district is actually at the same distance from Saravan hospital and Pakse hospital. However the low quality of the road to Saravan until last year explains the preference to seek health care to Pakse rather than Saravan.

Solidarity mechanism to access to care:

One of the major issues to access provincial hospitals in Vapy relates to the question of owning a car. Vapy's inhabitants rarely own a car. Solidarity between family members, neighbourhoods, friends is thus often needed to access larger health facilities as provincial hospitals.

We observed that solidarity mechanisms are essential to balance the lack of economical and technical accessibility to care for low incomes families.

The role of mobile phones

Another mechanism to overcome the difficulty of access to care is the use of cell phones. The introduction of new information and communications technology in Laos changed the access to care and to medicine:

- Cell phones allow to contact easily medical doctors for advices, private consultations or home visits.
- It can allow to get advice about the use of traditional medicine/herbal plants from a remote traditional healer.
- Cell phones allow to order pharmaceuticals from outside the district. A daily bus connects Vapy District and Pakse and the bus driver also delivers many things to the inhabitants along the road (food, cloth, medicine, etc.).

CARE SEEKING BEHAVIOURS

In Vapy, care seeking behaviour consists in 3 different stands:

- Self-medication is a common behaviour: It generally consists in the use of paracetamol, ampicillin and amoxicillin. Here the self-medication relies on habits, automatism and the medicine are not or barely used in relation with the symptoms.

- The reproduction of previous diagnostic: Another form of self-medication. Symptoms are identified and linked to specific medicines. This form of self-medication is building on an empirical approach of the diseases, as it comes from the learning of previous experience.

- Immediate consultation. The least common behaviour, but still frequent especially with person more 50 years old. When the symptoms experience are different from a previous experience

=> Importance of self-medication in care seeking can be an issue. It can lead to overuse and misuse of certain medicines, especially antibiotics (ampicillin and amoxicillin) that can create resistances.

CONCLUSION

Our results demonstrate that access to health in Vapy district is composed of a multiplicity of factors that quantitative indicators weren't able to explain. For example, when the quantitative work gave us a sense of the distance to reach health facility, the qualitative results explain the difficulty of the trip; where we had quantitative information of the health facilities present in a village, we were able to understand the preference factors.

This study demonstrates the importance of studying access to care for a qualitative point of view in order to understand how it is constituted and thus, what are its pitfalls and how it can be enhanced.