

Chapter: 20

HEALTH

1. Background

Good health is an important asset for every citizen to improve living standard. Healthy human resources are essential for an overall development. "Health as a fundamental right of the people" is a globally recognized value, which is also incorporated in the Interim Constitution of Nepal, 2007. This indeed is a historical manifestation of the state's responsibility towards ensuring the citizens' right to health. In line with the concept of social inclusion, the present Plan focuses its attention on the need of ensuring access to quality health services to all citizens, irrespective of the geographic regions, class, gender, religion, political ideals and socio-economic status they belong to. It is believed that with good health the living standard of the people will improve and thereby contribute to the cause of poverty alleviation and economic prosperity.

2. Review of Progress under the Tenth Plan

Following the advent of a planned development process, particularly in the past 16 years, policy, functions and institutions of public health, medicine and population management, and the quality of health services have continued to improve. People's access to these services is also increasing. Additional contribution to health services is also being made by the private and non-government sectors, after the policy of involving them was adopted.

According to the policy of decentralization and devolution, health services have also followed suit. To date, management of a total of 1,433 health agencies (sub-health posts, health posts and primary health care centers) of 28 districts have been handed over to the local bodies. National capacity to produce health human resources at all levels has been developed. The financial and technical contribution of the donor community has played a positive role in the development of the health sector. The role being played by the women health volunteers, particularly in rural communities stands as a distinct example of the people's participation in the delivery of health services.

In the field of child nutrition, significant results have been achieved. Between 2001 and 2007, the percentage of stunting children decreased from 57 percent to 49 percent, and that of wasting (weight to age) dropped from 43 percent to 39 percent, as did the infant mortality rate. Average life expectancy has increased. Despite this positive picture on the whole, health conditions of the people of remote districts, those living below the poverty line and marginalized groups, are less positive. The table below shows the situation:

S.No.	Health Indicator	Tenth Plan Target	Status by 2006
1.	Availability of Essential Health Services (%)	90	78.83**
2.	Availability of prescribed essential drugs at selected health institutions (%)	90	93.3 **
3.	Women receiving 4 times pre-natal care	18	29.4*
4.	TT vaccination to women (age 15-44 yrs) (%)	50	63*
5.	Delivery attended by trained health workers (%)	18	19*
6.	Contraceptive prevalence rate (%)	47	44.2*
7.	Condom users for safer sex (14-35 year age) (%)	35	77*
8.	Total fertility rate (15-44 year age women) (%)	3.5	3.1*
9.	Maternal mortality ratio (per 100,000)	300	281*
10.	Neo-natal mortality ratio (per 1000 live birth)	32	34*
11.	Infant mortality ratio (per 1000 live birth)	45	48*
12.	Child mortality ratio (per 1000 live birth)	72	61*

* Demographic and Health Survey, 2006

** Annual Report, 2005/06, Department of Health, 2007

3. Problems, Challenges and Opportunities

Problems

- Lack of skilled human resources and problems in their mobilization to health centers.
- Centralization of general and financial administration.
- Very slow pace of decentralization process.
- Inadequate supply of equipment and drug.
- Political interference in management.
- Weak supervision.
- Lack of physical infrastructure and inadequate repair and maintenance of physical infrastructure.

Challenges

- Improvement of the physical infrastructure of health institutions.
- Delivery of equal health services to the people belonging to various cultural/gender, geographical regions and social status.
- Revision of outdated legal provisions
- Increase government expenditure in health sector.
- Timely use of financial resources provided by the donor communities and regulating the private sector.
- Problems related to the conflict victims, especially those suffering from mental disorder, disabilities, and economic hardship.

Opportunities

- Constitution recognizes that health is the citizens' right.
- Health institutions have been extended to VDC.
- Decentralization policy implementation is underway.
- Private sector's involvement to a considerable extent is noteworthy

4. Long Term Vision

The vision is to establish appropriate conditions of quality health services delivery, accessible to all citizens, with a particular focus on the low-income

citizens and contribution to the improvement in the health of all Nepalese citizens.

5. Objective

The main objective is to ensure citizens' fundamental right to have improved health services through access to quality health services without any discrimination by region, class, gender, ethnicity, religion, political belief and social and economic status keeping in view the broader context of social inclusion. The constituent elements of such an objective are:

1. To provide quality health service.
2. To ensure easy access to health services to all citizens (geographical, cultural, economic and gender).
3. To ensure enabling environment for utilizing available health services.

