CHAPTER II

ESSAY

Access to Primary Care in Vietnam

2.1. INTRODUCTION:

The main objective of any national health system is to bring a healthy life for everybody, family and community. The health system is divided in to three different levels of health care: primary health care, secondary health care and tertiary health care. Secondary and tertiary health services focus on specialized care. medical education and research. They have been set up and improved at district, city. province and central levels. While primary health care are the most basic, essential services which are integrally developed into communities in order to meet the most common health care demands of people.

Primary care plays an important role in the mission of the health system. It deals with more common and less well - defined problems in community settings such as offices, health centers, schools, homes etc. and a large proportion of health problems is taken care by primary care (Stafield, 1992). It has a strong relationship with secondary and tertiary services and together with them to solve all levels of health problems.

Because of the important role of primary care, it has been the priority in the development strategy of the health system of each country. The universal coverage in community development of the health system makes primary care available to people. However, how to make the available health services used by people is more important. Only when being accessible, health services will become a mean to improve the health of people.

This thesis will focus on the accessibility to primary care for households in the urban area of Danang City in Vietnam. In this essay, I will discuss primary health care, accessibility and access to primary care.

2.2. PRIMARY CARE:

Primary health care is a part of the health system, a general issue. In order to identify primary health care, it is necessary to explore the literature as well as to discuss the relationship between primary care and primary health care, secondary and tertiary services. It is also useful to include the primary care practitioner and health problems related to primary care.

Primary care is the first contact with the health system where patients enter it. At this level, patients can be treated or referred to the higher levels. The major task of primary care is to elucidate the patient's problem and elicit information that will lead to a diagnosis and choice of the most appropriate management (Stafield, 1992 and WHO, 1996).

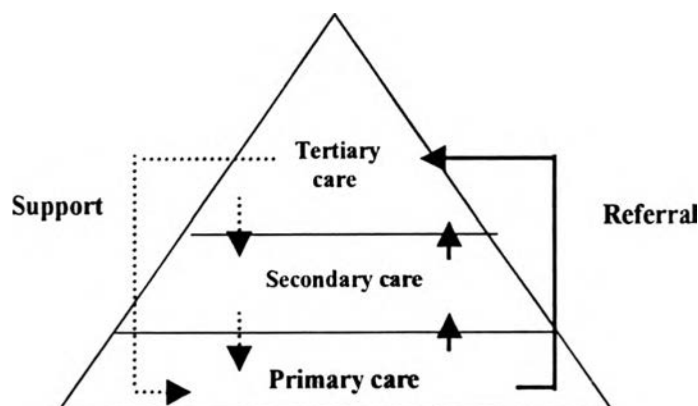

Figure 2.1: The Relationship Among Primary Care, Secondary Care and Tertiary Care

Primary care is distinguished from secondary and tertiary care by several characteristics. As mentioned above, it deals with more common and less well-defined health problems. These problems can be acute episodes, old health disorders or new ones of old patients. It is difficult to line out exactly all of them because of the wide range approach of primary care. In the history of medicine, the concept of primary care problems had been created, adjusted by time due to changes in the concept from primary medical care to achieve the goals of primary health care:

> Stafield (1992) states: "The orientation of primary care services toward meeting the needs of communities as well as those of individual who appear for care will bring conventional primary medical care closer to the vision of primary health care of Alma - Ata".

Primary care problems are health disorders, complaints, illness and diseases that strike patients. They might be minor self – limited illness or medical care – needed ones, but they really affect people's health. In fact, only a small proportion of afflicted persons need to seek medical attention, and of those only a small proportion will materially get benefit. However, it is important if a higher proportion or all of

them to be benefited, to identify their problems correctly and to take the proper course of action (Runyar. Jr., 1982). Countries, depending on social-economic conditions and on health development strategies, may adjust the concept of primary care.

Primary care practitioners encounter a wider range of presenting problems than specialists do. They have a wide knowledge on kinds of diseases, taxonomy, how to give first care or referrals while specialists specialize on certain kinds of disease. Another related characteristic that should distinguish primary care practitioner from specialty practitioner is the greater familiarity of primary care practitioner with both patients and patients' problems. Both primary care practitioners and specialists are expected to see new patients and old patients with new problems. Primary care physicians see more old patients with new problems, because they are responsible for the patients' care over time (Stafield, 1992).

