The Nepalese National Health Policy - 1991

* Padma Mathema

INTRODUCTION

Health Policy is a means to attain the desired status of physical, mental and social well being of an individual, family, community and the country at large. The new International Economic order of the Seventies and the concept of Human Resource Development of the Eighties emphasises the need of developing suitable health policy with an objective to improve the general health status of the people since healthy manpower is one of the priority pre-condition to attain the desired level of development.

Nepal is among the least developed countries of the world. The poor health status is one of the major socio-economic developmental problem. As a result of nearly four decades of effort for development (1955-1992), the general health status of the people has improved no doubt, but it is not yet upto the standard to provide positive impact on physical quality of life index. The health indicators, IMR is 102 per thousand, under 5 mortality is 165 per thousand, MMR is 850 per 1,00,000 birth, life expectancy is 54 years and the total fertility rate is 5.8. They are comparatively low even with SAARC countries except Bhutan.

NATIONAL HEALTH POLICY 1991

On the background of these low health indicators, now I will present the Nepalese National Health Policy, 1991 (N.H.P. - 1991). The NHP - 1991 is the new health policy

announced by the present elected government of the Nepali Congress during its first year in the government. Stating the rationale behind the policy, it says that in order to bring about improvement on the health status of the Nepalese people which were adversely affected by the previous weakness, and to fulfill the commitment of the present government in the health sector, the new health policy has been introduced with the following objective.

"To up grade the health standard, of the majority of rural population by extending Basic Primary Health Service upto the village level and to provide opportunity to the rural people to enable them to obtain benefits of the modern medical facilities by making accessible to them."

TYPES OF HEALTH SERVICES IN THE HEALTH POLICY

Preventive Health Service

Diseases which can be prevented through mass campaign before one suffers from has been categorised as preventive health services. Under these health services the priority has been given to those programmes which directly help to reduce infant and child mortality rates. These services will be provided on an integrated basis through sub health posts, health posts and primary health centers. The main programmes are family planning and maternal child health, expanded, immunization, C.D.D., T.B. Malaria and other including Aids.

* Chief, Population Division, NPC

Promotive Health Service

The programmes which enable person and communities to live healthy has been categorised as promotive health service. These are Health, Education and Information, Nutrition, and Environmental health.

Curative Health Services

The following curative health services will be made available at Central, District and Village levels:

- Preventive, promotive and curative health services will be made available in an integrated way in the rural areas through sub-health posts, health posts and primary health centres.
- There will be at least one hospital in each district of the kingdom where out-door services, in-door services, Family Planning and Maternity and Child Health Services, Immunization services and Emergency services will be provided.
- One zonal hospital each will be established gradually by in all 14 zones of the kingdom. Specialized services relating to paediatrics, gynecology, general surgery, general medicine, eye, ENT and dental surgery will be made available.
- One regional hospital each will be established gradually by in all 5 regions of the kingdom. In these hospitals, specialized services e.g. dermatology, orthopaedics and psychiatry will be added besides those available in zonal hospitals.
- Central hospital will be equipped with sophisticated diagnostic and other facilities and will provide specialty and superspeciality services.
- Specialist services will be extended in remote mountain regions as and when required, through mobile teams.
- Referral system will be developed through

which the rural population will be provided with the opportunities to obtain services from modern well-equipped hospitals, as and when required.

- Diagnostic services e.g. laboratory, X-Ray and other supportive services will be strengthened in the hospitals of all levels.
- Hospital expansion will be done on the basis of population density and patient load.

Basic Primary Health Services

- Sub-health posts will be established in a phased manner in all Village Development Committee Areas of the kingdom. Each sub-healthpost will consist of one village health worker, one maternal and child health worker and one auxilliary health worker. These Sub-health posts will provide general curative, promotive and preventive health services. Immunization, family planning, maternity and child health, health education, nutrition, environmental education, sanitation, malaria, leprosy, tuberculosis services will also be extended from these sub-health posts, upto the ward level.
- The health posts in 205 electoral constituencies of the kingdom, will be upgraded in a gradual manner and converted to Primary Health Centres. In addition to the services as provided by sub-health posts, Doctor's service will also be made available, and arrangements will be made for two emergency beds and one maternity bed in these centres.
- The health posts operating at present will provide all health services in the Village Development Committee where in is located as are provided by sub-health posts and will also provide training, supervise and monitor the activities of sub-health posts.

Other Health Services

- Ayurved and other traditional health

system will be developed gradually including research and production of medicine.

Supply of drugs will be increased in the health institutions and National Drug Policy will be implemented effectively to improve quantity and quality of drug supply.

- Health research will be encouraged and research out come will be applied for better management of health service.

Programme will be formulated in the areas of health laws and regulation, health safety measures for the labourer of industries, hazardous effect of drug abuse, alcoholic drinks and smoking.

- Programme for the welfare of disabled and handicapped persons will be prepared with coordination of private and non-government sectors.

Strategy of Implementation

As an strategy for effective implementation of the NHP 1991, following arrangements has been made in the area of manpower development, resource mobilization, institutional development and private sector involvement.

