

University of Education Karlsruhe
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English Department

Bachelor Thesis

for the Attainment of the Academic Degree of
Bachelor of Education (B. Ed.)

Health and Education: First Steps in Medical Awareness Concerning Health Issues in Lao Schools

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Date of Submission:	20 th of August 2018

Acknowledgement

I would like to express my sincere gratitude to Prof. Dr Isabel Martin for giving me the opportunity to do my internship in Laos and for being my supervisor. She supported my ideas and provided contacts in Laos which were essential for this paper. I would like to thank Prof. Dr Isabel Martin in particular for her care and support. She made this work possible in the first place and was available for any questions. Her suggestions and discussions contributed significantly to the success of this bachelor thesis. I am extremely thankful and indebted to her for sharing expertise, and sincere and valuable guidance.

I would like to express my gratitude to Mr Martin Remmele for his numerous suggestions and helpful discussions which contributed to the success of this work.

This research was made possible by Ms Noy Sinpakone Singalath in Laos, who, as an interpreter, enabled me to have interesting interviews with Lao people and to establish important contacts with the Setthathirath Hospital in Vientiane.

I would also like to thank my parents for their unwavering support during my studies which also made a major contribution to the success of my studies and this work.

I also thank Mrs Gerlinde Engel and the Angels for Children Foundation for the ongoing collaboration with the University of Education in Karlsruhe.

Finally and with all my heart I would like to thank my partner Raphael who supported me through this venture.

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1 Introduction

The right of health and education is a privilege that European citizens have. Through a good educational and health system, children are obligated to educate themselves in schools where they not just get mathematical and language knowledge but also get in touch with the important topic of health care. Knowledge in this area is passed on to the pupils by teachers in biology lessons as well as there are guests from the outside. Employees from health insurances try to teach the pupils in topics like nourishment, hygiene and illnesses from an early age on. Unfortunately, benefits such as mentioned above are not accessible to every human in the world.

Health care is an important issue facing Laos these days. As a least developed country, the countries' possibilities for a good medical treatment are diminished. The consequences can be seen in the infant mortality and the life expectancy of Lao citizens.

How come that Laos, a country next to Thailand, a wealthier country with middle-income, still is a least developed country which cannot offer its citizens good access to a health care? Why is education still at a poor level so that Lao people do not know about proper hygiene? And how can education influence medical awareness in schools?

This paper deals with the current health and education issues Laos has to fight with. Throughout the paper, the relationship between health and education will become clearer as well as the need of help by foreign aid organizations such as UNICEF, The Swiss Red Cross, GIZ and other private foundations to overcome or increase the limited medical knowledge and possibilities of the citizens of Laos.

The present paper will give a general overview of Laos as a country with its population, economic situation, infrastructure, education and health care. The main part will give a bigger insight into the health system with its institutions. Through ancient medical beliefs which still are carried out, this paper gives a wider look at Lao traditional medicine and its effects on modern medicine and medical behavior. Moreover, a closer look will be taken at external help that Laos receives from other countries and its influence on Lao people. The last part of this paper gives examples of first steps in medical awareness through international influences.

The aim of this paper is to show the need of a better health education of the Lao people to guarantee a life of better health and access to a good education for every child and every person, no matter what age, gender and background.

2 Laos – A Least Developed Country

Lao P.D.R.¹ is a country in Asia which is surrounded by the countries Thailand, China, Myanmar, Cambodia and Vietnam. As the country has no access to the sea, it is called a landlocked country (Encyclopædia Britannica). Fig. 1 presents the country Laos and its regions. Next to the country one can see the neighboring countries China, Myanmar, Vietnam, Thailand and Cambodia.

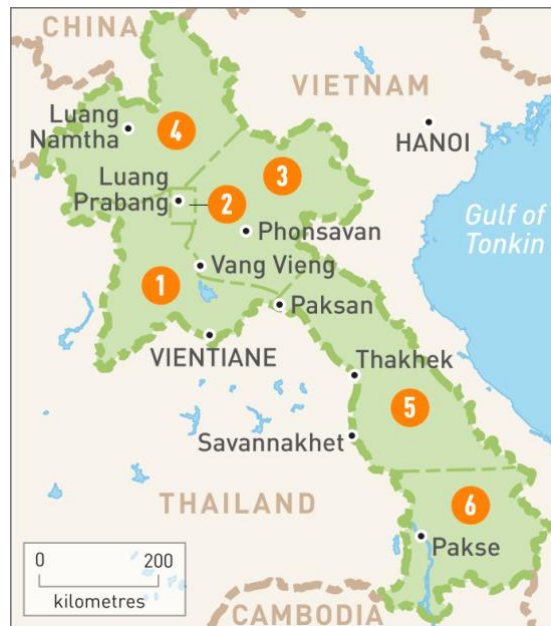


Fig. 1: Laos and its regions (Rough Guides)

To understand why it is a least developed country nowadays, one has to take a look at the historical events in the 19th and 20th century. Laos was a French colony from 1893 until 1954 belonging to the French colony of Indochina². In 1955, the Americans fought for the hegemony in Indochina. While other countries were industrialized during the French colonization, Laos never had the chance to catch up. At the same time, the Vietnam War³ started taking place and Vietnam as well as Laos were affected by bombs. Homes were destroyed and agricultural yields were wiped out. Due to the 19 years of war, Laos was unable to build up its country. After the end of the Vietnam War in 1975, the freedom movement “Pathet Lao”, communistically shaped, obtained democracy and proclaimed independence (Schultze 2013, 17-18).

¹ Lao People’s Democratic Republic (Encyclopædia Britannica)

² Laos, Vietnam and Cambodia belonged to the French Indochina colony (Global Security) .

³ The Vietnam War began in 1955 and ended in 1975. The actual conflict prevailed between North Vietnam and South Vietnam, but Laos and Cambodia also became involved (Encyclopædia Britannica) .

Another problem is that the country is landlocked which is why Laos cannot import or export products with means of transport like ships. This makes a competitive disadvantage to its neighbors. Through the existing military cooperation with Vietnam during the war, Laos entered into an alliance with Vietnam. After the war, contracts were signed to promote Laos in cultural, economic and technical fields, but Vietnam was only a mentor, not an actor. That means that there was no money invested in the country but advices towards the ministries how to govern a country were given. Because of lack of financial help, Laos fell by the wayside in building his country. In 1986, Laos showed its back to the planned economy⁴ which was recommended by Vietnam but it did not help to gain growth. Therefore, the country devoted itself to the market economy to step out of the shadows of Vietnam (Global Security). For this reason Laos became a member of the ASEAN⁵ which goal is to improve the economic, political and social cooperation between the ten member states⁶ (Encyclopædia Britannica).

2.1 Population

With a total area of 236.800 km² and a population of 7.126.706 citizens (as of July 2017), Laos is a very small country compared to its neighboring countries. That means an overall population density of 29 inhabitants per square meter which is very little compared to for instance Thailand with 132 inhabitants per square meter (Central Intelligence Agency [US]). Particularly interesting is that the population in Laos is unevenly distributed. Only 38.6 % of all Lao citizens live in cities which is caused by urbanization. The largest city is the capital Vientiane, with about 600.000 inhabitants. The rest of the Lao citizens live in suburbs, villages and mountainous regions (Central Intelligence Agency).

Another significant point is the median age of the Lao people. The average age lies at the age of 23 years with a slightly difference between male (22.7 years) and female (23.3 years) inhabitants. The largest population group with 32.76 % in Laos are children until the age of 14 years (Central Intelligence Agency). Fig. 2 describes the distribution of age of the population.

⁴ In a planned economy the production of goods are governmentally planned. The market economy in contrast produces goods according to demand in order to prevent too few products from being manufactured which can happen in a planned economy (Business case studies).

⁵ Association of Southeast Asian Nations (Encyclopædia Britannica).

⁶ Current members of ASEAN are Indonesia, Malaysia, Philippines, Singapore, Thailand, Brunei, Laos, Vietnam Myanmar and Cambodia (Encyclopædia Britannica).

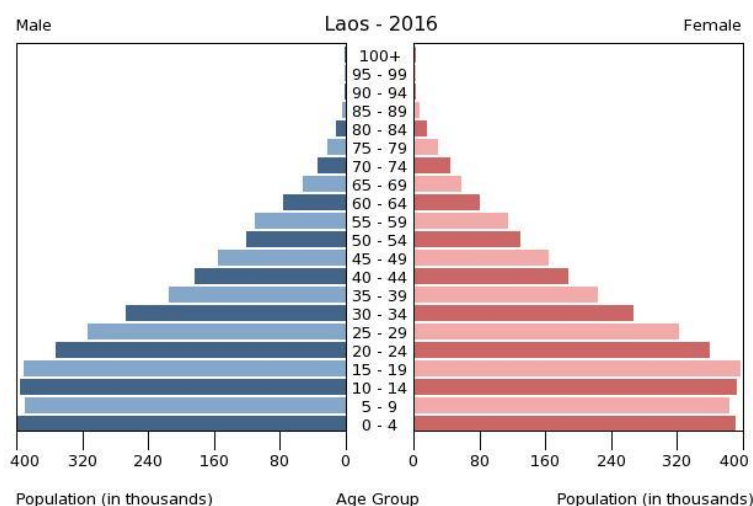


Fig. 2: Population Pyramid of Laos 2016 (Central Intelligence Agency)

Another outstanding feature is the small number of people over 65 years of age, which, at 3.89 %, is the smallest population group and indicates at the same time the average life expectancy of 64.6 years (Central Intelligence Agency).

Infant mortality is also a big issue in Laos: 49.9 % infants die from communicable diseases which is the leading death cause in Laos. The number of maternal mortality is alarming as well. 197 women out of 100.000 die during pregnancy, delivery or postpartum bed because of lack of medical service. This is certainly due to poor access to health care systems. In comparison, the average number of deaths during pregnancy, delivery and postpartum bed in Germany is seven out of 100.000 (Central Intelligence Agency).

2.1.1 Ethnic Groups

The population of Laos includes different ethnic groups. The majority of Lao people belong to the “Lao Loum” who belong to the Tai people and make up 60 % of the population. Additionally, there are sub-groups to which “Lao Meui, Lao Neua, Lao Phuan and Lao Yuon” belong. People who belong to the Lao Loum mostly live next to the Mekong. 20 % of the population is formed by the “Lao Theung” who belong to the Mon-Khmer tribes and is the oldest ethnic group in Laos. Most people belonging to “Lao Theung” live in rural areas and live from agricultural harvest (Schultze 2013, 24).

The smallest ethnic group is the “Lao Soung” with around 10 % of the total population. There is also a variety of sub-groups, but the biggest ones are the “Hmong” and the “Yao”. After the Vietnam War, many Hmong fled to Thailand and the United States of America to seek for asylum which also explains the small number of Hmong in Laos today. Normally Hmong people live in rural, mountainous areas with a limited access to roads, health and

education institutions. The Hmong people also believe in animism⁷, a religion where it is believed that spirits and ghosts exist (Schultze 2013, 25). Fig. 3 presents all Laotian ethnic groups and minorities with the women's costumes.

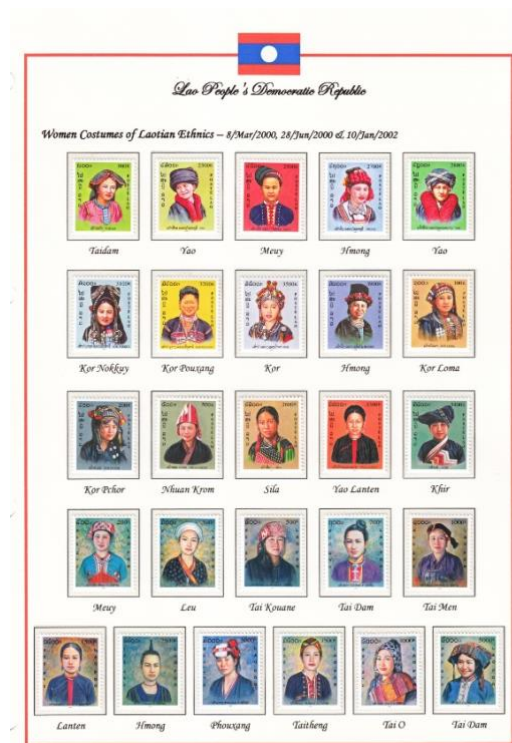


Fig. 3: Ethnic groups and their costumes on a post stamp (Stampboards)

2.2 Economy

After the communist takeover in 1975, the Laotian regime intended to introduce a planned economy. Subsidies and fixed prices were abolished. After realizing that the planned economy was not achieving the desired success, the transition to a market economy was made. Since 1990, the economy has been growing at an annual rate of 6 % (Central Intelligence Agency). Currently, Laos is still categorized as a least developed country, but in March 2018, the United Nations Development Programme⁸ announced the eligibility to overcome the status of a least developed country. This was because of the good results concerning national income per capita, threshold and the economic vulnerability (United Nations Development Programme).

⁷ Animism is a religion in which it is believed that things are populated by spirits and ghosts (Cooper 2014, 98)

⁸ The United Nations Development Programme fights against poverty in 170 countries (United Nations Development Programme)

2.2.1 Agriculture

Laos generates the biggest economic income through agriculture. More than 80 % of the population work in agriculture. Most agricultural operators run subsistence farms so that they can feed themselves. Often there is nothing left to sell. As a result, they themselves have no access to other markets, as they live apart of civilization. The largest crop is rice, but coffee, yams, potatoes and opium are also grown. Livestock breeding is carried out to a lesser extent, as the animals die from diseases or the meat is not saleable due to a lack of expertise (Schultze 2013, 92-93). Fig. 4 shows a woman at a rice field during sowing rice.



Fig. 4: Lao woman seeds rice (Easy voyage)

2.2.2 Tourism

Compared to the neighboring countries, tourism in Laos is still very little which makes it quite untouched. In comparison to Thailand and Vietnam, Laos does not have a good infrastructure which makes it less attractive for travelers. On top, Laos has no access to a sea which is of great importance to attract tourists. Nevertheless, there are enough travelers to push the economic situation in Laos, especially backpackers, coming from Vietnam, Cambodia or Thailand. Many travel agencies and travel guides around the world advertise for this three-countries-trip (Schultze 2013, 93).

It is very easy for tourists to get from place to place, as Laos has four international airports (Vientiane, Luang Prabang, Pakse and Savannakhet), a national airline, numerous long-distance buses and also ships that offer trips over the Mekong (Schultze 2013, 220).

2.2.3 Industry and Energy

Due to the low education of the Lao people, there is hardly any industry. However, the strongest industry is the generation of electricity through hydropower. Although there is a

lot of coal in Laos, the energy is generated from hydropower. It was invested by foreign investment and dams were installed at the Mekong River. At the same time, textiles and wood are also produced and processed. Wind and solar power were not introduced yet due to high production costs (Encyclopædia Britannica). Fig. 5 shows a hydroelectric power station in Laos for the production of energy.



Fig. 5: Hydroelectric power station in Laos (J&C Services)

2.2.4 Foreign Trade

A major source of income in foreign trade is the energy supply for Thailand. Next to that, wood and coffee are exported as well as food, machines and other industrial goods. Poor infrastructure makes exporting goods immensely difficult. Bumpy roads on which one cannot drive more than 40 or 50 km per hour are one of the reasons for that (Encyclopædia Britannica).

2.3 Education

With the French colony in Laos, the entry into the education sector began. Before that, it was only possible for men to further educate themselves. Women on the other side had no chance to visit schools. Many education institutions were established and with the LPDR⁹ regime, primary education was expanded. The expansion of the education system was and still is necessary for Laos, because the literacy rate of the country is very low. Only 2/3 of men and 1/3 of women over the age of 15 are able to read and write. This makes it hard to step into the business world in which reading and writing are a prerequisite for many professions. On one hand, this is due to the decentralization, meaning that Lao people in rural areas mostly

⁹ LPDR is an abbreviation for Lao People's Democratic Republic(Encyclopædia Britannica).

have no access to schools. On the other hand, many children have to help their parents in agriculture and therefore have no time for visiting school. (Central Intelligence Agency).

In general, there are kindergartens that children can visit before primary school. After that, admission to primary school is possible from the age of six. Primary schooling lasts five years. In rural areas, many children stop education after primary school because they have to help their parents in agriculture (Encyclopædia Britannica).

The school education comprises eight years by law. After primary school, pupils continue to visit the lower secondary school for three years. For those who like to continue their school career, it is possible to visit the upper secondary school for another three years.

The possibility to study is given as well, for instance at the National University of Laos (NUOL) which headquarters are in Vientiane. Besides the NUOL, one can also study at Savannakhet University in Savannakhet, the University of Health Sciences in Vientiane, Souphanouvong University in Luang Prabang and Champasak University in Champasak. The fields of study can be compared with European institutes (Encyclopædia Britannica).

Nevertheless, Laos still has to deal with issues like insufficient training of teachers, underpayment of salaries and non-maintenance of school buildings (Encyclopædia Britannica).

