Needs, Challenges and Opportunities in Establishing and Maintaining Medical Education in Karnali Academy of Health Sciences (KAHS)

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INTRODUCTION

The constitution of Nepal (2015), article 35 (Right relating to health) stated that every citizen shall have the right to free basic health services from the State, and no one shall be deprived of emergency health services. According to the World Bank report (collection of development indicators compiled from various official sources, 2016), Nepal has 81% rural and remote populations. Health service delivery is a complex reality for the rural and remote populations and faces enormous challenges. One of them is insufficient and uneven distribution of health workforce. The World Health Report concluded that "the severity of the health workforce crisis is in some of the world's poorest countries, of which 6 are in South East Asia out of 57 countries having critical shortages of health workforce.[1] Even after 13 years situation has not much improved. Nepal faces a critical shortage of trained health workforce, especially in rural and remote areas. Health workforce recruitment and retention in rural and remote areas is a difficult task challenged by the preferences and migration of health workforce to urban areas in country, or even abroad for better life and professional development.[2] One of the most effective strategies for health workforce recruitment and retention for rural and remote areas could be that of establishing and maintaining Medical Education in rural and remote areas decentralized from urban academic medical centers.

Rural and remote medical education is designed to enroll local students or others from rural and remote backgrounds. Medical literature suggests that the students from rural and remote backgrounds work experience are more likely than urban students inclined to practice in a rural and remote community after graduation. [3,4]Greater exposure to diverse learning opportunities in rural and remote areas will make graduates confident to work anywhere. [5,6]Further, extended and early exposure to rural and remote experience has a strong association to long-term rural and remote service.[7,8] This could be the long-term solutions to long standing problems of recruitment and retention of doctors for underserved populations.

In line with this, the Government of Nepal has established KAHS in Jumla. Karnali Academy of Health Sciences was established in October 20, 2011 (2068/07/03), by an Act of parliament of Nepal with the mission to prepare health professionals to deliver quality health care to marginalized/backward areas through educational excellence, innovative research, patient centered care, public health and community. Karnali Academy of Health Sciences is the only one Stand Alone rural Academy of this kind in remote and rural Nepal. Establishing and maintaining a rural and remote Medical Educational requires a holistic approach fulfilling the needs of both the student and the community. This article describes the Needs, Challenges, and Opportunities in Establishing and Maintaining Medical Education in KAHS.

CONCLUSIONS

There is no doubt that various medical educations are to be introduced at KAHS for some obvious reasons. There is acute shortage of health workforce in Karnali Province. As provisioned by act, Karnali Academy of Health Sciences Medical Education can enroll 45% of local students or others from rural and remote backgrounds. As discussed above, students with such backgrounds are more inspired to practice in rural and remote areas after graduation.

However, despite needs, challenges remain when it comes to placement. Karnali Academy Medical Education could be challenged by the unique and difficult topography, society, and community attitude of Karnali Province along with other technical hitches. Yet, opportunity overpowers challenges. Karnali Province is the least developed province among seven provinces of Nepal. Due to its remoteness, urban trained health workforces deny posting at Karnali Province. In case if posted by force, they will ask for early transfer and in case of denial, they will not hesitate to quit the Government service to join private health institutions or even migrate to other countries. Production of local health workforce might be a way to solve longstanding problem of recruitment and retention of health workforce for rural and remote areas. In case, KAHS succeeds making "Rural and Remote Health Workforce Package" as envisioned, morbidity and mortality of Karnali Province drastically falls down. The Center for Excellence for rural and remote Medical Education can attract international students. To conclude, KAHS has an enabling environment for introducing various medical educations.

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