
Opportunities and Challenges of Nepal's Health Systems: A Critical Study in Federal Context

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Abstract

This paper aims to analyze the health system in Nepal by exploring different opportunities and challenges. It takes an integrated approach to define and analyze the health system. The paper employs secondary sources of data and then follows a systematic review approach. The major findings include that the health system in Nepal is making remarkable progress after the federal system was adhered to in 2015, and there are several opportunities with changing political and economic contexts. However, some policy-level issues, problems related to health governance, issues of skilled and professional human resources, poor financing, weak regulatory and monitoring systems, and community empowerment are some of the critical challenges to addressing the health system in Nepal. The conclusions of the paper can contribute to the policymakers, health researchers, and health professionals in Nepal and beyond.

Keywords: health system, opportunities, challenges, policy issues, Nepal

Introduction

It is a general conceptualization that health is overall well-being in the body's functions and systems. Yet, health science perceives it more clinically and technically. WHO (n.d.) defines health as a state of complete physical, mental, and social well-being and not merely the absence of diseases or infirmity. Health is not an absolute notion. Rather, it bounds to a system of service. A health system or healthcare system is a systemic collaboration of people, institutions, and resources to deliver healthcare services. It may depend upon different contexts and social characteristics, including health parameters and political regimes in a particular locality. It

is sometimes also referred to as the healthcare system and/or healthcare system (Wendt et al., 2009). WHO (2007) defines that health system consists of all organizations, people, and actions whose primary intent is to promote, restore, and maintain health. The system and sub-systems of health can vary significantly from one country to another and may have different strengths, weaknesses, and challenges.

The health system in Nepal has a long history, but its formal and structured setup has been shaped after the 1950s and particularly after 1990. Healthcare services in Nepal are provided in both Private and Public sectors. Health systems are accelerated through the federal system and the promulgation of a new constitution in 2015. The federal structure of our country is governed by three levels of government namely one federal level, seven province level, and 753 local level government. As federalism enhanced national health system also enhanced its decentralization process (Thapa et al., 2019). In this context, the present paper discusses different opportunities and challenges of Nepal's health system.

Materials and Methods

This paper is prepared based on a systematic review. The inclusion criteria for the review work include literature collected from high-impact factor journals, official publications, and recent databases. The analytical approach has been a critical paradigm, though the argumentation is inclined more to the qualitative research design.

Result and Discussion

Policy and Legal Issues

Health issues in Nepal are largely attributed to its political system, and its resources being mostly centered in its capital Kathmandu, and other urban centers. Nepal has shifted from a unitary government to a Federalism system as per the newly promulgated Constitution of Nepal in 2072 BS. The new political system requires a new type of health system where three tiers of government (one federation, seven provinces, and 753 local levels)

can engage, complement, and institutionalize the system (Wasti et al., 2023).

The Constitution of Nepal has granted fundamental right to health in Article 36. It has further granted specific jurisdictions of health policy and planning of the health policies and services for the federal government (Annex 5), health services for the provincial government (Annex 6), and basic health and sanitation for the local government (Annex 8). Some concurrent rights have been also provisioned for federal and provincial government (e.g. family planning and population management in Annex 6) and for all three layers of government (e.g. health in Annex 9) (Constitution of Nepal 2015). This has laid a huge opportunity to improve the healthcare system. However, formulation of a strong act for the national health system is strictly lacking. There has been less coordination of health care services among the different government layers, which is another challenge in this regard.

Wasti et al. (2023) conducted an exploratory qualitative study along with policy analysis and primary data from key informant interviews in all three tiers of the government of Nepal. The study focused on overcoming the challenges facing Nepal's health system during federalization. The study findings suggest that Nepal's health system is challenging as the country is in the process of adapting to federalism. Nepal's health system performance is improving, although much remains to be accomplished and it can cause different kinds of risks too. The study recommends that understanding the challenges and opportunities is vital to improving each level of the health system. For this, as Wasti et al. (2023) further opined, the governments at all levels should consider six strategic reforms, including leadership and governance; service delivery; health financing; health workforce; access to essential medicines and technologies; and health information system.

In the federal context of Nepal, many challenges are likely to be faced while implementing policies. One of the major challenges is likely to be faced while implementing policies. One of the major challenges might be

spillover effects, unclear delegation of responsibilities, and lack of good communication among different levels of government. Nepal's health policy has put Universal Health Coverage (UHC) as the center of its priorities stressing the need for equitable access and quality health services in addition to Basic Health Care Services (BHCS) free charge to all. The enforcement of the National Health Policy in 2019 has now provided opportunities for provincial and local government to craft their policies and strategies as per their needs. However, human resources management and strengthening their capacity at the local level are other challenges (Vaidya et al., 2019).