6. Quantitative Targets

S.No.	Health Indicator	Status by 2007	Three Year Plan Target
1.	Access to Essential Health Service (%)	78.83**	90
2.	Availability of prescribed essential drugs at selected health agencies (%)	93.3**	95
3.	Women receiving 4 times pre-natal care	29.4*	40
4.	TT vaccination to women (age 15-44 yrs) (%)	63*	75
5.	Delivery attended by trained health worker (%)	19*	35
6.	Contraceptive prevalence rate (%)	44.2*	53
7.	Condom users for safer sex (14-35 year age) (%)	77*	85
8.	Total fertility rate (15-44 year age women) (%)	3.1*	3.0
9.	Maternal mortality ratio (per 100,000)	281*	250
10.	Neo-natal mortality ratio (per 1000 live birth)	34*	30
11.	Infant mortality ratio (per 1000 live birth)	48*	44
12.	Child mortality ratio (per 1000 live birth)	61*	55

* Demographic and Health Survey, 2006

** Annual Report, 2005/06, Department of Health, 2007

7. Strategies

The strategies are as follows:

- Upgrading of sub-health posts to health posts, and in the electoral constituencies, where there is no primary health center primary health care centers will be established.
- Public health promotion will be focused on through public health education.
- Public health related preventive, promotive and curative programs would be implemented according to the principle of primary health care services. Accordingly, essential health services will be extended.
- Inter linkages between Health Profession Education, treatment and public health services will be strengthened as part of the health sector management for making health services pro-people and efficient.

- District health system will be operated as an integrated system and the referral system will be further promoted.
- Management of human, financial and physical resources will be made more effective in order to upgrade the quality of health services being provided by the private, government and non-government sectors.
- Quality drugs will be made available at reasonable prices and in adequate quantity, with proper pharmacy services throughout the country.
- Special attention will be given to health improvement of the economically and socially disadvantaged people and communities.
- A policy to deal with NGOs, the private sector, community and cooperatives will be prepared and implemented.
- Various health services will be provided from one place in a coordinated way.
- Decentralization process will be strengthened as an integral part of community empowerment.
- *Ayurvedic* and other alternate health service systems will be developed and extended.
- Tele-medicine service will be established and extended.
- Mobile health service camps with specialized services will be launched for the benefit of the marginalized, poor, *Adibasi Janajati*, the *Madhesi* and Muslim communities.
- Free and basic health services, and other health provisions will be brought into practice and in every health institution, a citizens' charter will be placed in a distinctly visible manner
- Services currently in operation for the benefit of the victims of conflict, who are afflicted physically, mentally and with sexual violence, will be continued with more effectiveness in cooperation with NGOs, civil societies, and professional bodies.
- Communicable disease control programs will be continued with added emphasis to the problems of drug addicts, and control of HIV/AIDS. Measures will be developed for the prevention and cure of non-communicable diseases like cancer, cardio-vascular, and mental diseases. Necessary preparedness will be put in place to cope with the possible outbreak of dangerous diseases like dengue, bird-flu, etc.

8. Policies and Working Policies

Essential and Basic Health Services

- Sub-health posts will be upgraded gradually to health posts as per need on the basis of population density and geographical remoteness. Health institution of electoral constituencies, if there is no primary health care center, will be upgraded to primary health care center.

- With special focus on the health promotion need of the socially and economically disadvantaged people; women, *Adibasi Janajati*, *Dalit* and *Muslim* communities, senior citizens and the persons with disability; health improvement measures will be taken as part of the efforts towards fulfilling and improving the citizens' right to free basic health services.
- Arrangements will be made to benefit the people of neighboring districts from free beds in the government and private teaching hospitals. In addition, measures will be taken to provide free or concessionary health services from the private hospitals and health teaching institutions, to the people of selected areas.
- Special attention will be given to increase the access of the people of Far-western, Mid-western development regions and marginalized areas to health services by developing physical infrastructure, and by managing health human resources.
- Under the basic health services principles, preventive, diagnostic, promotive and curative health services will be continued, with additional emphasis on surgery, safe motherhood (reproductive and sexually transmitted diseases, uterus collapsed, etc.) and communicable disease control.
- Under the child health program, immunization and nutrition components will be promoted with special efforts.
- Gynecologists in the district hospitals will be gradually provided.
- Urban and geriatric health services will be initiated.
- To provide health services (including *Aurvedic* and other alternate health systems) to people in their own choice in district health institutions and health institutions under them; human resources will be mobilized in a coordinated way for the national programs.
- Country-wide eye treatment services being provided by the non-government sector will be continued and facilitated for further coverage.

Health Sector Reform and Infrastructure Development

- Hospital based services will be gradually improved and extended.
- Health science education, treatment and public health services will be interlinked and strengthened to make health services more effective, pro-people and efficient.
- Policy of requiring MBBS passed doctors under the government scholarship program to serve at least for 2 years in the health posts, or district, zonal or regional hospitals, as posted by the Ministry of Health and Population, will be enforced more effectively as a precondition for getting the license of the Nepal Medical Council license.
- The organizational structure of health posts will be reviewed and the health staff readjusted as necessary, and the drugs, equipment and other requisite facilities will be provided.

- In the central, regional and zonal hospitals, there will be provision for operating their own pharmacy.
- District hospitals will be developed and equipped as referral hospitals for the district based health institutions with adequate physical infrastructure, beds, human resources and necessary drugs and equipments.
- As a policy, high-income hospitals will be made autonomous after their review, and the resources now being provided by the government will be reallocated to the backward areas.