2.4 Health

Health is a major issue in Laos, as most health institutions do not have a trustworthy appearance to the population. Due to inadequate quality of health care, it is not uncommon for many Laotians to travel to neighboring Thailand for treatment. This requires out-of-pocket payments and can therefore only be drawn on Lao people with high income. In public institutions there is often a lack of hygiene and the behavior of the employees frightens many Laotians away from being treated. In addition to this, many physicians who work in the public sector work in private clinics after their main job to increase their wages. (Schultze 2013, 155).

Most Laotians, however, first seek advice from shamans or healers. If this does not help to improve their condition, a physician will be consulted. This is accompanied by traditional Lao medicine (made from herbs) which is of high regard and is still used. Herbal medicine is made from roots, herbs and fruits and can be bought on markets (Schultze 2013, 155).

Diseases that are common in Laos are malaria, transmitted by the Anopheles mosquitoes and diseases in the stomach and intestines. In the rainy season, dengue fever can occur, as well

as typhus and cholera in certain places (Schultze 2013, 156). These diseases have led and continue to lead to fatal cases (Camara, Zhang, and Policy 2013, 3).

Another characteristic that describes Laotians well in terms of health is the acceptance of diseases that have been present since birth. It is not uncommon to see many Laotians with cleft lip and palate or other physical disabilities (Schultze 2013, 157).

The Laotian health system is still far from fulfilling western standards, but is being pushed forward. With services such as free vaccinations for children and mothers and the establishment of health institutions in rural areas, Laos is taking first steps towards a stable health care system (Schultze 2013, 158).

3 Health System: A Non-Area-Wide System

The health system in Laos is still undeveloped even though it showed a large progress during the last 20 years. What was once free - even if it was not the best health care, costs today. Public health services were free of charge from 1975 until the mid-1990s. Since 1996, every Lao person who wants to get access to public health services must pay a user fee. In 1999, the Ministry of Labour and Social Welfare introduced a social security scheme (SSO) to regulate costs for health care for workers in the formal private sector. Employers had to come up with five percent of the costs and on the other side their employees with 4.5 % of their salaries (Camara, Zhang, and Policy 2013, 4)

Health services for the public sector are available since 1993. They are financed by the civil servants' contribution of six percent of the salary and, if necessary, increased by the state treasury. The public sector and the formal private sector can consider outpatient treatments as well as in-patient care. One last group, the informal sector, could not and cannot benefit from these schemes although this group would need it the most (Camara, Zhang, and Policy 2013, 4). Looking back in 2000, the average that the Lao government spent for health care per citizen each year was US\$ 11.50. Compared to the neighboring country Cambodia with US\$ 19 per person, the expenditure was very low. This means that it was not possible to provide good health care services for the whole population (Camara, Zhang, and Policy 2013, 4).

It is also interesting to know that half of the governmental spending was for the salary of health care staff as well as the building of new facilities. As the costs for hospitals are very high due to material and surgeries, it happens that they charge patients with high service fees and high prices for medicines. For the informal sector it was and still is impossible to consider going to a doctor because of the lack of money. This often means financial ruin for a family (Camara, Zhang, and Policy 2013, 5).

Another problem is the centralization of health institutions, most of which can be found in larger cities. This means that people from rural areas, some of whom have no access to roads or need to take long distances, have few opportunities to receive treatment for health issues. Although there are health centers in rural areas, they are most of the time insufficiently equipped with qualified health workers. In addition these workers are not regularly available. The reasons for this are low salaries, poor education and the unattractiveness of working in the countryside (Camara, Zhang, and Policy 2013, 7).

It is currently estimated that 93 % of the population can reach a health facility in less than 90 minutes. It is still a long way to go, especially when a person is seriously ill. Too high expenditures for medical services deter most and thus risk serious illnesses that remain untreated and cause death (World Health Organization 2015, 20).

3.1 Health Insurances

Universal health coverage is the first step towards an effective health system. Laos, however, is far away from that. There are various forms of health insurances, but not all Laotians can afford to pay for them. In most cases, Laotians are not willing to pay for an insurance on a regular basis if, firstly, they are not ill and, secondly, if they have constant expenses because of it. This is mainly because they cannot afford to invest in their health. As a result, they face high costs in the event of illness, some of which they cannot bear on their own. Help from relatives and the village is often necessary (World Health Organization 2014, 44).

In total there are four health financing schemes Lao people can get access to. There is the *Social Security Organization* (SSO) as mentioned before which target group is the private sector. Policyholders have to pay 4.5 % of their salary monthly plus 85000 KIP¹⁰ a year in order to get free in-patient and out-patient service. Treatments like chemotherapy, radiation therapy or traffic accidents are not included in the package (World Health Organization 2014, 47).

Next, there is the *State Authority for Social Security* (SASS) for civil servants in which policyholders have to pay 8 % of their salary to receive free in-patient and out-patient services. Both SSO and SASS are partly financed by the employers and partly by the employees. For the informal sector there is the *Community-Based Health Insurance* (CBHI). Lao people that use this insurance have to pay the fee on their own. Target groups for the CBHI are for instance non-poor and self-employed people. The insurance needs to be paid on a monthly basis from household payment and depends on the size of the family. The insurance coverage is equal to the ones of SASS and SSO. A similar possibility is the *Voluntary Health Insurance* (VHI) which is a private insurance. Free access to health services and the choice of either provincial or central hospitals are included in the insurance package. At last, there is a *Health Equity Fund* (HEF) which resources mostly come from donors and is targeted for the poor. HEF services include outpatient and inpatient treatment as well as transport costs and food supply (World Health Organization 2014, 44).

¹⁰ KIP is the currency of the Lao P.D.R. (Encyclopædia Britannica).

Fig. 6 gives an overview of the support which health insurances get through funds, donors ministries and organizations.

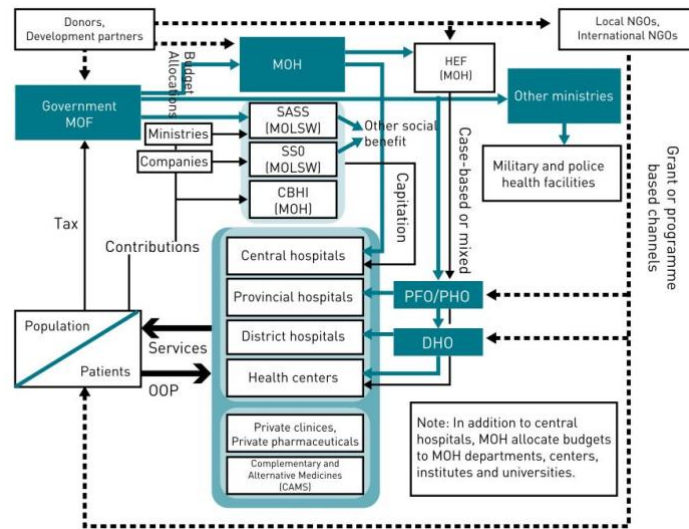


Fig. 6: Support of funds for health-care providers through different institutions (World Health Organization 2014)

Despite there are some possibilities to get a health insurance, the reality is, that only 19.6 % (as of 2012) of the entire population has a health insurance which shows the ineffectiveness of the schemes. Although the HEF for instance is designed for the poor, it does not reach all of them. People living in mountainous areas are hard to reach and do not know that they are entitled to it. (World Health Organization 2014, 56).

Especially the poor are in the biggest need of universal health coverage. The risk of impoverishment through health problems is very high. People who have serious illnesses are either left with debts or experience fatal consequences. This means at the same time that the uninsured prefer self-medication or the use of treatment with herbs and dried fruits, also known as Lao Traditional medicine (World Health Organization 2014, 56).

Next to the schemes mentioned before there are also health insurance programs for military and police personnel, but treatment is practiced in their own medical institutions (World Health Organization 2014, 57).

3.2 Governmental Preventative Programs

Even though the health system is not fully developed, there are some prevention programs supported by the government. Through medical support from external help organizations in cooperation with the Ministry of Health, thousands of children can for example receive vaccinations in schools. Not only the children are in favor of those programs, additionally the aid organizations go through villages to give the adults vaccines as well (World Health

Organization Western Pacific Region). Next to that, a prematernal program was installed which however did not reach the whole population. Due to 61.4 % of the Lao citizens living in rural areas, it was and still is not possible to reach all of them. Some of them live in the mountains and do not have access to roads as well as they do not believe in modern medicine and do not trust health workers when they arrive to give them preventative medicine (World Health Organization 2015) .

3.2.1 Immunization

Immunization plays an important role in Laos and has played a major role in the recent decades. Through vaccination campaigns like “The Expanded Programme on Immunization” free vaccinations were given to the Lao people. It is the most cost-effective program that Laos offers to its citizen and was introduced in 1982. As mentioned before, most villages that are hard to reach cannot benefit from such programs because of the distance. Until now, the effects of the countrywide program can be seen. For instance, the disease polio does not exist in Laos anymore. The same goes with neonatal and maternal tetanus which has been eradicated. Another success in terms of immunization is the small number of infected persons by measles, pertussis and diphtheria as well as the small number of deaths as a result of those diseases. Due to the enormous success by immunizations, the Ministry of Health widened their program with vaccinations against other diseases like hepatitis B, haemophilus influenzae Type b¹¹, pneumococcal conjugate¹², japanese encephalitis¹³, human papillomavirus¹⁴ and seasonal influenza¹⁵. The World Health Organization has played a major role in implementing the program and making it available in schools (World Health Organization Western Pacific Region). Fig. 7 shows a woman who gets a tetanus vaccination from a WHO employee.

¹¹ Haemophilus influenzae Type b is a bacteria that causes meningitis to children (Kinderaerzte im Netz) .

¹² Pneumococcal conjugate is a bacteria which causes bacterial infections like ear infections but can also be worse like pneumonia, bacteremia and meningitis (World Health Organization) .

¹³ Japanese encephalitis is transmitted through mosquitos and causes fever, swelling of the brain, coma and death (World Health Organization) .

¹⁴ The pathogen of human papillomavirus is transmitted through sexual intercourse and causes genital warts up to cervical cancer (World Health Organization) .

¹⁵ Seasonal influenza is a virus infection that infect the respiratory system (World Health Organization) .



Fig. 7: A young woman gets a tetanus vaccination in Laos (World Health Organization Western Pacific Region)

3.3 Maternal Care

Prematernal and maternal care are uncommon in Laos which can be seen in the tremendous numbers of maternal and child deaths. Therefore, it is still important to achieve major progress in eliminating child and maternal mortality. Through education, socioeconomic progress and the high number of literacy, child and maternal mortality have decreased, but are still at a high level. To overcome this difficulty, the Ministry of Health and external partners introduced the “*Integrated Maternal, Neonatal and Child Health Services Package*”. Its main goal is to offer its services in all parts of the country. Services that are included in the program are for example checkups for pregnant women, ultrasound and advice concerning pregnancy (World Health Organization 2015, 20).

As user fees mostly frightens Lao people to go to see a doctor, they were removed for a certain time in the 1990s to see, whether more women came to a hospital or health center to deliver their babies in a health institution. In 1996 a pregnant woman paid approximately US\$ 20 for an uncomplicated delivery in a health center, US\$ 45 for a delivery in a district hotel and if there were complications during the delivery so that a caesarean section was the only possibility to deliver, prices could differ between US\$ 70 up to US\$ 500 (World Health Organization 2015, 19).

The main goal of this offer is to reach the poor and especially people living in rural areas. As this target group is unlikely to have access to health care during pregnancy, delivery and post care, the number of maternal and child deaths are higher. This is due to the lack of medical assistance. The majority of pregnant women in Laos do not have the possibility to deliver with a skilled birth attendant. Normally other women from the village and family

members are there to help. With a qualified birth attendant, the risks of complications during giving birth can be reduced and be made more pleasant for the mother (World Health Organization 2015, 6). On the other hand, religious beliefs and financial problems are the key barrier towards giving birth at a health institution (World Health Organization 2015, 12). Improvements can now be seen in the provision of free care for pregnant women and children under the age of five. This decree was passed in 2010 and is offered nationwide (World Health Organization 2015, 19).

4 Health Institutions

Health institutions that are provided in Laos are pharmacies, doctor's offices, hospitals either governmental or private, foreign hospitals and health centers. All of them maintain medical help for patients. In the capital Vientiane, one will find four general hospitals and three hospitals with specializations. Next to that, hospitals in regional and provincial areas can be tracked down to 16 each and 130 in district areas. In total, there are 860 health centers in Laos (Camara, Zhang, and Policy 2013, 12). Fig. 8 lists the organizational structure of the Ministry of Health with its different health institutions in Laos.

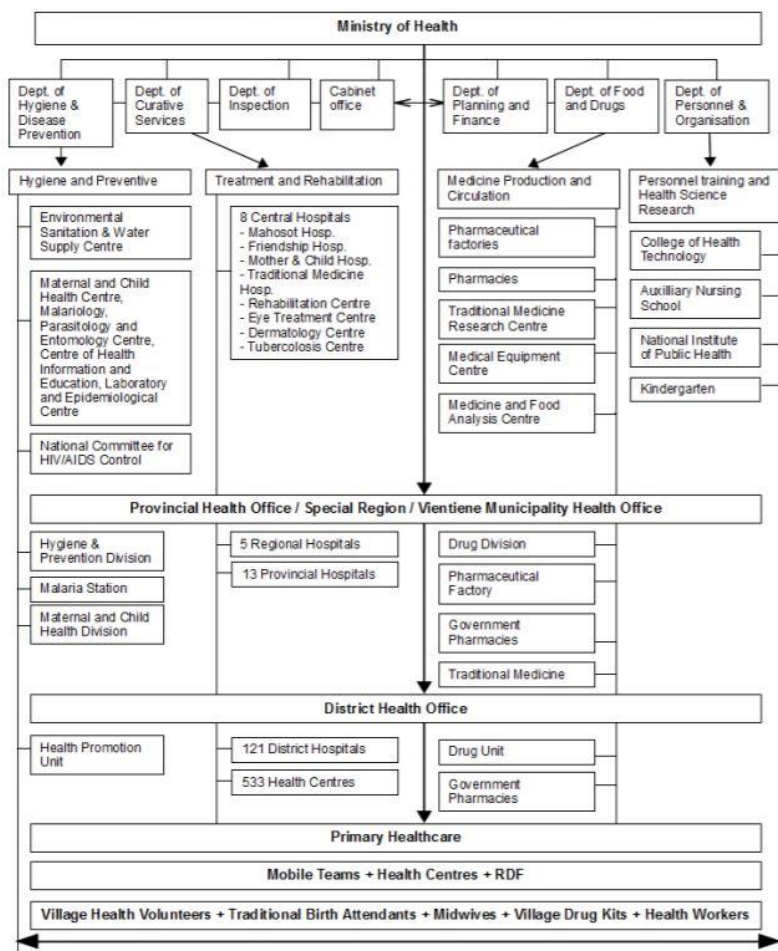


Fig. 8: Organizational structure of the Ministry of Health (Camara, Zhang, and Policy 2013, 13)

4.1 Pharmacies

Pharmacies are regulated through the Food and Drug Department of the Ministry of Health. The drugs are tested in one of the three laboratories of the Ministry of Health before they are released and licensed and can then be given to the patients (World Health Organization 2014, 84).

It was possible to conduct an interesting interview with Dr Sathaphone Inthavong (Int. 1)¹⁶ who runs a pharmacy in Ban Sikeud, approximately 14 kilometers away from the capital Vientiane. He also carries out diagnoses there, since he is a trained doctor. There are three different types of pharmacies in Laos that distinguish in the sign in front of each pharmacy, explained Dr Sathaphone Inthavong. Every sign comes with a number in a circle with either the number “1”, “2”, or “3”. Number one means that the owner of the pharmacy is a pharmacist with a Bachelor’s Degree or higher, meaning a qualified physician. An owner with a higher Diploma can be identified with the number two. The last option of a pharmacy is number three with the owner being a nurse or a former doctor’s assistant. Fig. 9 highlights the banners that pharmacies wear with their corresponding numbers.

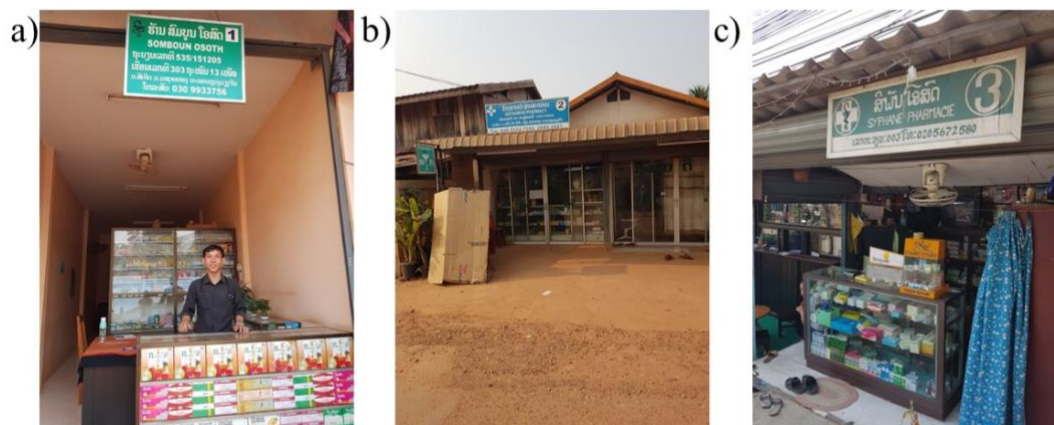


Fig. 9: a) Pharmacy with the number 1 and interviewee Dr Sathaphone Inthavong, b) pharmacy with the number 2, c) pharmacy with the number 3 (photos by Shirin Ud-Din)

Products that one can buy in a Lao pharmacy are common with the products in Europe. Medicine, medical instruments and medical treatments are available in pharmacies. Availability of products and prices differ between rural and city areas. According to Dr Sathaphone Inthavong, the medicine that is sold in Laos normally comes from its neighboring countries Vietnam and China. Compared to western prices of medicine, medicine in Laos is very cheap, but still not affordable for everybody.

