

SUMMARY

During history Vietnam suffered from several wars and profound economic changes. In this study we analysed the various reasons that disrupted the organization of the country's health care system and led people to leave the primary health care units.

For decades, the health policy of the country has been firmly committed to the development of secondary care structures. The obvious results are a lack of a well-structured primary care system and a significant overloading of hospitals.

Challenges for the future in the healthcare system include management of human resources and division of labour, finances and social security in a constantly evolving society and world. Many evoke the development of Family Medicine among the possible solutions.

The purpose of our analysis was to focus on the population's needs for healthcare, its health complaints and problems, and its behaviours in terms of consumption of healthcare services, to provide arguments to this for-the-Vietnamese-health-system important debate and to understand the potential contribution of Family Medicine.

We also chose to compare these elements to those of the Belgian population, which has already got access to a more structured primary healthcare system.

To achieve these objectives, we conducted a health survey among the Vietnamese and Belgian populations.

The collected data were analysed using SPSS software.

Open questions regarding complaints, symptoms and diseases were encoded using the International Classification of Primary Care - ICPC.

In total, 1209 people were interviewed in the two countries, on two different occasions.

A first analysis, inspired by the work of K. White, concerned the monthly prevalence of people with health problems and of people consulting different healthcare providers.

A significant proportion of the Vietnamese and Belgian populations contacted a physician.

In Belgium, more patients received care at home and from providers other than doctors. In Vietnam, a very large part of the population also consulted a pharmacist.

Our work also confirmed that very few people required hospitalization or high-tech care.

In a second step, the analysis focused on the number of recorded contacts in order to evaluate healthcare consumption.

In Vietnam, on the one hand, patients contacted doctors in hospital outpatient departments mainly for a simple consultation. On the other hand, they also went to the pharmacy to obtain drugs without prescription.

The inefficiency of the system, lack of community care and the cost of these practices have been widely discussed.

In a third step, we were interested by the complaints, symptoms and diseases reported by the survey participants. This allowed us to draw a profile of the most prevalent diseases; this is of primary interest for the training of future health professionals, especially future family physicians.

As part of this analysis, we encoded what patients said.

The International Classification of Primary Care (ICPC) is particularly suitable to general population's health problems: it allows to encoding not only diseases but also complaints or symptoms frequently mentioned by the patient without any precise diagnosis.

We wanted to make this tool available to Vietnamese doctors working in primary care and to the first departments of Family Medicine which were recently created.

We therefore translated the classification into Vietnamese language and prepared a dictionary of semantic terminology.

We hope that, in the near future, University departments of Family Medicine but also Vietnamese physicians will be using this tool. It has indeed to be frequently used in order to improve the management and monitoring of patients, to collect consistent

and reliable data, to publish studies about the health of the general population and to justify the importance of primary care.

In conclusion, during this PhD thesis work, we provided evidence showing the need for structuring a well-organised primary health care system in Vietnam, in which Family Medicine is central.

We also provided family physicians and their health partners with tools that can help them analysing their practice in the future.