Public-Private Partnership

- A policy of health sector management with private sector partnership will be initiated.
- Policy will be made clear and effective in order to enable the government, NGOs, private and cooperative sectors to establish, manage and operate health institutions. Further, to provide quality health services through such institutions, human resources, financial and physical resources will be adjusted and managed in an effective way. Regulatory mechanism will be developed and adopted to make service delivery and management effective.
- Non-profit organizations will be encouraged to operate community-based hospitals.
- After a study on the private sector's contribution to the health sector, a policy of public-private partnership as appropriate will be developed and necessary program will be implemented.

Decentralization of Health Institution Management

- There will be a coordination committee formed at the central level for an effective management of health institutions.
- The competence of the community in the operation of institutions will be gradually enhanced by making functional analysis of the health institutions.
- The district health services will be operated as an integrated system, as per the concept of decentralization in order to enhance access of all people (socially and economically marginalized communities, women, *Adibasi Janajati*, the *Muslim* community, senior citizens and the persons with disability) to basic health services.
- Operation and management committees of the health institution will be given orientation training to fulfill their roles.
- Hospitals will be gradually made autonomous.
- Supervision, monitoring and progress review will be done at the central and regional levels without external interference.

Drug Production and Community Drug

- Quality drug production within the country, according to the WHO prescribed GMP process, will be promoted to minimize drug import and ensure their distribution at fair prices.
- Mechanisms to extend community drug programs will be promoted to provide health services based on cooperatives. A health insurance scheme with the participation of local communities will be managed to provide such coverage to a larger number of families.

Health Research

- The National health research policy will be reviewed and a research system will be developed and extended, according to the essential national health research concept.
- Health research system development and extension will be encouraged with the support of necessary resources.
- With the initiative of the Health Research Council, priority will be given to health system research, health financing research, *Ayurvedic* research and public health research. An effective process of utilizing such research outputs in the preparation of policy and strategy will be established.

Health Service Technology Policy

- There will be a health equipment repair and maintenance center established in each of the five development regions, for the use of health institutions.
- Reconstruction of damaged buildings, routine repair and maintenance of health equipment of various health institutions at the district levels, will be carried out effectively by improving the management of the district-based institutions. New construction, and repair and maintenance of staff quarters in the remote areas will be done on a priority basis. All such works will be carried out on the basis of an inventory of the physical infrastructure.
- A fair pricing will be entrusted in a joint participation of the private sector, the drug manufacturers and the Ministry of Industry and Commerce to increase access of essential drugs.
- Global tender will be called for generic drug procurement. No drugs near to their date of expiry and under-standard will be procured.
- Legal provisions, as required to comply with the international convention on intellectual property rights will be made, to better utilize such opportunities.
- According to the requisition system now being followed for the supply of basic drugs, a policy of local procurement of basic quality drugs will be followed.
- To improve the drugs and equipment supply system, funds now being made available to the health institutions will be augmented as necessary.

- Strategy will be implemented to ensure the adequate supply of items required for post-natal care, safe abortion, emergency contraceptives and family planning.

9. Programs

Special Health Services Program

- The existing free indoor and emergency services in district hospitals of up to 25 beds for the poor and helpless people will be gradually extended to all sub-health posts, and health posts. Free outdoor patient service will be provided to the people of the Karnali zone and the Far western region, including 35 districts under the poverty alleviation program with due priority.
- Social help program will be established and extended from zonal hospitals to the central hospitals for the benefit of helpless patients.
- National rehabilitation center will be established to provide better health services like treatment for internal conflict victims, suffering from physical and mental disorder and artificial organ donation. For this, a separate fund will be managed in partnership with NGOs.
- In coordination with professional organizations, especially health service camps, free of cost treatment will be launched, particularly for the benefit of the poor people of the Far western region, and the Karnali areas of the Mid-western region.
- Seti Zonal Hospital will be upgraded to a regional hospital. At Tulsipur, Rapti Zonal Hospital will be built.
- Jumla hospital of the Karnali zone and Banglung Hospital of the Dhaulagiri zone will also be upgraded to zonal hospitals.
- For the treatment and control of reproductive, sexually transmitted infections and uterus collapse problems, there will be a uterus collapse control program unit under the family health division leading to the development of a national level program.
- A coordinated program of blindness and sight deficiency will be launched for an effective implementation of the disability control and alleviation program by assessing the status.
- The existing higher body will be restructured to a national level coordination committee for better coordination of "Vision 2020: The Right to Sight."
- For the rehabilitation of paralyzed and other persons with physical disability, community based rehabilitation programs will be promoted in cooperation with the community and NGOs.
- In the village development committees of the Karnali region, only local persons will be trained as auxiliary nurse mid-wife and will be employed.
- The community health insurance program will be reviewed and extended gradually to other districts as well. In such districts, doctors, nurses and other health workers (including those working in

the Karnali zone and Far-western region) will be included in the community health insurance program as incentives.

