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Unit 2

HOUSEHOLD SELF HEALTH CARE

(Health care made by and for household)

Summary

Self health care (health care made by and for household), in particular self medication, is the most widespread practice in African countries in term of health care recourse. Self medication is in general made by three ways:

- using modern medicines bought in pharmacy or with the “black bagger”;
- using traditional medicines, Chinese medicines and other similar medicines;
- mix using of the two options mentioned above.

While household spending for self medication by using pharmaceutical medicine bought in the conventional circuit (pharmacy) or not are captured in household’s standard living surveys or in some NHA carried out in the region, the households spending for self medication by using traditional medicines are ignored. Whereas, it could represent important amounts and can also be an evidence for a better awareness of the traditional medicine scope option as health care recourse. Households spending for self medication by using traditional medicine are measurable by integrating related items in household’s standard living surveys completed.

Capturing household investment in self health care would be beneficial for policymakers. Indeed, people choose self health care because they don’t have enough money for health practitioner’s fees. Thus, households spending for self health care can help policymakers in understanding efforts that should be made for financial accessibility to health facilities. SHA 2.0 should thus take account of household self-health care (health care made by and for household).

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 Submitted on 30/06/2008
 Document code SHA-REV-02003

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HOUSEHOLD SELF HEALTH CARE

(Health care made by and for household)

A review of unit 2: Global boundaries of health care

Self medication consists in medicines absorption in case of illness without doctor or any other health practitioners' prescription.

In West African countries, self medication is a very widespread practice. It would be household first recourse in case of illness. Indeed, generally in West Africa people have a set of illness which they bring back all their symptoms, the main being malaria. As people know that they have to buy medicine for treatment after seeing health practitioner and as they don't have enough money for health practitioner's fees, they thus prefer go and buy directly and probably incorrectly medicine without health practitioner prescription.

Generally, those medicines are in the popular knowledge on treatment for common illness such as malaria, diarrhea, etc., or medicine previously prescribed by health practitioner (modern as well as traditional) for the same illness or for another illness with the same symptom.

Self medication is in general made by three ways:

- ✓ using modern medicines bought in pharmacy or with the “ black bagger ”;
- ✓ using traditional medicines;
- ✓ mix using of the two options mentioned above.

While household's self medication expenditure by using pharmaceutical medicine bought in the conventional circuit (pharmacy) or not are captured in household's standard living surveys or in NHA carried out in the region (E.g. NHA of Togo), the households spending for self medication by using traditional medicines or other kinds concerning Chinese medicine or the other similar medicine are ignored. Whereas, it could represent important amounts and can also be an evidence for a better awareness of the traditional medicine and others scope option as health care recourse.

Household obtain traditional medicines for self medication by collecting medicinal sheets and or roots in the closer environment or by buying in market sheets, roots (in this category we don't speak about the recourse to traditional healers which is already integrated in West African countries classification) and the common consumption product used as medicine (E.g. : Lemon, Ginger, Pepper, pepper,...).

Households spending at market for self medication by using traditional medicine are measurable by integrating related items in household's standard living surveys completed.

Capturing household spending for self health care would be beneficial for policymakers. Indeed, people choose self health care because they don't have enough money for health practitioner's fees. Thus, households spending for self health care can help policymakers in understanding efforts that should be made for financial accessibility to health facilities.

SHA 2.0 should take account of household self-health care (health care made by and for household) with pharmaceutical medicines as well as traditional medicine, Chinese medicines and other similar medicines.-

If experts are agreeing with this suggestion, SHA 2.0 should insist on the difference between household spending for health care at traditional healer with household spending for self health care with traditional medicine and other kinds.

Traditional medicines used in case of traditional healer prescription are captured in NHA carried out by using [HP.3.9.3.1: Traditional healer](#) as provider and [HC.1.3.9: All outpatient curative care](#) as function. Traditional medicines price is included in the traditional healer fees. The traditional healer itself doesn't make the distinction between consultation price and the medicines given price.

In order to avoid confusion between household spending for health care at traditional healer with household spending for self health care with traditional medicine and other kinds in NHA estimation, it would be useful to include “[Household self- health care](#)” in the Provider classification and “[Traditional medicines, Chinese medicines and the other similar medicines](#)” in HC.5.