- Organisation and management of health institutions will be improved at district, regional and central level on the basis of regionalization and decentralization. A detailed description on the service available by the health institutions at different levels, cost of the services and list of free services will be prepared and made public.
- Improvement will be made in transportation and support of drugs and equipments of various health facilities.
- Institute of Medicine and Training Centres will be strengthen for producing necessary health manpower in the country and arrangement of training outside the

country also will be made depending upon the need of specific manpower that cannot be produced within the country.

- Reforms will be made in transfer, promotion and career development procedures for development of health personnel at various levels with due provision of special benefits to work in remote areas.
- National and international resources will be mobilised for health service and various alternative measures for internal resource mobilization schemes such as health insurance, users charge, revolving drug scheme will also be implemented on the basis of practicability.
- Community participation including female volunteers, traditional birth attendance and local leaders will be mobilized at ward level health programmes and such necessary arrangements will made at each level of health institution.
- Private sector will be involved in establishing hospitals, health units, nursing homes without any financial liability to HMG/N with due permission and maintain minimum standard as possible.
- Non-government organization and association will be encouraged in health service under prescribed policies of HMG/N.
- System of coordination will be developed in the health related sectors like agriculture, education, and drinking water and local development.

Health Policy in the Eighth Five Year Plan (1992-97) Policies

The health policy in the Eight Five Year Plan is based on the NHP-1991. They are:-

- In order to extend health services to all village development committees, primary health centres, health posts and sub-health posts will be established in a phased

manner. The basic primary health service will be provided through these health institution on the basis of integrated approach.

Central regional, zonal and district level hospitals will be developed on a referral system.

The private sector will be encouraged to provide specialised health services within the kingdom.

Family planning and mother and child health services will be integrated with basic primary health services. Temporary and permanent family planning services will be made available according to the preference of the clients. Priority will be given to the concept of birth spacing and the use of temporary birth control measures will be promoted.

In order to improve the nutritional status of women and children, programmes will be implemented to control Micro-nutrient deficiencies, anaemia, vitamin A deficiency and iodine deficiency.

Emphasis will be given to the development of ayurvedic and other traditional medical systems.

Drug policy and regulations will be revised and implemented in order to ensure a supply of quality medicine in a regular manner.

Traditional healers will be provided appropriate training in health, nutrition and family planning and will be used in health educational activities.

Participation of local bodies and NGOs will be encouraged in the management of health institutions. Private sector and foreign investment will also be encouraged in providing health services in the country. Emphasis will also be placed on health research activities.

The Institute of Medicine and other

training institutions will be strengthened to produce required health personnel. Special attention will be given in filling the existing positions in the health institutions.

Health indicator target in the Eighth Five Year Plan in line with the target of NHP-1991.

HEALTH INDICATORS	PRES ENT SITUA TION	EIGHT PLAN (1992- 97)	HEALTH POLICY (2000)
Infant mortality rate (Per 1000 live birth)	102	80	50
Under 5 mortality rate (Per 1000 live birth)	165	130	70
Maternal mortality rate (Per 100,000 births)	850	750	400
Life expectancy rate	54	61	65
Total fertility rate	5.8	4.5	4.0

Implementation Status of NHP 1991

The Fiscal Year 1992/93 is the second year of the NHP-1991. The review on the achievement status on the NHP-1991 within two years presents satisfactory picture on the following areas:

- The policy has been included in the Eighth Five Year Plan 1992-97 and the targets and programmes in the plan has been formulated accordingly.
- 20 primary health centres in the electorate constituency and 700 sub-health posts at the village development level have been established to provide basic primary health care.
- The training of middle and basic level manpower has been increased in the running and new training centres to provide manpower in the primary health centre, health posts, sub-health posts and for the provision of female community health volunteers.

- The organogram of the Ministry of Health upto the level of regional directorate has been organised in line with the NHP-1991.
- Financial Plan for health has been prepared and project is under consideration for internal and specially external resource mobilization.
- The share of health sector budget in the fiscal year 1993/94 has been increased to 4.11 in the national budget as compared to 3.62 in the fiscal year 1992/93.
- The draft for National drug policy has already been formulated.

CONCLUSION

NHP - 1991 is the comprehensive policy dealing with the issues on programming institutional and resource mobilization for enhancing the health status of the Nepalese in general. Since the health policy aims to improve and extend the health service delivery system, the non-health sector but related to health also has detarmental role to play. In this respect pharmaceutical industry is the major

priority area. Of the total drug need in the country, the percentage of drug to be imported comes to about 87 percent. It shows the need of developing pharmaceutical industries in order to achieve self-sufficiency in drug availability. In a way it works as supporting industry for the successful implementation of the NHP-1993. Further, it will also be helpful to create additional revenue, avenues for employment opportunities and promote privatization policy of HMG/N for the development of the country.

NHP-1991 is the comprehensive policy which aims to enhance the health status of the Nepalese people in general by improving and extending health service delivery system up to village development and beyond. It deals the issues not only strengthening the institution and resource mobilisation. The implementation status so far provides an encouraging picture on creating necessary pre-conditions. However, there are still major problems on institutions management at district level, training mobilization in order to achieve effectiveness in the delivery of healthy service on targetia population and there by to enhance their health status as envisaged in the national health-policy 1991.