- In the districts where Community Drug Programs are being run, the coverage will be extended to the sub-health posts. Necessary guidelines will be prepared and adopted to widen the security network.
- Grants will be made available at the rate of Rs. 50,000 in each VDC to establish a Female Community Health Volunteer (FCHV) Fund in order to make their role more effective by encouraging female health volunteers. There will be a clear-cut policy and program for the proper utilization of the Fund. Initiatives will be taken to fill in the FCHV vacancies occurring due to the retirement of the existing FCHVs at the age of 60, or otherwise by recruiting persons belonging to the marginalized groups and *Adibasi Janajati*, *Madhesis*, and Muslims. If the designated area to be covered by one volunteer happens to be too big to cause difficulties in providing service, work area will be determined in such a way as to make it manageable.
- A process to open bridge course operating clinics will be initiated to upgrade the skills and knowledge of the community based and already trained auxiliary nurse midwives, staff nurses, auxiliary health workers and so on, who are providing primary health care services.
- With the start of tele-medicine in the district hospitals, they will be equipped with computers and email/internet connections. To launch such a program, a committee of representatives of medical colleges, the National Health Research Council and specialists as responsible focal point will be formed in the Ministry or Department.
- In coordination with the ministries of Physical Planning and Works, Transport Management and Home, the Ministry of Health will set up and manage a special mechanism to prevent highway accidents and injuries. The Ministry of Health will also coordinate others to arrange highway patrols. Health institutions located near the roads will kept fully prepared for the treatment of people injured in accidents and arrangements will be made to refer the seriously injured persons to higher level health institutions.
- A National Health Development Council, chaired by the Minister for Health and Population and consisting of a member of the Health Committee of the Legislative Parliament, representatives of the National Planning Commission, and other ministries, and specialists of various health disciplines, will be formed to provide guidance from the higher level for health sector development.
- For geriatric care, the health related data of the senior citizens will be updated; a public awareness program will be launched; and a special health package will be brought into practice. In the central level hospitals, a geriatric specialized unit will be established for the

diagnostic services, and coordinated with the geriatric unit being developed in the Civil Service Hospital including provision for other necessary assistance.

Regular Program

Safer Motherhood and New-born Child Health Program

- Basic obstetric care will be available at health institutions down to the level of primary health centers. The maternity services will be provided by the health posts and sub-health posts, provided that they are equipped with necessary infrastructure and health human resources. For the Comprehensive Emergency Obstetric Care (CEOC), physical infrastructure in various additional hospitals will be developed. Proper neo-natal care and health services will also be delivered by such hospitals. Until the skilled birth attendants are available trained health workers with general training will be further trained to provide delivery services.
- Safe motherhood promotive program, life security program and skilled birth attendant program will be conducted effectively. For this, the private sector and NGOs will also be involved.
- Safe abortion service will be made available in all the districts.
- In the 25 poverty alleviation program operating districts, Maternity and Neo-natal Care Fund will be established with the appropriate operation manual.
- To operate the Youth Reproductive Health Service Program up to the village level, rural clinics will be strengthened by mobilizing the local bodies and other organizations.
- A study will be conducted on the gender-based violence and injuries caused to women. Based on the study, a gender orientation strategy will be prepared and a program will be launched in coordination with the concerned stakeholders.

Child Health Program

- A national child health program will be prepared and launched effectively.
- Expanded program of immunization and polio eradication programs will be conducted effectively by upgrading the quality of the service. Additional effectiveness measures for polio eradication will be taken up. Some new immunization campaigns like combined measles, mumps/rubella will be launched in the selected districts.
- The Community Based Integrated Management of Child Initiatives (CB-IMCI) will be reviewed and extended to all the 75 districts within 3 years. The quality of diarrhea and respiratory diseases treatment services will be enhanced with the increasing of access.

Communicable Disease Control Program

- **Tuberculosis Control:** DOTS program coverage will be extended to all the 75 districts with the joint initiatives of the government, the private sector and NGOs. People's participation will be mobilized to establish clinics and to search the patients. Integrated and coordinated programs for HIV/AIDS and tuberculosis control will be conducted.
- **Sexually Transmitted Infection and HIV/AIDS Control Program:** AIDS control requires a multi-dimensional approach. Programs will be conducted through the engagement of Regional Health Directorates, District Public Health Office, and District AIDS Coordination Committees Primary Health Care Centers, health posts, sub-health posts down to Female Community Health Volunteers. A semi-autonomous body will be established for the wider and effective coverage through monitoring and evaluation works in coordination with the concerned ministries, other government agencies, donor communities and NGOs. Existing anti-Retroviral drug treatment centers will be extended and necessary medicines will be distributed free of cost to HIV/AIDS infected and patients of sexually transmitted diseases. The national coordination system will be further strengthened and made participatory.
- **Leprosy Control Program:** For the eradication of leprosy, the current program will be conducted more effectively. Mobilizing NGOs for an early identification of such patients will be emphasized, along with the rehabilitation and multiple drug treatment of the patients.
- **Malaria Control Program:** Emphasis will be given to the programs such as the strengthening of the laboratory, spraying of insecticides in the most affected areas, promoting the use of insecticide-treated mosquito nets (*Supanet*), and treatment after the testing of doubtful cases. Research will be continued to reduce the drug resistance. Community participation will be mobilized for the behavioral change program.
- **Yellow Fever Control:** Medical treatment of patients and routine and focal spray programs will be continued. Community help in patient identification and management will be mobilized. A social awareness campaign about the preventive measures and health education will be launched. Study of new drugs and disease transmitting parasites will be conducted.
- **Japanese Encephalitis Control:** Programs such as behavioral change communications (BCC), surveillance, supply of necessary drugs, diagnosis and treatment, disease infection risks minimization, mapping of risk-prone areas and the people, and strengthening of the drugs procurement system will be launched. Effective control measures will also be included in the routine district vaccination program.