Next to modern medicine, which is well accepted, especially in central areas, Lao traditional medicine is sold, as well. Teas and supplements for period pain or high blood pressure are often bought by Lao customers of Dr Sathaphone Inthavong. Products for the pharmacies can be bought in bigger pharmacies where ordinary people can go to. A stunning fact is that in most Lao pharmacies one does not need prescriptions for antibiotics, sleeping pills and

¹⁶ “Int.” in the following refers to the numbered interviews listed in the Appendix. Interview 1 can be found in the Appendix A.

other hard drugs, especially in rural areas. In the city, providers are more serious about this matter. Dr Sathaphone Inthavong explained that there are inspections by the Ministry of Food and Drug Department to obviolate pharmacy owners to sell medicine that is either prohibited or illegal in Laos. To open a pharmacy one needs the permission of the Ministry of Health. As in Dr Inthavong's case, medical doctors also need a permission from another pharmacist to run their own pharmacy. The Ministry of Health also specifies the opening hours, full time or part time. The same applies to drugs sold by pharmacies. This must adhere to the list of the Ministry of Health. The abortion pill for instance was not allowed on the market until recently.

A significant problem is that anyone, with or without a medical training, can acquire a license for a pharmacy. Obviously, that results in false diagnoses and advices.

The most frequently sold products in Dr Inthavong's pharmacy are antipyretics and analgesics. Birth control pills are wanted for prevention, ovarian cyst, acne and period pain. The level of the hormones do not interest the clients, said Dr Inthavong.

4.2 Health Center

In rural areas, where the nearest hospital is far away, there is ideally a health center. A health center is a place that offers primary health care service. Treatments offered there include treatments of known diseases, vaccinations, prenatal care, obstetrics and postnatal care. Another service is a home visit for patients who are not mobile or chronically ill. The staff consists of one to three non-doctors with low to medium qualifications, for instance a nurse or a medical assistant. At the same time, there is no qualified physician on site which can lead to wrong diagnosis (World Health Organization 2014, 80).

In addition, there is a lack of motivation and further training for the staff. This information also reaches the outside world and thus makes it not attractive to visit in case of emergency. It is not uncommon for employees to arrive late or not at all which is why there is often a lack of necessary help for patients. The same problem can be found in medical equipment and medicines that are not always in stock or available. In order to guarantee that essential drugs are always in stock, the Ministerial Decree No. 594/MOH was passed which should guarantee the logistical problems of the supply of medicines in the future. It requires that a inventory is carried out every month to see which medicines are missing in order to replenish them as quickly as possible (World Health Organization 2015, 17).

Each health center has an average of 1000 to 5000 people available in a district. Considering how few staff are on site and the next hospital is far away, one can only imagine the conditions in Lao health centers. Because of poor quality, many people do not even go to a health center and prefer to travel the long way to a hospital to get a better treatment (World Health Organization 2014, 80).

4.2.1 Village Health Volunteers

Not only health centers are an important component in rural areas. There is also help in the form of health volunteers whose base is in a place where there is no health center or hospital nearby. These places are also called “hard-to-reach areas”. The village health volunteers are responsible for treating known diseases and determining the medication. Drugs can be found in village drug kits kept by the village health volunteer. With regard to the training of the volunteers, it takes one to two weeks to learn the basics and to offer people primary health care. There are 72 districts in which village drug kits are available. Not only the treatment of diseases belongs to the tasks of a village health volunteer, but also health education and health promotion. This means educating the inhabitants of a district about diseases, prevention of diseases and a healthy lifestyle. As the name suggests, the village health volunteer does not receive any money for his work. In 2010 there were 14.812 volunteers in Laos (World Health Organization 2014, 81).

4.3 Hospitals

There are different types of hospitals in Laos, but first and foremost one can say that there are not few. In addition to governmental hospitals, there are also private clinics or hospitals and foreign hospitals. There are eight central hospitals¹⁷ in Vientiane and four regional hospitals in the provinces. Besides that, there are also countless private clinics which are usually cleaner and more expensive (Camara, Zhang, and Policy 2013, 6).

4.3.1 Governmental Hospitals

Governmental hospitals are usually well equipped with good material and equipment. Also important is the staff which sometimes includes specialists. Most of these hospitals are

¹⁷ The eight hospitals consist of the Mahosot Hospital, Friendship Hospital, Mother & Child Hospital, Traditional Medicine Hospital, Rehabilitation Centre, Eye Treatment Centre, Dermatology Centre, and the Tuberculosis Centre. All facilities are located in the country’s capital Vientiane (Camara, Zhang, and Policy (2013), 6).

overcrowded and there are long waiting times as well as a small number of beds for inpatient treatment (World Health Organization 2014, 82). There are only 0.8 hospital beds per 1000 inhabitants available (World Health Organization 2014, 60). This shows the small number of possible inpatient treatments. In addition, there are also high treatment costs that patients have to pay if they do not have an insurance, especially if they have to stay in hospital (World Health Organization 2014).

An interview with a Lao physician, Dr Phatavone Chantharath (Int. 2)¹⁸, gave an impression of a Lao hospital, the Setthathirath Hospital which is run by the government. Fig. 10 presents different rooms of the Setthathirath hospital in Vientiane. It can be seen that there is newer as well as older equipment available and that it is clean (Fig. 10 a) and b)). Fig. 10 c) shows a doctor's room during a consultation of a pregnant who suffered from diarrhea.

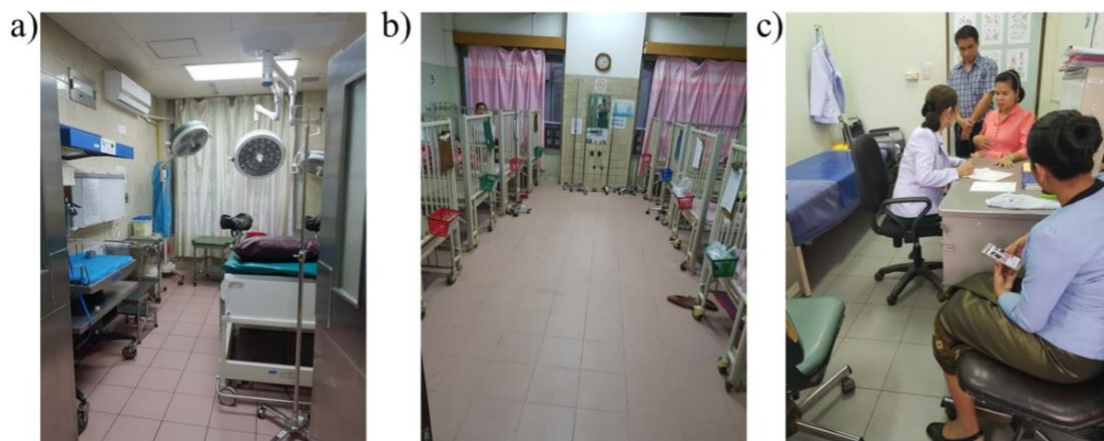


Fig. 10: a) Delivery room at Setthathirath Hospital, b) hospital room at Setthathirath Hospital c) Dr. Phatavone Chantharath during a consultation with a pregnant woman (photos by Shirin Ud-Din)

There were no single rooms, but shared rooms with ten beds which means no silence and privacy for the patients during their stay.

There is also a pharmacy in the hospital where patients can pick up their medication. The interview quickly made it clear which diseases occur more often and which problems arise even for physicians. Dr Phatavone Chantharath has been a doctor at Setthathirath Hospital for 30 years. She treats a minimum of 10 and a maximum of 60 patients a day. Patients with pneumonia, diarrhea and colds afford frequent visits of the doctor. Since there are no family doctors in Laos (there are only private clinics which are very expensive), Lao people come to hospitals when they are ill. According to Dr Phatavone Chantharath, the average waiting time is about 30 minutes. In her opinion, many Laotians are afraid to go to the doctor,

¹⁸ Interview 2 can be found in the Appendix B.

especially to the governmental hospitals because of bad experiences. It is not seldom that patients go to a private clinic after a visit in a governmental hospital.

Dr Phatavone Chantharath also mentioned a program in which there is a knowledge interchange between physicians in the city and physicians in rural areas. This program helps the doctors in rural areas to improve their knowledge by getting reports from city physicians twice a week. Cases are being discussed and suggestions are made to improve the health care situation in the country side. A similar collaboration can be found with the University of Health Sciences in Vientiane where cases from the hospitals are shared in lectures as well as guest lectures by physicians from the Setthathirath Hospital are offered. In addition, prevention posters are hung up as in Fig. 11 that show for instance how to properly wash and disinfect hands.



Fig. 11: Poster at the Setthathirath Hospital demonstrating how to wash and disinfect hands properly (photo by Shirin Ud-Din)

4.3.2 Private Hospitals

Private hospitals have established themselves with the change to a market economy. According to the latest WHO numbers, there are 222 private clinics throughout Laos. There is no difference between “clinic” and “hospital”, both names’ meaning is identical. Most private hospitals can be found in the capital, but there are also several in other provinces. The difference to governmental hospitals lies firstly in the costs that patients have to bear by themselves and the better service they receive. Secondly, private hospitals do not receive any governmental help which makes the treatment expensive in contrast to governmental hospitals. Private clinics were created by the poor situation of hospitals run by the government which are often overcrowded coupled with poor service. They made it their mission to offer a complete opposite service from what governmental hospitals offer. Only

people with higher income can afford this option of treatment while the poor have to be satisfied with the most necessary treatment at governmental hospitals. As mentioned before, private clinics are paid by the patients on their own, either by out-of-pocket payment or by reimbursement in case the patient has a private insurance (World Health Organization 2014, 81).

So far there are no regulations for prices of treatments in private clinics, as well as they do not report matters like infectious diseases that should actually be reported and passed on to the Ministry of Health (World Health Organization 2014, 81).

Michael Schultze (Int. 3)¹⁹, author and immigrated German in Laos, pictured the importance of private clinics more detailed. According to Mr Schultze, many physicians who work in a governmental hospital go to a private clinic after their work to improve their wages. Patients in governmental hospital care are also often enticed away to the private clinics for further treatment, provided they can afford it. In Thailand the situation was the same and as a result there were only few doctors in governmental hospitals. Nowadays there are governmental regulations for private clinics in Thailand concerning the opening hours. Private treatment is only allowed outside the opening and closing hours of a governmental hospital to ensure that there are enough physicians in the governmental hospitals. In Laos there are no regulations yet so private clinics can do and offer whatever they want.

4.3.3 Foreign Hospitals

Besides the governmental and private hospitals, there are many foreign hospitals, mostly located in the capital Vientiane. Those are mostly private which means that patients are confronted with out-of-pocket payments. The treatment, service and quality of material are much better than in governmental hospitals. The Alliance International Medical Centre is the newest and is part of the Wattana Hospital Group of Thailand. The hospital offers services for various medical fields such as diabetology, cardiology, pediatrics and gynecology. The French Embassy Medical Centre in contrast offers consultations, dentistry, laboratory analysis, physiotherapy and psychotherapy. It is open around the clock and the physicians also offer home visits to the patients. The Australian Embassy Clinic as an additional example offers consultation only during their opening hours. With its English speaking staff and good medical equipment all of them are often visited by foreign

¹⁹ Interview 3 can be found in the Appendix C.

immigrants or travelers. Not only English is spoken, they advertise their hospitals with staff that speaks Thai, Russian and French (J&C Services).

4.3.4 Emergency Care

Ambulances are a new phenomenon in the capital Vientiane. In the past, the roads were badly developed and the networking between cities was difficult. Therefore, it was not possible to establish an ambulance service. Official ambulances charge high amounts of money for their transport which is why patients and injured people still decide to travel to the hospital with their own vehicle, by tricycle, by hitch-hike or by foot. Health insurances for the informal sector do not cover ambulance services which is a reason why patients basically never use this service (World Health Organization 2014, 83).

However, with the *Vientiane Rescue* a free emergency service has been established. A group of volunteers decided to form Vientiane Rescue in 2010 to present the first free ambulance in the country. With 24 service hours a day and 200 volunteers, they are helping emergency patients in four areas of Vientiane. Vientiane Rescue owns four ambulances, a fire engine and a submarine. Between 2011 and 2015, about 10,000 lives were saved with the help of volunteers and they therefore received the Ramon Magsaysay Award²⁰ (Vientiane Rescue). Today they own four rescue stations and five special teams which makes it possible for the volunteers to be at the scene of an accident within three to seven minutes. Since traffic accidents in Laos happen very frequently, there is also a hydraulic rescue team that can rescue injured people from wrecks. There is also a fire rescue team trained to extinguish fires and an experienced diving rescue team that can rescue people from the Mekong River. Finally yet importantly, there is an excavation rescue team that rescues injured people from difficult areas (Vientiane Rescue). This voluntary work also reached international attention. Al Jazeera and BBC showed the world the great work of 200 Lao volunteers who save lives (Vientiane Rescue) .

4.3.5 Health Differences between Countryside and City

An important point in health care is the difference between countryside and city because there are tremendous differences in access to health institutions.

²⁰ The Ramon Magsaysay Award is considered as the Asian Nobel Peace Prize (The Ramon Magsaysay Award Foundation)

This topic was discussed with Michael Schultze (Int. 3)²¹. In contrast to larger cities such as Vientiane with a large number of hospitals, there is hardly any possibility to get medical treatment in many mountainous areas. As already mentioned, this is due to decentralization. Nevertheless, not only the long distance to the hospital in mountainous regions is a big problem for many Laotians. Usually there is also a lack of hygiene, lack of qualified staff and unfriendly service. While most hospitals in the capital city are well equipped, for example with a CT device or an X-ray machine, rural facilities do not even have bandages to adequately treat the injured patients. The general problem is the lack of technical equipment. Surgeries can hardly be performed in such areas, most of the patients have to go to larger hospitals. It is not uncommon that medicines that should always be on site are not available and are then difficult to obtain. Another problem that author Mr Schultze addressed is the unattractiveness of working in a village. Most Lao people want to stay in urban areas to have a better life where the infrastructure is better, especially if they come from a smaller province.

In order to improve the situation in rural areas and to make work more attractive for medical personnel, the Ministry of Health has commissioned the Fujitsu Group to develop a system for communicating between city doctors and physicians in remote areas (Fujitsu Limited 2013, 1). This project should help to make faster and more efficient diagnoses and to benefit and learn from the expertise of other physicians. In addition, many patients with difficult diseases are brought to the capital to be treated which is far too expensive for many households. Fujitsu created a pilot system which belongs to the information communication technology (ICT) that enables video calls with an online connection and sharing of diagnostic data. In the system, it is additionally possible to access various databases to enhance the physicians' knowledge and to offer more qualitative medical visits (Fujitsu Limited 2013, 1).

The place where the study took place was between Luang Prabang and Vientiane. A problem that Fujitsu faced was the missing telecommunication connection that runs through the whole country. After this problem was solved, all necessary precautions could be taken to start the project. What was not considered at first but was recognized early on was the lack of training in the use of computers and technical devices, whereupon Fujitsu had to create user manuals. When the project got off to a good start, the doctors were very positive about the project. They felt more secure about the new way of communicating and could make

²¹ Interview 3 can be found in the Appendix C.

much better diagnoses. A positive side effect of the project can be seen in the environment. The decrease of injured travelers, who would have actually gone to a larger city to be treated, can save 16.5 tons of carbon dioxide per year. The most important part, however, is the success of the doctors in Luang Prabang who are grateful for this project and wish for further links between the provinces and the capital to expand the project and learn more from each other to save people's lives (Fujitsu Limited 2013, 2).

5 Modern Medicine versus Lao Traditional Medicine: A Barrier for Medical Progress

A great barrier to medical progress is the religious faith in connection with Lao traditional medicine. Lao traditional medicine is made from herbs, flowers, bark and wood and has a long history. Especially in rural areas, traditional medicine is often used, on one hand for religious reasons in which the traditional medicine has a strong connection to their belief, and on the other hand the mistrust in modern medicine which is reinforced by a lack of biological knowledge (Johnson 2002, 126).

