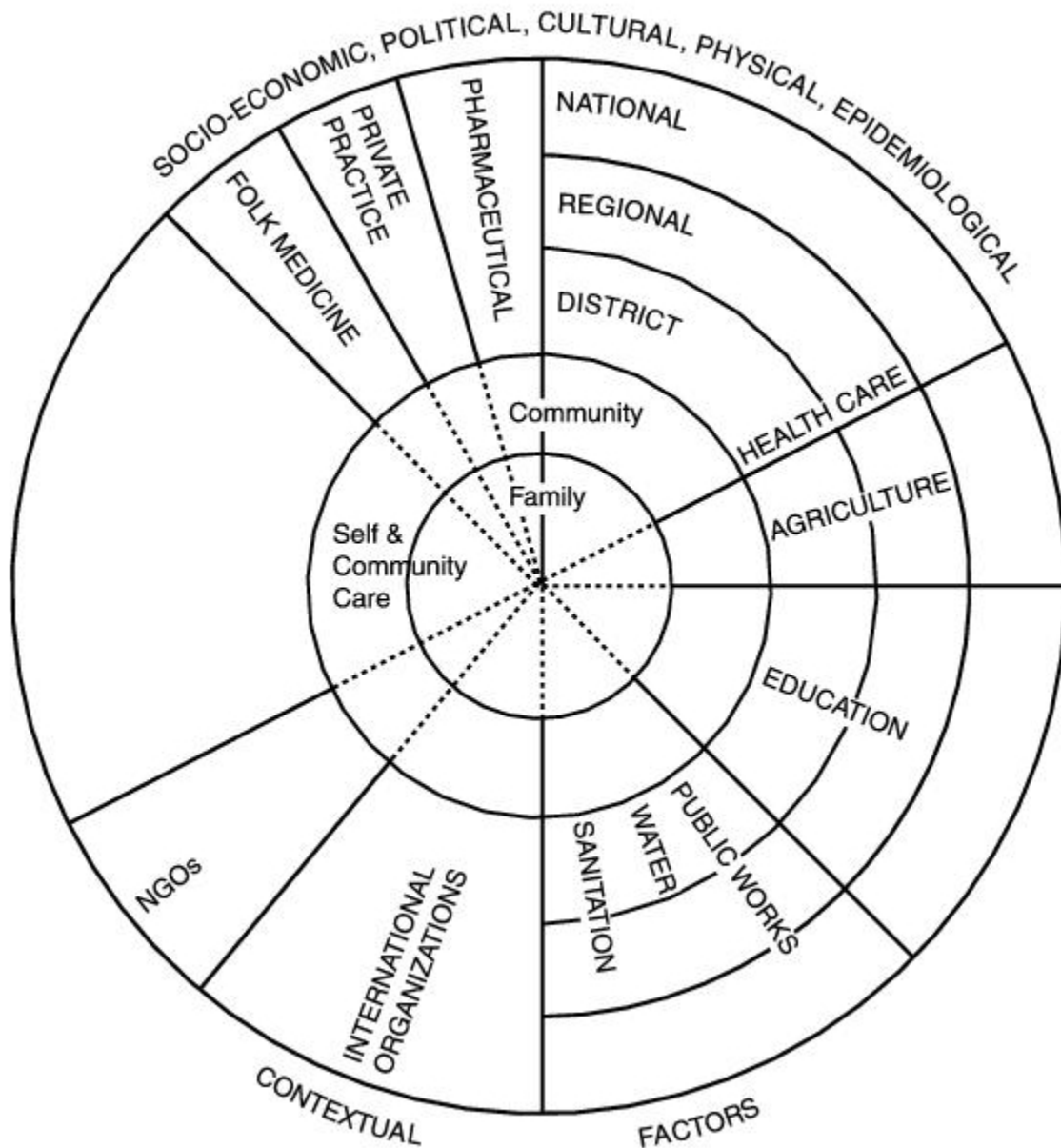


Health System of Nepal

– Nawa Raj Subba

1. Background

A health system is the sum total of all the organizations, institutions and resources whose primary purpose is to improve health of its target population. The responsibility for overall performance of a country's health system lies with government, but good stewardship by regions, municipalities and individual health institutions is also vital.