- **Disease Surveillance Program:** Surveillance network for the polio and vaccination resistant diseases is well established now. This network will therefore, be activated to save the people from other kinds of communicable diseases and epidemics.

Newly Emerging Infectious Disease Control Program

- As Dengue has started to appear in Nepal also, sanitation, mosquito control and health education programs will be conducted with the help of municipalities.
- Measures will be adopted to prevent Avian influenza, which is highly communicable and fatal, from entering Nepal, in coordination with the Ministry of Agriculture and Cooperatives.
- A well-equipped laboratory will be established for disease investigation. Intensive care units will be strengthened for the treatment of patients, and appropriate preventive measures will be taken.
- **Life style-based Disease Control Program:** There are about 805 kinds of diseases identified as avoidable if the right food, physical exercise and healthy life style practices are followed. To this end, following steps will be taken:
 - An integrated strategy for the control of lifestyle based non-communicable disease control will be prepared.
 - Steps towards completing the legal provisions and an appropriate policy to implement the Nepal's commitment to the international declaration on Tobacco control will be initiated.
 - Cigarette and alcohol taxes will be increased and the revenue so realized will be spent on public health programs.
 - In order to inspire the youth for sports and a healthy life style, technical backstopping and other relevant facilities will be provided to the government agencies and NGOs involved in sports medicine.

School Health Program

- Health education will be made compulsory at the school level. MoHP will coordinate to include health related facts and figures in the text books.
- Necessary measures will be taken to make the peer education more effective.
- Coverage of the school immunization program now operating in 24 districts will be extended to 20 more districts.
- To promote environmental sanitation, measures will be taken for students to be required to pay special attention to the habit of pure drinking water and sanitation.
- In all the schools of the district, necessary measures will be taken to examine mouth, teeth, eyes, ears and malnutrition, and curative services as necessary, will be provided.

- To make the health services fairly available to the students, feasibility of insurance will be studied and appropriate schemes will be operated gradually with the participation of NGOs and professional agencies.
- To prevent unsafe sexual relations, tobacco use and other drug habit related diseases and mental tensions, school health education program will be extended in an effective manner through the National Health Education, the Information and Communication Center.

Oral Health Service

- Cases of oral cancer and dental diseases are on the rise and there exists the potential for more complicated problems in the future due to changes in the life style. To meet such exigencies:
 - Oral disease examining service will be extended down to the community level and the health worker will be trained in the related skills.
 - Public awareness about oral hygiene, examining and treatment services, will be extended down to the community level through camps by coordination with the dental and medical colleges, hospitals and such other agencies.
 - District-wide public awareness campaigns will be launched and treatment services will be provided by posting one dental surgeon in every district hospital.

Implementation of Integrated Health Information System

- In the health management information system, there will be a provision of mentioning the ethnic group and gender identification.
- Health related facts and figures of the private sector, NGOs, and others at central, district and local level will be compulsorily included in the integrated information system.

Ayurved and Alternate Medical System

- *Ayurvedic* and alternate medical services units and the units functioning in the regional health directorates will be made more effective.
- According to the National *Ayurved* Health Policy, 2052 (1995), there will be 30 bedded regional *Ayurvedic* hospitals in the Western and the Far-Western regions in the coming 3 years. Initiatives will be taken to establish 30 *Ayurvedic* dispensaries every year.
- Effective measures will be taken to enable the *Singh Durbar Vaidyakhana (Ayurvedic medicine center)* Development Committee to manufacture quality, safe and effective *Ayurvedic* drugs in adequate quantity.
- Appropriate programs will be prepared to cater to the wider interest of the people for the economic development including medicinal herb cultivation, promotion of related technology, Yoga, production skills,

preservation of written and unwritten traditions of the concerned people (self motivated users, herb collectors, professionals, and researchers).