5.1 Religious Belief as a Barrier for Modern Medicine

In 2002, Sharon K. Johnson interviewed Laotian people who emigrated to the USA after the Vietnam War and accompanied them for over two years. Since many Laotians belong to the Hmong²², there were at first problems with the understanding of their health concepts and the treatment in a western health care system. It began with the perception of the body and its organs, of which the Hmong patients had no idea, since they have never been informed or taught about their body with the current state of knowledge. Knowledge is passed on by generations and Hmong people will never doubt the belief they belong to or what the elderly tell them. They did not know what organs they had and what their function was. This makes it difficult as a doctor to explain what causes a disease to someone who has no idea about his body (Johnson 2002, 127).

In the Hmong belief, a person gets ill when he loses his soul and it is of great necessity to regain it. Hmong people believe in possessing three souls. One remains after death, the second one is a wandering soul and lives after death with those who remain. At the same time, it also wanders at night and if it does not return, the person gets ill. The third soul protects the person from harm and is reborn to a person, animal or thing in the event of death and returns to the spirit world (Johnson 2002, 130).

Another significant finding was that the Hmong believed in a “pool of blood” located in the chest and believed it to be the life force. According to Johnson, it was difficult to teach them that the human body has a heart which pumps the blood through the body constantly and not just being a place where the blood is. A nurse experienced a situation in which she had to

²² Hmong people belong to an ethnic group who live in China and Southeast Asia (Encyclopædia Britannica).

deal with this misunderstanding and shared her experience with Johnson (Johnson 2002, 129).

[I] was working in the emergency room one night and a Hmong family brought in a patient who had been vomiting blood. We immediately put in an N/G [nasogastric] tube and bright red blood was flowing from the catheter. The family members went crazy. They tried to pull the tube out and take the patient out of hospital. We had to call security and they took the family members away. They thought *we* were trying to kill the patient and we thought they were trying to kill the patient. If we had known about the belief in the “Pool of Blood”, we could have been more understanding of their reaction (Johnson 2002, 128).

This experience shows the different understanding of the human body of Hmong and western people. As Hmong are not used to visit a hospital in occasion of illness, they could only hardly accept the medical treatment there (Johnson 2002, 130).

Taking modern medicine was also a problem. Hmong people are used to treat illnesses and injuries with traditional medicine made of plants by themselves. They never encountered pharmaceutical drugs before and were therefore mistrustful. Another issue that was mentioned, was the thought of being a guinea pig because of the unknown treatments (Johnson 2002, 130).

Decisions in Lao families are made by the oldest male family member. Sick family members usually do not have a say, since they are part of a family and could thus affect everyone. This way of decision-making can often lead to delayed treatments, as one has to wait for the tribal eldest until he arrives at the hospital. It can happen that the tribal elder does not believe in modern medicine and thus rejects treatment which can have fatal consequences for the sick person (Johnson 2002, 129).

5.2 Lao Traditional Medicine

Lao Traditional Medicine is an ancient way to treat several diseases. The history of Lao traditional medicine goes back to the twelfth century and thus offers a historical opportunity to cure diseases. Pharmaceutical drugs were first introduced during the French colonization in 1893. To this day, Lao traditional medicine is a type of treatment that is widespread, whether in the city or in rural areas (World Health Organization 2001, 159).

As it belongs to the cultural heritage of Lao P.D.R. it was and still is of great importance for the country to preserve the cultural heritage. Therefore, the Traditional Institute of Traditional Medicine was opened. The institute focuses on carrying out studies on plants and their effects. In addition, various plants belong to the inventory of the institute which are also tested for species protection and medical production. (Sydara, K., Xayvue, M., Souliya, O., Elkington, B.G., & Soejarto, D.D. 2014, 1263).

Conventional medicine is expensive, traditional medicine on the other hand is not. Due to the affordable prices and centuries of experience, people like to use this type of medicine. They assume that allopathic medicine only suppresses the symptoms of a disease and does not cure them like traditional medicine does (Sydara et al. 2005, 200). Lao traditional medicine is a good alternative to allopathic medicine for Lao people. Also the use of sauna, massage and acupuncture takes place in the treatment (Sydara, K., Xayvue, M., Souliya, O., Elkington, B.G., & Soejarto, D.D. 2014, 202).

In a study by K. Sydara from the Traditional Medicine Research Center in Laos, operated by the Ministry of Health Vientiane, it came out that 77 % of 600 study participants took Lao traditional medicine in case of illness and for prevention. There were no differences between people from rural areas and urban areas. For some illnesses like fever, diarrhea, malaria or gastritis, half of the respondents used traditional medicine. The other half used a combination of both traditional medicine and modern medicine (Sydara et al. 2005, 202).

Around the morning market in Vientiane, one will find many Hmong women who sell dried fruits, wood and roots. On the market, there can be found nearly every traditional medicine for every disease. According to a Hmong woman (whose name is unknown) on the morning market (Int.4)²³, the most sold products are for prevention of cancer. In addition, old people who suffer from pain in the legs often consult the woman for help. Most products need to be boiled in water and then be drunk afterwards. The seller recommends to use the products until the customers feel better but she also recommends to not just use it when they are ill, but also for prevention. The clientele are most Lao persons, but also Chinese and other foreigners buy products from her stand. The clients are between 30 and 50 years old. Fig. 12 a) shows a woman at her stand selling Lao traditional medicine. In Fig. 12 b) the list of her products can be seen with the instructions how to use the medicine and for what it is for. To even make it attractive for tourists, the list was translated into English which can be seen in Fig. 12 b) as well.

²³ Interview 4 can be found in Appendix D.



Fig. 12: a) Hmong women at her stand b) excerpt from her products and her fields of application (photos by Isabel Martin)

5.3 The Role of Shamans

Shamans (Tu-ua-neng) play a big role in the everyday life of Lao people, especially for those who belong to the Hmong. A shaman is a person who can help people in many situations in life. He is a doctor, a psychologist, a healer as well as a consultant. Services of a shaman are needed when a person is ill, has mental problems or needs spiritual counseling. Most shamans are male, although there are also female shamans. Tools a shaman possesses are on the one hand a veil around the head to represent the spiritual presence and sticks of incense to burn on the altar. On the other hand they have gongs, pieces of buffalo horn and various herbs that are supposed to cure certain diseases (Cha and Livo 1991, 6).

When a person falls ill, which happens because of the missing soul according to their belief, the shaman is consulted. The treatment is carried out through two acts. The first step is to restore the patient's self which means to bring back the missing soul to the person. If this is achieved through persuasiveness, the second step is to sacrifice a pig (Cha and Livo 1991, 7). This is a big difference between Hmong people and Lao people who belong to Buddhism. In Buddhism it is not allowed to sacrifice animals (Cooper 2014, 103).

Nowadays Lao people visit both, medical doctors and shamans. If the help of a studied physician does not deliver the hoped-for result, a shaman is conducted in the second place (Xiong 2012, 10).

5.4 Acceptance of Modern Medicine

Modern medicine is very well accepted in the larger cities, while there are still denials in rural areas. This is simply because of animistic belief. It is coupled with traditional medicine and is still used today. However, even the best herbs have less effect for diseases such as malaria or cancer. Residents in rural areas struggling with malaria are critical of prophylaxis because they believe that malaria is transmitted by evil spirits which means that these people want to fight the disease with natural medicine and a shaman. This makes it difficult for social programs that want to combat diseases that are treatable. The truth is that the majority of Lao people do not want to take western medications (Shirayama, Phompida, and Kuroiwa 2006, 622).

Generally, Laos obtains most of its medicine from abroad, such as neighboring Vietnam and China, but also from European countries such as England and France. 30 % to 40 % of drugs are produced in one of seven factories in Laos. Next to pharmaceutical drugs, traditional medicine is produced as well, for instance in the Institute of Traditional Medicine in Vientiane. All drugs that are sold in Laos need to be registered by the Ministry of Health in the Food and Drug Department (World Health Organization 2001, 160) .

6 External Help: An Indispensable Step towards Medical Progress

As a least developed country with little expenditure for health, Laos still receives a lot of help from foreign aid organizations. These organizations try to improve the life situation especially of children and help all people in need, including the poor. In rural areas, where there is a lack of education and health care, the organizations help where they can. With the help of external organizations, it was possible to teach the Laotians hygiene rules to protect themselves from communicable diseases. Without international help and volunteers, Laos would not have made such a great medical progress in the recent years. In the following the three biggest organizations acting in Laos, *The Swiss Red Cross*, *UNICEF* and the *GIZ* are presented. Furthermore, their contribution to medical progress is shown. (Schweizerisches Rotes Kreuz).

6.1 The Swiss Red Cross

The Swiss Red Cross is one of the oldest organizations operating in Laos that has been on the ground since the 1980s and is trying to improve health care and expand their organization in Laos. In the meantime, the Swiss Red Cross has established a rotation fund for drugs, carried out needs analyses, built health centers and offered training opportunities for medical staff (Medicus Mundi Schweiz).

The organization has its main headquarters in the province of Luang Prabang with in total 120 villages. Each village has two volunteers who are trained by the Swiss Red Cross to provide first aid in case of health problems. In total, they can reach 40.000 people in this area (Medicus Mundi Schweiz).

Its work focuses on the training of volunteers, the construction of drinking water supplies and irrigation systems, the construction of sanitary facilities and malaria prevention. As the risk of malaria is particularly high in wooded areas such as Luang Prabang, it is an important priority to inform villagers about the transmission of this disease. As mentioned in chapter 5.1, religious beliefs can sometimes obstruct good health because of a wrong perception of the world. The volunteers advise to sleep with mosquito nets and to impregnate them with permethrin²⁴. The funds are made available and sprayed onto the nets twice a year. Mosquito nets are distributed free of charge to the poorest families, other families have to buy it by themselves. Malaria prevention also includes information about potential breeding sites for

²⁴ Permethrin is an insecticide sprayed over mosquito nets to keep insects and especially the Anopheles mosquito away (NOBITE).

malaria mosquitoes. The inhabitants are explained that open water tanks and water ponds pose a risk of malaria and that they should be filled with soil. If someone should fall ill with malaria, the trained volunteers recognize the symptoms and arrange a transport to the nearest health center. Because blood transfusions play a central role in malaria, the Red Cross fights for voluntary blood donors. As a transfusion usually costs US\$ 40, malaria diseases can mean financial ruin for a Lao family at a monthly income of US\$ 70 (Medicus Mundi Schweiz).

In 2004, the Swiss Red Cross was commissioned by the Ministry of Health to develop an insurance system for poor people that enabled them to consult a doctor in case of illness. This insurance system was given the name “Health Equity Fund”, mentioned in chapter 3.1, which is intended as a target group for poor people in order to protect them from financial damage from medical treatment. The insurance includes the treatment costs as well as the medication necessary for a therapy. Transport to the nearest health center or district hospital is also covered by the insurance. As a result, policyholders in the near of Swiss Red Cross stations now consult a doctor in time and do not wait until they feel very sick (Schweizerisches Rotes Kreuz).

6.2 UNICEF

UNICEF (United Nations International Children’s Emergency Fund) is a children's relief organization and is a development agency of the United Nations. It was founded in 1946 to help children in Europe after the Second World War. Today UNICEF works in developing countries and educates the inhabitants about health, hygiene, nutrition and family planning (UNICEF 2014). UNICEF has been involved in projects in Laos for many years and takes up the above mentioned themes. By working with the Ministry of Education and Sports, employees are able to work closely with schools and teach health education. It is important to teach the children as early as possible everything necessary about a healthy life style, so that they do not fall ill and thus miss lessons (UNICEF 2014).

The first priority for the organization is that pupils have good access to hygiene, sanitary facilities and water. Since 34 % of Lao schools still have no access to water and sanitation, it is necessary to build such fittings, otherwise people defecate on the streets. Important routines like washing hands with soap is also part of going to the toilet, which is taught to children at school (UNICEF Lao P.D.R 2016). In the following Fig. 13 children are

photographed during their hand wash routine with soap. Therefore, water pipes have been installed so that it is possible to wash hands together everyday.



Fig. 13: Pupils wash their hands as a group activity (UNICEF Lao P.D.R 2016)

To help the teachers and pupils reminding the advice on health, so-called "blue boxes" were installed at many schools. These boxes contain flash cards with information about hygiene, hand washing and personal hygiene to stay healthy. A blue box will only be given to a school once the teachers have received an introduction about the concept and topics. In total, 5000 blue boxes have been awarded to schools in Laos since 1995 (UNICEF Lao P.D.R 2016, 7). Fig. 14 shows a teacher with her students using the picture cards from the blue box to demonstrate the importance of toilets.



Fig. 14: Pupils use picture cards from the blue box to understand the importance of toilets (UNICEF Lao P.D.R 2016, 7)

"WASH" as the program at the school is also called, takes it as a task to educate the pupils in terms of hygiene in order to minimize the absence in class due to communicable diseases. Diarrhea, which is usually transmitted via bacteria, is the second biggest cause of death of children under five which is why WASH also cooperates with other programs such as the

Reducing Childhood Diarrhea Program. UNICEF is also committed to deworming which is a very common issue in subtropical areas. Every year, the pupils receive deworming medication by their teachers. Since most children are visiting school, doing it there has the biggest reach out and therefore the biggest effect (UNICEF Lao P.D.R 2016, 9). Fig. 15 presents a pupil who receives a deworming pill by his teacher at his school.



Fig. 15: A pupil receives a deworming pill in school (UNICEF Lao P.D.R 2016, 9)

A great progress regarding hygiene issues can be seen in the southern Saravane province. Inhabitants defecated publicly due to the lack of sanitary facilities at schools and at home. Hence, UNICEF started building sanitary stations and taught the inhabitants everything they needed to know about toilets and hygiene (UNICEF Lao P.D.R 2016, 16).

WASH not only reaches pupils but also their parents and families. Through the knowledge they get from the schools they pass on the content to their families to show how it is actually done (UNICEF Lao P.D.R 2016, 16).

Another interesting development can be seen in Nongxong village where a “Community-Led Total Sanitation” was installed. This is a program in which pupils teach their parents in terms of hygiene, the consequences of defecation as well as how to clean a toilet. The students work in groups and visit households every week to see if bathrooms and their surroundings are clean. If not, the owners have to pay a fee and a yellow flag is installed to demonstrate that the household did not reach the goal. At the same time, it is a fun experience for the pupils because they can pass on their knowledge and feel like being teachers. As a result of the program none of the villagers defecates in public anymore (UNICEF Lao P.D.R 2016, 22). In Fig. 16 two pupils are depicted during putting up a yellow flag next to a house that did not reach the quality inspection according to the rules of the Community-Led Total Sanitation program.



Fig. 16: Two pupils put up a yellow flag because a household did not reach the minimum goal of cleanliness (UNICEF Lao P.D.R 2016)

6.3 GIZ

The GIZ (German: Gesellschaft für Internationale Zusammenarbeit, English: Society for International Cooperation) is a German service provider for international cooperation and development that tries to help developing countries with various programs, including Laos (GIZ Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH 2017).

With its program "Fit for School", which is offered in Lao schools since 2011 and also in other countries like the Philippines, the GIZ provides all basics about hand washing with soap and explains how to properly brush teeth with fluoride toothpaste. The goals of the programs are minimum standards for water, proper sanitation and hygiene in schools. To this end, they work closely with the Ministries of Education. Since then, for instance teeth brushing and hand washing have been carried out daily as a kind of group activity to make it part of the pupils' everyday life (GIZ Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH)

The program also includes a deworming treatment which takes place twice a year. In addition, the pupils are taught how to clean toilets and sanitary facilities properly to ensure constant cleanliness. This was initiated because at many schools pupils are frightened to use toilets due to a lack of hygiene. The pupils take their knowledge home and introduce a new hygienic standard to their families. The program also relies on the help of directors and teachers, without whom guided group activities would not be possible (UNICEF Lao P.D.R 2016, 13). Fig. 17 shows pupils during their toilet cleaning activity. This should guarantee that every pupil feels comfortable by using the toilets in schools.



Fig. 17: Pupils clean the school toilets to guarantee clean toilets everyday (UNICEF Lao P.D.R 2016, 13)

In general, Fit for School wants to achieve its goal of reducing the number of days absent from school. In the first years, the GIZ accompanied 22 primary schools in which 91 % of children had tooth decay. Furthermore, 13 % of the students had soil-transmitted intestinal worm infections. The GIZ realized that those illnesses were the main issues they had to fight. With simple and effective activities like hand washing with soap and tooth brushing, the number of those diseases could be decreased (UNICEF Lao P.D.R 2016, 29).

In the beginning, 22 pilot schools took part in the program, as of now 1100 primary schools across the country are involved in the program, helping pupils to maintain their health and prevent illnesses (GIZ Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH).

7 Medical Awareness Teaching through International Influence in Lao Schools

As one can clearly see in chapter 6, external help for medical improvement, especially for children, is an absolute necessity. The help that takes place at the schools leads to daily habits that accompany the students throughout their lives. Not only should the pupils benefit from this, but also their family members and villagers. Healthy lifestyles can be passed on through the children in order to prevent preventable diseases. It is also important that children visit school regularly so that they can follow the lessons. Through common illnesses in Laos it is evident that many pupils cannot attend important lessons at school. Therefore, the goal of the organizations mentioned in chapter 6, is to keep the children healthy, access to clean water and the use of clean sanitary facilities. Thus, the pupils learn new thematic fields which are also interesting for them and are arranged as group activities (UNICEF Lao P.D.R 2016, 29).

