

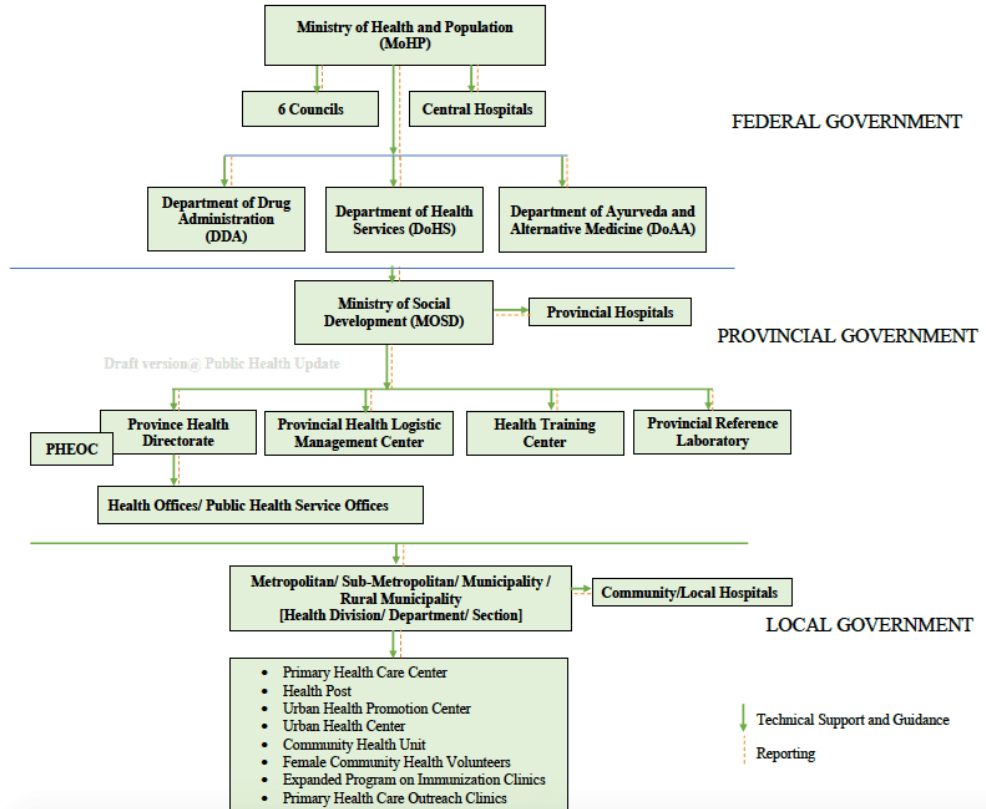
# **Primary Health Care System in Nepal**

# Nepal

- Nepal is officially Federal Democratic Republic of Nepal
- Landlocked country in South Asia which borders the Tibet Autonomous Region of China to the north, and India in the south, east, and west
- The current population of Nepal is 29,164,578 as per the 2021 census. The population growth rate is 0.92% per year.
- Average Life expectancy is 72.4 years (male 71.66 years and Female 73.17 years)

# Health Care System of Nepal in Federal Context

- Nepal has both private and government health care centers



# INTRODUCTION

- Begun with the **International Conference on Primary Health Care Alma-Ata in 1978**, the global campaign on primary health services has been reinforced by the **Millennium Development Goals** and the **Sustainable Development Goals**.
- Nepal adopted the principles of “*universal accessibility, community involvement, inter-sectoral coordination, and appropriate technology and cost effectiveness*”

# Present Status of PHC

- Include **curative and rehabilitative** health services
- PHC is being bolstered by the **Nepal Health Sector Program-II (2010–2015)**, which aims to improve essential health care services through the **Primary Health Care Revitalisation Division** established in 2009.
- Around **50,000 Female Community Health Volunteers (FCHVs)** are mobilised to provide basic health services;
- **205 PHC Centres, 1,311 Health Posts and 2,511 Sub Health Posts** are present across the country; and 87 percent of children receive all basic vaccinations (BCG, measles, 3 doses each of DPT and polio).

# Human Resources (Technical)

## Current Practices

- MBBS - 1
- HA/SAHW - 1
- Staff Nurse - 1
- AHW - 2
- ANM - 2
- Laboratory Assistant - 1
- Cold Chain Assistant - 1

# MoHP Proposal

- MoHP preliminary proposal classified primary health centres with five, 10 and 15-bed hospitals at the local level.
- A 15-bed primary health centre will have 30 employees, including one MDGP doctor (doctor of medicine in general practice), a medical superintendent, two medical officers, six staff nurses, four health assistants, laboratory technicians, radiographers, dental hygienists, and pharmacy assistants.

