HEALTH MANPOWER FOR NEPAL AND THE EDUCATION PLAN

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The 4th Five Year Plan of Nepal 1970-75 as well as our National goals and policies are oriented towards the aim of bringing about economic development of the country in order to gradually increase welfare of the people. Basic objectives in the Plan include decreasing the Country's dependence on foreign aid by mobilizing internal resources and by austerity measures; attention to regional and geographical interlinkage and balance, to narrow down unequal level of development among the various regions of Nepal and to develop the remote areas; effective utilization of available manpower resources; control of population growth so that the measures for economic development produce effects. The importance given to health care is reflected in the statement in the Plan that the economic and social development of the country is possible only with the health, physical and mental condition of the people; therefore the development of health services has a direct bearing on the economic development of the country by making available efficient manpower for development. At the same time we realise that a background of good economic and social development of the country is essential for the proper development of a health care delivery system in the country. The long term objective of His Majesty's Government is to make health services available as widely as possible throughout the country by utilising the available limited economic and technical resources.

Apart from Kathmandu valley and other urban areas, the facilities for health care in other parts of the country are almost negligible. The basic unit of the health care in the non-urban areas is proposed to be health posts more or less of the type envisaged in the Bara District (plains) and Kaski District (Hills) areas now, the health posts outside these pilot areas established so far being in most cases like subposts, run by a single low level health auxiliary. Density of population in various areas as well as geographical difficulties and diffi-

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Paper presented in the symposium on Problems of Medical Man power in Nepal, March 23rd 1973.

culties in transport and communication have to be considered in planning the future health posts, there being a marked tendency due to lack of facilities, to migrate from the hills to the plains and from the rural areas to the towns. Economy on resource utilization has to be obtained by avoiding duplication of health Institutions representing different systems in the same area, it being a luxury underdeveloped countries can ill afford. At present a number of health Projects under the Health Services Department are running with separate offices and personnel in many districts. Since this arrangement seems too expensive in view of our limited economic and technical resources the various preventive services will be unified at the operational level called integration of vertical programmes which is part of integration of Health Services which means integration of the different varieties of non-military health services now being run in the country such as HMG Health Services, hospitals etc. run by voluntary organisations, the missionary health services and the private practice system of consultation rooms domiciliary practice and nursing homes. For integration at the service end of these different health care systems in Nepal to be successful, it has to be at least at the functional level but before these systems can be made to function together, question of whether the integrated health care delivery system has to be wholly free or has to be a paying system for certain persons or certain services will have to be decided first. Special attention has to be given according to plan to a training programme to execute the strengthening of health services in a more organized and planned way. The number of lower and middle level trained persons is not adequate to help the higher level personnel most effectively or to meet the requirements of the well staffed health posts of the future. Also one difficulty at present is that the Auxiliary Nurse Midwives who were meant for the rural areas have in a rather large number of cases been working in the hospitals in Kathmandu and other urban areas, although their training was meant to be for the health post.

The chapter on education in our 4th Five Year Plan has been superseded by the Plan of our New Education System which was inspired by His Majesty King Birendra as the then HRH the Crown Prince of Nepal, who emphasised the importance of a proper system of education in the development of the country. The Institute of Medicine will have the subjects of Medicine and Public Health under the University as its area of work and will study, teach, train and carry out research in these subjects. Besides training health manpower personnel, according to the job position classifications and the type of health service that the health manpower has to render, the Institute will undertake study of present manpower in the various types of health services available in the country in the pre-integration phase and will find out how they are being utilized and so on. The Institute will also organize a feedback mechanism, from study of actual functions of trained personnel in the field, to keep its curricula under review. Besides the regular programmes (which are represented at present by the following schools that the University has taken over from the Ministry of Health -- the Schools of Staff Nurses, Health Assistants and the traditional Indo-Nepalese system of Medicine as well as the Laboratory Technicians Programme) and the Research Programme, the Institute also has under its extension programme taken responsibility for the Pre-University level of vocational health training such as the Auxiliary Nurse Midwife (ANM) and their

equivalent in the health worker category, the proposed Auxiliary Health Workers (AHW) who will, like the ANM, undergo 2 years of training, in stages if necessary, after the same 8 years of schooling. As the ANM's & AHW's will be staffing health posts in the most peripheral areas of rural Nepal, their schools will be in the various zones outside the capital city of Kathmandu. In this way some help is gained in their orientation to the areas which they have to serve in.

The Educational Plan has rightly grouped the training of various categories in a particular group of subjects, such as Medicine and Public Health, under, one roof. The Plan also encourages development of a career structure by keeping the door open for higher training to some of those who have after completing training of a lower stage, done the required number of years of field work, though this does not mean that everyone will of necessity have to start at the very bottom of the career ladder. Also emphasis will be on building up the required number of health manpower personnel in a pyramidal fashion, with the lowest cadre in the greatest number and so on.

Coming to the important problem of training of doctors, what type of trained doctors are most useful for an underdeveloped country like Nepal? It may not be a simple question of the number of doctors a country has the question may really be whether the basic medical practitioner (whom a Spanish Medical School gave the name of doctor in the 11th century A. D.) is trained for his job in most cases. Why don't the basic doctors go to practice in rural areas? In the curricula of Medical Schools, the subjects of Hygiene, Public Health, Preventive Medicine and now Community Medicine, have been included in detail through classes, practicals and field visits so that the basic doctor is trained to have knowledge of Public Health and Preventive Medicine, is he not? Should we then complain that doctors are not interested in preventive medicine by training or that they are not being trained in the right surroundings? Are they instead being oriented towards urban medical practice -- their curricula being heavily oriented towards practice in hospitals and a heavily industrialised society? Perhaps they are and they are also over trained for work in rural areas. Should we then train differently those doctors who are to work in rural areas? This would mean a two tier medical training system producing two types of basic doctors, which is obviously not acceptable.

