
Health Equity through Structural Adjustment by Nepal for Public Health

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Abstract

The study states at Nepal's healthcare system, emphasizing structural changes and obstacles to enhanced health of people. The federal system prioritizes social determinants, healthcare personnel, quality access, community involvement, and the impact of globalization on health while providing comprehensive services despite decentralization and collaboration. With an emphasis on social justice and the promotion of public health, this paper investigates Nepal's healthcare system and health equity in the context of globalization. Reviewing data, policy, implementation, and literature assists it to analyze and draw conclusion. In discussing Nepal's shift from a unitary to a three-level federal government structure, the article highlights the consequence of developing policies and programs that promote social justice and equity in health. In addition to calling for a massive effort by the public health community to discuss and analyze health crises related to globalization and develop social justice-based strategies for a world where health for all is a reality, it suggests that a single strategy should be developed to address health crises.

Keywords: health equity, health promotion, social justice, structural adjustment

Introduction

Federalism challenges the invisible nation by requiring regions and states to share power and resources, posing challenges in politics and healthcare (Dulal, 2009). Nepal is a Federal Democratic Republic Country. Its constitution presents in part 3, section 16, sub-section 2, the provision of basic health care services, free of cost, as a fundamental right. Nepal's constitution mandates free basic healthcare services as a fundamental right, with the Ministry of Health responsible for policy formulation and effective delivery of curative services, disease prevention, health promotion and establishment of primary health care system (Department of Health Service [DoHS], 2015). Insufficient plans, policies, and programs address health inequalities in social, economic, and political aspects, leading to as an evident disaster of public health (Rana, 2018). Nepal, a Federal Democratic Republic, recognizes access to basic healthcare as a fundamental right, mandated by the constitution. However, health disparities persist due to inadequate planning and programs. Addressing these disparities is crucial for public health. Federalism offers both opportunities and obstacles for state empowerment, requiring a balance between national effectiveness and state autonomy.

A long-standing idea, social justice is concerned with creating and preserving social structures that advance equity in a range of settings. It is based on the notion that institutions are responsible for advancing society and that social structures give people access to positive outcomes for themselves and society as a whole. Kelso-Adler theory (Kelso & Adler, 1958)

emphasizes social justice, distributive justice, and participative justice, all interdependent for fair society functioning, but their connections are crucial in globalization and changing international contexts. Promoting fairness and equity, social justice emphasizes interconnected aspects such as equitable, participative, and economic equity.

The absence of unfair differences between groups, including those based on social, economic, demographic, and other factors, is what the World Health Organization [WHO], (2021) defines as equity. Realizing everyone's potential for optimal health and wellbeing is the first step toward achieving health equity. Living conditions, employment, play, age, and growth all impact health and health disparities, with biological and genetic factors also playing a role (WHO, 2021). In social institutions such as politics, the legal system, or the economy, a small number of people in positions of power can give rise to institutional inappropriateness, prejudice, discrimination, stigma, and stereotyping. Advocates and lawmakers must address systemic inequalities in order to halt the downward spiral where marginalized groups are underrepresented in decision-making, which affects people's living conditions. In an effort to prevent unfair inequalities based on social, economic, and demographic factors, health equity is the equitable utilization of each person's potential for optimal health and well-being

Community Health as an Agent of Health Improvement

The WHO defines a "setting" as a place where environmental, organizational, and personal factors affect health and well-being. Community health encompasses organized efforts to maintain, protect, and improve health through a balanced integration of curative, preventing, and promotional services, focusing on promoting physical, mental, and social well-being (Mckenzie, 2005). Public health involves interdisciplinary approaches like epidemiology, biostatistics, environmental health, community health, behavioral health, health economics, public policy, insurance medicine, and occupational health. It focuses on improving health characteristics in different communities, including primary, secondary, and tertiary healthcare. Community-based health programs in Nepal have been critical in achieving improvements in health, particularly in maternal and child health. These efforts provide valuable lessons for nations that are looking to improve their health systems. Collaboration among healthcare professionals, policymakers, and technology experts is crucial for successful implementation, as it can lead to a more resilient and healthier community.