Thapa et al. (2019) noted that federalism in Nepal can accelerate the national health system into a decentralization process of decision-making, reduce disparities in access, and improve health outcomes. The decisions can be more representative of their localized health needs. The major challenge during the transition phase is to ensure that there are uninterrupted supplies of medical commodities and services. This requires scaling up the ability of local bodies to the quality services of healthcare management as a system.

National Health Policy 2019 has realized that health services may be affected due to complexities associated with the development of health infrastructure, organizational reforms, management of health human resources, and decentralization (NHP, 2019). Still, the policy needs to be implemented based on scientific action plans. For example, access to essential medicines, vaccines, and appropriate medical technologies is vital for effective healthcare delivery. There is a challenge in managing, distributing, and regulating medicine and medical products effectively. Another issue related to this is community engagement. Involving communities in health decisions, promoting health education, and encouraging preventive measures are important aspects of a comprehensive health system. Moreover, challenges exist to maintain good governance in the overall health and nutrition sector employing confirming quality health services and regulation (NHP, 2019).

The health system in Nepal has not set a profit motive; rather it is guided by a welfare-oriented philosophy. All people have equal access and rights to health services, however, there are growing challenges to privatization without a proper monitoring system. There is unhealthy competition and sometimes the health services are unaffordable for the public mass. There is a challenge that would confirm equal access to all citizens to health sectors, priority, and need-based health services for the poor needy, and vulnerable people. The challenge further lies in ensuring the effective implementation the health insurance and health services, managing the skilled manpower, solving the health problems associated with climate change, health care financing, insurance, urbanization, and change in lifestyle (Ranabhat et al., 2019).

Nepal has made significant progress in the sector of health infrastructure. Adequate physical infrastructure, including hospitals, clinics, laboratories, and medical equipment, is necessary for the effective provision of healthcare services. More focus is given yet to the hospitals, rather than on another supportive system within and outside the hospital. A proper health system should also include the people/ community from their individual and household levels. The linkage of the health system to public health is unavoidable (Sapkota et al., 2022).

Issues of Health Force Management

These include hospitals, clinics, primary care facilities, and various healthcare professionals such as doctors, nurses, and other allied health professionals. Both private and public sectors provide healthcare services in Nepal. The government of Nepal has launched the National Human Resources for Health (HRH) Strategy 2021-2030. Martineau et al. (2022) conducted a study about health workforce governance in the context of Nepal. They estimated that there is a high number of unskilled support staff, yet nearly 30% of the total healthcare workers. This poses a challenge to the health system to reduce the volume of unskilled and semi-skilled labor as a percentage of the total healthcare workers. The main issues in the human resources for the health of Nepal are retention, inadequate skilled

human resources, improper distribution, inadequate finance, and low opportunity for pre and in-service training. Using an adapted Human Resources for Health (HRH) governance framework for guidance and analysis, they explored a comparative structure in Malawi, Nepal, and Sudan. The study concludes with a strong recommendation that a cohesive and strategic governance approach is crucially needed to improve the health workforce (HW) in general and achieve the WHO Global Strategy.

In a study conducted by Bhattarai et al. (2022), different types of opportunities and challenges have been employed from the federal perspective that could be implied in times of emergencies, including pandemics. The participants mostly observed good opportunities in the areas of health service delivery, and financial and human resource allocation after federalization. The challenges were observed mostly in the sectors of coordination, leadership, and information management, and also some in the aspects of medical utilities. The development of a skilled health force for quality service is critically important which was realized in the context of COVID-19. The study demonstrated that the government being closer to people at the local level, and with the power to develop plans, can ensure service provision as per the needs of people locally and can carry out microplanning.

There are many more challenges in the health system of Nepal at different levels of government. An unstable political situation and political interference in planning and budget allocation for the health program are some examples of such challenges. Political favors and nepotism are assigned rather than the evidence-based planning and implementation of the health program. Province-level and local-level staff are not liable to federal-level staff, which can enhance a communication gap. While inadequate workforce remains at the provincial and local levels, people cannot get priority-based health services at their doorsteps. A study conducted by Chen et al. (2023) reflects that workforce development is a gradual process of development in the federal system. However, federalization has raised substantial concern about increasing disparities and mismatched priorities in both financing and workforce development.

