

## **National Health Policy, 2048 (1991)**

### **Present health status**

The present low level of health status is attributable to lack of political commitment, inappropriate strategies and weakness in implementation of preventive, promotive and curative health programmes up to the grass roots level during the past 30 years. Because of those weaknesses even now the crude death rate is 16 per thousand, crude birth rate is 41 per thousand, child mortality rate is 107 per thousand, maternal mortality rate is 8.5 per thousand and mortality rate of children below 5 years is 197 per thousand. These facts and figures have identified Nepal as an underdeveloped and backward nation.

Regarding health services delivery, there is one hospital for One Hundred Sixty Eight Thousand persons and one doctor for Ninety Two Thousand persons in the rural areas. Likewise, only one hospital bed is available for nearly Four Thousand persons. There is only one health post for Twenty Four Thousand rural persons, which indicates the almost total inadequacy of public health services at the rural level.



### **Main deficiencies in previous health services**

- (1) The policy, objectives and strategies outlined for health services were not village oriented and there existed deficiencies in the capability of using the available resources since the rural structures were not formulated as per the requirements of the rural population.
- (2) Physical structures of programmes were not systematic, planned and not in consonance with the schedule of operations.

- (3) The supervision, monitoring and evaluation of the programmes were not conducted in a regular manner.
- (4) Means and resources were fully centralized.
- (5) The posts sanctioned for district level health organizations were not filled.

### **Rationale of the National Health Policy**

In order to bring about improvement in the present health conditions of the Nepalese people adversely affected by the previous weaknesses and to fulfill the commitment of the present government in the health sector, it is expedient to have a new health policy.

### **Objectives of the Health Policy**

The primary objectives of the Health Policy are to upgrade the health standards of the majority of the rural population by extending Basic Primary Health Services up to the village level and to provide the opportunity to the rural people to enable them to obtain the benefits of modern medical facilities by making the facilities accessible to them.

### **Targets of the Health Policy**

By the year 2000, the following targets shall be attained:

1. The infant mortality rate shall be reduced to 50 per thousand from the present 107 per thousand.
2. The mortality rate of children below 5 years shall be reduced to 70 per thousand from the present 197 per thousand.
3. The total fertility rate shall be reduced to 4 from the present 5.8.
4. The maternal mortality rate shall be reduced to 4 per thousand from the present 8.5 per thousand.

5. The average life expectancy shall be raised to 65 years from the present 53 years.

NEPAL LAW COMMISSION

## Health Policies

### 1. Preventive Health Services

The services that are provided for the prevention of diseases fall under the Preventive Health Services. Under these, priority shall be given to those programmes, which directly help to reduce infant and child mortality rates. These services shall be provided in an integrated way, through sub-health care centres at the rural level. The following main programmes shall be operated under this service:

- (a) Family Planning and Maternal and Child Health Programme
- (b) Safe Motherhood Programme
- (c) Expanded Immunization Programme
- (d) Diarrhea and Acute Respiratory Infection Control Programme
- (e) Tuberculosis Control Programme
- (f) Leprosy Control Programme
- (g) Malaria and 'Kalajaar' Control
- (h) Control of Epidemic of Communicable Diseases
- (i) Initiation of Prevention of Non-communicable Diseases
- (j) Initiation of Primary Health Services in Urban Slums
- (k) Prevention of AIDS

### 2. Promotive Health Services

The following programmes which enable persons and communities to live healthy lives are included under the promotive services:

- (a) **Health Education and Information**: One of the main reasons for the low health standards of the people is the lack of public awareness of health matters. Therefore, health education shall be provided in an effective manner from centre to rural levels. For this, political workers, teachers, students, social

organizations, women and volunteers shall be mobilized extensively up to the ward level.

- (b) **Nutrition Programme:** There shall be launched the programmes of promotion of breast-feeding, growth monitoring, prevention of iodine deficiency disorders, iron and vitamin 'A' deficiency, and health education to enable mothers to meet the daily requirements of children through locally available resources.
- (c) **Environmental Health:** Programmes such as to inform the people about personal hygiene, to collect and manage solid wastes, to inspect and examine hotel foods, drinking water and other edible products, to manage construction of general latrines and urinals shall be operated in a coordinated manner.

### 3. **Curative Health Services:**

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

- (a) Preventive, promotive and curative health services shall be made available in an integrated way in the rural areas through sub-health posts and primary health care centres.
- (b) There shall be at least one hospital in each district of the country where out-door services, in-door services, family planning and maternity and child health services, immunization services and emergency services shall be provided.
- (c) One Zonal Hospital shall be established gradually in each of the zones of the country. Specialized services relating to pediatrics, gynecology, general surgery, general medicine, eye,

ear, nose and throat care, and dental services shall be available at that Hospital.

- (d) One Regional Hospital shall be established gradually in each of Five Development Regions of Nepal. In these hospitals, specialized services such as dermatology, orthopedics and psychiatry shall be added in addition to those available in zonal hospitals.
- (e) Hospitals that are equipped with sophisticated facilities and provide specialty and super-specialty services shall be operated at the central level.
- (f) Specialist services shall be extended to remote mountain regions, as and when required, through mobile teams.
- (g) A referral system shall be developed through which the rural population shall be provided with the opportunities to obtain services from modern well equipped hospitals, as and when required.
- (h) Diagnostic Services such as laboratory, X-Ray and other supportive services shall be strengthened in the hospitals at various levels.