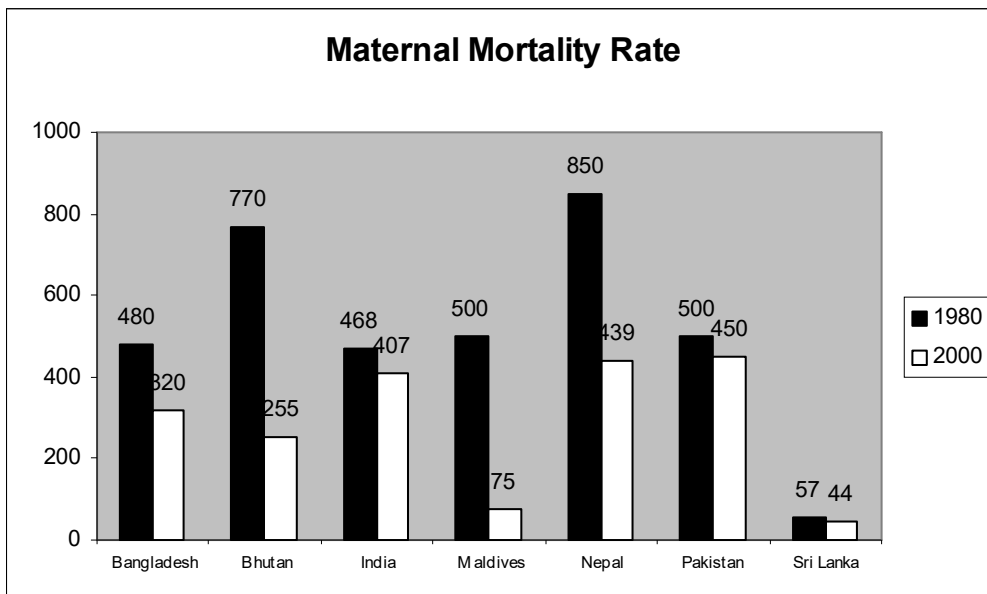
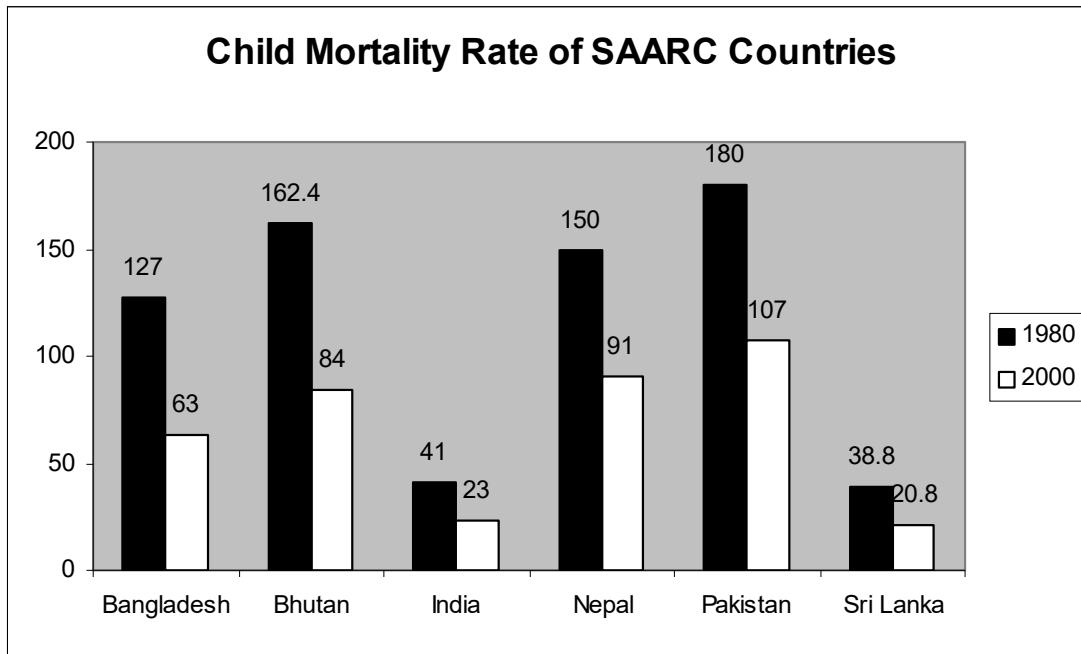