Primary care is part of primary health care. Primary health care includes health programs, health promotion and primary care. The practitioners in the primary health care system implement the activities of primary care. Primary care includes primary curative, primary preventive and promotive services.

Primary care has an important role in the national health system. It covers a wide range of health problems. A large proportion of health problems is taken care by primary care. Countries have endeavored to build a universal coverage primary health care system. However, health services only have meaning whenever people can access easily and use them. So making primary care accessible to all people is important. Each country, based on its socio - economic and cultural conditions build its own health system most accessible to people.

2.3 . PRIMARY CARE IN VIETNAM:

Vietnam is a developing country, with a population of 76.325 millions (National Statistic Organization, 1999). The socio – economic condition is relatively low. The national health budget with VND 2.900 billions/year (1 USD = 14.500 VND), health budget per capita with VND 257.986/year (MPH/ADB, 1999) and living condition of people are still low with GDP per capita = USD 200 (ADB, 2000). Primary care development is essential to meet the most basic health care demands of all people. This was emphasized in the health system development strategy of Vietnam period 2000 - 2020 (MPH, 2000).

Primary health care includes primary care, health programs and health education. Vietnam has built primary health care based on the guidelines of WHO. In the objectives to develop primary health care for the period 2001 – 2010 in Vietnam (government decision, no35, 2001), primary care has a key role:

General objectives: we endeavor to build a primary health care system that all people can reach primary health services, can access and use quality medical services. Everybody is well - being in the community, grows well physically and mentally. Decreasing morbidity, increasing health of people and life expectancy. (Prime Minister, 2001).

Special objectives: Eight elements of primary health care from WHO are adjusted to adapt to the situation of Vietnam from 2001 to 2020:

- Education on prevailing health problems and methods of preventing and controlling them;

- Promotion of food supply, proper nutrition and food hygiene;
- Adequate supply of safe water and basic sanitation;
- Maternal and child health care, including family planing;
- Immunization against the major infectious diseases;
- Prevention and control of locally endemic diseases;
- Appropriate treatment of common diseases and injuries;
- Provision of essential drugs, developing traditional medicine;
- Besides these contents, the Vietnam Ministry of Public Health considers the consolidation and strengthening of the health care system for all people and the health surveillance system as two additional elements of primary health care.

The seventh item is the content of primary care and the two additional ones will help to strengthen primary care.

Vietnam has built a universal coverage health system from central to community level: at the year 2000, there are about 5.1 medical doctors, 10.8 medical assistants, 1.6 pharmacists for 10,000 population (MPH, 2000). Each community health center serves about 7,823 people (Thailand: 6,762; Cambodia: 15,000), 56 percent of communities have medical doctors, more than 80 percent of communities have doctor assistants and midwives (Hung, 2001). The coverage has made primary care available.

Health care facilities that implement primary care include general consulting rooms in province general hospitals, district hospitals, quarter health centers or commune health centers. At these facilities, people are provided with a wide range of medical services.

With many endeavors, the Vietnam health system has achieved some successes. Vietnam has a high position of health care infrastructure for people if compared with the countries that have the same socio-economic conditions. A good health system should be easily accessed and used by people. The next part will discuss about the accessibility to primary care.

2.4. ACCESSIBILITY:

Definition of accessibility:

Access to health service is the process initiated from the need for health care to contacting and using health services. According to WHO (1981):

> "Accessibility is the number or proportion of the given population that can be expected to use a specified facility, service, etc., given a certain barrier to access, which may be physical (distance, travel, time), economic (travel cost, service fee, time cost), or social and cultural (language) barriers."

In order to ensure that health services can be reached and used by people, they have to be appropriate and adequate in content and in amount to satisfy the essential health needs of the people. And it has to be provided by methods acceptable to them (Alma – Ata Declaration, 1978). From this we can see that there are four dimensions of accessibility to health care:

- Geographical accessibility: Transportation, travel time. The physical distance from living place of people to the primary care facility. This distance is measured not only by how far but also by how difficult, how long to reach it because the characteristics of the distance are reflected by the process of going to the health facility.

