

ABSTRACT

Background: The Lao government has started financial reform of public health insurances to achieve universal health coverage by 2025. Currently, the coverage of public health insurance is 39%, though the low rate of utilization of public hospitals and low coverage of health insurance is recognized especially in rural part of Laos. For the promotion of universal health coverage, it is necessary to see how people use medical services and how much they spend for each health services. This kind of information lacks in Lao PDR. Thus, this study was planned to understand health seeking behavior for peoples who live in the county.

Objectives: To understand the treatment-seeking behaviors of adults during one year prior to their deaths in one rural area, Lao PDR.

Study design: Cross-sectional and descriptive study with qualitative and quantitative methods

Study population: This research captured 25 deceased adults above 18 years old from October 2016 to mid-April 2017 in total of 19 villages, island A in Khong district. The estimated capture rate was 73.5% for all the death cases during that period. Since three cases were omitted, 22 cases were surveyed by interviewing 31 family members of the deceased.

Data collection: Case histories of 14 males and 8 females were collected through interviews by structured questionnaire with 31 caregivers. Among them, in-depth interviews with key informants of five deceased with interview guide were conducted. Five medical records at the district hospital and four medical records at the provincial hospital were reviewed.

Results: The age of the deceased ranged between 24 and 100 years old with the

median of 68. 19 cases died at home. 17 cases utilized public hospitals at least one time before death. Most cases utilized pharmacies, traditional healers, house call and private clinics in parallel with public hospitals. Only three cases were covered by medical insurance. Top of causes of death mentioned by caregivers was cancers (9 cases). Their periods of bed-ridden before death were less than several weeks for 19 cases, much shorter than the cases in developed countries. Five of 22 cases costed more than 1,000 USD during the one year prior to death. The maximum case spent about 3,500 USD. While the coverage of medical insurance was still low, 17 out of 22 cases could manage without critical financial damage of the households using personal relationship. On the other hand, reluctance of hospital admission and low motivation for health insurance were revealed.

Discussion and conclusion:

To achieve UHC, the Lao government addresses the health financing to reduce OOP payment for equity utilization of hospital. However, this study showed that low insurance coverage is balanced by support from relatives and friends to mitigate the impact on household economy. The study also discussed reluctance to visit hospital. Since the patients and caregivers preferred to receive treatments at home. Active discussion is needed to assist homecare. The study discussed that the government should improve poor management of health insurance to meet needs of population. The study found there is a gap between government programme and people's needs. We hope that the government should consider these realities and how to strengthen availability and accessibility for improving utilization of public hospital especially in rural area.