2. Global Health Status: Developed Countries

Country	Life Expectancy	Infant Mortality Rate	Physician per 1000 people	Nurses per 1000 people	Health care costs as percent of GDP	% of Govt. revenue spent on health	% of health costs paid by government
Australia	81.4	4.2	2.8	9.7	8.7	17.7	67.7
Canada	80.7	5.0	2.2	9.0	10.1	16.7	69.8
France	81.0	4.0	3.4	7.7	11.0	14.2	79.0
Germany	79.8	3.8	3.5	9.9	10.4	17.6	76.9
Japan	82.6	2.6	2.1	9.4	8.1	16.8	81.3
Norway	80.0	3.0	3.8	16.2	9.0	17.9	83.6
Sweden	81.0	2.5	3.6	10.8	9.1	13.6	81.7
UK	79.1	4.8	2.5	10.0	8.4	15.8	81.7
US	78.1	6.7	2.4	10.6	16.0	18.5	45.4

Table shows that Life Expectancy is higher than 78 years and IMR is less than 6.7 per 1000 live births in developed countries. Percentage of government revenue spent on health is more than 13.6% in the developed countries.

3. Global Health: SAARC Region



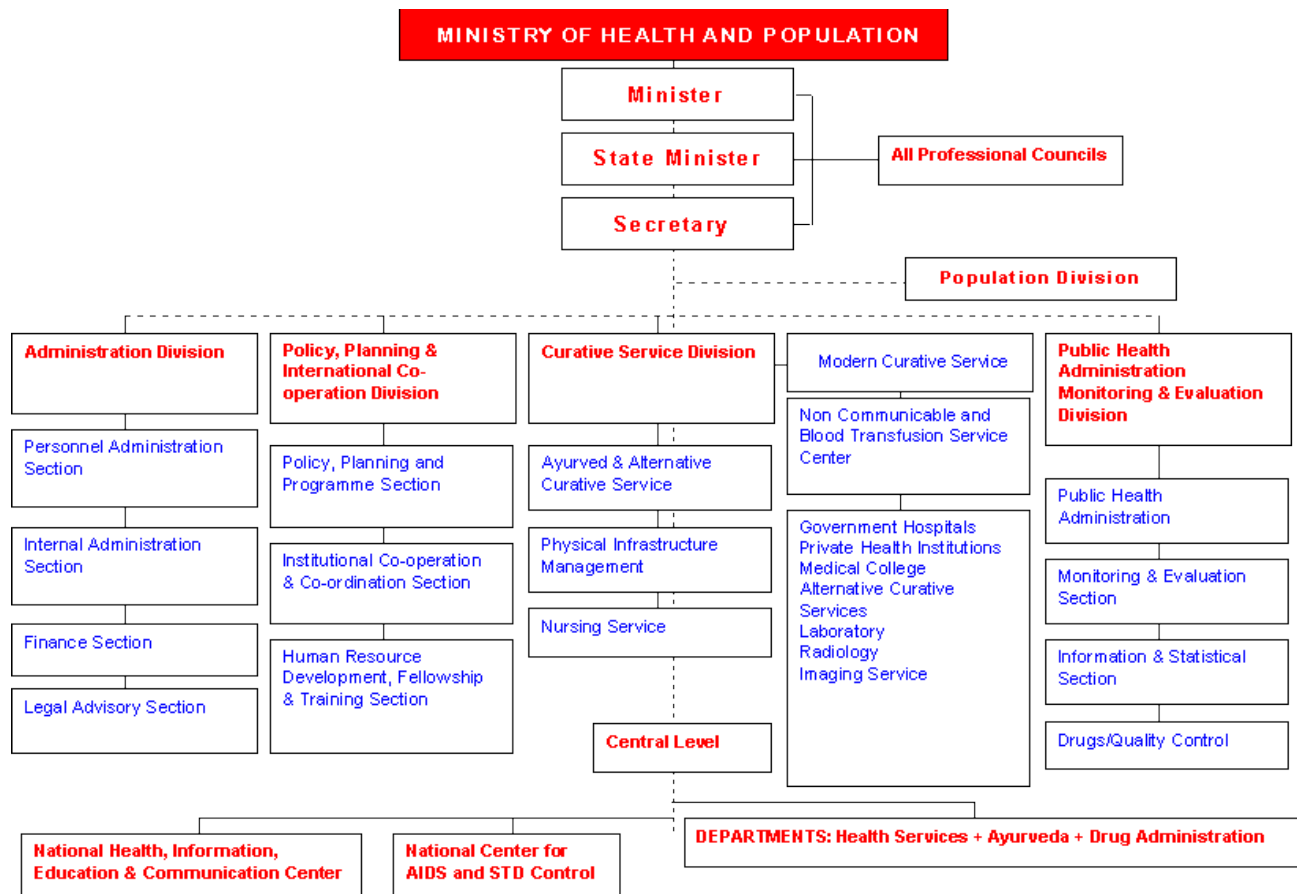
4. Health of Nepal in Fact and Figure