- Financial accessibility: It is the payment for the use of services. The amount of payment has mean of measurement only when we relate it to the ability to pay of people. Financial access also relates to time and money spent to reach health services. Time means cost because patients have to sacrifice their earning time.

- Cultural accessibility: It relates to the appropriateness of methods used with the cultural patterns of the community.

- Functional accessibility: It is the process, method of managing of care to those who need it. The ways that care is delivered to patients affect the accessibility to care.

The accessibility is understood fully by four dimensions identified by WHO, 1981. The application of this concept is useful to assess the accessibility to primary care of people. The assessment of accessibility at the community level will reflect truly the level of satisfaction of people to primary care services. This helps us to plan some adjustments to adapt to the health care requirements of the community.

Primary health care has an important role in the national health system. In order to build a good primary care system, one of the most important things is

improving the accessibility to it. Based on the conditions, each country will have policies to facilitate people's access to primary care. In this thesis, I will apply the concept of WHO to assess the accessibility to primary care through following four dimensions: geographical, financial, functional and cultural.

2.5. POLICY ON ACCESSIBILITY IN VIETNAM:

Vietnam is a developing country where socio – economic conditions are still in low range. In the recent years, with the opening economic policy, the gap between poor and rich becomes bigger. From the year 1987, the health system in Vietnam has chanced from free services to partial payment services. The private health system has just developed in the recent years, and only in some cities such as Ho Chi Minh, Ha noi, Danang, etc. The Government health system, from community health centers to hospitals, has applied a partial payment policy. These decisions have created difficulties for people to access health services especially for the poor. In order to facilitate people access to health services, the Government has also implemented some policies to support them: policies for the poor, war veterans, children under six, etc. Accessibility to primary care can be improved through four dimensions of accessibility (geography, finance, culture and function). In 1996, the Vietnam Government endorsed a decision on policies to develop the national health system and health care for people (37 – CP/ NQ – TTg, 1996). Some policies related to accessibility to primary care are as follow:

- Policy to improve geography accessibility:

  - Consolidate and develop community health system: By the year 2005: 65 percent of quarters have medical doctors (remote area: 50 percent), 80 percent of communes have qualified midwives, 100 percent of communes have pharmaceutical nurses and traditional doctors. By the year 2010, 100 percent of quarters have commune health center, 80 percent commune health centers have medical doctors (rural area: 60 percent), 100 percent of community health centers have midwives (60 percent of them are qualified).

  - Provinces, city people's committees and local health systems plan to build roads and health centers to communes.

  - Improve emergent care ability, each district hospital must have an emergent team equipped with an ambulance available 24 hours, and an emergency room available 24 hours.

  - Socialization of medical care, pharmaceutical system; increase the role of private health care (private hospitals, clinics) and diversifying health care i.e. modern and traditional medicine.

- Policy to improve financial accessibility:

  - Priority to invest for rural, remote areas, poor communities; medical care for poor people, children and pregnant women.

- Supply free medical services for certain groups such as children under six years old, the poor, disabled persons, war veterans (children under six are free for medical care, the others are partial free but until now there is no clear policy to apply this for the whole country – according to "Vietnam health situation, 2000", MPH).

- A health insurance was introduced in 1992 (Council of Ministers, 1992). All employees working in governmental institutions, army and police, joint venture enterprises, students and non – governmental institutions as well as retried people should buy compulsory health insurance cards. Those who don't belong to any of these groups are free to buy voluntary health insurance. Some disadvantaged groups, e.g., the very poor and single elderly are supported to get health insurance cards free of charge.

- Open economic policy allows the private sector to supply health services.

- Policy to improve functional accessibility:

  - Improve quality of health service at all levels: increase doctors/ population, nurses/population and health practitioners/population rates. Upgrade and invest in new techniques and equipment at all levels of health services. Increase medicine budget to support enough essential drugs at all health care facilities especially in rural and remote areas.