- To develop *Ayurvedic* health human resources, equivalency and recognition will be progressed effectively. In addition, there will be a program for technical efficiency promotion, training, structural strengthening and development of *Ayurved* campuses, establishment of an *Ayurvedic* Study Institution, and human resource production for the National *Ayurved* Research and Training Center.
- Homeopathy, *Yunani* and natural medicine systems will also be brought under the Health Ministry's jurisdiction for their planned operation. Accordingly, natural treatment centers in two development regions will be opened, and such services now being delivered by the private sector, will be regulated by establishing a mechanism.
- As regards to the *Ayurvedic* clinics, dispensaries, health centers and rural pharmacies, relevant program for human resources, infrastructure and resource development will be conducted, with the monitoring and evaluation system in place.
- *Ayurvedic* institutions located in the districts and lower levels and the human resources engaged in such institutions will be given equal status and facilities in the health training program and national program operations.
- Measures will be taken to utilize the laboratory and diagnostic service provider institutions, by all health system institutions in a coordinated manner.
- Special programs targeted to collect data about medicinal herbs and intellectual property rights, concerning knowledge, skill and technology of traditional health and treatment professionals will be conducted. Such data will be recorded and the program will also include measures for their conservation, promotion, development and use.

Drug Management

- Procurement of standard quality drugs by their generic names will be done at national level from the pre-qualified suppliers. The central level will negotiate contract prices of drugs to be so procured with arrangement for the delivery of such drugs to the districts. The payment for such a delivery will be done by the concerned districts.
- For proper storage of drugs and health equipments in the districts, where there is none now, stores will be built.
- During this Plan period, prices of at least 10 kinds of essential drugs will be reviewed for updating, according to the existing drug price fixing policy. A feasibility study to enhance drug production as per the GMP process by the Nepal Drug Production Ltd. of the government will be conducted. Based on recommendations of such a study, reform measures will be taken.

- Necessary initiatives will be taken to upgrade the efficiency of the Drug Management Department to play its role more effectively on the basis of a study to be done.
- In view of the exorbitant prices of drugs in remote districts, existing drug price fixing committees of such districts will be activated and such committees will be established where there are none now, to do their job of ensuring reasonable prices of drugs.
- National drug manufacturing industries will be encouraged to obtain licenses for efficient production as per the GMP process.
- A drug quality testing mechanism will be established to maintain the standard quality of drugs.

Health Research

- A total of 15 research works related to health management will be accomplished through the Nepal Health Research Council, medical colleges and the private sector and NGOs. Research will be made compulsory in the public and the private sector medical colleges. Institutions named as hospitals and research centers will be required to submit their research reports to the Nepal Health Research Council compulsorily.
- Priority will be given to health system research, health finance research and public health research, with the involvement of universities, the private sector and NGOs under the convenorship of Nepal Health Research Council. Policy and plan will be formulated based on the information received from the studies.

Laboratory, X-ray/Imaging and Blood Transfusion Services

- All the central level laboratories will be strengthened in order to make treatment effective, with the testing of bacteria of various diseases. Private sector laboratories will be monitored and the laboratory service will be extended and strengthened down to the district levels.
- Health laboratory service will be extended with the help of qualified PCL in laboratory service down to the primary health centre with a view to provide bacteria test results and pathological diagnostic service for the effective treatment of diseases according to the Evidence Based Medical Practice's principle;
- In imaging, services of technicians with PCL in Radiography qualification will be extended, to the extent possible, to ensure the effectiveness of treatment. In view of the acute shortage of such technicians, an initiative will be taken to produce PCL radiography level technicians.
- Special priority will be given to blood collection and transfusion services at the central, regional and zonal hospitals.

Family Planning

- Family planning program will be run according to the concept of a managed family. The use of proportionately mixed method will be emphasized as a long-term method in order to reduce the dependency on permanent vasectomy. This service will be made an integral part of the hospital service with special attention to quality service delivery. Participation of NGOs and private sector institutions will be ensured, by prescribing targets for them. In areas where family planning service is not yet available, adequate arrangements will be made to provide such services. Family planning will be promoted as an integral part of the motherhood program and safe abortion service. To increase the access of the poor, and the people of disadvantaged and depressed classes, *Madhesies*, indigenous and *Adiabsi Janajati* and Muslim women, to the emergency health and family planning services, Female Health Volunteers will be mobilized to coordinate with the community-based savings and cooperative program, for the resources such women may need.

Nutrition Program

- Programs related to the malnutrition of the unborn, infants and expecting mothers will be launched.
- A national nutrition center will be established for the coordination, planning, program development, supervision and evaluation of nutrition information and program. This center will implement the National Nutrition Policy.
- Under the micro nutrient program, vitamin A and iron deficiency control program will be conducted with increased effectiveness. Educating people about locally available nutritious food items, food security, food availability and nutrition values, will be emphasized.
- Program of iodine deficiency efforts control and de-worming drug service will be extended to a wider coverage. Similarly, the value of breast-feeding will be disseminated. Physical and intellectual development of children will be effectively monitored; school health education and nutrition will be given added attention. Similarly, coordination among relevant agencies will be ensured in order to focus on the value of clean food.