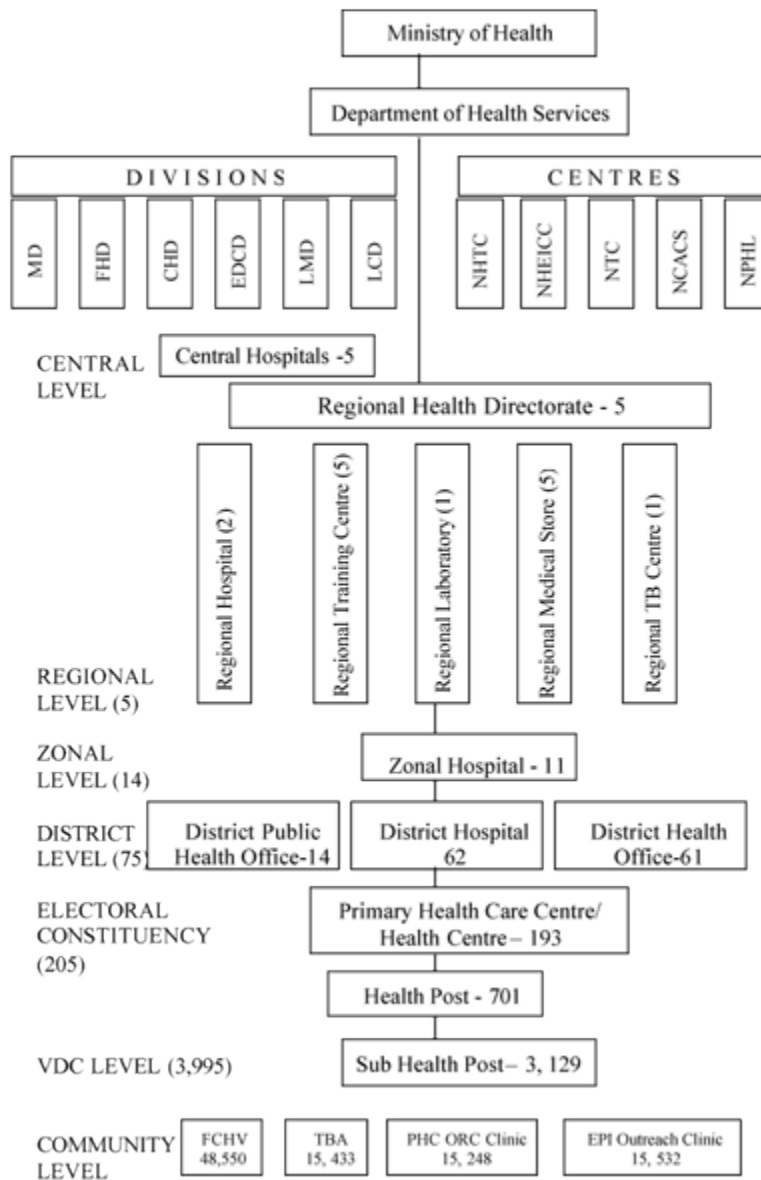
General Information

Surface Area (Km2) :	147,181
Population	23,151,423
Male	11,563,921
Female	11,587,502
Sex ratio	0.997
Total Household (%)	
Urban	16.10
Rural	83.90
Population Growth Rate (%)	2.27
Pop. Density (Pop./Km2)	157
Population by Ecological Belts	
Mountains (Land area 35%)	7.3
Hills (Land area 42%)	44.3
Terai (Land area 23%)	48.4

5. Organization Structure of Ministry of Health and Population



6. Organization Structure of Department of Health Services



Note:

MD = Management Division

FHD = Family Health Division

CHD = Child Health Division

EDCD = Epidemiology and Disease Control Division

LMD = Logistic Management Division

LCD = Leprosy Control Division

NHTC = National Health Training Centre

NHEICC = National Health Education and Information and Communication Centre

NTC = National Tuberculosis Centre
 NCASC = National Centre for AIDS and STD Control
 NPHL = National Public Health Laboratory