In the following, the National Handwashing Day is presented. It is celebrated by the GIZ and an in 2017 together with a German foundation that has made it its mission to offer Lao students a better future in which health plays an important role (GIZ Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH 2017).

7.1 National Handwashing Day

On every 15th of October, Global Handwashing Day is celebrated by more than 200 million people in over 100 countries. As Handwashing is nowadays a ritual in Lao schools that pupils follow every day, celebrating it is fun for them and teaches them at the same time the importance of it. Since 2008, the Global Handwashing Day is celebrated and is a reason for many schools in Laos to organize big parties. UNICEF, Unilever, the World Bank and many other organizations initiated this day to raise awareness of infectious transmitted diseases and show the advantages of handwashing (Global Handwashing 2017).

The big celebration in 2017 took place at Ban Sikeud Primary School in Naxaythong District, 20 minutes away from the city Vientiane. Guests like Mrs Khantaly Siliphongphanh, Chief of the Ministry of Education and Sports and the German Ambassador to Lao P.D.R. Jens Luetkenherm, visited the festivity in Ban Sikeud. With motivating speeches, the speakers encouraged the principals, teachers and pupils to keep on washing their hands and at the same time thanked all participants for their great work. Principals and donors received certificates for their outraging work. In the end, a big banner was sponsored so that all of the

guests could leave a handprint with fluid colors on it to symbolize the Global Handwashing Day. Afterwards everybody washed their hands together with soap as a symbol for this special day (Global Handwashing 2017). The symbol can be seen in Fig. 18 in which German Ambassador Jens Luetkenherm and the Director of the Ministry of Education and Sports leave their handprints on the banner.



Fig. 18: German Ambassador Jens Luetkenherm and Director of the Ministry of Education and Sports leave their handprints as a sign for the Global Handwashing Day (Global Handwashing 2017)

7.2 Tooth Brushing in Ban Sikeud and Ban Phang Heng Schools: A Role Model for the Country

As seen in chapter 7.1, the Ban Sikeud primary school had the privilege to celebrate the Global Handwashing Day on their schoolyard. Ban Sikeud primary school is one of three schools which are sponsored by the Angels for Children Foundation. Next to the primary school the foundation also takes care of the Ban Phang Heng Primary and Lower Secondary School and the Ban Phang Heng Primary Schools. All of the schools are public schools and are supported by the foundation (Angels for Children) .

It was in 1995 when Ms Gerlinde Engel moved to Laos because of a new job at Trio Export Co. Ltd. All her life she was working in the textile sector until she retired in 2004. Throughout her time in Laos, her sister in law Ingrid Engel visited her on a regular basis and faced the bad conditions of the schools and education for children. For this reason, Ingrid Engel decided in 2003 to found the Angels for Children foundation with the goal to assure that every child has the access to a good education. After big renovations of the first school, the Ban Sikeud Primary School, sanitary facilities and water access were made available. Pupils could finally visit a school with basic medical supplies and proper sanitary facilities. Years later, a primary school and a secondary school were renovated as well. Today the school counts 1120 pupils who have access to basic health care and recreational activities

besides their lessons. A stunning fact is that Ms Gerlinde Engel and Ms Ingrid Engel initiated the tooth-brushing project in Laos by themselves in 2008 (Angels for Children).

As a part of this thesis, an interview with Gerlinde Engel (Int. 5)²⁵ was conducted about the topic of oral hygiene and the reason why she and her sister-in law established tooth brushing in the everyday life of the pupils.

Shortly after the founding of the foundation, she made a survey to find out if the people in the village brushed their teeth, with the result that no one even owned a toothbrush. After a while, she recognized that many pupils had teeth pain and brought them to a dentist. Tooth decay (Fig. 19) is a very common issue in Laos. The personal encounter with children with rotten teeth led to the decision to build up a water supply pipe on the schoolyard.



Fig. 19: A pupil of the Sikeud Primary School presents his smile with tooth decay (photo by Shirin Ud-Din)

Thanks to her sponsors, tooth brushes and toothpaste were sent to her so she could use them for her project. In the first break the pupils of the primary school are summoned to spread out the water supply pipes. There, the pupils find their tooth brush and wait for the teachers to hand out tooth paste. At the same time, the water supply starts to flow. The motivation of tooth brushing is always high and the pupils really enjoy the group activity. After that, the pupils go back to their classrooms and begin with the next lessons. Twice a year the pupils receive new tooth brushes which they also can take home. This has the side effect that they can teach their parents how to brush their teeth and distribute their knowledge about tooth

²⁵The Interview 5 can be found in Appendix E.

brushing. Fig. 20 shows the group activity of tooth brushing at Ban Phang Heng Primary School.



Fig. 20: Pupils of the Ban Phang Heng Primary school meet at 10 am to brush their teeth as a group activity (photo by Shirin Ud-Din)

A memorable moment for Ms Engel was when she asked graduates if they would still brush their teeth even if they will not be around the school anymore. They told her: “Madame, we brushed our teeth the last five years, now we keep on brushing our teeth!”. This clearly shows the positive results of her project which was recognized by the government and is now used in all primary schools in Laos, Ms Engel said. As mentioned before, the pupils also learn how to clean the toilets. This activity is carried out in a smaller group with a teacher on site. Sometimes the pupils invite their parents to show them how to clean a toilet so that their parents can do it the right way at their homes.

8 Conclusion and Outlook

Given all these points, it is evident that Laos as a country is still limited in its actions in terms of the health situation. Even though the situation has changed over the past two decades, poor hygiene, lack of material and bad service makes it hard to offer a health care system of good quality to the people of Laos. The progress the Lao health system made over the past decades can be seen clearly, but it is still not available for every citizen in Laos and needs more improvement in the offers it makes. The need of a universal health coverage with more benefits for the policy holder is of great necessity. Free inpatient and outpatient services are not enough for a policy when a person suddenly is contracted by a serious disease. The extension of a solid health care system needs more investment from the Ministry of Health to overcome the title of a least developed country. Thus, it is necessary to visit rural areas and inform the people who do not have access to education about their body and their health situation. Even if they live in hard to reach regions they should not be forgotten by the government.

There are plenty of health institutions in Laos, but due to centralization people in hard to reach areas are not able to use these facilities. More attention must be paid to the distribution of health institutions in order to ensure equality in the accessibility for every Lao citizen. Therefore, it is of great importance to make work in rural areas more attractive to health staff to provide a better service in remote areas.

Further work needs to be carried out in schools for persons of every age that have harder access to schools than children in suburbs. Among people for instance, who believe in animism and have less access to the big villages and cities, have less knowledge about the structure of the human body. The education about the own body is essential to understand illnesses, therefore it is necessary to provide schools for them.

Thanks to the education sector and the significant help of external aid organizations, a certain amount of medical care can already be provided. Children in schools can carry their knowledge to their families and village inhabitants. UNICEF, the Swiss Red Cross and the GIZ are able to change the situations in schools but also smaller foundations like the German foundation Angels for Children do great work for the educational and medical progress. Their goal to offer all children access to education is helping Laos take a step in the right direction.

Even if there is still work to do in Laos, a progress can already be seen in general medical service and the prevention of communicable diseases which are taught in schools. Laos has great potential to overcome the medical problems, only the resources must be used.

This paper has gone some way towards enhancing one's understanding of the medical issues in a developing country which can have serious consequences for children's education.

First steps in medical awareness are set and already helped the medical progress in Laos. Still, awareness raising in other areas that affect health should be taken in consideration. Storing food the right way for instance could be one topic, because gastroduodenal disorders often occur due to not storing the food in cold places. This goes in hand with eating habits. Laotians tend to have breakfast, lunch and dinner on the floor. Stray dogs and cats have access to these places as well and therefore intestinal worms can spread more easily. Although deworming pills are distributed in schools, the pupils and their parents should be taught where they get the intestinal worms from.

Future studies on the current topic should focus on enhancing the quality of health institutions like health centers and hospitals as well as the effects that actions of aid organizations have on the situation of Lao pupils.

Social determination must not influence access to health institutions and education. The Lao government should focus on guaranteeing affordable health insurances, especially to the poor. This way, every citizen could have a basic health care that helps to avoid financial ruin as a result of serious illnesses and helps pupils to not miss school lessons.

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Appendix: Interviews²⁶

A Interview 1

Dr Sathaphone Inthavong on 22th of March 2018 about the topic pharmacy in Ban Sikeud, Laos.

1. What can I buy in the pharmacy?

S.I²⁷.: The most of pharmacies will sell the medicaments, medical instruments like thermometer and also some instruments for medical instructions like catheterization or we want to give an intravenous fluid medication. Also the instruments for clean wounds.

2. Do you sell Lao traditional medicine?

S.I.: In fact, there are also many Lao traditional medicine sold in the pharmacy because most of Lao people know that the pharmacies sell the Lao traditional medicine. As you can see here, there is a Lao traditional medicine. But I prefer to sell modern medicine.

There are supplements for a good health, dysmenorrhea and also a lot of teas to reduce the fat in the blood or blood pressure.

3. Do I need prescriptions for antibiotics, sleeping pills or other hard drugs?

S.I.: In fact, you don't need to have the prescription not for buying the medicaments in pharmacies in Laos. For the pharmacies that are located near the hospitals or near the organizations that examined the pharmacy like inspection they have to sell the medicaments ordered by the doctor. It does not mean to have the prescription because there is no one to check my pharmacy.

4. Do you produce some medicine by yourself?

S.I.: In fact, I cannot. I cannot product medicine because it is very difficult for me due to my measure of medical doctor I don't have the knowledge and also I don't have the ingredients to produce the medicaments.

²⁶ Most Lao people speak with a broken English which is why sometimes the sentences in the interviews are not in a correct English. The interviewer sometimes had to lower her English in order to make the questions more understandable for the interviewees.

²⁷ S.I. stands for the abbreviation of the name Sathaphone Inthavong.

5. *If we think of persons whose job is to be a pharmacist do they only see modern medicine or Lao traditional medicine or do they produce it by themselves?*

S.I.: In Laos there are only some factories that can produce the medicine.

S.U²⁸.: So no pharmacist will produce medicine by himself or herself?

S.I.: That's right. And also there are some team or groups in the faculty of pharmacy in the university of Health Sciences in Laos and produce like the balm and they can also produce the liquids from fruits

6. *What about the heat, does it break the medicine?*

I think the temperature is very important for the medicaments most of the medicaments should store at a temperature less than 25 degrees but in Laos maybe in summer the temperature maybe higher than 25 degrees but in fact as in my opinion it can be in a good condition for a short time if you like still keep it in a hot condition for three years. I think it cannot be used for the patient, like the syrup, maybe after that I don't know how to say.

S.U.: Maybe it does not work like it should be when you drink it.

S.I.: Yes, that's right.

7. *Are there any laws or rules which you have to follow for having a pharmacy?*

S.I.: Yes, in fact there are some rules which we have to respect when we have a pharmacy. At first, we have the permission from the MOH and the MOH will allow the pharmacist to open pharmacy but for the doctor they cannot open. Medical doctor can open in case that the doctor buy or rent the permission later from a pharmacist

S.U.: So you bought a permission from the last pharmacist?

S.I.: Yes, that's right. There is also a rule for the opening hours. There are the fulltime pharmacies and the part time pharmacies. For the full time pharmacies can open all day but for the part time they should open on the hour that they work in the morning before 8am and in the evening after 5.

S.U.: So that you are open when the employees are free?

S.I.: Yes and my pharmacy is a part time.

S.U.: Is there anything else as rules?

S.I.: And also some medicaments is not in the list of the national drug medication we should not sell to the patients but there are some pharmacies that can

²⁸ S.U. stands for the abbreviation of the name Shirin Ud-Din.

S.U.: Medicaments of which list?

S.I.: There are many medications the government or the MOH provide the list to limit the number of drugs we can sell in Laos .But there are still some drugs that are not in the list but the pharmacists obey or break the rules and sell to the patients like the drug is for abortion.

S.U.: So the abortion drug is actually not on the list but you can buy it?

S.I.: In the past time it is already in the list.

S.U.: But in the past it wasn't?

S.I.: Yes.

8. Is it only allowed for pharmacists to sell medicine?

S.I.:In fact, there are allowed who are in the fields of medical sciences, the dentists or medical doctors or like physio therapist just only have some knowledge of medical science or medicine and you can rent the permission from pharmacists.

S.U.: So I have some medical knowledge and then I go to a pharmacist and say “Hi I want to open a pharmacy can I get your permission?”

S.I.: Yes

S.U.: Really?

S.I.: Yes that's right.

S.U.: But I do need to have medical knowledge or some kind of study of medical sciences, for example a nurse?

S.I.: Ah, but if you own the pharmacy and you have the knowledge on the medicament you have to hire the pharmacist to sell the drug instead of you or you can hire a medical doctor.

S.U.: Because I saw there are different numbers on the signs, you have number 1, there is also number 2 and number 3. Number 1 I know is that you are a medical doctor.

S.I.: In fact, number 1 is for the pharmacist who graduated with a bachelor degree. And the number two is higher diploma.

S.U.: And what is three?

S.I.:I don't know how to say the words. Because in Laos in the former time there are no curriculum, it's like the beginning I don't know how to give definition or to say it in English

S.U.: So it is a higher position of number 2?

S.I.: It is lower.

S.U.: Maybe if you have worked as an assistant for a doctor?

S.I.: Yes, that's number three.

S.U.: So just that I understand. Number 1 is pharmacist with a bachelor's degree or a medical doctor, number 2 is a higher diploma. What does that mean?

S.I.: That means, because it is the level of education in Laos. Above the bachelor's degree we use number one.

9. From where do you get your medicine?

S.I.: There are big pharmacies who sell the medication in the cheapest costs.

S.U.: It is then only allowed for you as a medical doctor to go there or can I also go there?

You can also go there. The ordinary people can also go there and buy in the cheapest cost or price.

S.U.: But do you also order it from big factories?

S.I.: In fact no, because due to my size of the pharmacy which is small I do not need so much.

S.U.: So if the pharmacy would be bigger then you would maybe buy it from a factory?

S.I.: Yes, that's right and I can also like borrow the medicine form the factory and I buy it and after a period of time like two or three months I should like retake, bring it back .

10. How many customers do you have per day approximately?

S.I.: It's a hard question because I didn't calculate. I think it's around 50 to 100 customers.

S.U.: So 100 if it's a really busy day and 50 for a normal day?

S.I.: Yes, that's right

S.U.: You are glad because you're in front of TRIO and all the people who need medicine
Some days there are less than 50.

11. What is your most sold product?

S.I.: It's analgesics and antipyretics, that drug that is used to reduce fever, like paracetamol.

12. Do you also sell birth control pills? Do you have different or only one product?

S.I.: I sell the contraceptive drugs and yes there are a lot of drugs. So in my pharmacy because it is due to the preference of customer.

S.U.: What kind of preference to they have for the contraceptive pill?

S.I.: You mean what is the most?

S.U.: Yes because you said you have different ones, so there must be something they might prefer?

S.I.: Ah, I think it is because of the quality and result and consequences by taking the medicine. For example one brand of the contraceptive pill some patients they take they have headache or migraine after that they prefer another brand.

S.U.: Is there a brand which is sold most?

S.I.: It depends on the patient,

S.U.: Do they ask you about the hormones?

The patients they do not know about the level of hormones.

S.U.: So you said the patients do not know about the hormones that are in the contraceptive pill are there also contraceptive pills that help if you have acne or something? Or only for not having a baby?

S.I.: In fact there are some time they prefer the contraceptive pill to treat their condition of acne and also for treating the ovarian cyst, it has more functions.

B Interview 2²⁹

Dr Phatavone Chantharath on 21st of March 2018 about the topic hospital at Setthathirath Hospital, Vientiane.

1. Would you say that Lao people only come to the hospital when they are sick?

P.C³⁰.: Yes, I talk some people, they come with stomach ache, diarrhea

2. Do Lao People trust (doctors) you?

P.C.: Yes.

S.U.: So when you give them a diagnosis they accept it and take the medicine you give to them?

P.C.: Yes, but I tell them to come back to hospital.

3. For which problems do Lao people come to you? Which problems are common?

P.C.: Diarrhea, pneumonia and people talk to me with arthritis.

S.U.: Is there anything else?

P.C.: Yes back pain and they want x-ray.

²⁹ As Dr. Chantharath's English was on a lower level, Ms Noy Sinpakone Singalath helped as an interpreter

³⁰ P.C. stands for the abbreviation of the name Phatavong Chantharath.

4. Do also pregnant women come to you?

P.C.: Yes.

Do you know patients who come to you who take Lao traditional medicine?

P.C.: Yes.

S.U.: So, do they come when the traditional medicine did not help? How many?

P.C.: Yes, a lot.

5. Do you think that Lao people are afraid to go to a doctor?

P.C.: Yes.

S.U.: Why?

P.C.: The person thinks I am the doctor and talk to the people you should go back hospital but you don't have money to go there but you have to go to a clinic outside and come back to hospital, many many.

S.U.: They never come back?

P.C.: Yes

S.U.: And then they go to a private clinic?

