




REFLECTIONS

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The Six A's: Challenges of Primary Health Care in Federalism in Nepal

Anrud Kumar Mahato¹ | Mamata Dash¹ | Manisha Kumari Mehta¹ | Nirajan Chaudhary¹ | Pooja Joshi¹ | Bandana Sah¹ | Mina Bogati¹ | Mina Mahato¹ | Prekshya Joshi¹ | Januka Yadav¹ | Sirjana Bhandari¹ | Bina Dulal¹ | Nilam Subedi¹ | Madhu Yadav¹ | Dipesh Kumar Karn¹ | Kshitiz Shrestha²  | Saila Gautam³ | Dilaram Acharya⁴  | Jitendra Kumar Singh⁵ 

1 BPH Programme, Madhesh Institute of Health Sciences, Janakpur, Madhesh Province, Nepal

2 MBBS Programme, Janaki Medical College, Tribhuvan University, Janakpur 456000, Nepal

3 Independent Researcher, 113 Martinvalley Mews NE, Calgary, AB T3J 4W2, Canada

4 Department of Medicine, Cumming School of Medicine, University of Calgary, Calgary, AB T2N 4N1, Canada

5 Department of Community Medicine, Janaki Medical College, Tribhuvan University, Janakpur 456000, Nepal

BACKGROUND

The Alma Ata Declaration defines primary health care (PHC) as essential, accessible, and community-driven care that is affordable and sustainable. PHC includes preventive care, health education, and treatment of common illnesses, focusing on equity and community involvement [1]. In Nepal, PHC has improved health outcomes, but federalization has brought challenges. These challenges, summarized as the six A's, are crucial for understanding and addressing the impact of this transformation on the health system.

AWARENESS OR LACK OF IT

How aware is Nepali people in context of primary Health Care (PHC)?

Nepal is a landlocked country with diverse geographical features, making access to education a significant challenge for many communities. According to the National Census 2078 BS, Nepal's literacy rate is 76.3%. The Nepal Demographic and Health Survey (NDHS) 2022 reports that 74% of women and 89% of men are literate [2,3]. Therefore, on average, only 76% of the population is literate, leaving about 24% still illiterate [3]. The annual report for FY 2078/79 shows a decline in early initiation and exclusive breastfeeding, with an increase in bottle feeding, due to inadequate community-level awareness [4]. A study in Dang district found moderate awareness (15%) of primary health care services, especially among the educated [5]. Another study revealed that mothers aware of immunization were more likely to fully immunize their children, particularly if they kept vaccination cards [6]. Awareness programs are needed to improve service use. Additionally, a study in Eastern Nepal found that many understood family planning, awareness gaps and social stigma remain barriers [7].

Conclusion: Improving community awareness is crucial to reversing negative trends in breastfeeding, increasing immunization rates, and addressing barriers to family planning services in Nepal.

ACCESS OR LACK OF IT

According to the Oxford Dictionary, access is defined as "the right or opportunity to use or benefit from (health care)" [8]. Primary Health Care (PHC) serves as the foundational unit of public health services in developing countries, aiming to provide accessible, affordable, and available care. Among the challenges faced by PHC, access remains a significant issue. This raises important question:

What is the level of access to PHC for our populations, and is physical reach adequate for its effective utilization?

Geographical challenges in Nepal, especially in mountain regions, lead to disparities in accessing Primary Health Care (PHC) services. The 2011 Nepal Demographic and Health Survey reported only 18.6% of facility-based deliveries in mountain areas compared to 36.3% elsewhere [9]. Proximity to health posts greatly influences service use, with higher rates of antenatal and child immunization in closer communities. Despite expanded health posts, rural healthcare coverage remains low due to barriers like drug shortages, distance, and staff unavailability [10, 11]. Mental health services in remote areas face additional challenges, including limited access, inadequate training, and prescription authority issues for PHC workers [12, 13].

Conclusion: Geographical challenges in Nepal, especially in mountainous regions, lead to significant disparities in access to and utilization of Primary Health Care services,

despite efforts to improve physical access through expanded health posts.