Natural Disaster Management

- Programs like fielding management teams in coordination with the concerned ministries, at the time of disaster occurrences due to natural causes or outbreak of epidemics, providing training in disaster management, minimization of earthquake risks, medicine supply improvement etc. will be carried out.

Mental Health

- A detailed review and study of the mental health status of the conflict victims will be conducted and the intensity of such problems and impacts will be assessed. Based on the findings of such a study, a mental impact minimization program will be prepared and gradually implemented with the cooperation of various social institutions, national and international NGOs, civil society, women, professional bodies and eminent psychologists. Current data will be updated and utilized in combination with new ones. Health education program run by the government institutions will include a public awareness program about mental health. Health workers will be trained in basic mental health management. Community mental health program will be integrated with the primary health service as also recommended by WHO. Long time mental health patients under treatment in mental hospitals will be rehabilitated in the community.

Public Health Promotive Program through Health Education

- Education, information and communications components will be included in all health programs.
- All available communication media will be used for health education and communication promotion.
- Educational, information and communication materials will be supplied through all distribution systems of private and public health service agencies.
- Local FM radio and magazines will be used for production, promotion and dissemination of health education, information and communication of news value to local communities.
- For the promotion of community participation in health improvement program, local bodies like consumer groups, mother groups, local health agency management committees and local clubs will be mobilized.

Improvement in Financial Administration and Proper Mobilization of Resource

Investment allocated by the government to the health sector is meager in comparison to the need. Allocation made available is not spent properly. To address such problems, following measures will be taken:

- National health account record will be streamlined, on a routine basis, to use for the national health budget preparation, allocation and for the analysis of expenditures.
- Budget disbursement process will be simplified after review of the present process of disbursement and reporting by the representatives of the District Public Health Offices, the Finance Ministry and donor agencies.
- District level financial reporting will be made computer-based at the district offices itself. Arrangements necessary for forwarding the

financial report as well as program progress reports to the central level will be made.

Production of Essential Human Resources

- Production of high-level health human resources like MDGPs, pathologists, radiologists, anesthesiologists and gynecologists will be increased.
- Together with the production of emergency physicians, their career development scheme and creation of posts will be delineated.
- For middle-level health manpower production, like radiographers, anesthesia assistants, infrastructures of B.P. Koirala Health Sciences Institute and the Health Science National Academy will be utilized.

In-Service Training and Career Development

- Doctors, nurses, and allied health science or co-medical staff will be provided training and career development opportunities to ensure an amicable work environment for them.
- Capacity of the national health center will be enhanced and the present health training centers will be restructured as necessary. Training will be conducted with the partnership of teaching institutions and professional organizations affiliated with the health training center.
- To develop human resources and maintain the quality standard of the health sector, inter linkages among health profession education, treatment and the public health service system will be strengthened by coordinating with various medical colleges and universities for the highest degree of results. A program to this effect will be launched in line with the recommendation of the High-level Commission.
- Necessary initiatives towards effective steps for the development of Bir Hospital as a national health science academy will be taken. Specialized human resources as per the need will be produced within the country. A mechanism to provide specialized service to the zonal level will be developed.
- Necessary process to establish the Patan Hospital, also as a health science institute will be initiated.
- Kanti Children Hospital stands as a provider of specialized services related to treatment, and as a research center. It will be developed as a children health study institute to conduct MD, DCH. like post-graduate courses.
- Sahid Shukraraj Tropical and Communicable Diseases Hospital will be developed as tropical diseases service and research center.
- The Maternity Hospital at Thapathali will be developed as a maternity health focal point of WHO, for it to make maternity service more reliable and to deliver quality services.

- To help regional development, new hospital/health centers will be located in places outside Kathmandu, as a matter of policy.

Decentralization Program

- At the central level, there will be a committee of the Ministries of Health, Finance, Local Development, Women, Children and Social Welfare, and the National Planning commission.
- In view of the satisfactory results of the decentralization program implemented districts, on the whole, where the health agencies were handed over to the local bodies, such a policy will be continued to make the local bodies or communities responsible for the operation and management of health agencies.
- Local health agencies management committees will be given orientation training.
- There will be a separate unit of management in the region and department to conduct programs related to the decentralization scheme in the districts and local levels.
- Progress measurement, supervision and monitoring, will be conducted by the central and regional levels without any external interference.
- There will be coordination committees established from central to district levels to make the health decentralization scheme more effective in consultation with the Ministries of Health, Finance, and Local Development. In addition, a health decentralization policy will be prepared and its implementation process launched as an integral part of community empowerment.

Management of Health Institution Wastes

- Appropriate programs to manage wastes scattered around the health institution premises will be conducted.

Urban Health Promotion

- To strengthen the health departments of municipalities, technical support will be provided.
- Support for developing a mechanism to deliver health services at ward levels of the municipalities will be provided.
- For the supply of safe drinking water, public toilets and sanitation, necessary support will be provided with the coordination among the concerned ministry, the private sector and NGOs.

