

Mrigendra Samjhana Chikitsa Guthi

Health – reaching the unreached: Nepal Perspective



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Health –reaching the unreached

- According to W.H.O. health is a state of complete **physical, mental, and social wellbeing** and not merely an absence of disease or infirmity.
- This statement has been amplified to include **“the ability to lead socially and economically a productive life”**

- At present the “unreached population” from health’s perspective is usually perceived as population not having access to basic health services. However as community based doctors of developing countries we should broaden our horizon of how we perceive health.
- According to strategy set by Alma- Ata declaration if a person has no access to adequate nutrition or safe drinking water and basic sanitation even those people should be categorized as the “unreached”.

- Nepal as signatory of Alma-Ata Conference in 1978 AD also accepted health as a fundamental human right and the social goal of “Health for All by 2000” was introduced .
- At present Nepal’s three years interim plan (2007/08-2009/10) gives emphasis on equitable access to health services.

To achieve the goal of HFA the concept of Primary Health Care with following components was adopted:

- Health Education about prevailing health problem
- Promotion of food supply and proper nutrition
- Access to safe water supply and basic sanitation
- Maternal and child health care including family planning
- Immunization against infectious disease
- Prevention and control of endemic disease
- Appropriate treatment of common disease and injury
- Provision of essential drugs

NATIONAL HEALTH POLICY, 1991

The National Health Policy was adopted in 1991 (FY 2048 BS) to bring about improvement in the health conditions of the people of Nepal. The primary objective of the National Health Policy is to extend the primary health care system to the rural population so that they benefit from modern medical facilities and trained health care providers.

SECOND LONG TERM HEALTH PLAN, 1997-2017

His Majesty's Government-The Ministry of Health of Nepal developed a 20-year Second Long-Term Health Plan (SLTHP) for FY 2054-2074 (1997-2017). The aim of the SLTHP is to guide health sector development in the improvement of the health of the population, particularly those whose health needs are not often met.

Basic Primary Health Services

Sub Health Posts will be established in phased manner in all Village Development Committees (VDC). One Health Post in 205 electoral constituencies will be upgraded in a gradual manner and converted to a Primary Health Care Centre.

- Even after more than two decades of Alma Ata declaration prevalence of underweight children aged 6 – 59 months is 38.6 % and 49 % of children of the same age group is stunted (MOHP 2007) which is a sign of chronic malnutrition.
- Recent projections for July 2008 to June 2009 suggest that 40 of 75 districts of Nepal will be food deficient.

- Although the Terai will be in surplus, the Hills will face a net deficit of 14% and the Mountains will produce 19% less than required (MOAC et al 2009).
- Food distribution is a social problem with discriminatory behavior preventing especially children and women from accessing certain types of nutritious foods.
- This makes it difficult to achieve the millennium development goal of “eradicating hunger”.

- **Malnutrition** is closely related to common diseases of Nepal like tuberculosis, malaria and acute respiratory illness and remains a serious obstacle to **child survival, growth and development in Nepal**.
- One of the important cause of low birth weight is **poor maternal nutrition** and this sets into process “**intergenerational cycle of malnutrition**”.



Why do people think so?

A. Less achievement :

- PHC had failed to achieve many goals which were defined
- No clear goals
- No clear objectives

- PHC is mainly focused only for the rural populations and for the backward populations and
- PHC is primary care or first point of contact where one can get only simple treatment.

- No definite time line
- No clear strategies for new plans and programmes
- No recruitment of trained manpower and application of new technologies

B. Could not address new challenges:

1. Burden of new emerging diseases and infections
2. Inequity in health
3. Expensive health care cost
4. Interdependence of the world

5. Insufficient research in health sector
6. Inadequate and improper financing system in health
7. Bad coordination among integrated services

8. Poor monitoring and help in Public Private Partnership
9. Poor political scenario
10. Poor coverage of all elements of PHC

Is it necessary to revitalize?

Yes because.....

People still have misperceptions that:

- PHC is targeted only for poor developing countries
- PHC provides and is cheap and low quality care

- PHC is mainly focused only for the rural populations and for the backward populations and
- PHC is primary care or first point of contact where one can get only simple treatment.

How to revitalize?

Addressing these all challenges:

1. Continuing high political commitment and support
2. Improve health equity through specific actions in health sector without delaying

3. Enhance by encouraging multi-sectorial collaboration for establishment and implementation of Healthy Public Policy
4. Strengthen health workforce and trained technical manpower.
5. Implement equitable health care financing

5. Strengthen partnership with the civil society
6. Transparency and accountability of the health systems and
7. Coordinating timely with various global health policies and strategies.

- So further planning is necessary to reach to this deprived population.
- Reproductive Health and Child Health Programs should have services of food provision for malnourished mothers and children. “National School Health and Nutrition Strategy” which is being piloted in Sindhupalchok and Syangja from June 2008 should be expanded to all districts of Nepal.

- Lack of basic sanitation makes community to diarrheal outbreaks and worm infestations yet in Nepal **57% of population does not have access to proper sanitation** (CBS 2010).
- Data show that **80% of the total population in Nepal has access to safe drinking water** (CBS 2010) but other studies show that 92% of piped water supply and 25% of tube wells are either out of operation or in need of rehabilitation (Devkota 2007).

- So along with reaching medicines and other health services we should also make it possible for people to **enjoy safe drinking water and basic sanitation** which is an integral part of health.
- **Mother and children comprising approximately 70% of population of developing country belong to vulnerable group.**

- Nepal has made a significant progress in reducing **infant mortality rate and under five mortality rate**.
- A recent survey in rural locations of 40 districts show infant mortality has fallen to **41 deaths per 1000 live births** and under five fallen to **50 deaths per 1000 live births** (NPC 2010).

- Similarly a recent survey of 8 districts estimated **maternal mortality ratio to be 229 deaths per 1,00,000 live births**(FHD 2009) which is a significant improvement compared to MMR of 281(MOHP 2007 et al) .
- However only **67% of total expected pregnancies make 1st ANC visit** and the number fulfilling required 4 ANC visits is lower. Contraceptive prevalence rate is only 40.53 % (Annual report 2065-66, DOHS).

- **Immunization coverage** is 84.9% for BCG, 81.1% for all three doses of DPT- Hep B vaccines, 80.9% for polio vaccines and 75.3% for measles.
- **To achieve 100% coverage we should strengthen mobile team** and try to find out why people don't comply to vaccination program that is freely provided by the government.

- Similarly **essential drugs** should be made available all the year round and **incentive should be provided to doctors to work in remote areas of country.**
- At present the area of **“telemedicine”** should **also be explored** as this would enable even patients of rural areas to get medical advice from specialists in urban areas.
- However these facilities should be introduced keeping in mind that **77% of Nepalese live below 2 US dollars or NRs 144 per day** (HDI report, UNDP 2009)

Second part of the Oration “Research in Health – My 17 Year Journey” can be read on our website www.msmt.org.np