- Reform the administration, improve government management in the medical field: consolidate administration procedures in diagnosis and treatment to facilitate patients, remove negative attitude of medical staff, reform management mechanism in health services and increase responsibility of medical staff.
- Each province, city will build a health system adapt to the situation, demand of heath care of people, devolve clearly health services into levels to avoid overload in higher levels.
- Higher level health care facilities should support the lower levels. Encourage medical doctors to work in remote and rural areas.

2.6. NORMS ON ACCESS TO PRIMARY CARE IN VIETNAM:

The accessibility to primary care is very important; it helps people to be able to use health services. Building the primary care system available to people is not enough, it must be accessible for people to use health service.

In the report "Health situation of Vietnam, 2000" of MPH, we can find that the objectives of development health care system emphasize on accessibility to health services:

> *General objective*: "We strive, so that everybody can use primary health care services, has to access and use the quality health services. Everybody can live safely, develop well physically and mentally."
>
> *Specific objective 2* (of 4): "Increasing effectively the equity in accessibility and utility of health care services. Issuing suitable policies and methods so that everybody, especially policy – priority persons, the poor, the minorities, pregnant women, women who are taking care for infants and children can use primary health care services."

From these objectives, accessibility means people can easily reach primary care whenever they want. However, this is not easy to achieve. We can only have some referent concepts, norms on accessibility to primary care.

- Geography accessibility: According to Minister of Public Health, health care facilities should be less than 5kms far from people accommodation with a convenient road, or should be reached within one hour with available transportation means such as bicycles, motor bike or car.

- Financial accessibility: there is no detail norm for this. But it is often understood that people should be able to afford.

- Cultural accessibility: In Vietnam we don't have cultural barriers which can affect access. The only considerable one is language difference. This problem can be solved by building community health centers with staff who are local people speaking the same language. When the doctor and the patient are not the same gender, there should be allowance of patient or

patient's family member for examination and a third person must be in the consulting room during the examination. The consulting room must provide privacy during the examination.

- Functional accessibility: Emergent case must be received and treated immediately. In government sector, within the office time, it is not accepted if physicians are free or leave position without right reason while patients are waiting. The waiting room, waiting time and process of recording should be acceptable to the general population.

These norms for accessibility to health care are not standard except for geography accessibility. They are usually used in government system. Each health service can create more or less norms. The accessibility to primary care might be good, acceptable if patients are satisfied with services. So in assessing access, I use the satisfaction level of patients.

2.7 . CONCLUSION:

Primary care is care provided at the first point of contact with the health care system. It is part of primary health care system and has a collaborative relationship with secondary and tertiary services. Primary care has an important role in the task of national health system. Secondary and tertiary services relate to specialty medicine and health research, while primary care copes with the most common illnesses of the whole population. The accessibility to primary care is the first contact with health services. Health problems related to primary care might be common or serious illnesses, acute or chronic diseases, self – limited or medical care – needed illnesses.

Of the many minor or self – limited illnesses that strike each year, only a small proportion of afflicted persons need to seek medication attention and a small proportion of them get benefit from an encounter. It is important for all of them who need medical care, to identify their problems correctly and to take the proper course of action. This only happens when people can access to primary care easily with the least obstacles. Vietnam is a developing country, the socio – economic conditions are relative low, focusing on developing primary health care, primary care is essential. In order to reach this, the Country needs to build a universal coverage health care system available and accessible to people. The endeavor of Vietnam to build such a health system has achieved relatively high - coverage health service system. The assessment of accessibility to primary care is essential and useful in order to have a general perception on accessibility to primary care of people. The result will help us to answer the question what is accessibility to primary care in specific locations in Vietnam. Because there is no clear, systematic norm of accessibility to primary care in Vietnam, the assessment of accessibility will be based mainly on the perception and satisfaction levels of people when they access health services. The result will bring some useful references to policy makers and authorities to build a better health system.

In conclusion, the accessibility to primary care is a problem that should be addressed. It is important to know because access to health services is one of the most important elements contributing to the success of the health system. The next chapter will describe in details a cross – sectional survey to assess the accessibility to primary care for households in Danang City in Vietnam.

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