National Health Policy towards Equity in Health

The National Health Policy of 1991, 2014 and 2019 in Nepal aim to improve the health and well-being of all citizens, including the elderly, differently abled, single women, and marginalized communities (Ministry of Health and Population, 2019). They prioritize universal health coverage, multisectoral collaboration, and promote healthy lifestyle choices, especially among the young as well as taking an inclusive approach to Ayurveda and other traditional medicine systems (Ministry of Health and Population [MoHP], 2014 & DoHS, 2075/076). Health professionals, institutions, and service providers should not be contradicted, and coordination between central, federated, and lower government health responsibilities should prevent ethnic and political tensions (Dulal, 2009). Community and government should prioritize public health, enforce the act, establish healthy policies, and establish comprehensive public health centers at national, federal, and local levels, including physical exercise, yoga, counseling, and departmental stores (Rana, 2018). The main objective of this paper is to examine Nepal's current health system and equity in health in light of globalization, with a focus on social justice and the promotion of public health.

Method

The desk review of published and unpublished literature from various sources,

including the internet, served as the foundation for this work. For the purpose of discussion and conclusion, data on the composition of Nepal's healthcare system and health equity with regard to social justice, as well as policy and its implementation, were gathered and carefully examined.

Result and Discussion

The Health Care System in Nepal

In 2079–2080, the 215 public hospitals-including those run by other ministries-the 2551 non-public health facilities, the 187 Primary Health Care Centers (PHCCs), and the 3,778 Health Posts (HPs) were the primary providers of basic healthcare services (Ministry of Health and Population, 2023). Primary Health Care Outreach Clinic (PHC-ORC) sites also supplied primary healthcare services. Immunizations were administered at 16,950 expanded program of immunization (EPI) clinics nationwide. Forty-two percent of female community health volunteers (FCHV) provided support for these services. The Department of Health and Human Services' Health Management Information System (HMIS) gathered data on the accomplishments of the public health system, NGOs, INGOs, and commercial healthcare facilities (ibid). The health post ensures accessible and affordable public health and minor treatment for the majority population by acting as a primary point of contact for basic health services, a referral center for volunteer cadres, and a venue for community-based activities. The DoHS is a department within the MoHP, responsible for providing preventive, promotive, and curative health services throughout Nepal.

Nepal transitioned from a unitary system to a three-level federal system, allowing for decentralization, reduced access disparities, and improved health outcomes. Decision-making is devolved to federal, provincial, and local governments, addressing local health needs. However, ensuring uninterrupted medical supplies is a major challenge (Thapa et al., 2019). Nepal's health system combines traditional medicine with modern medical care, with health facilities in each village development committee, primary centers, and hospitals. It balances curative care with preventive, promotive, and rehabilitative needs, delivering services at primary, secondary, and tertiary levels.

Primary level: The level of community health includes female community health volunteers, primary health care outreach clinics, community health units, Expanded Program on Immunization (EPI) clinics, health posts (HPs), birthing centers, urban health centers, primary health care centers (PHCCs), and community/rural hospitals. These facilities provide promotive and preventive services, along with some curative services. Medical officers, health assistants, staff nurses, and auxiliary health workers work at the community level.

Secondary level: District hospitals provide secondary-level services, including inpatient, outpatient, emergency, and comprehensive emergency obstetric and neonatal care, as first referral points from primary-level health facilities.

Tertiary level: Central hospitals offer tertiary-level services, professional training, research, and support to districts, serving as second-level referral points and providing additional services in their catchment areas.

Health Service delivery Organizational Structure

The Ministry of Health and Population at the Federal level coordinate, plan, organize and develop at the federal, provincial and local level for the improvement of health sectors in Nepal. The MoHP has been assigned with a wide range of duties, including developing strong policies, supervising their implementation, managing nongovernmental organizations involved in health services in Nepal, and regulating and implementing health care services. The primary

Administration (DDA) is the regulatory body in charge of controlling drug production, import, export, sale, and distribution in addition to guaranteeing quality. The Department of Health Services, Department of Ayurveda and Alternative Medicine, and Department of Drug Administration oversee healthcare programs, resource allocation, and collaboration with foreign institutions.

According to MoHP (2022), all provincial health directorates, are directly under the control of Ministry of Social Development/Ministry of Health and Population. They operate below the federal level and support district health offices with technical assistance and program oversight. Furthermore, the management of health service delivery at the provincial level falls under the purview of the province government. The Ministry of Health and Population regulates provincial health directorates, which handle health service delivery at the provincial level and provide program regulation and technical support to district health offices.

The constitution gave local government control over the provision of essential healthcare services. Additionally, local governments are in charge of managing outreach personnel and health facilities, as well as acquiring necessary supplies and medications to carry out the BHSP (MoHP, 2022).