P.C.: yes, private clinic in Laos

6. I know you are a doctor, but is it expensive to come here for Lao people?

P.C.: Yes, many people in foreign insurances maybe insurance, many many have.

S.U.: So the insurance pays the visit?

P.C.: Yes.

S.U.: So it pays everything?

P.C.: No, but sometime we want to go to outside to many hospitals but treatment for three days

N.S³¹.: Did you understand?

S.U.: Roughly.

N.S.: The Lao people have the insurance, but some people when they come to this hospital, I don't know what they feel, but then they go to the next hospital around town, but they use the insurance.

³¹ N.S. stands for the abbreviation of the name Noy Singhalath.

7. Do the people come here when they feel the pain immediately or do they wait a week or two months and then come to you?

P.C.: Yes, many people come to check the body with me on time.

S.U.: As soon as they feel sick they come?

P.C.: Yes.

8. So you are a doctor, you have a lot of experience, what would you say, how good is the medicine here in Laos?

P.C.: Good medicine for in Laos, many many medicine.

N.S.: The Lao medicine we import from the airport, so the medicine is like the modern medicine, especially from France or England also. So for this reason the doctor also says that the medicine is good.

9. So when a patient comes here and you give them medicine can they take it from the pharmacy here and do they have to pay it or does the insurance pay it?

P.C.: Not pay, insurance not pay.

S.U.: So they have to pay it by their selves?

P.C.: Yes

N.S.: No, the Lao didn't pay. If the Lao people have the insurance and they bring the insurance, the insurance will cover their sickness.

S.U.: But if you don't have an insurance they will have to pay?

N.S. & P.C.: Yes.

10. I am also interested in vaccinations, I also see here some vaccinations. Do children take vaccinations?

P.C.: Many many children take some medicine. But for me don't have medicine but I take some medicine for the people. Mumps, hepatitis.

11. When do Lao people wash their hands?

N.S.: From her experience, she never asked the patients when they are sick, they normally wash their hands before the eating and she also tells them is better to wash the hands before eating, but normally they know that.

S.U.: So she recommends it?

N.S.: Yes.

12. So if somebody is coming here to this hospital, how long does she or he has to wait to speak to a doctor?

P.C.: About 30 minutes. I think, I have, they get ticket number for patient wait for me outside.

S.U.: So 30 minutes?

P.C.: Thirty minutes, half past. Maybe.. but

N.S.: I depends on the day, somedays they have the many people and they need to wait for the long time and also the doctor they talk a lot with the patients, you see. So it will take some time to wait the doctor. But its not more than the 30 minutes.

13. Who goes to the doctor? Lao people with money or also lao people who don't have so much money?

P.C.: Many rich and poor people, I worry with the people. The people come here to diagnosis the people no angry with the people, I love the people who come to me and visit me, talk to me, report me.

N.S.: All of them come when they are sick. It doesn't mean that they have money because some poor also have the insurance. The doctor also love to talk to the doctor when they visit her, rich or poor she doesn't judge people.

14. Do you also sell medicine here or do the patients need to go to a pharmacy?

P.C.: But the patients have a prescription for me go outside, pharmacy or in hospital.

15. What is the illness most people die from?

P.C.: The Lao people waiting for pneumonia, TB, tuberculosis, HIV and traumata, from the accidents outside.

S.U.: Do you think the accidents happen because the people are drunk?

P.C.: Yes.

S.U.: A lot of people?

P.C.: Yes and also kidney.

S.U.: And also liver problems?

P.C.: Yes, after diabetes.

S.U.: Do you think that many people have liver problems because of drinking so much?

P.C.: Yes.

16. Are there check-ups for children? Like every year to a doctor or do they only come when they are sick?

P.C.: Many many children come back here to check the body on time. They receive vaccination.

17. What about pregnant women? Do they come regularly to the doctor or do they only come to the doctor when they give birth?

P.C.: maybe pregnant care come here because for specialists for pregnant but

N.S.: When the pregnant women come the doctor give some treatment directly

S.U.: But they do not come like every month to check the baby?

P.C.: Only when they have pain, stomach pain, back pain.

N.S.: Only with pain, not every month.

18. And what about check-up for cancer?

P.C.: The checkup for the cancer, maybe many people have..many..many many check they pay money for check the cancer, breast and uterine. Pay money.

19. Are there differences between town and country side in medical system?

M.D.: Many doctor different for treatment the people in hospital and learn, foreigner in hospital and outside.

N.S.: Of course there are differences, for example the knowledge of the doctor and also especially in the hospital in down town every week they will have some days for the report about what kind of cases they have to cover now and then all of them will give them report with suggestions like “you need to do like this..” to teach and then they will discuss and report it to them. You need to teach the Lao people like this.

S.U.: So the reports go to the university or to the doctors on the countryside?

N.S.: Many doctors go outside to teach at university. They have also many doctors here who go the university to teach and training, the report to the countryside to the doctor working there. So they share their experience to the country side.

S.U.: Is the material better here than in the country side?

N.S.: It's not all the material in the countryside the same as in down town hospital. Its more modern but they also have some necessary material in the country side and they need it.

S.U.: So they have the necessary treatment for everyday life?

N.S.: yes, but of course the people need to come to the downtown when they have cancer.

20. When you think of a normal day here, what is the most common sickness that comes here?

P.C.: Diarrhea, cold.

21. How many patients do you have per day?

P.C.: 10.

S.U.: And when there are many people?

P.C.: 60.

22. How often do you work in a week?

P.C.: Monday until Friday. Saturday at home.

S.U.: How many hours do you work per day?

P.C.: 8 hours.

S.U.: How long have you been working as a doctor now?

P.C.: 30 years.

C Interview 3

Michael Schultze³² on 17th of March 2018 about the topic health system in Vientiane, Laos.

1. Wie würden Sie das Gesundheitssystem hier in Laos beschreiben?

M.S³³.: Mit einem Wort:entwicklungsfähig.

S.U.: Was ist denn entwicklungsfähig?

M.S.: Auf Englisch sagt man doch „room for improvement“. Ne, also erst mal es gibt eins, relativ flächendeckend gibt es Krankenhäuser und Sanitärstationen in den kleineren Orten, es gibt ein Sozialversicherungssystem, seit kurzem erst und es gibt eine ganze Menge zu verbessern, an beiden.

S.U.: Was wäre denn hier verbesserungswürdig?

M.S.: Kommt das noch in den nächsten Fragen?

S.U.: Ja.

M.S.: Dann das vielleicht erstmal als Einführung.

³² Michael Schultze is German and decided to have the interview in German.

³³ M.S. is the abbreviation for the name Michael Schultze.

2. *Haben Sie das Gefühl, die Laoten sind oft krank?*

M.S.: Nö, wobei manchen Leuten und bei manchen Sachen muss man auf der anderen Seite sagen, dass sie bisschen zimperlich sind.

S.U.: Inwiefern?

M.S.: Das sie wiederum, wenn was ist, nicht wie der deutsche der zum Arbeiten geht, sondern dann machen sie lieber den „Leidenden“.

3. *Wenn Sie krank sind, was machen Sie zunächst?*

M.S.: Kann ich Geschichten erzählen dazu. Kommt zum Glück nicht oft vor. Das Beste ist gesund bleiben. Ich hatte mal schon lange her, mal nachts mit einer schlimmen Gallenchronik versorgt zu werden und ich bin über die Brücke gefahren.

S.U.: Nach Thailand?

M.S.: Ja, obwohl die abends um 10 Uhr zu macht. Ich bin um 2 Uhr nachts rübergefahren. Alle durchgeklingelt, in Thailand das Krankenhaus angerufen, dass die zur Brücke rübergekommen sind, weil auf der Thaiseite hört man das nicht, wenn man über die Brücke rüberkommt. Da kann man hupen und schreien wie man will, das Tor ist zu. Das geht auch, als ich hab mich nicht hier behandeln lassen.

S.U.: Wieso nicht hier?

M.S.: Erstens weil ich in Thailand versichert bin und nicht hier, zweitens, weil es hier vor allem in hygienischer Hinsicht Nachholbedarf gibt, in den medizinischen Einrichtungen.

S.U.: Das haben sie quasi schon selbst erlebt und sich deswegen in Thailand versichert und gehen dann auch lieber wenn etwas ernsteres ist nach Thailand. Was ist denn die nächstliegende Stadt?

M.S.: Die nächstliegende ist Nongkhai aber unser Stammkrankenhaus ist in Udon Thani. Meine Frau ist gerade dort hin unterwegs zum Zahnarzt

S.U.: Ah, das heißt also Sie machen alles in Thailand?

M.S.: Ja, die ganze Familie ist in Thailand versichert.

4. *Haben Sie schon traditionelle laotische Medizin kennengelernt? Wenn ja, welche und für was?*

M.S.: Ich benutze insgesamt wenig. Ich bin eigentlich kein großer Fan von aller Arten von Medizin und natürlich bin ich damit in Zusammenhang gekommen, mit traditioneller Medizin, einige Sache, viele Sachen, sind uns Europäer im Laufe der Zivilisation abhandengekommen, viel Wissen zum Beispiel, geht los mit Ernährung wo man sehr viel

machen kann um seinen Gesundheitsstand zu beeinflussen, wo ich dann auch manchmal denken muss, meine Uroma hat davon noch manches gewusst aber heute geht man in die Apotheke oder zum Arzt und lässt sich irgendwelche „Drogen“ verschreiben, obwohl es ganz einfachere Methoden gibt.

S.U.: Ist Ihre Frau Laotin? Benutzt sie manchmal traditionelle Medizin oder greift sie auch mal zur Anderen?

M.S.: Immer ein Misch.

S.U.: Was würde sie benutzen?

M.S.: Irgendwelche Suds die gekocht werden und so ein Zeugs. Auf der anderen Seite muss man auch sagen, dass es anderen Dinge gibt. Oder eine der Schienen, mit denen ich medizinisch in Kontakt gekommen bin, ich hab einen Sohn der ist autistisch und da gibt es zum Beispiel Überlieferungen wenn Kinder spät oder gar nicht sprechen lernen, dann tun die den Fröschen auf die Zunge legen. Ja und bei solchen Sachen kann meiner Meinung nach der medizinische Einfluss nur begrenzt sein. Also die Schwelle zum Aberglauben ist da fließend, obwohl gerade in der Kräuter und Heilmittel da wird sehr viel gemacht, was uns verloren gegangen ist. In der Stadt sieht man oft die Hmong die Wurzeln, Rinden und Kräuter Päckchenweise verkaufen und natürlich für die Männer unabdingbar was die Potenz stärkt, meistens in Alkohol gelöst, damit es noch lustig macht. Also da werden alkoholische Auszüge gemacht, die könnte man patentieren und Kräuterschnaps draus machen. Das gesamte Spektrum wird abgedeckt. Das geht los mit normaler Ernährung, wo ich in Deutschland nie drauf gekommen wäre, wie beispielsweise bei einer Erkältung kein Zucker essen, ja und solche einfachen Regeln oder bei bestimmten Krankheiten keine gekochten Hühner, keine gebratenen Eier, da gibt es dutzenden Faustregeln, die ich ausprobiert habe, die in der Regel richtig sind.

S.U.: Wie haben Sie diese mitbekommen, durch ihre Frau und Freunde?

M.S.: Ja.

5. Wie sieht es mit Hygiene in Laos aus? Wann werden die Hände gewaschen?

M.S.: Das wird in der Schule propagiert so zu machen, ist aber nicht unbedingt weit verbreitet, auf der anderen Seite ist eigentlich das schlimmste, was einem Menschen passieren kann, Körpergeruch. Da sind die sehr allergisch. Auch wenn der Tümpel noch so zweifelhaft ist, Baden und duschen muss sein. An manchen Stellen sind die kann man schon sagen reinlicher als viele Europäer an anderen Stellen, wenn nur über die bewusste Befolgung von Hygieneregeln, eher weniger. Also das ist so ein absolutes Gemisch. Wo und

wann und mit welchem wissenschaftlichen Hintergrund bestimmte Handlungen angebracht sind, sind wie gesagt heutzutage Bestandteil des Curriculums in der Schule und wird versucht den Kindern beizubringen.

6. *Wie oft waren Sie hier schon beim Arzt oder im Krankenhaus? Waren Sie mit der Behandlung zufrieden?*

M.S.: Ich muss sagen, ich war schon ewig nicht mehr in einem laotischen Krankenhaus aus verschiedensten Gründen und die letzten male die ich da war, war ich nicht als Patient da, sondern als Begleitperson oder um Befragungen zu machen für ein deutsches Team habe ich mit einem damaligen Direktor von einem Krankenhaus bekannt gemacht. Ich muss sagen ich kenn eine Reihe von Medizinern hier in Laos und hatte auch schon vor 20 Jahren in dem Sektor beruflich zu tun. Medizinvertrieb, deswegen habe ich auch viele Krankenhäuser von innen gesehen. Und viele Ärzte auch kennen gelernt. Das Problem in den Krankenhäusern liegt weniger in der fachlichen Qualifikation, sondern mit dem Umgang mit den Patienten.

S.U.: Was heißt das inwiefern mit dem Umgang mit den Patienten?

M.S.: Na dass die, sagen wir mal, sehr unhöflich und vor allen Dingen, das mittlere medizinische Personal, die Schwestern und Pfleger, sehr unfreundlich mit den Patienten umgehen. Die bürokratischen Abläufe kommen dazu, ist ja eine einzige Rennerei, die Krankenhäuser haben in der Regel keine medizinischen Grundversorgungsstoffe vorrätig, das muss vom Patient oder deren Familie in einer naheliegenden Apotheke beschaffen werden, deswegen sind das die reichsten Menschen hier, die Apotheken gegenüber von Krankenhäusern. Wo jetzt, muss man wirklich sagen, versucht wird mit dem Aufbau und Ausbau der staatlichen Sozialversicherung bisschen auf die Reihe zu bekommen. Ich hab wirklich erlebt, ein Beispiel, damals mit dem größeren Hersteller von Verbandsmaterialien zu tun gehabt, die haben gesagt Laos ist das einzige Land wo sie nicht zu Potte gekommen sind und die haben wirklich alles versucht sich den örtlichen Gegebenheiten anzupassen und ganz simples Heftpflaster um Verbände zu fixieren, überall in allen Regionen und in allen Nachbarländern wird das Zeug möglichst in großen Verpackungsgrößen angeboten, 10 Jahre ist der Standard. Die, die in den Krankenhäusern tätig sind im OP oder wo Verbände gewechselt werden und die Schwestern sich so viel nehmen, wie sie brauchen. In Laos geht das nicht, deshalb, weil das nicht in den Krankenhäusern vorrätig ist, sondern weil der Patient das kaufen muss. Da kaufen sie keine großen Mengen, sondern so klein wie möglich. Da hat die Firma nach Laos 1-Meter Rollen verkauft und trotzdem, weil das Zeug teurer war

als No-Name Produkt und weil es nicht auf dem Markt gibt. Oder auch die Frage muss billig sein, da wird nicht nach Qualität gefragt. Auf der anderen Seite, was sie verkauft haben, war das absolut teuerste Zeug was sie verkauft haben in der Wundbehandlung. Da gibt's Kompressen die völlig fertig sind, da kostet ein Teil 10€. Die wiederum konnten sie verkaufen, weil wieder bei den speziellen Fällen allerdings nicht in den Mengen, die nicht für die Firma glücklich machend gewesen wären und dann wiederum bei den Leuten die mehr Geld haben, um da Infektionen zu verhindern. Das ist sozusagen das System, so preisdrückend, wo ich sage das ist doch eine Milchmädchenrechnung, warum nimmt ihr das nicht vom Krankenhaus, denn eigentlich hat das Krankenhaus das vorrätig oder wieso lasst ihr es nicht vom Krankenhaus besorgen. Dann sagten die das ist so teuer, dann meinte ich wieso ist das so teuer. Ja zum Ende der Behandlung bekommen wir eine Rechnung über 2 Millionen KIP. Das Krankenhaus kostet am Tag 300000 KIP, das sind 3 Millionen, das ist billiger. Das billige war das jeden Tag bezahlen. Die kleine Summe ist der psychologische Eindruck weniger als einmal eine große Summe.

**7. Wenn Sie den Standard hier mit Deutschland vergleichen, was fällt ihnen dazu ein?
Ist das wirklich eine komplett andere Welt?**

M.S.: Ja. Auf jeden Fall. In positiver aber auch negativer Hinsicht.

S.U.: Inwiefern positiv?

M.S.: Meine Schwester ist Krankenschwester, brauch ich nicht mehr dazu sagen. In Deutschland, in dem Krankenhaus in dem sie arbeitet ist privatisiert worden da gibt's nur eins, ein Kriterium: Wie viel Gewinn macht das Krankenhaus. Und das ist hier nicht unbedingt der Fall. Das reine Gewinndenken. Auf der anderen Seite da noch, was sich hoffentlich ändert, die Hoffnung stirbt zuletzt, das System an sich, die Mängel in den Krankenhäusern, im Service, in der Hygiene und die chronische Unterfinanzierung, was dazu führt, dass viele von den Ärzten noch eine private Klinik haben, die inzwischen in vielen Fällen noch besser ausgestattet ist, als die Krankenhäuser selbst. Was hier dann dazu führt, dass der Arzt Patienten zu sich in seine Privatklinik überweist.