#### **4. Basic Primary Health Services**

- (a) Sub-Health Posts shall be established in a phase wise manner in all Village Development Committees of Nepal. Each Sub-Health Post shall have one village health worker, one maternal and child health worker and one auxiliary health worker. These Sub-Health Posts shall provide general curative, promotive and preventive health services. Immunization, family planning,

maternity and child health, health education, nutrition, environmental education, sanitation, and treatment of malaria, leprosy and tuberculosis shall also be extended by these Sub-Health Posts, up to the ward level.

- (b) One Health Post in 205 election constituencies of Nepal shall be upgraded in a gradual manner and converted into a Primary Health Care Centre. In addition to the services as provided by Sub-Health Posts, arrangements shall be made for two emergency beds and one maternity bed in these Centres. The remaining health posts shall be operated as usual.
- (c) The Health Posts operating at present shall provide all health services in the village Development Committee where they are located as is done by Sub-Health Posts and shall also supervise and monitor the activities of Sub-Health Posts.

#### **5. Mobilization of Public Participation in the Health Services**

Public participation shall be mobilized in health programmes operated at various levels.

Participation of women volunteers, traditional birth attendants (*Sudenies*) and local leaders of various social organizations shall also be mobilized for health programmes at ward levels.

#### **6. Improvements in Organization and Management Aspect**

- (a) Improvement shall be made in the organization and management of health facilities/institutions at the central, regional and district levels. Hospitals and public health offices at district levels shall be operated in an integrated way under one organization.

- (b) The technical and administrative supervision and follow-up system for health organizations at various levels shall be made effective.
- (c) Hospitals and health units at different levels shall be classified. A detailed description of the services available as the health facilities at different levels, cost of the services and list of free services shall be prepared and made public.
- (d) The collection, compilation, recording and reporting systems for health information at each level shall be made effective.
- (e) Improvements shall be made in transportation and support systems for drugs and equipment at various health institutions.

**7. Development and Management of Health Related Human Resources:**

- (a) Capable human resources required for various health institutions shall be developed in a planned manner.
- (b) Necessary cooperation shall be extended for institutional development of the Institute of Medicine, the main organization of the country producing health related human resources, in order to raise its production capacity.
- (c) Necessary arrangements for training in foreign countries shall be made to produce those categories of human resources that cannot be produced within the country.
- (d) The training centres under the Ministry of Health shall be strengthened institutionally and their production capacity shall be raised, as required.

- (e) Necessary reforms shall be made in transfer, promotion and career development procedures for the health related personnel at various levels.
- (f) Arrangements shall be made to provide special benefits for doctors and other health related personnel to encourage them to work in remote rural areas.

## **8. Private, Non-Governmental and Inter -Sectoral Coordination**

- (a) If anyone in the private sector wants to extend health services through the establishment of hospitals, health units, nursing homes, without any financial liability to the Government of Nepal, such institutions may be operated after having obtained permission, subject to minimum standards as prescribed by the Government of Nepal.
- (b) Non-Government Organizations and Associations shall be involved in health services under the prescribed policies of the Government of Nepal.
- (c) Necessary coordination shall be maintained at each level with the health related sectors including agriculture, education, drinking water and local development.

## **9. *Ayurved* and Other Traditional Health Systems**

- (a) The *Ayurvedic* system shall be developed in a gradual manner. Organizational structures for different levels shall be prepared separately. In this sector medicine shall be developed and expanded on the basis of evaluation of quality of services through research.

- (b) Encouragement shall be provided, as far as possible, to other traditional health services such as Unani, Homeopathic and Naturopathy.

#### **10. Drug Supply**

- (a) In order to bring about improvements in the supply of drugs in government health organizations as well as those operated under the private sector, the domestic production of essential drugs shall be increased. The quality of the drugs shall be upgraded by revising the National Drug Policy.

#### **11. Provision of Resource Mobilization in Health Services**

- (a) National and international resources shall be mobilized for health services. National and foreign donor agencies shall be requested to provide necessary cooperation for providing resources to implement the programmes under the Health Policy of the Government of Nepal.
- (b) Various alternative measures for resource mobilization in health services shall be the subject of experiment such as Health Insurance, User's Charges and Revolving Drug Scheme.

#### **12. Health Research**

- (a) Research in the health sector shall be encouraged. The outcomes of research shall be applied in management decision making.

#### **13. Regionalization and Decentralization**

- (a) Regionalization and decentralization processes shall be strengthened. Peripheral health units shall be made more autonomous and effective in the operation of health services.

For this, amendments shall be required in the existing Decentralization Regulation.

- (b) Out of the various organizations providing health services at different levels, the district health organizations shall be given a most prominent role. Arrangements shall be made for local level planning and management of curative and promotive health services, with priority given to preventive health services, from the district to the village level.
- (c) Micro planning procedures shall be adopted in the formulation of primary health plans at the village level under which health services shall be provided to all target groups particularly to those people who are below the poverty line.

#### **14. Blood Transfusion Services**

- (a) The Nepal Red Cross Society shall be authorized to carry out all programmes related to blood transfusion.
- (b) In order to run different programmes related to blood transfusion, the Nepal Red Cross Society shall seek consent of the Ministry of Health and shall run such programmes.
- (c) The practice of buying, selling and depositing (*Dharauti*) of blood shall be prohibited.

#### **15. Miscellaneous**

- (a) Safety standards shall be developed for industrial establishments for the health security of the workers engaged in industries and their implementation shall be monitored.
- (b) Necessary Health Acts and regulations shall be formulated to safeguard the health of people.

- (c) Extensive publicity shall be made on the hazardous effects of drug abuse, alcoholic drinks and smoking.
- (d) Programmes relating to the rehabilitation of the disabled and handicapped persons shall be prepared in coordination with the private sector and non-government organizations.

NEPAL LAW COMMISSION