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Short Communication

Revitalization of Primary Health Care in Nepal: A Critical Overview

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Background

Nepal is a small yet ethnically and geographically divergent country which has always posed threat and challenge to health service delivery of the nation. It has undergone 10 years long civil war and is still facing various after math of the war. Political conflicts are yet to be stable. Nepal is currently guided by National health policy 1991 which still awaits for its much needed reform.[1] Second long term health plan 1997-2017 is under its way with the aim of guiding health sector development for improvement of health of population particularly those whose needs are often unmet. Likewise Nepal Health Sector Programme- Implementation Plan under Sector wide approach is running in its phase two. This program supports second long term health plan with a major objective of expanding and increasing Essential health Care Services.[2] Tenth Plan (Poverty Reduction Paper) is in run. The interim constitution of Nepal guarantees, Health as fundamental right of every Nepalese citizen.

In recent years Nepal has been able to show outstanding improvements in health indicators but health outcomes suggest increasing inequities between income quintiles and geographical regions.[3] Furthermore, out of pocket spending has remained high and been increasing over the past few years.[4] Fueling of privatization of health services and higher donor dependency are some hot issues that Nepal health sector is currently facing.

Primary Health Care in Nepal

With the awakening of democracy in Nepal, National Health Policy 1991 made a major turnover in health system through introduction of Primary health Care. [5] Nepal is signatory of Alma Ata declaration. In notion of the principles of PHC, Health system of Nepal is constantly working to make health service equitable, affordable and accessible to all the citizens of Nepal. Curative Health service delivery of Nepal ranges from basic community level to specialized tertiary level care. There is provision of health service delivery through Sub Health Post and Health post at VDC level likewise Primary Health Care Center at electoral constituency and 25 bedded hospital at district level.[1] Female Community Health Volunteers are also mobilized who stand as basic pillars for health service delivery at grassroot level. Though policy calls for overall preventive, promotive, curative and rehabilitative aspect of health but paradoxically major activities are only focused on curative health services in large extent.

Summing up the achievement of PHC in Nepal

So far we have some success story in case of improving maternal health status mainly decreasing Maternal Mortality from 539 to 281 per 1akhs live birth but still one of the highest among south East Asia region.

-Reduction of maternal mortality with rapid mobilization of FCHVs at community level. Mother's incentive program for promoting institutional delivery. SBA delivery is in

increasing trend but way behind to reach MDG goal (44 vs 60).

-Significant achievement in the case of child health and nutrition can be seen. Reduction of incidence of ARI and Diarrhoea with rapid decline of severe dehydration and severe pneumonia is another milestone achieved so far

-Expanded program on immunization and control of local endemic disease like malaria leprosy and TB is also in improving trend.

-Establishment of National Health Education Information and Communication Center for dissemination of health related messages on FP, sanitation various diseases and Behavior change Communication.

Revitalization of Primary Health Care

National Health Policy aimed at delivering comprehensive PHC but is limited only to solution oriented vertical selective approach. As endorsed by UNICEF "GOBI" Growth monitoring, Oral rehydration, Breast feeding and Immunization, the same is majorly focused within the system. It is well established that Nepal is hugely dependent on donor agencies to regulate its health service delivery. Nearly 54% of total budget on health is given by donor agency World Bank being the major donor followed by DFID.[6] So, the sustainability and ownership of donor driven health programs is in question and Nepal literally depends on it.[7] Due to this Nepal is obligated to follow Structural Adjustment Program which promotes privatization, cutting down government spending on health, focusing on donor dependent health issues overall undermining the rationality of public health and primary health care.

Nepal is not the only country going through this turmoil. This debate of selective and comprehensive PHC and role of multinational companies and donor agencies has been started even in the early periods after Alma Ata. Studies have found that world needs comprehensive PHC more than ever now. Realizing the same inducement Ministry of Health and Population in 2009 started a new division called Primary Health Care Revitalization Division.[6] This division is envisaged to revitalize PHC in Nepal by addressing emerging health challenges in close collaboration with DOHs and other related stakeholders.

The division works majorly on three thematic issues

- National Free Health Care
- Social Health Protection
- Urban Health and Environment

According to National Free Health Care Program 22 items in SHP, 32 in items in HP, 35 in PHCC and 40 items/medicine are available for free respectively. Apart from that free health service delivery is also targeted for people at extreme poverty, poor people, physically challenged, senior citizen (above sixty) and FCHVs. Under social health protection the division is working for pilot testing and networking for expansion of protection mechanism as outlined in National Health Insurance strategy. Conduction of urban clinic and deploying FCHVs at municipal areas for delivering Essential Health Care System is the major activities under urban health and Environment program.

The cynical view of overall activities of PHC-RD shows that it is currently under taking supplementing actions to strengthen ongoing program rather than revitalizing PHC in real sense. It has not been able to address the social determinants of health in new programs too. Health system is still donor driven and principles of PHC are highly compromised. The free health program and health insurance is also not far from debate. The question "Which is better; community drug program or free health service?" demands a clear and systematic discussion and decision. It has been seen that common people doubt the quality of free medicine provided. Those utilizing free health program often belong to those who have easy access to health service delivery whereas underprivileged group remain inept to utilize the service. The identification of people most in need i.e. identification of people at extreme poverty pose a very genuine problem to the program. There are also cases in which free medicine ends up in the private clinic and common people pay for the very medicine which is supposed to be free in cost. This loop hole in the health system requires a critical overlook. Other programs like social protection and urban health is yet to show its impact in health system of Nepal.

Primary health care is not just "primary care". It comprises a greater equitable access to health services not undermining preventive and promotive aspect of health. Implementation of primary health care has always been narrowed and constricted down. So, its revitalization requires a willingness to dialogue to develop flexible policy and its effective implementation.[8] Establishment of PHC-RD for this purpose is an important aspect but surely is not "sufficient" steps taken forward.

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