7. Infrastructure of Government Health Facilities

Facility	Total
Under Ministry of Health	
1. Specialized/Central Hospitals	5
2. Regional Hospital	1
3. Sub Regional Hospitals	1
4. Zonal Hospitals	9
5. District Hospitals	67
6. District Health Office	75
7. Primary Health Care Center (PHC-C)	180
8. Health Post (HP)	711
9. Sub Health Post (SHP)	3,179
10. PHC Outreach Clinics	15,548
Other Government Hospitals	
11. Military Hospital	6
12. Police Hospital	1
13. Cancer Hospital	1
14. Heart Hospital	1
Teaching Hospitals	
15. Government Sector	8
16. Non-governmental Sector	14
17. Private Health Facilities/ Nursing Home	74
18. Community Run Hospitals	3
Eye Hospital	
19. Government/Non-government/Private	16
Ayurvedic/ Alternative Medical Institutions	
20. Ayurvedic Hospital	2
21. Vaidyakhana	1
22. Anchal Ayurveda Aushadhalaya	14
23. District Ayurveda Swasthya Kendra	55
24. Ayurveda Aushadhalaya	216
25. Homeopathy Hospital	1
26. Yunani Chikitsalaya	1

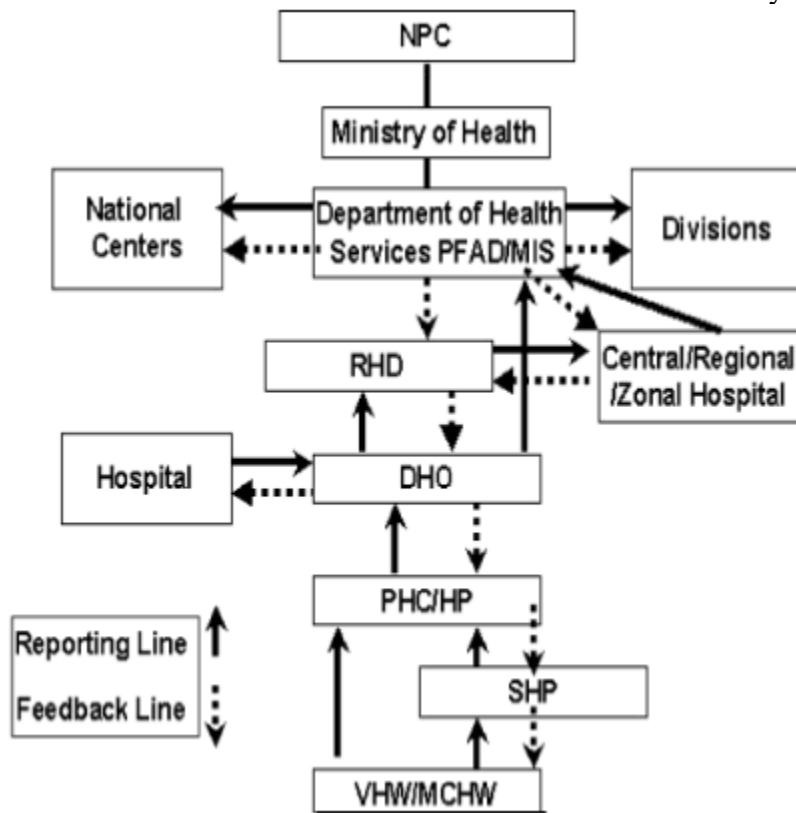
8. Human Resources under Ministry of Health and Population

Type	Total
Doctors	1,259
Nurse/ANM	6,216
Paramedic/Health Assistant	5,295
Village Health Worker	4,015
MCHW	3,190
Pharmacist	21
Pharmacist Assistant	15
Ayurvedic Physician	391
Baidhya	347
Health Volunteers *	
Female Community Health Volunteer	53,999
Trained Traditional Birth Attendants	14,951

Source: Statistical Yearbook of Nepal, 2001

9. Information Management System

Vertical and Horizontal Information Flow Chart in Health System



Note:

DHO = District Health Office

DPHO = District Public Health Office

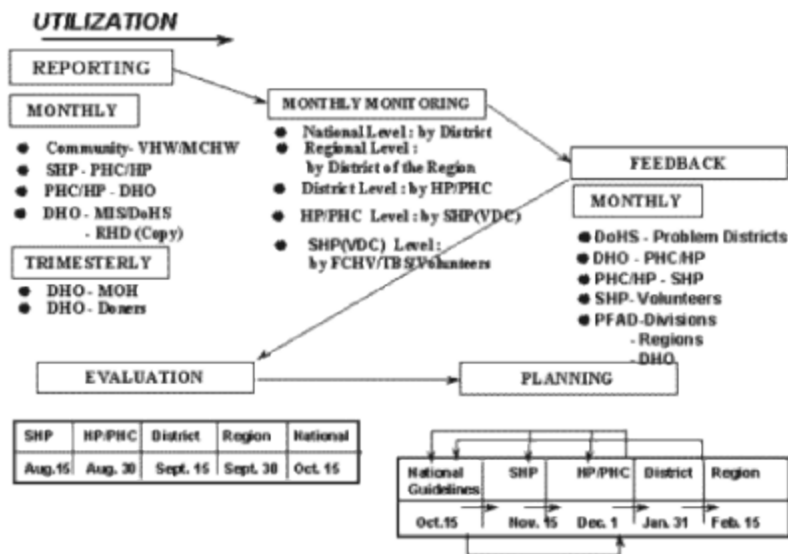
HP = Health Post

MCHW = Maternal and Child Health Worker

PHCC = Primary Health Care Centre
 SHP = Sub Health Post
 VHW = Village Health Worker

10. Health Management Information System: Design and Development

The design of the HIMS for capturing the data from periphery to centre on monthly basis and building data bases at different level with feedback generation.



Note:

DHO = District Health Office
 DPHO = District Public Health Office
 HP = Health Post
 MCHW = Maternal and Child Health Worker
 PHCC = Primary Health Care Centre
 SHP = Sub Health Post
 VHW = Village Health Worker

11. Health Service Status in Nepal

Service Provided	
per Doctor	18,439
per Nurse	4,987
per Hospital Bed	2,349
per Health Care Provider Ratio *	2,071
As per the 9th 5 Year Plan (3rd Year Status) NPC	
Life expectancy at birth	58.95
Maternal Mortality Rate/ 100,000 live births (DHS 1996)	539
Crude Birth Rate (CDR)/ 1000	33.58
Fertility (in %) @	
Total fertility rate/ woman	4.4
Urban	2.1
Rural	4.4

* Doctor, Nurse/ANM, Health Assitant/AHW (2001 Calculation)

10. Top Ten Diseases Accounting for Morbidity

Diseases	National Total
Skin Diseases	5.51
Diarhoeal Diseases (CDD)	3.35
Acute Respiratory Infection	3.13
Inteslinal worms	2.82
Pyrexia of unknown origin	2.02
Gastritis	1.95
Ear Infection	1.40

Chronic Bronchitis	1.06
Abdominal Pain	0.96
Sore Eye and Complaints	0.93

13. Maternal Health (in %)

Antenatal Care	42.2
Live birth attended by health care provider *	
Delivery Care	
Live birth attended by health care provider *	12.5
TBA	23.4

**(doctor, nurse/ANM, health assistant/ AHW/MCHW)*

14. Child Health (in %)

Immunization in Children (%)	
BCG	95
DPT 3	80
Polio 3	80
Measles	75
Acute Respiratory Infection (ARI) and Fever (%) *	
Children with symptoms of ARI	22.8
Children with fever	32.0
Children with symptoms of ARI and Fever	24.2

(sought treatment from a health facility or provider)	
Diarrhoea (%) *	
Two weeks preceding the survey	20.4
Percentage of clients taken to a health care provider	21.8
Breastfeeding and Supplementation (%)*	
Exclusively breastfed:	
<6 months	68.3
6-9 month	10.8
Infant and Child Mortality *	
Infant Mortality Rate/1000	64.2
Under-five Mortality Rate/1000	91

Source: Nepal Demographic Health Survey 2001, Annual Report MoH/DoHS 2001

15. Family Planning Knowledge of Methods (any method)

Group	in %
Ever-married women	99.5
Currently married women	99.5
Ever married men	99.4
Currently married men	99.6
Current use of contraception	
Contraceptive prevalence rate	38.9

*(Source: Nepal Demographic Health Survey 2001)

16. Development of Health System in Nepal

After the world nations agreed to attain the goal of 'Health For All' (HFA) by the year 2000AD through primary health care approach, Nepal also stepped ahead to extend and strengthen the integrated approach to meet the national goals.