S.U.: Das heißt die haben dann einen Doppeljob, sie arbeiten dann im Krankenhaus?

M.S.: Das ist in Thailand nicht anders, ich erkläre das gleich, in Thailand ist es nämlich genau umgekehrt. Die haben da Regeln, weil der Staat von Anfang an Befürchtungen hatte, dass dann das staatliche Gesundheitssystem ganz krachen wird, wenn die Ärzte privat oder ausschließlich privat praktizieren. Privatkliniken dürfen nur früh vor normalen Dienstbeginn und abends nach normalem Dienstschluss offen haben. Damit die Ärzte auch tagsüber in

staatlichen Gesundheitseinrichtungen zu Gange sind. Bloß dann überweisen sie ihre Patienten zu sich privat, und dann das habe ich damals von den Pharmavertretern gelernt, was das schlimmste ist was passieren könnte, wenn der Arzt zum Händler wird. Wenn der Arzt selber die Medikamente verkauft. Ja der hat dann direkten Einfluss auf seine Gewinnmarge, das ist dann eine andere negative Folge in Laos ist noch bei weiten Teilen der Bevölkerung, die sind es nicht gewohnt dafür die Behandlung zu bezahlen, da sind minimale Preise. Das führt dann dazu, dass der Arzt da hat, die entweder in der normalen Apotheke nicht erhältlich sind oder wo nicht erkennbar ist, damit der Patient nicht mitkriegt wie hoch der Preisunterschied ist und sich die nicht nächstes Mal in der Apotheke besorgt. Andere Negativfolge davon ist, dass viele Leute nicht zum Arzt gehen, sondern nur in die Apotheke gehen. Da habe ich Dinge erlebt, da geht einem der Hut hoch, wenn jemand kommt, älterer Herr: Mir ist unwohl und letztens hatte ich Medikamente, die haben mir gut getan und die möchte ich wieder haben. Dann sagt die Apothekerin: Was waren das für Medikamente? – Ja, das war eine kleine gelbe Tablette. Dann hat sie ihm eine kleine gelbe Tablette verkauft.

S.U.: Irgendeine?

M.S.: Wahrscheinlich war es die richtige, weil die haben ja auch Erfahrung, ja aber das ist auch eine andere Folge, dass Leute Selbstmedikation machen, weil es billiger ist und nicht ins Krankenhaus gehen und sich das in der Apotheke kaufen. Zufälligerweise, die Chefin von unserem Autismusverband ist Ärztin von Beruf und betreibt eine große Apotheke, da war ich auch mal hin und wieder und hab so erlebt was so abgeht.

S.U.: Das heißt sie arbeitet als Ärztin und untersucht die Menschen auch dort?

M.S.: Untersuchen wenig, aber Beratung. Viele Sachen da fragen die Leute die Symptome, da ist klar das kann nichts Anderes sein. Dinge, die eher weniger was in der Apotheke zu suchen haben, wie beispielsweise einen Tropf anlegen, solche Sachen.

8. Gibt es medizinische und gesundheitliche Unterschiede zwischen größeren Städten und Dörfern?

M.S.: Gravierende. Gravierende. Schon fern entlegenen Provinzhauptstädte, der Unterschied zu den großen Zentren ist gewaltig, was viel damit zu tun hat, dass ausgebildetes Personal nicht gewillt ist, irgendwo in der Walachei zu arbeiten.

S.U.: Und was ist dann mit den Ärzten, die in diesen Provinzen arbeiten? Mangelt es an Fachkompetenz?

M.S.: Es gibt ein deutliches Gefälle an fachlicher Kompetenz und kann man auch nicht über

den Kamm scheren. Es gibt Leute die machen das aus Enthusiasmus, es gibt Leute die haben andere Gründe irgendwo im Dorf oder im kleineren Distrikt zu sein, aber generelle Tendenz ist nicht so gut.

S.U.: Was ist ihrer Meinung nach ein gravierender Unterschied. Ist es nur die Behandlung an sich?

M.S.: Es ist die technische Ausstattung, eine Operation kann man in vielen Medizinstützpunkten durchführen, die können einen nur in das nächstgelegene Krankenhaus schicken, da hat man aber gleich wieder das Problem des Transports. Es gibt keinen Krankentransport als solchen. Selbst in Vientiane was sich jetzt entwickelt hat in den letzten 3, 4 Jahren mit den Ambulanzen, die die Leute von der Straße aufsammeln, ist eine neue Erscheinung. Früher sind die meisten Verkehrsunfallopfer mit dem Tuk Tuk ins Krankenhaus gebracht worden. Wenn er nicht tot war ist er auf dem Transport totgemacht worden.

Auch der Zugang zu den Medikamenten. Aufm Land gibt es in der Regel die billigsten Medikamente, das sind die in der Regel von den laotischen Herstellern, bzw. die Importe aus Indien und Vietnam.

S.U.: Kann hier jeder eine Apotheke eröffnen oder muss man eine gewisse Ausbildung haben?

M.S.: Wenn Sie drauf achten, bei den Apotheken steht auf dem grünen Schild eine Zahl 1, 2 oder 3. Das ist die Einstufung der Apotheke. 3 da muss man wenigstens eine Krankenschwesterausbildung haben. 2 ist dann schon eine höhere Ausbildung erforderlich und Nummer 1 da muss man entweder eine Arztausbildung oder Pharmazeuten Ausbildung haben.

9. Haben Sie eine Krankenversicherung? Wenn ja, was deckt diese ab und wie teuer ist diese? Wieso sind Sie in Thailand versichert?

M.S.: Es gab keine als ich hier herkam. Es gab gar keine Versicherung hier. Ich bin seit 1993 fest hier und die erste Versicherung hat um 1996 aufgemacht.

S.U.: Das heißt Sie haben sich hier erst gar nicht versichert, sondern in Thailand?

M.S.: Am Anfang habe ich mich gar nicht versichert. Das habe ich dann auch immer lästerlicher Weise zu meiner Schwester zu Hause sagen können, dass was man in Deutschland dazu zählt, sind in Thailand die reellen Kosten. Hat sich auch geändert. Ich sehe auch einen Grund für die Preistreiberei im Gesundheitssektor in den Versicherungen. Solange wie das alles Cash bezahlt wird bleiben die Preise moderat so lange wie die

Versicherung als Abrechnungsinstitution dazwischengeschaltet wird, geht das eben immens hoch, man kann ja abrechnen. Die Krankenhäuser wissen was abrechenbar ist bei mir und dann wird das gemacht was abrechenbar ist. Und das erlebe ich in Thailand. Die Preise in den letzten 20 Jahren haben sich verdreifacht. Als ich mir die Galle in Thailand rausschnippeln lassen habe in Thailand haben sie sich bei mir entschuldigt, weil ich hatte bei meiner Versicherung zum Beispiel Einzelzimmer Zimmerpauschale 800 Baht. Und dann sind die vom Krankenhaus zu mir gekommen und haben sich entschuldigt, dass sie so ein teureres Zimmer nicht haben. Inzwischen kostet das Zimmer 2000 Baht – ohne medizinische Behandlung

S.U.: Es gibt ja jetzt mittlerweile hier Krankenversicherungen, kennen Sie sich damit ein bisschen aus?

M.S.: Es gibt staatliche Versicherungssysteme, was ich persönlich sehr gut finde. Von allen Leistungen die da versichert sind, da ist Arbeitslosenversicherung, Krankenversicherung und Rentenversicherung in einem Block. Da sind die Familienmitglieder mitversichert., Ehepartner und Kinder bis 18 Jahren mitversichert. An sich eine super Sache. Das dumme ist das viele Laoten dem vielen was von der staatlichen Seite gemacht wird nicht glauben. Und Erfahrung vor allem aus der Anfangszeit der Versicherungen, wird jetzt seit 4 oder 5 Jahren Druck gemacht, dass durchzusetzen. Dazu muss man sagen auf der Negativseite kommt das ursprünglich nur abhängig Beschäftigte versichert waren, per Gesetz.

S.U.: Also diejenigen, die für den Staat gearbeitet haben?

M.S.: Beamte, also man muss sagen, als es los ging, gab es zwei getrennte Systeme: Es gab das für die staatlichen Angestellten und es gab eins für privat Beschäftigte. Aber halt nur für Beschäftigte. Wenn man jetzt von den 60, 70 % der Menschen, die auf dem Land wohnen, nicht beschäftigt sind, die fallen da raus. Die können jetzt seit 2 Jahren ungefähr privat versichern. Dann müssen sie aber, wie in Deutschland ähnlich mit einem Arbeitnehmer und Arbeitgeberanteil zahlen und es hängt davon ab oder staatlich oder privat 60 – 40 oder halbe-halbe. Beim Staat sind es 7 % vom Gehalt, privat sind es 4.5 % die die Leute bezahlen müssen. Bauern, die da per se nicht als beschäftigt gelten, müssen beide Anteile zahlen. So, aber die haben auf der anderen Seite wieder die Wahl ihr Einkommen zu wählen, also Versicherungshöhe. Der Kritikpunkt am Anfang war, die wurden wie Patienten zweiter Klasse behandelt von den Ärzten. Da versucht das Gesundheitsministerium massiv dagegen vorzugehen und eine einheitliche Betreuung für Alle durchzusetzen. Wie weit es funktioniert weiß ich nicht, aber nach allem was ich gehört habe ist es schon besser geworden. Das zweite ist, dass sie nur die billigsten Medikamente verschreiben, weil die Zuschüsse limitiert sind.

Die Zuschüsse waren auch limitiert für die Krankenhäuser, hatten ihren Satz den sie jede 6 Monate bei den Versicherungen abrechnen konnten, waren also gehalten nur das nötigste zu machen. Es gibt auch Deckelungen nach oben, da muss ich überlegen, wenn die Operations- oder Behandlungskosten über 5 Millionen KIP sind, dann muss der Kunde dazuzahlen. Auf der anderen Seite sind auch alle chronischen Krankheiten nicht für ewig, sondern für einen begrenzten Zeitraum, ist auch alles mit drin in der Versicherung. Die Versicherung an sich ist nicht verkehrt.

S.U.: Das heißt die Versicherung ist auch nicht verpflichtend für die laotischen Menschen hier, sondern es ist eine Wahl.

M.S.: Für die Beschäftigten ist es per Gesetz verpflichtet, sonst würde das System nie aus der Knete kommen, wenn man das nicht freiwillig macht, dann würden die nie aus den Einnahmen kommen um das System auch nur teilweise zu finanzieren. Dann gibt es seit 4,5 Jahren auch ein anderes massiv von ausländischen und Entwicklungsorganisationen unterstütztes System, das 30000KIP Scheme, das ist angelegt an das was Taxi früher in Thailand gemacht hat, 35 Baht für die Behandlung. Das ist in diesem Jahr mit Ausnahme von Vientiane in allen Provinzen, das also Leute pauschal 30000KIP für eine Behandlung zahlen. Und das ist unheimlich wichtig, dass es zu so etwas überhaupt gekommen ist eine Folge der Millennium Goals, wo die Laoten ja gerade die auf dem Gesundheitssektor verfehlt haben, und zwar um Größenordnung verfehlt haben und zwar geht es da um die Indikatoren die auf dem Gesundheitssektor standen, Kindersterblichkeit und Müttersterblichkeit. Und da haben die riesen Aufholbedarf. Und deswegen wurden dieses Schema aufgesetzt, vor allen Dingen um die Frauen in der Schwangerschaft in die Krankenhäuser zu bringen

S.U.: In Deutschland kennen wir das ja, dass man monatlich zur Vorsorgeuntersuchung und zum Frauenarzt geht um alles checken zu lassen, das wäre hier dann auch mit drin?

M.S.: 30000 KIP mh, also ich muss sagen, ich habe noch kein Dokument im Internet dazu gefunden, ich habe echt gesucht, zu recherchieren wann diese Kosten anfallen, ob das immer 30000 KIP sind oder ob man die monatlich zahlt oder einmal für immer, da bin ich noch nicht schlau geworden. Aber die Schwangerenbetreuung da gibt es ein Radiospot den ich die letzten Tage gehört habe, die sollen in der pränatalen und nach der Entbindung insgesamt wenigstens vier Mal beim Arzt gewesen sein. Und das ist für die ländlichen Gebiete sehr solide, wenn man das durchsetzen könnte.

S.U.: Wissen Sie wieviel so eine Krankenversicherung hier kostet oder wenn man dieses ganze Paket mitnimmt?

M.S.: Also das ist unterschiedlich, aber bei privaten ist es so, da sind zum Beispiel bei meiner ersten Versicherungen waren keine chronischen Krankheiten dabei, oder Krebs oder so war gar nicht mit drin. Da kann man den Löffel dann putzen und dann abgeben.

S.U.: Das heißt man wählt aus, gegen welche Krankheiten man sich versichern möchte?

M.S.: Ja.

S.U.: Ist es günstiger als in Deutschland?

M.S.: Weiß ich nicht, also mittlerweile gibt es ja 5 oder 6 private Versicherungen hier, in Thailand weiß ich das z.B. was in Deutschland verboten ist, das die kombiniert ist mit Lebensversicherung. Meine alte Versicherung in Thailand war 20 Jahre Lebens- und Krankenversicherung, davon habe ich 10 Jahre den Anteil für die Lebensversicherung eingezahlt und ab Jahr 11. Der Krankenversicherungsanteil waren 8000 Baht (= 207€) im Jahr. Das ist ein Lacher, also 200 Euro und habe 4000 Baht in der Lebensversicherung angespart, die ich dann aber erst nach Ablauf der 20 Jahre bekomme. Da gibt es echt die verschiedensten mit Preisen nach oben. Bekannter von mir, der auch ein paar Jahre älter ist, der zahlt jetzt auch mehr als in Deutschland.

S.U.: Kommt also immer drauf an was man Versicherung möchte?

M.S.: Wie alt man ist. Meine Versicherungstante wollte mir auch unbedingt eine neue Versicherung aufschwätzen weil sie meinte dass es rapide teurer wird über 60.

10. Vertrauen Sie den laotischen Ärzten?

M.S.: Ich kenne viele Ärzte, wir treffen uns eher bei Bier als bei Nadel und Faden aber durchwachsen. Man muss sagen ich hatte mit laotischen Ärzten zu tun da wussten die nichts davon. Ich habe früher in der DDR Botschaft gearbeitet, die haben viele Ärzte ausgebildet und habe durch Zufall mit deutschen Ärzten zu tun gehabt die laotische Ärzte an ihren Krankenhäusern hatten und meine Nichten und Neffen sind z.B. in der Klinik, waren Zwillinge mit Frühgeburt, bei laotischen Ärzten zur Welt gekommen und ich sag mal das generelle Feedback technisch: super: Diagnose: schwach. In den Frauenkliniken war das zum Beispiel so dass viele deutsche Frauen sich von den Laotinnen behandeln lassen wollten, weil die viel softer im Umgang waren, technisch perfekt alles gemacht habe und das haben mir die deutschen Ärzte gesagt, die Schwächen lagen in den Diagnosen, was ich auch von Ärzten die ich hier kenne bestätigt sehe, dass sie versuchen möglichst viele Diagnosearbeiten von Maschinen abnehmen zu lassen. Die sind dann sehr schnell dabei sich ein Blutanalysegerät zu beschaffen weil sie meinen dann einen Teil der doch schwierigen Diagnosearbeit vom Hals zu schaffen. Die Stories gibt es überall auf der Welt von

Fehldiagnosen. Und ein guter Bekannte wurde hier im laotischen Krankenhaus fast zu Tode gebracht, ist einer der großen Medizintechnikversorger gewesen inzwischen macht er was anderes. Er hat den Ärzten gesagt er hat eine Penicillin Allergie und was haben sie gemacht, ihm intravenös Penicillin gegeben. Er ist fast umgekommen.

S.U.: Denken Sie es lag an der Sprachbarriere?

M.S.: Ne, ne Laote! Laote! Einfach nur hin wo er hingehört. Solche Sachen erhöhen natürlich nicht das Vertrauen in laotische Ärzte. Da kommt der Servicebereich dazu, da kommt hinzu dass sie manchmal schon aufm Golfplatz sind, Verwandten und Bekanntegeflecht kommt hin dazu, dass die Leute besser versorgt werden, als die die man weniger gut kennt. Deswegen wenn ich vor lang lang Jahren was hatte wo ich meinte ich muss zum laotischen Arzt zu müssen oder mit Kindern dahin zu müssen, da habe ich dann jemand angerufen, den ich kannte und bin zu dem gegangen und da ist das Vertrauen da. Das anonyme, das ist in Laos in nahezu allen Gebieten nicht ratsam. Da muss man einen Polizisten gut kennen oder jemanden vorweisen kann vor dem der Polizist Angst hat.

11. Ist es teuer zum Arzt zu gehen?

M.S.: Das laotische System ist eher günstig, man hat natürlich private Kliniken oder ausländische Krankenhäuser, französische Klinik ist zum Beispiel nicht mehr günstig genauso wie das International. Die sind ein Ableger von der Thaikette.