Even before the constitution came to enactment and federalism was declared, this issue was also highlighted by Sherchand (2013) reflecting that the workforce in the health sector is strictly lacking in Nepal in terms of volumes, services, and quality.

Cross-cutting issues

According to Thapa et al. (2019), the increasing rate of non-communicable diseases, mental health, natural disasters, and road traffic accidents are the challenges that the health sector and system need to respond to effectively and efficiently. Another challenge for health systems is the database system and digitization of the services. The collection, analysis, and management of health-related data are essential for monitoring and evaluation. It would contribute to analyzing health trends, planning healthcare services, and improving overall health outcomes. The challenges in the use of data in monitoring, emulation, review, policy-making, and decision-making process by making the health management and information system. The health system in Nepal faces frightening challenges such as unequal distribution of health care services, poor, infrastructure supply of essential drugs, poorly regulated private providers, inadequate budget allocation for health, and poor retention of human resources in rural areas (Mishra et al., 2015).

The health system in Nepal has another dimension of public health. However, it needs to be incorporated into the federal governance of the country. Sharma et al. (2018) highlight this issue and reflect that the health system should be strengthened. It eventually leads to promoting the role of public health in federal Nepal. The study concludes that a harmonized approach in policy making and coordination across different levels will be crucially important. For this, a ‘top-down’ approach should be discouraged which is more directed by policy elites. In the changing context of politics, wider political commitment to policy reforms for health system strengthening is required.

Bogren et al. (2020) conducted a comparative study of healthcare systems in Nepal and Somalia from a health workforce perspective. The study concludes that various structural barriers inhibiting the availability, accessibility, and acceptability of quality care were similar in both countries. In the context of Nepal, poor quality healthcare services are intensified due to various factors, such as inequality, poverty, traditional and cultural practices, and the heavy burden placed on healthcare providers.

Emergency preparedness is another challenge to the health system of Nepal. A well-functioning health system should be prepared to respond to DRR issues and emergency strategies, including disease outbreaks, natural disasters, and other health crises. The COVID-19 example is enough for Nepal to learn about this where the health workforce, local governments, and community have played significant roles without structured policy support. Health governance is critically important above all that can lead to universal health coverage (UHC) (Debie et al., 2022). Effective leadership and governance at various levels (local, regional, national) are essential for shaping health policies, regulations, and strategies to improve the health of the population. Health-related research is also a part of this for identifying the issues and exploring them in an empirical context. For this, issues such as context-specific health policy, health financing modalities, health security, health intelligence, and intersectoral collaboration are also essential to sustain the health system even in critical times. Contrary, the dominance of a one-size-fits-all HSG approach, lack of healthcare funding, corruption, inadequate health workforce, and weak regulatory and health government policies are some of the major challenges in this regard.

The community health system in emergency times is an equally important competent health system in Nepal. A community can become only the viable workforce for mobilization in public hazards, periods of pandemic, and any type of natural calamities. The community often works in sentiments and there is close attachment and bonding for the welfare of all the members of that particular community. Rawat et al. (2023) take a case study of the 2015 earthquake in Nepal. The findings of this study suggest

that resilience building in community-based health systems should start with strong communities and be explored to the masses. The community needs to be well-prepared, trained, equipped, and empowered. For this, community leadership and decision-making processes with expert facilitation should be followed.

In a global context, Wendt et al. (2009) offered a systematic review of the different types and frameworks of the healthcare system. Following *the Weberian method of ideal types to establish a taxonomy of 27 healthcare systems which are later identified as 'ideal types'*. The findings suggest that National Health Service systems in Great Britain and the Scandinavian countries still represent ideal type state healthcare systems compared to the health systems of countries from the Middle East, Asia, and Latin America. The health system of Nepal could not be selected as an ideal type among the 27 selected ones. Amidst this, it is wondering that neither the existing National Health Policy of Nepal nor any comprehensive survey reports (such as the Demographic Health Survey) propose such kinds of working framework and scientific modality of the health system of Nepal. The Periodic Plans since earlier seem also silent in this critical matter.

Conclusion

The health system in Nepal is making progress, and there are several opportunities with changing political and economic contexts. However, the system seems still in transition, and it may take to capture the full benefits of federalism. During the transition, there are some significant challenges, including a lack of coordination, duplication of programs, health financing, policy priorities, emergency preparedness, institutional setup, and quality management of the health force. Nepal can also work for the total health concept in setting up its health system. In sum, Nepal's health system needs to provide accessible, affordable, and high-quality healthcare, ultimately contributing to improved health outcomes and well-being of people.

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