The national health policy was adopted in 1991 (FY 2048 BS) to bring about improvement in the health conditions of the people of Nepal with emphasis on (i)

preventive health services (ii) promotive health services (iii) curative health services (iv) basic primary health services with one health post each in the entire 205 electoral constituencies to be converted into primary health care centre (v) ayurvedic and other traditional health services (vi) community participation (vii) human resources for health development (viii) resource mobilisation (ix) decentralisation and regionalisation (x) drug supply, and (xi) health research.

The ninth five-year plan (1997) had set a target to improve public health status by strengthening of the existing infrastructure for preventive, promotive, curative and rehabilitation services.

The second long-term health plan (1997-2017) aims at improving health status of the people, particularly those whose health needs are often not met; the most vulnerable groups, women and children, the rural population, the poor, the under-privileged and the marginalized. It emphasises on assuring equitable access by extending quality essential health care services with full community participation and gender sensitivity by technically competent and socially responsible health personnel throughout the country.

In addition to essential health care, specialist services are also to be extended gradually on a cost-effective basis. The targets to be achieved by the second long-term health plan (SLTHP) by the end of the plan period of 1997-2017, are as follows:

1. IMR will be reduced to 34.4 per thousand live births from its present level;
2. Under 5 mortality rate to be reduced to 62.5/1000 live births from its present level;
3. TFR to be reduced to 3.05 from its present level;
4. Increase life expectancy to 68.7 from its present level;
5. To reduce CBR to 26.6 per thousand population from the its present level;
6. To reduce CDR to 6 per thousand population from its present level;
7. To reduce maternal mortality ratio to 250 per 100,000 births from the its present level;
8. To increase CPR to 58.2 percent of its present level;
9. To reduce percentage of new born < 2,500 gm to 12, and
10. To provide essential health care services at district level to 90 percent of the population living within 30 minutes of travel time

MDGs

Reduce Under 5 Yrs Child Mortality by 2/3rd by 2015.

Reduce Maternal Mortality Rate by three-quarters by 2015.

Halt and reverse the incidence of HIV/AIDS, malaria, TB and other diseases by 2015.

17. Trend in Health Status

Life expectancy

Life expectancy at birth has been increasing for both males and females in Nepal. It has increased from 42 years for males and 40 years for females in 1971 to 60 years for males and 61 years for females in 2003. It is projected to increase to 62.9 years for males and 63.7 years for females by 2006 (World Health Report, 2005 and population projection for Nepal 2001-2021).

In Nepal, Health Adjusted Life Expectancy was 51.8 years with 53.5 years for male and 51.1 years for female in 2002 (WHO, Core Indicators 2005).

Mortality

Infant Mortality Rate: The Infant Mortality Rate has declined in Nepal from 140 per thousand live births in 1976, 64 per thousand live births in 2001 to 48 per thousand live births (Nepal Demographic and Health Survey, 2006). It is proposed to reduce IMR to 34.4 per thousand live births by 2017 (SLTHP 1997-2017).

Under-5 Mortality: The Under-five 5 mortality came down from 118 in 1997, 91 in 2001 to 61 per thousand live births (Nepal Demographic and Health Survey, 2006).

Maternal Mortality Ratio: Maternal Mortality has come down from 475 per 100,000 live births in 1997 to 281 per 100,000 live births in 2006 and is proposed to be reduced to 250 per 100,000 live births by 2017 (Health Information Bulletin 2001 and NDHS 2006)

Disability

The over all disability prevalence rate in Nepal is 1.63. It is more among the males. Disability is the highest (64.3 percent) among the working age group (15-59 years of age). A survey done in 2001 has shown that 57.6 percent of the head of households with disabled members had no education. Among the disabled the following types are predominant:

- | | |
|-----------------------|--------|
| 1. Mobility | 19.5 % |
| 2. Speech | 19.4 % |
| 3. Hearing | 19.1 % |
| 4. Manipulation | 14.8 % |
| 5. Epilepsy | 11.1 % |
| 6. Mental Retardation | 5.9 % |
| 7. Sight | 5.6 % |
| 8. Psychopathy | 6.4 % |

Disease is the main cause (30.3 percent) of all types of disabilities, particularly in case of disabilities in sight, mobility, hearing and mental retardation. In general 15.4 percent of all disabilities are due to accidents.