Participation of Private Sector in Health

- A policy will be prepared after a detailed study of the contribution of the private sector and NGOs in the health sector. To fulfill the role of a guardian and a regulator, necessary to implement such a policy, a separate unit in the Health and Population Ministry will be established.

- Non-health activities like cleaning, security services, will be contracted out to the private sector.
- Guidelines will be prepared for operating the services like laboratory testing and imaging through the private sector.
- There will be a high-level committee under the Health Ministry with the representation of the concerned agencies, the Nepal Medical Council, and the Education Ministry for works necessary to promote the partnership between district hospitals and private medical colleges.
- The private sector will be prompted to fulfill their social responsibility of providing free health care services to the people living below the poverty line.

10. **Expected Results**

- Reduced death rate due to control and preventive measures against infectious diseases.
- Increased availability of maternity and reproductive health services.
- A visible decrease in tuberculosis and leprosy patients as a result of wider coverage of service delivery.
- Checked proliferation of HIV/AIDS through a wider coverage of the public awareness program about prevention and curative methods.
- Decreases in crude reproductive ratio, maternal and infant mortality ratio due to progressive use of family planning services.
- Effective measures in place to control diseases of epidemic scale.
- Improved service delivery due to the timely supply of drugs and equipment to health agencies.
- Maximum use of health services due to an increase in public awareness.
- Health agencies enabled to provide quality and effective health services.
- Standard quality laboratory service made available.
- *Ayurvedic* and alternate health services made available in effective measure.
- Public awareness about eye treatment increased, and easy access to effective services provided within the country.
- The facilities for treatment and control of cancer, cardiac and smoking related diseases made available.
- Monitoring and evaluation functions facilitated and strengthened, policy reform related to human resources development accomplished.
- Poor, helpless and the depressed group/people benefited from the access to free of cost essential health services.

11. Resource Mobilization and Budgeting

For the implementation of this Plan, per capita public expenditure will be raised to 9.00 US dollar equivalent. Accordingly, mobilizing government and foreign aid resources will increase the annual budget allocation. Per capita expenditure target, though improved, will still be far behind the international measure of US dollar 34.00 equivalents. Additional foreign aid resources, therefore, will be needed. Donor communities will be extensively consulted to raise their contribution, including voluntary fund from the WHO and other UN agencies for the various program proposals.

In Nepal, every person is found to spend 30-40 percent of the total health costs from his/her own pocket. Consequently the poor people suffer, as all the people are bound to pay for health services provided by both the government and the private sector. Private health institutions charge fees as fixed by them and people are not getting the adequate services they pay for. In this context, efforts will be made to raise the government allocation from the present 6-7 percent, and to improve resource management.

All revenues collected from cigarette, tobacco products, alcohol and the likes, also known as Sin Tax, will be used for health promotion. To save people from possible cheating due to inadequate services for the money paid, a community health insurance scheme will be operated. This scheme will provide quality services at a less cost. For the people identified as poor, those belonging to depressed classes, *Adibasi Janajatis*, *Madhesis*, disadvantaged groups, senior citizens and the people in the bracket of living below the poverty line, the state will provide insurance premium with no cost to them. People so insured will be encouraged to utilize services from the appointed health institutions.

Total estimated budget amount for 3 years is shown in the table below:

(Amount in FY 2006/07 prices)

		(Rs. in million)
S.No.	Program	Three Years Estimate
1.	Essential Health Service Program	19,814.2
2.	Health Services other than Essential	4,102.6
3.	Decentralization and Autonomy Program	1,189.6
4.	Public Private Partnership Program	105.4
5.	Sector Management	952.0
6.	Financial Administration and Resource Management Program	522.3
7.	Physical Infrastructure Construction and Medicines and equipment Supply Program	2,714.4
8.	Human Resources Development Program	441.4
9.	Integrated Information System and Quality Improvement Program	272.2
Total		30,114.0

12. Implementation, Monitoring and Evaluation

This Plan will be implemented according to the principle of regional management of the health sector. Homework will be done for involving the private sector and NGOs in the Plan implementation.

Monitoring, supervision and progress measuring play an important role in ensuring health services to all and to the economically and socially disadvantaged and depressed group/people. Data collection and analysis need to be done at various levels, beginning from community level. At the village level, data should cover the service delivered by regions, groups, gender, ethnic groups, depressed and other such groups, so that they can be used in the planning of the village and district level activities and for monitoring as well.

Program review process at the district, region, department and ministry levels will be rationalized to make it more practicable. Interaction with the donor community during this period of the Plan will be a regular feature. The main purpose of progress review is to identify the weaknesses for timely correction measures, and to guide the policy and plan preparation. Collected health data and the results of survey and studies will serve as necessary inputs for such exercises. The concept of peer review and self-monitoring will be followed to make the monitoring process more productive.