But then if the basic doctor is overtrained, and yet he is meant to work under rural conditions of Nepal or India, either we have to improve the conditions of people in rural areas (which means lots of money and is a question to be dealt by Economists, Planners and Administrators) or wanting to be pragmatic we have to train the medical person differently so that he will fit the job position classification for the work he has to do, as well as fit the society he has to live in. That is if the carts do not fit the horses they have to be joined to, breed horses of types that will fit the carts. The need for community orientation of the present doctors cannot of course be denied and this has to be achieved if need be by orientation courses. It would appear therefore that a miraculous degree of development of an under-developed country is required for the rural areas to be developed enough and be

resourceful enough to utilize fully a London type of basic doctor. The Health Assistants of an earlier period were better equipped for such curative field yet because of lack of any control over medical practice in Nepal and easy availability of almost any drug over the counter, auxiliary health personnel with good training in curative medicine would tend to become quacks of the urban areas and the real purpose of their training which is to serve the rural areas would be defeated.

Regarding training of Health Assistants the basic course will be of about 2 years after they have matriculated into University, like the old Health Assistant training but with addition of short courses in the basic sciences of physics, chemistry and biology. They would still be Public Health and Preventive Medicine oriented. This training would be in tune with their role as Incharge of future Health posts. They should of course have an opportunity for studying further if they are good enough. After they have done the minimum number of years of service there could be 3 ways in which they could improve their career. First is a year or so of curative medicine but the precondition for this is legal control of practice so that these Medical Assistants would be allowed to work only in the peripheral areas which do not have doctors. The second is a year or so's course in public Health, provided the Ministry can utilize these Senior Health Assistants and provide a suitable grade and salary, so that they would be of greater help to Public Health Doctors in the Districts. The third would be about a year's crash Premedical course, physics, chemistry and biology, of the 1st MB Standard in Britain and the Premedical of certain Universities in India after making certain that the priority for selection for the training of basic doctors in the future will be given to those with the Premedical qualification of our University. As long as the students will be going to India for training in medicine, this Premedical qualification will of course have to be approved in advance by the concerned Universities in India for admission into MBBS courses.

A few words about the training of a Professional Nurse (also called a Staff Nurse). This training has been going on for 16 years in Nepal on the practice oriented British pattern on which the schools in India were also based. Our University is involved now in backing the 3 year Practice-oriented pattern of training which gives the qualification of a nurse for the first time a legal status in Nepal as well as makes her further training easy under the Education Plan. This basic course will include midwifery and public health also and will be, like other courses of our University, of international standards and will be of the "Intermediate" Certificate level of the University. Post-basic one year speciality courses are being considered by the University which may be counted as the first year of a future diploma (B. Sc.) in Nursing of our University so that we could have the diploma in 2 parts of one year each which could be taken only after a specified number of years of practical work, the first year of the diploma being the post-basic speciality course according to requirement for example in Public Health, Midwifery, Nurse Teachers certificate etc. The Diploma in Nursing could be made compulsory for becoming a tutor of the Mahabaudha Campus for (Professional) Nurses or a Sister in Hospitals or the Zonal Nursing Officer etc.

As some rethinking about Nursing Education is I understand going on in other countries. It would be interesting to know which countries have already introduced such a system. I understand India has the British type basic 3 years course outside the University and post-basic B. Sc. in which admission is after the staff nurse goes back to the University to do Inter/Arts or Science which means the staff nurse training of 3 years after "Matriculation" is not at present recognised as being equivalent to University Intermediate level. There is also I understand a B. Sc. Nursing course of 4 years in the University on the US pattern which is taken together after qualifying to a level equivalent to our University Intermediate Examinations.

Now a few words about our ancient curative system of Indo-Nepalese medicine called Ayurved, which has remained somewhat static over hundreds of years, perhaps due to the indifference of its practitioners to the usual analytical approach of their ancestors. The advantages of this system as practised today within and outside HMG Health Services are that the drugs used are indigenous, thereby our money does not go to foreign countries for unduly costly patent medicines and that its prescriptions are comparatively cheap (unless a practitioner under pressure of modern competition dispenses in disguise the costly medicines of the other system as sometimes happens). In the HMG, the health services of this system have the tendency to exist side by side with those of the others. Development of a policy of training manpower under this system will be helped in the future when the Health Services have formulated a policy regarding utilisation of manpower belonging to this system—whether a choice is to be offered to the consumers with two systems offering services side by side in India or they are to supplement each other in covering the whole country. The policy of the Institute of Medicine regarding Ayurved is that the study of this system needs to be encouraged; a joint study of its pharmacopoea by its practitioners as well as the pharmacists of the Royal Drug Research Laboratory will be a fruitful undertaking provided the financial help is available; and facilities for study such as a good library of all Ayurved books and a good museum as well as inclusion in their curriculum of basic general and basic Medical Sciences as well as of ideas of the modern concept of public health measures, together with the ancient Ayurved subjects, study of Ayurved classics, Sanskrit and History of Medicine and Public Health will prevent not only its remaining far behind due to stasis, but also its vanishing into oblivion through total modernisation and integration.