

Right to Health in Nepal: Commitment versus Challenges

Pratik Khanal

MPH Candidate, Institute of Medicine, Maharajgunj Medical Campus

Kathmandu Nepal

iampratikkhanal@gmail.com

Abstract

Nepal's Interim Constitution 2007 addresses health as a fundamental right. The constitutional provision has set the platform for commencement of free health service program in Nepal. Recently, the New National Health Policy 2014 has been introduced which aims to devise different strategies to effectively implement Universal Health Coverage. Though concept of human right based approach has been integrated in different health development policies and plans, health system still faces different challenges in materializing health as a human right. This paper discusses on policy provisions as well as synchronization of Nepal's efforts on fulfilling its commitment for right to health.

Keywords: Health, Human Right

Introduction

The World Health Organization defines health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. The access to the highest standard of physical, mental and social health is a fundamental right which has been accepted in different national and international policy instruments. There has been an increasing debate around the world in understanding health as a fundamental right and even in countries who commit health as a state responsibility have contrasting health service delivery practices. Nepal has made big strides when it comes to relating health from human right perspective. However, to fulfill the commitment of right to health for its 26 million population is not an easy task for this nation. This paper has three main purposes. The first is to state policy provisions on state commitment to health. Secondly, it is to describe the health status and trends as well as health system challenges and thirdly, the way ahead to materialize health as a right.

Policy Provisions relating Right to Health

Nepal is a signatory to Universal Declaration of Human Rights (UDHR) which is a milestone document

in the history of human rights. Article 25 of the UDHR 1948 speaks about health where a standard of living adequate for the health and well being is taken as a right with motherhood and childhood entitled to special care and attention. (1) Nepal's Interim Constitution 2007 addresses health as a fundamental right and that every citizen shall have the right to basic health services free of cost from the state, as provided in law. Further, to pursue a policy of establishing the rights of all citizens to health has been regarded as one of the responsibilities of the state. (2) The constitutional provision has set the platform for commencement of free health service program in Nepal. Nepal subsequently abolished user fees on primary health care services to reduce inequalities in access to and use of health services and in health outcomes. (3) Recently Government of Nepal has introduced New National Health Policy 2014 replacing the two decades old National Health Policy 1991. The new policy has devised different strategies to effectively implement Universal Health Coverage and provide free basic health services. (4)

Status and trends

Nepal's health indicators continue to improve through vigilant policy and appreciative community based inter-

ventions. Nepal is on the way to achieve most of its Millennium Development Goals. To fulfill the commitment to health reflected in constitution and different policies and as a signatory to international declarations, Nepal is currently implementing various programs like free health services program, safer motherhood Program, social security program for some diseases which are mainly aimed at providing free health care services to the general population and target groups.

Free health service program provides essential health care services free of charge to all users at Primary Health Care Centers, Health Posts and Sub-Health Posts. Similarly, outpatient, inpatient, emergency services and essential drugs are provided free for targeted groups viz. poor, ultra-poor, senior citizens, disabled, and Female Community Health Volunteers, and only listed essential drugs for all users in up to 25 bedded district hospitals. (5) A review of studies on Nepal's free health care shows increased access to free health care among the population since the launch of the free health program, decreased out of pocket expenditures on health care and over two-third of clients being satisfied with free health care services. (6)

To reduce the burden of cost and increase the access to safe delivery service, Government of Nepal, Ministry of Health and Population has launched a Safer Motherhood Program from January 2009. The proportion of births attended by skilled health personnel has increased from 19 percent in 2006 to 36 percent in 2011 and 50 percent in 2013 which is primarily the impact of this program. (7) Social Security Program under Ministry of Health provides subsidies on treatment of kidney problems, heart disease, cancer, Alzheimer's disease and Parkinsonism. (8)

Although major progress has been achieved in improving access to health care services in Nepal, reaching the poor and marginalized still remains a challenge. There is still disparity in health indicators among people of different ethnic groups, development regions and ecological zones. Infact, the social determinants of health are so pronounced in developing country like Nepal. For instance, Under-five child mortality per 1000 live births is higher in low wealth quintile (75) as compared to high wealth quintile (36), higher in rural (64) than urban (45) and higher in Far-West (82) and Mid-West (73) as compared to Western (57) Central (60) and Eastern (55) Development region. (9) Disparity continues to exist because health system has not

addressed all the health care demands of the population.

Challenges

Though concept of human right based approach has been integrated in different health development policies and plans, health system still faces different challenges in materializing health as a human right. There is unequal distribution of health workforce and health facilities, poorly regulated private service providers, inadequate government expenditure on health, inadequate essential drugs at public health facilities; poor health infrastructures and poor retention of health service providers in rural areas.