The National Health Policy, 2019 in Nepal aims to improve healthcare accessibility, quality, and governance by focusing on skilled health human resources, quality services, public health protection, good governance, basic emergency services, and free basic health services. The Nepalese government is implementing these strategies to ensure the highest level of health for its citizens (DoHS, 2075/076).

The National Health Policy 2019 in Nepal aims to improve health by expanding skilled health resources, ensuring quality services, protecting public health, promoting good governance, providing basic emergency services, and offering free services. It also emphasizes good governance and continuous improvement in health sector structures (DoHS, 2075/076).

Nepal's 2019 National Health Policy prioritizes health equity for social justice, focusing on disadvantaged groups like women, children, and the elderly. It prioritizes community involvement in healthcare decision-making, disease prevention, and health promotion. Strategies aim to reduce health disparities, ensure equitable access to high-quality healthcare services, and lower health inequalities (DoHS, 2075/076).

In addition to that, the policy emphasizes health equity for social justice, especially for underprivileged groups like women, children, and the elderly. Achieving these objectives also requires community involvement, ongoing improvement, and the reduction of health disparities.

Equity in Health towards the Social Justice

The relationship among social protection, economic management, and development strategy and social determinants of health (SDH). Increased funding for health systems, debt relief, trade reform, viewing health as a human right, and preserving policy space for national governments to address SDH are just a few of the areas it proposes for global innovation (Labonte & Schrecker, 2007). The People's Health Assembly identifies three primary reasons for health inequities, highlighting the complexity of factors contributing to these disparities. Financial institutions like the World Bank and IMF impose structural adjustment programmes, leading to unfair trade terms and economic imbalances in poor countries like Nepal, and the world's acceptance of these inequities.

Globalization is crucial for studying social determinants of health (SDH), which are conditions affecting people's opportunities for healthy living. The relationship between

globalization and SDH from 1987-2005 requires evidence from multiple disciplines and acknowledges uncertainties (Labonte & Schrecker, 2007).

Inequities in our community stem from social, political, and economic factors, not biological ones. By creating fair trade arrangements, we can reduce inequities and improve community health. To address globalization's health crisis, the public health community must engage in extensive debate and analysis, focusing on social justice principles, to create a reality where health for all is a reality.

Health Promotion through Social Justice

Health promotion is a social and political process aimed at strengthening individual skills and changing social, environmental, and economic conditions to improve public and individual health, requiring active participation (WHO, 1998).

The Ottawa Charter outlines three health promotion strategies: mediating societal interests, enabling people to reach their full potential, and advocating for health promotion through positive public policy, supportive environments, community action, personal skill development and reorienting health services (WHO, 1998). The Jakarta Declaration outlines five priorities for health promotion in the 21st century: social responsibility, increased investments, partnerships, community capacity, individual empowerment, and infrastructure security

New public health emphasizes the importance of lifestyles and living conditions in determining health status. It recognizes the need for resources and investments in policies and programs to support healthy lifestyles and environments. Ecological public health emerged in response to global environmental issues, such as ozone destruction, pollution, and warming. It focuses on economic and environmental determinants of health, guiding investment towards better public health outcomes, greater health equity, and sustainable resource use (WHO, 1998). Encouraging policies, empowering people, addressing environmental factors, and working together are all part of health promotion. Through the application of these strategies, we can improve the overall well-being and well-being of the public.

Social engagement, volunteerism, community sense, and shared identity in areas such as natural resources, built environment, access to services, and social unity (Hilger-Kolb et al, 2019). A community-based initiative prioritized health and well-being as a secondary goal, not explicitly focusing on it, but rather addressing higher priority themes. it outlines various actions communities can take to promote health equity, including advocating for it, gathering information, developing change theories, utilizing civil rights law, forming medical-legal partnerships, and securing funding.

Conclusion

Nepal moved from a unitary to a three-level federal system, which created both opportunities and challenges for healthcare administration. The National Health Policies place a premium on healthy lifestyles, cross-sector collaboration, and universal healthcare coverage. The healthcare system employs both traditional and alternative medical treatments, offering primary, secondary, and tertiary care services such as preventive, rehabilitative, curative, and promotional care. Nepal seeks to achieve health equity by addressing social determinants such as injustice and economic inequality. Strategies include expanding healthcare resources, ensuring equitable access, and community involvement. Globalization's impact on health is exacerbated. Nepal's health promotion initiatives emphasize social and political processes for improving public and individual health. Strategies include addressing environmental and

economic determinants, promoting favorable public policy, and ending federalism to achieve health equity and globalization.

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