ABSENCE OR THE HUMAN POWER CRISIS IN PHC

The effectiveness of Primary Health Care (PHC) in Nepal is limited by insufficient numbers of trained health workers, with a current ratio of 34 per 10,000 population compared to the WHO recommendation of 45 [14,15]. Despite having 50,000 Female Community Health Volunteers (FCHVs), the distribution and quality of human resources, especially in rural areas, are inadequate [16-19]. Challenges include low incentives for rural service and lack of supervisory support for FCHVs [20-24]. Financial incentives, such as higher salaries and allowances, are crucial to improve recruitment and retention of health workers [25-31].

Conclusion: To optimize Primary Health Care in Nepal, addressing the shortage of trained health workers, improving incentives, and enhancing supervisory support for FCHVs are essential.

AFFORDABILITY OR THE COST OF HEALTHCARE

In Nepal, the affordability of primary health care (PHC) is a significant barrier to accessing essential services, with disparities evident across socioeconomic and geographic lines. Only 33% of women in the lowest wealth quintile access skilled birth attendants compared to 92% in the highest quintile, and rural areas often lack basic sanitation [32]. The low allocation of 1.9% of GDP to health care exacerbates these issues, while a 5% allocation is necessary for universal coverage [12]. Addressing these challenges requires prioritizing cost-effective healthcare practices and enhancing facility-based services and referral systems [33].

Conclusion: Addressing the affordability and access disparities in Nepal's primary healthcare system requires increased financial investment, improved cost-efficiency, and targeted efforts to reduce socioeconomic and geographic inequalities.

ACCOUNTABILITY OR LACK OF IT

Accountability in Primary Health Care (PHC) is essential for effective service delivery, promoting transparency and responsiveness. In Nepal, challenges include understaffing, absenteeism, inadequate facility hours, poor supervision, and financial mismanagement [34]. A study in Dang found limited awareness of accountability

ADDITIONAL INFORMATION AND DECLARATIONS

Competing Interests: The author declares no competing interests.

Funding: Self.

Author Contributions: All authors conceived the study, collected data from various online sources, conducted literature review, performed theme analysis, drafted,

mechanisms like the Citizen's Charter and Health Facility Operation and Management Committees (HFMC) among service users, though HFMC members and providers were more familiar [35]. Social accountability structures, such as mothers' groups and female community health volunteers, are present but face implementation issues and limited effectiveness [36].

Conclusion: Effective accountability in Nepal's Primary Health Care system requires addressing staffing shortages, improving supervision and financial management, and enhancing the implementation and awareness of social accountability mechanisms.

ADDRESSING CHALLENGES OF DECENTRALIZATION

Nepal's transition to a federal republic in 2015 restructured its healthcare system, creating opportunities but also exacerbating existing challenges such as inequitable distribution of health services and geographical barriers [37, 38]. The new federal structure has led to issues with health service management, including poor coordination and inadequate resources [39-41]. Constraints such as limited health human resources and ineffective epidemic management, like during the Dengue fever and COVID-19 outbreaks, highlight ongoing difficulties [42-49]. Addressing these challenges requires better integration between federal and local health systems and clearer policies on resource allocation and management [45, 46, 50].

Conclusion: - Nepal's shift to a federal structure has introduced new challenges in healthcare management, including inequitable service distribution and poor coordination, highlighting the need for improved integration and policy clarity to address these issues effectively.

In summary, Nepal's healthcare system faces significant challenges due to geographical barriers, disparities in access, and issues related to accountability and resource allocation. The transition to a federal structure has introduced complexities in managing health services, including inefficiencies in distribution and coordination. To enhance healthcare delivery, it is crucial to address staffing shortages, improve supervision, and strengthen both federal and local health systems through better integration and clear policies. Ensuring adequate financial investment and effective accountability mechanisms will also be essential for overcoming these obstacles and achieving universal health coverage.

edited, and finalized the manuscript. This study forms an essential part of practical work conducted at Madhesh Institute of Health Sciences (MIHS) for the "Primary Health Care and International Health" course in the 3rd semester of the Bachelor of Public Health (BPH) program.

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***Correspondence**

jsinghdj@gmail.com (JKS)

 <https://orcid.org/0000-0002-1387-4642>



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Citation:

Mahato A, Dash M, Mehta MK, Chaudhary N, Joshi P, Sah B, et al. The Six A's: Challenges of Primary Health Care in Federalism in Nepal. *MedS.J.Med. Sci.*2024;4(7):78-81.

Received: 20 May 2024 | Revised: 5 June 2024 | Accepted: 17 June 2024