S.U.: Finde ich dann auch internationale Ärzte?

M.S.: Ja. Bei Alliance auf alle Fälle. Meine Frau musste sich da operieren lassen, da war ein Taiwanese der die OP gemacht hat. Zwei große internationale Krankenhäuser sind im Bau, die den gleichen Standard wie in Thailand bieten sollen. Das erste soll in 2020 machen, da gehen immense Summen in die Krankenhäuser. Wenn man am Wochenende nach Udon Thani fährt, dann möchte ich sagen das 30-40 % der Autos laotische Kennzeichen besitzen. Also es sind irrsinnige Summen die darüber gehen und das ist ja nicht nur hier in Vientiane so, sondern auch beispielsweise in Savannkhet oder Paksé.

12. Ist ein Krankenhausaufenthalt teuer? Beziehungsweise eine Operation?

M.S.: Ist nicht teuer, nach unseren Verhältnissen. Viele laotischen Familien können natürlich überfordert sein. Aber an sich ist s nicht teuer. Wobei für arme dann auch wieder kostenlose oder reduzierte Behandlungen angeboten werden, die müssen dann aber von ihrem Dorfältesten einen Schrieb bringen, dass sie wirklich arm sind. Für Mönchen wird grundsätzlich nichts verlangt.

S.U.: Wie sieht's denn mit OP's aus, sind diese teuer?

M.S.: Nö, im Verhältnis nicht. Ich war auch überrascht, hier war ein deutsches Ärzteteam, die schon OPs auf den Philippinen gemacht haben. Und dann war da ein Arzt, hat Krankenhausbesuche gemacht und sich alles angeschaut und meinte dann sowas hat er noch nicht erlebt, nicht mal auf den Philippinen. War begeistert, weil es andere Dinge waren, die verhindert haben. Sie brachten zum Beispiel alles mit aus Deutschland in ihrem Urlaub und haben das gemacht und auch ohne das Krankenhaus zu belasten und dann sagte der Krankenhausdirektor die sollen doch US\$ 50 für die Familien bezahlen, damit die ihre Reise hierher bezahlen können. Sie meinten dann auch, dass sie alles kostenlos anbieten. Die waren auch verwundert wie sauber das Krankenhaus war, wurde vor Jahren von Japanern gebaut, hatte einen guten Standard was man über andere nicht behaupten kann.

13. Wenn Sie traditionelle Medizin verwenden, welche benutzen Sie für welche Beschwerden?

M.S.: Was soll ich denn benutzen?

S.U.: Irgendetwas für Kopfschmerzen oder benutzen sie es generell nicht, dann können wir die Frage lassen.

M.S.: Ich benutze nichts davon.

14. Wie ist die Behandlung bei einem Arzt, oder in einem Krankenhaus, fühlen Sie sich wohl? Wie sieht es mit Hygiene und Materialien aus?

M.S.: Man muss schon sagen, dass es nicht typisch ist so umfangreiche medizinische Hilfe zu bekommen, wie es bei Laos der Fall ist, das zeigt manchmal schizophrene Blüten. Da ist es dann manchmal einfach ein neues Gerät zu bestellen anstatt es für weniger Geld reparieren zu lassen. Ich hab das selbst miterlebt. Da ich war selbst für Siemens Medizin Technik im Land zu Gange die hatten ein Wartungsgerät, da mussten Teile für insgesamt US\$ 150 gewechselt werden. Da war die Firma in dem fall auch bereit zu zahlen, den Techniker zu bezahlen, der muss ja auch BKK hergeflogen werden, aber da lassen die sich lieber ein neues Gerät im Wert von US\$ 20.000 schenken.

S.U.: Wieso bekommen die das dann geschenkt?

M.S.: Na weil die nichts haben. Ich war auch in der Entwicklungshilfe tätig und ich habe schnell erfahren, dass es wichtig ist, Sponsoren voneinander fern zu halten. Kann man endlos betreiben dieses Spiel.

15. Wieso tragen so viele Laoten Mundschutz?

M.S.: Das kam auf in der SARS-Epidemie, dann kam die nächste Welle mit der Vogelgrippe, so wurde das gesellschaftlich akzeptabel und man hat ja auch viel Staub in der Stadt, früher haben wir immer gelästert wir haben Schlammzeit und Staubzeit ist besser geworden, da viele Straßen asphaltiert oder betoniert wurden, aber wir haben immer noch viel Staub in der Trockenzeit und viele Leute Erfahrungen gemacht haben und gemerkt haben, dass es besser ist, wenn sie so fahren.

S.U.: Glauben Sie, dass viele Laoten denken, dass der Staub gesundheitsgefährdend ist?

M.S.: Ja! Er ist auch gefährlich. Andere Dinge sind ja auch Müllverbrennung. Laubverbrennung ist eine Sache, Plastikverbrennung eine andere. Es gibt ein Verbot schon immer, aber Müllverbrennung kostet ja nichts, aber die Müllabfuhr kostet. Selbst wenn es nur Peanuts sind. Es gibt in den unterschiedlichen Distrikten von Vientiane unterschiedliche Müllentsorgungssysteme, die ich was per se am besten finde, wo auch die lokale Verwaltung dran verdient, die Leute in der lokalen Verwaltung Müllsäcke kaufen können. Und damit ist die Gebühr praktisch entrichtet. Und einmal bis zweimal die Woche kommt dann die Müllabfuhr und man stellt nur noch seinen Müll vor die Tür, finde ich die beste Lösung. Aber dennoch halten es viele für notwendiger das Geld für einen Kasten Bier auszugeben und verbrennen dann den Müll und hat dann nicht nur die Staubbelastung, sondern auch Dioxine aus der Plastikverbrennung.

S.U.: Denken Sie, dass die Laoten wissen, dass es gesundheitsgefährdend ist?

M.S.: Es gab viele Aufklärungskampagnen, auch von Ausländern, die in ihren Wohngegenden Vorträge gehalten haben und Handzettel verteilt haben, bis die auf den Gag gekommen sind bei den Wirkungen von Dioxinen, dass diese die sexuellen Aktivitäten beeinträchtigen. Dann gings. Ich hab es aber nicht verfolgt ob das jetzt so geblieben ist. Die haben dann wieder abgefackelt was ging.

S.U.: Vor allem auf den Dörfern kennen die es ja wahrscheinlich nicht anders.

M.S.: Dazu muss man aber auch sagen, dass man auf den Dörfern in der Regel auch keine Plastikverpackungen hat. Der Kick oder Umschlag kommt, wenn Plastik verbrennt wird weil bei Laubblättern ist ja alles okay. Die Entwicklung der Landeier mal ganz lax gesagt, die haben den Sprung nicht mitgekriegt. Für die ist Müll gleich Müll, ob Plastik oder Natur. Plastik wird sogar dazu genommen Feuer in Gang zu setzen, weil es besser brennt und es geht nicht gleich aus. Auf der anderen Seite muss man sagen, dass vor allem in den Städten das Gesundheitsbewusstsein unheimlich gewachsen ist, viele Leute kaufen auf dem

Biomarkt, haben Angst das Obst und Gemüse massiv mit Chemikalien behandelt worden ist. Das macht unheimlich vielen Leuten Angst, weshalb sie auf Bioprodukte zurückgreifen.

16. Welche Krankheiten sind in Laos oft zu finden?

M.S.: Verkehrsunfälle in erster Linie. Traditionell haben wir Magen-Darm-Erkrankungen, Malaria, Dengue-Fieber und Erkrankungen der Atemwege welche u.a. durch Umweltschäden entstehen. Sonst gibt es noch die Zivilisationskrankheiten wie Herzinfarkte, Übergewicht und alles damit verbundene, Diabetes.

S.U.: Sie haben ja auch die Verkehrsunfälle erwähnt, denken Sie damit verbunden spielt Alkoholkonsum eine Rolle?

M.S.: Nummer 1 als Ursache mit Abstand.

17. Impfen sich die Laoten?

M.S.: Gibt ein Impfprogramm für Kinder das de facto als Pflichtprogramm durchgezogen wird. Danach allerdings ist Ruhe.

S.U.: Das heißt bis zu einem Alter von 5 Jahren?

M.S.: Ja und dann muss man ja eigentlich das Gesundheitsbewusstsein stärken für die Auffrischungen.

S.U.: Was für Impfungen gibt es dann für die Kinder?

M.S.: Alles. Alles was von der WHO empfohlen wird. Funktioniert gut, also auch flächendeckend.

18. Wieso haben so viele Laoten gelbe Augen?

M.S.: Ist mir bisher nicht aufgefallen.

19. Woher haben Sie ihr Wissen? Erfahrungen, Recherche?

M.S.: Alles, angefangen davon, dass ich 95 hier für Siemens da war, viele Ärzte kennengelernt habe und auch Kämpfe ausgefochten habe als es um meinen Jungen ging mit Autismus. Was ich noch vergessen habe zu erwähnen, ein weiteres Manko ist, dass Fortbildungen für Ärzte fehlen, finden kaum oder gar nicht statt, weil es keine Verpflichtung gibt dafür.

20. Was ist ihr Beruf?

Ich bin Berater, Consultant und zwar für zwei Bereiche, Berufsbildung und Behindertenförderung. Und nebenbei Autor.

D Interview 4

Hmong woman³⁴ at the morning market (n.n.) on the 19th of March about the topic Lao traditional medicine in Vientiane, Laos.

1. How many customers do you have during a day?

N.S.:³⁵ Maybe it's around four or five per day.

S.U.: So four or five persons per day. Okay.

N.S.: It also depend on the day. Someday maybe two or three, someday four or five. The maximum is five. The minimum is two.

2. What kind of customers do you have? Lao people of old age or Lao people of young age? Or maybe foreign people like me?

N.S.: It also depends on the people. If they are sick, they will find the medicine to get them well. The Chinese people come and also the foreigners and the Lao people, the young age also. And also the people of the middle age, the working people and especially the girls. When they have the pregnant or disease. I think the age will be around 30 and 40

3. What is the most sold product?

N.S.: It depends on people also. Some people maybe need this medicine but maybe another people take different medicine for their sickness.

S.U.: So there is no popular product?

N.S.: I think no, the lady said no. It's also for prevent and for someone with cancer.

S.U.: It's for every kind of cancer or for special cancer?

N.S.: It's general cancer, but this is for lung cancer (shows a product). And this one as well (shows another product). This for example is for the tired leg or when you hurt your leg, specially for the old man. When they are sick for a long time they take it.

S.U.: You boil it and then drink it?

³⁴ The Hmong woman did not speak any English. Ms Noy Sinpakone Singalath helped as an interpreter.

³⁵ N.S. is the abbreviation for the name Noy Singalath.

N.S.: Yes. Making a tea and drink. It's especially for the old men when they have problem with the walking or they can't move, they make it for tea and drink it everyday. Maybe until one month or some people maybe hurt they can take it for the shower. So they will drink it like the water.

4. *Does she dry the products by herself?*

N.S.: It's a import from another province. It's in the north, Xeng Khaung province.

S.U.: And she buys it there?

N.S.: Yeah. After some medicine is done or finished then she will order some-

5. *Are there any important herbs that she can explain to me, for example for cough?*

N.S.: This one (shows a product) is for the cough and fever.

S.U.: For cough and fever?

N.S.: Yes. This is also for when you have the heart fast and it is good for the lung.

S.U.: And also you make tea out of it?

N.S.: Yeah. Just make a tea. But I mean when the heart speed.

S.U.: You mean when the blood pressure is high?

N.S.: Yes, yes.

6. *Would you say that Lao traditional medicine is better than modern medicine?*

N.S.: In her opinion the same. If modern medicine does not work, they come to her.

7. *How often do I need to take a product until I get better?*

N.S.: Until you feel better. It's good in general, not only when you are sick. It prevents diseases.

E Interview 5

Gerlinde Engel³⁶ on second of April 2018 about the topic oral hygiene in Ban Sikeud, Laos

1. *Wie würden Sie die Mundhygiene in Laos beschreiben?*

G.E.:³⁷Also, da gibt es überhaupt keine. Es hat hier, als ich anfang, gab es keine einzige Schülerin oder Schüler, die eine Zahnbürste hatte. Ich habe eine Umfrage gehalten mit den

³⁶ Gerlinde Engel is German and decided to have the interview in German.

³⁷ G.E. is the abbreviation for the name Gerlinde Engel.

Lehrern, nein Zahnbürsten hatten Sie nicht. Und die Eltern nein, die stochern ein wenig mit einem Holzstäbchen rum, aber nein Zahnbürsten, nein, da gibt man kein Geld aus. Also das war Nummer eins. Nach einer Zeit, es war fürchterlich. Die Kinder hatten, wenn Sie älter waren wahnsinnige Schmerzen. Ich hab sie zum Zahnarzt gebracht, die haben mindestens sechs Zähne probieren müssen, dann manche mussten vier Zähne reißen und die jungen Leute waren 15 Jahre alt. Es war ganz grausam und das hat mich dann bewogen, dass ich eine Zahnputzstation gemacht habe und ich habe sehr gute Sponsoren, die mir Zahnbürsten schicken und schenken, habe auch sehr viel Zahncreme geschenkt bekommen, also meine Sponsoren lassen mich da nicht im Stich. Ich habe viele viele Zahnbürsten und wir geben zwei Mal Im Jahr eine neue Zahnbürste, die dürfen sie auch mit Heim nehmen, denn die Mama kauft immer keine. Aber ich hatte dann ein sehr nettes Erlebnis gehabt, ich habe in der Schule rumgefragt, in der Mittelschule, und da habe ich gefragt: „Na Kinder jetzt kommt ihr ja in die Upper-Mittelschule und jetzt will ich euch mal fragen putzt ihr auch jetzt noch eure Zähne obwohl ihr nicht mehr bei mir seid?“ Dann haben sie alle gesagt: „Madame, wir haben fünf Jahre geputzt, jetzt putzen wir auch weiter“. und das fand ich so süß. Und ich habe auch einen sehr netten Zahnarzt an der Hand, der sehr fähig ist, ich hatte ein junges Mädchen zum Beispiel, eine Sportlerin, aber die hat nie gelacht und ich aber mir immer gedacht, was hat das Kind? Ja, die hatte alle Zähne vorne, die waren kaputt gewesen, schlimm, dann habe ich sie, naja normalerweise schönere ich ja nichts, aber in diesem Fall war es einfach notwendig. Und die Freude dieses Mädchen werde ich nie vergessen, die ist rumgesprungen wie eine Verrückte, als sie die Zähne im Spiegel gesehen hat. Sie ist aufgestanden und es war wie die Sonne ging auf. Endlich konnte sie lachen. Es war sehr schön.

2. *Liegt Zähneputzen in der laotischen Kultur?*

G.E: Nein, ist überhaupt nicht verankert.

S.U.: Denken Sie, dass es so langsam kommt?

G.E.: Die Kinder tragen es schon zu ihren Eltern, oh ja, und auch vieles, zum Beispiel putzen. Die laden zum Beispiel ihre Väter ein und zeigen, wie sie Toiletten fegen. Die riechen so gut, sagen sie, bei uns. Der Papa muss das anschauen, ja ja, weil die ganz kleinen sind schon dafür, dass man putzt, dass muss ich schon sagen. Und deshalb ist auch Zähneputzen, das tragen sie heim. Jaja und ich bin überzeugt, dass es jetzt in vielen Haushalten Zahnbürsten gibt. Bin ich überzeugt.

S.U.: Dann haben Sie ja etwas bewegt. Wann haben Sie denn das Zähneputzen an Ihren Grundschulen eingeführt?

G.E.: Ja, also das war sehr bald, 2004 haben wir übernommen ich denke 4 Jahre später habe ich es eingeführt. Und jetzt ist es von der Regierung angeschafft, also das jetzt wird von der Regierung alle Schulen aufgefordert Zähne zu putzen. Das haben sie von mir übernommen. Mehrere Sachen haben Sie von mir übernommen.

S.U.: Das heißt, in ganz Laos sollten jetzt die Zähne geputzt werden?

G.E.: Ja! Das haben sie so festgestellt das es einfach so sein muss, weil es weniger Schwierigkeiten gibt bei den Kindern. Weil früher ging man ja nicht zum Zahnarzt und ich habe auch sehr große Schwierigkeiten, Kinder zum Zahnarzt zu bringen?

3. Haben Sie Einfluss auf das was in den Pausen verkauft wird (u.a. Süßigkeiten oder Softgetränke)

G.E.: Nein, also das schaffen wir nicht, ein ganzes Land kann ich nicht verändern

S.U: Dadurch dass der Pausenverkauft ja privat vermietet ist, haben Sie da wahrscheinlich gar kein Mitspracherecht.

G.E.: Nein, nein, nein habe ich nicht, aber ich könnte schon, aber das ist also sagen nein es würde nichts mehr verkauft, dann würde die Kantine niemand führen. Das gehört dazu, das muss man verkaufen. Hier in Laos gehört es dazu, Geld zu verdienen, das geht nicht anders.

Statement of Authorship

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Karlsruhe, 20th August 2018

Shirin Ud-Din

Erklärung

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Shirin Ud-Din