Out of Pocket Expenditure is the principal means of financing health care in Nepal. With growing commercialization, access to health care has been increasingly dictated by the people's ability to pay. Poorly regulated private health facilities in Nepal pose a threat as people have to suffer from unfair pricing. Government of Nepal has recently introduced health insurance program which is expected to remove financial barriers in the use of health care services. Its impact is however yet to be seen. Health insurance in this regard should be watched seriously as only experience the ministry has in health insurance mechanism is from implementing community based health insurance scheme in six districts in the last decade which was not a success. (10)

Second Long term health plan has proposed the target of increasing total health expenditures to 10 percent of total government expenditures. (11) But the proportion of annual health sector budget has been decreasing annually. Notably, the health sector budget was 7.28 percent in 2010/11, 7.1 percent in 2011/12, 6.7 percent in 2012/13, 6.5 percent in 2013/14 and 5.5 percent in 2014/15. (12, 13) The annual decrement in health budget can be related to government's decreasing priority on health sector. On the other side, it can also be stated as weakness of health care system to formulate plans and implement desired health care program owing to increasing demand of population and emergence of new health challenges. This is further supported by the fact that Ministry of Health and Population could spend only two-third of even less than 6 percent budget allocated in the fiscal year 2013/14. (13)

Way Ahead

The introduction of Free Health Care requires the government to increase the health budget for its sustainability and build healthier and more equitable societies. Equally important is to ensure that both coverage and quality of services has been met. Now that Universal health coverage has gained global attention and even our national health policy has focused on implementing it, commitment from all segments of society and effective engagement of stakeholders is required. The goal of universal health coverage is to ensure everyone obtain health services they need without suffering financial hardship. This requires an efficient health system; a system for financing health services; access to essential medicines and technologies and a sufficient well-trained health workers. (14)

The experience of some countries suggests that the poor are most effectively reached by services where national policies favor universalism. Countries such as Thailand are moving away from a system funded largely by out-of-pocket payments to fund by pre-paid funds—a mix of taxes and insurance contributions. The recent introduction of National Health Insurance Program is expected to reduce out-of-pocket expenditures on health through the payment of a certain premium. But special provision should be made for those who cannot pay the scheme. Otherwise, it will only increase inequities. Reducing barriers to health care services further need peripheral health system strengthening, equitable distribution of health facilities, community engagement and consistency in quality of care at all places.

Conclusion

Nepal deserves appreciation in implementing some health care programs from human right perspective. Constitutional and other policies provision on health has guided the implementation of health program on the basis of equity and social justice. Equally important is that though it may look easy to mention health as a fundamental right in policy papers, its implementation requires painstaking efforts. A lot still need to be done to improve access to health care services for all population which requires efficient health service management, adequate budget provision, robust monitoring system to ensure universe coverage and quality of care and strong political commitment. Then only, right to health can be a reality otherwise a mere golden

dream.

References

1. United Nations (2008). Universal Declaration of Human Rights. 60th Anniversary Special Edition: UN
2. Government of Nepal (2007). Interim Constitution of Nepal 2007.
3. Resource Centre for Primary Health Care (2010). Briefing on Essential Health Care Services in Nepal: RECPHEC, March 2010
4. Ministry of Health and Population (2014). New National Health Policy 2014. Kathmandu: MoHP
5. HSSP/MoHP (2009). Free Health Care in Nepal, Findings of a Rapid Assessment: MOHP, November 2009
6. MoHP/NHSSP (2013). A Review of Studies on Nepal's National Free Health Care. Kathmandu, Nepal: MoHP, November 2013.
7. National Planning Commission/ UN Country Team of Nepal (2013). Nepal Millennium Development Goals Progress Report 2013: GoN/ UNCT
8. Ministry of Health and Population (2013). National Health Insurance Policy 2013. Kathmandu: MoHP
9. Ministry of Health and Population. New Era and ICF International Inc. 2012. Nepal Demographic and Health Survey 2011. Kathmandu, Nepal: MoHP/New Era/ ICF International.
10. MoHP/GIZ (2012). Review of Community based Health Insurance Initiatives in Nepal. Kathmandu, Nepal: Health Sector Support Program, GIZ
11. Health Sector Reform Unit 1997, Government of Nepal, Ministry of Health and Population, Second Long Term Health Plan 1997-2017
12. MoHP/ NHSSP (2012). Budget Analysis 2011/12. Kathmandu: MoHP
13. Government of Nepal, Ministry of Health and Population (2014) Annual Work plan and Budget Fiscal Year 2013/14. Kathmandu: GoN/ MoHP MoHP, GoN (2010).
14. WHO. Health Financing for Universal Coverage. Available from http://www.who.int/universal_health_coverage/en/ [Accessed on 1 October, 2014]