18. Outlook of the Future

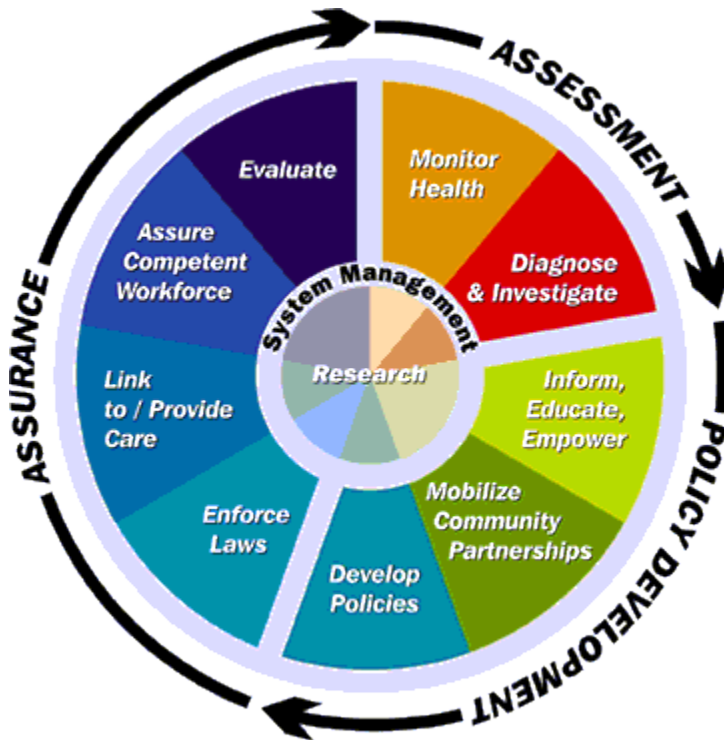
Indicators	1990	1995	2000	2005	2015
IMR	108 ^a	79 ^b	64 ^c	61 ^d	34
U5 MR	162 ^a	118 ^c	91 ^c	82 ^d	54
Prop of immunized by Measles	42 ^e	57 ^b	71 ^c	85 ^f	>90
MMR	850 ^g or 515 ^h	539 ⁱ	415 ^j	281 ^k	67

^a National Family Health Survey (1996), (1989 data). ^b NFHS (1996). ^c NDHS 2001. ^d World Bank Estimate 2003; Country data profile (www.worldbank.org) 2005. ^e Nepal Fertility, Family Planning and Health Survey 1991. ^f HMIS/DoHS 2003/04. ^g UNDP Human Development Report 1992 (1998 data). ^h NFFS 1991. ⁱ NFHS 1996. ^j NPC 2002. ^k NDHS 2006.

The Ministry of Health has developed a 20-year SLTHP for FY 2054-2074 (1997-2017). The aim of the SLTHP is to guide health sector development for improving the health of the population, particularly of those whose health needs are not often met.

The SLTHP addresses disparities in healthcare, assuring gender sensitivity and equitable community access to quality health services.

The SLTHP's vision is a healthcare system with equitable access and quality services in both rural and urban areas. The system would encompass the concepts of sustainability, full community participation, decentralisation, gender sensitivity, effective and efficient management, and private and NGO participation (Ministry of Health, Annual Report 2002/2003)



19. Supporting Partners in Health

1. Bilateral: DFID, JICA, JHU, GTZ, SDC, USAID etc.
2. Multilateral: UNICEF, UNFPA, WHO, UNDP, World Bank etc.
3. INGO: INF, NLR, SCF, UMN, Mery Stopes etc.
4. NGO: Aama Milan Kendra, FPN, BNMT, NTAG, CRS, Nepal Red Cross etc.

20. Opportunities and Challenges

Opportunity:

Some of the indicators set for MDG can be achieved in the field of Child Health and disease control (HIV/AIDS, Malaria, Kala-azar and Japanese Encephalitis).

Challenges:

Emerging diseases: (HIV/AIDS, Swine Flu, Bird Flu, Cardiovascular diseases, Geriatric problems, Conflicts, Road Traffic accidents, Mental Health Problems, Calamities resulting from global warming, etc)

Re-emerging diseases: Malaria, Kala-azar, Diarrhoea etc.

21. Conclusion

Nepal's health policy is based on the concept of Primary Health Care. It has focused on Child and mother as target groups. Nepal is likely to achieve some of the MDG goals. But, Nepal still stands with poor health indicators even in the SAARC region. Nepal is

facing challenges such as inadequate access and poor quality of services. Nepal is realizing a new health policy in order to address inequity and social protection and also to meet the expectation of people. Therefore proportion of government revenue spent on health sector need to be increased along with stable political commitment.

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