

## CHAPTER 6

### SUMMARY AND CONCLUSIONS

In 1989, Vietnamese government announced four health policies: legalization of private medical practice, privatization of pharmaceutical production and sales, imposition of user charges in public medical facilities and the launching of national health insurance scheme, a compulsory insurance for employees and a voluntary insurance for others. As consequence of these policies, there were rapid increase in the number of private health care providers; there was a shift in health care utilization pattern in the whole country from the public sectors to private health sectors. Using fee for health care also affected patient to access health care, especially for poor people and fee for services system has pushed a significant number of the people seeking care to self-medicate by buying drugs from unlicensed vendors and to seek care from a growing number of private practitioners all the way to rural areas. Because the current situations are changing a lot, in order to achieve the goal: access health care for all citizen, the government is looking for evidence and direction for policy difference.

The objectives of this study were to study the situation of health care utilization in Hungha district, Thaibinh province, Vietnam, to identify factors affecting patient's decision for the different types of health services, i.e. commune health center, private doctor, drug vendor and to determine sources of finance for health care expenditure. This study was done from 14 to 29 February in 2004 in Hungha district, Thaibinh province, Vietnam.

250 patients who got sick in 4 weeks and used commune health center, private doctor and drug vendor were interviewed based on questionnaires. Data were imputed and analyzed by computer. Logit regression was applied to identify factors affecting patient's decision to use each kind of health services, with income, payment, educational level, waiting time and distant from patient's home to health services as dependent variables. Payment for health care and source of finance that patients used were compared among health services and different income groups.

The results are:

42.8 percent of patients chosen private doctor when they got sick, this proportion for commune health center was 39.6% and 17.6% was the percentage for drug vendor. That means private doctor and commune health center was the first choice of patient. The results also showed that, patient with higher income tended to use commune health center more than lower income group did (see Table 5.3 and 5.6)

Time that patient had to wait to examine was the most important factor that influencing the probability of patient using commune health center. It implies quality of service in commune health center. The number of patient using it will decrease if time that they have to wait increase. Another important factor was income. The positive coefficient of income implies that, if family monthly income increases, number of patient will increase (see Table 5.9)

The coefficient of income for private doctors was negative significantly statistics. That means patient will decrease to use it if their income increases. Distant from patient's home to private doctor also was a significant factor that influencing patient using private doctor. The shorter distant, the higher patient visit. Time was also a significant factor but surprisingly, number of patient using private doctor does not decrease if time increases. (see Table 5.12)

Amount of money that patient had to pay for health care was the most significant factor for using drug vendors. Patients avoid using drug vendor if they have to pay more (see Table 5.14)

In term of payment for health care, amount of money that patient had to pay to commune health center and private doctor was nearly the same. But it was significant higher than payment for drug vendor. The mean payment for the same kind of diseases of rich group was nearly 2 times higher than poor group but percentage of payment shared with income of poor group was nearly 2 times higher than rich group (see Table 5.16 and 5.17)

Mostly, selling rice, livestock was the main source of finance that patient used to pay for health care for poor group, especially for some diseases that they had to pay more money, while monthly income was the main source for average and high income groups (see Table 5.18)

Patients use drug vendor as one kind of health services without prescription is common in less developed economic countries, including Vietnam. This study has found that the probability of using it was negative associations with education level, price of care. To reduce it, government should continue improvement in people's education, general knowledge, and socio-economic status.

Private sectors will become more and more important in the future, with high proportion of patients in this study used private doctors. The government needs to recognize the private sector as a key player in the health care system and introduce wide-ranging policies reflecting that. The private sector is currently under-recognize, but it could be better mobilized to help achieve the government's goal of assuring health care for all citizens. Health policy-makers should manage and announce more regulations to improve the number and quality of services such as give more appropriate conditions for private doctor get a working license, sign the contract with private sector.

Commune health centers are still the main health services that government provides in rural areas. The results of this study show that, CHC is the normal good. But for the socio-economics improve year by year, commune health center should improve quality of services, give more personnel, such as reduce time that patient has to wait to attract more and more people use. Health staff in commune health center should receive more clinical training and more supplies to act as an extra branch of the health service in areas where the health services do not reach.

The results has found that, poor people had not enough money to pay for health care when they got sick in both amount of money and source of finance that they used. Besides continuing improvement in educational level and economics, government should have some

program to help poor people access health care, such as provide more health insurance card for poor people, have more regulations that can reduce the patient's spending for health. The current system of exemptions fails to provide adequate protection to the poor and a completely new system is required. The results suggest that it is the poor in poorer communes that are most affected by high user fees and it is to these areas that any assistance from government or donors should be targeted.

In this study, quantitative information on health seeking behavior and payment on health on households has been collected. Additional qualitative data would provide a better understanding of the reasons behind the findings. This study also lack data on quality of health care services provided by different providers. There are many factors affecting on health seeking behavior, because of lack of time, so in this study, only 5 factors are chosen to be factor. In this study, patients can choose only commune health center, private doctor or drug vendor when they need, to calculate a probability of patient using each kind of health services, multinomial logistic regression can be applied. These limitations have been considered for further study.

For further study, the researcher suggests some research that related with quality of treatment in commune health center, private doctor and drug vendor in order to understand more clearly about real health system in rural areas.