# MoHP Proposal

- For a 10-bed primary health centre, the proposal suggests having 22 employees, including two medical officers and three health assistants.
- And for a five-bed primary health centre, the proposal recommends 18 employees, including a medical officer.



# Major Areas of PHC

- Health Education Program
- Nutrition
- Water and Sanitation
- Family Planning and Maternal Child Health Care service
- Expanded Program of Immunization
- Control of Locally Endemic Diseases (eg. Diarrhoeal disease, Acute Respiratory Infection program, Malaria, TB, etc)
- Treatment of common illness
- Essential Drugs

# Positive Aspects

- Expansion of roads, rising incomes and higher literacy rates
- Pilot programs for community health insurance
- Public private partnership
- Free health care services: 70 essential drugs from gov health post
- Free services for groups such as senior citizens, poor citizens, Dalits, FCHVs and differently-abled people in Inpatients and Emergency
- Initiated Urban Health Programs

- Continued PHC outreach services to improve access to family planning and safe birthing facilities
- Furthermore, the Federal level Council of Ministers has decided to **upgrade all Primary Health Care Centres (PHCC) into primary level hospitals** which will be under local authority.
- Moreover, on the need basis, **community health units and urban health clinics** are being run by local bodies.

## Challenges - Inequalities in Health Care Access

- Only 33% of women in the lowest wealth quintile have access to **skilled birth attendants**, whereas 92% of women in the highest wealth quintile have access.
- In rural areas 43 per cent of the population has no **sanitation facilities**, whereas 90 per cent of the population in urban areas does
- Only 67 per cent of women are **literate** compared to 87 percent of men

# Challenges

- Geographical Barriers: rugged terrain and remote villages
- Limited Basic Infrastructure
- Shortages of healthcare professionals, particularly in rural areas
- Insufficient funding for healthcare services
- Low health literacy levels in some communities lead to delayed or inadequate healthcare seeking behaviour
- Prevalence of infectious diseases, such as diarrheal diseases and respiratory infections

# Challenges

- Rising burden of NCDs, including diabetes and cardiovascular diseases
- Mental health services are limited, and stigma surrounding mental health issues is prevalent
- Lack of access to clean water and sanitation
- Nepal is prone to natural disasters which can disrupt healthcare services and infrastructure
- Political instability affect healthcare policies and funding, impacting the overall healthcare system

## **Role of NMA**

*“NMA can serve as a crucial partner in achieving equitable and accessible healthcare in Nepal, working in conjunction with the government and other stakeholders to address the country's evolving healthcare needs and challenges.”*

## **Role of NMA**

- **Advocacy for Healthcare Equity:** For equal access to healthcare services, aiming to bridge the gap between different wealth quintiles, different genders, and geography
- **Community Health Engagement:** Collaborating with FCHVs, NMA can actively engage in community-based healthcare programs to improve healthcare literacy and access in rural areas.
- **Support for Primary Healthcare:** NMA can lend its expertise and resources to support the government's efforts to strengthen PHC services and ensure quality care delivery.



## Role of NMA

- **Promotion of Health Insurance:** NMA can educate the public about the benefits of community health insurance and work with the government to expand these programs, making healthcare more affordable and accessible.
- **Capacity Building:** The association can offer training and capacity-building programs for healthcare professionals, especially in areas related to maternal and child health, chronic disease management, and mental health.

## Role of NMA

- **Public-Private Partnerships:** NMA can facilitate partnerships between the private sector and the government to enhance healthcare services and infrastructure.
- **Medical Research Promotion:** Journal of NMA can collaborate and conduct various research training all over Nepal targeting health professionals
- **Advocacy for Universal Access:** NMA can advocate for the government's efforts to provide universal access to essential medical services and contribute to policy development in this regard.

## Role of NMA

- **Monitoring and Evaluation:** NMA can actively participate in monitoring and evaluating healthcare programs and policies to ensure their effectiveness and equity.
- **Policy Recommendations:** Provide recommendations to the government on policies to address the evolving healthcare challenges.
- **Advocate for Universal Health Coverage:** Collaborate with the government and international organizations to advocate for the implementation of universal health coverage in Nepal, ensuring healthcare as a human right for all citizens.

Thank you!