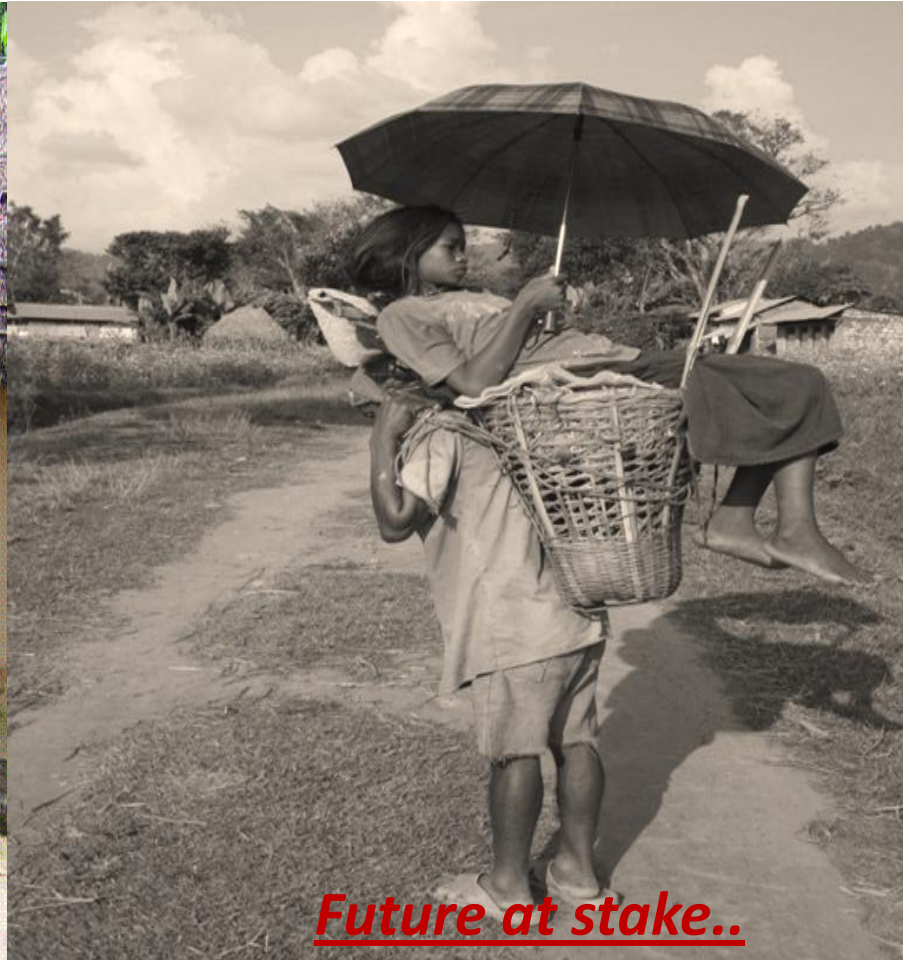


Public services-public health point of view



Our future ..



Future at stake..

-Dr. Dipendra Raman Singh

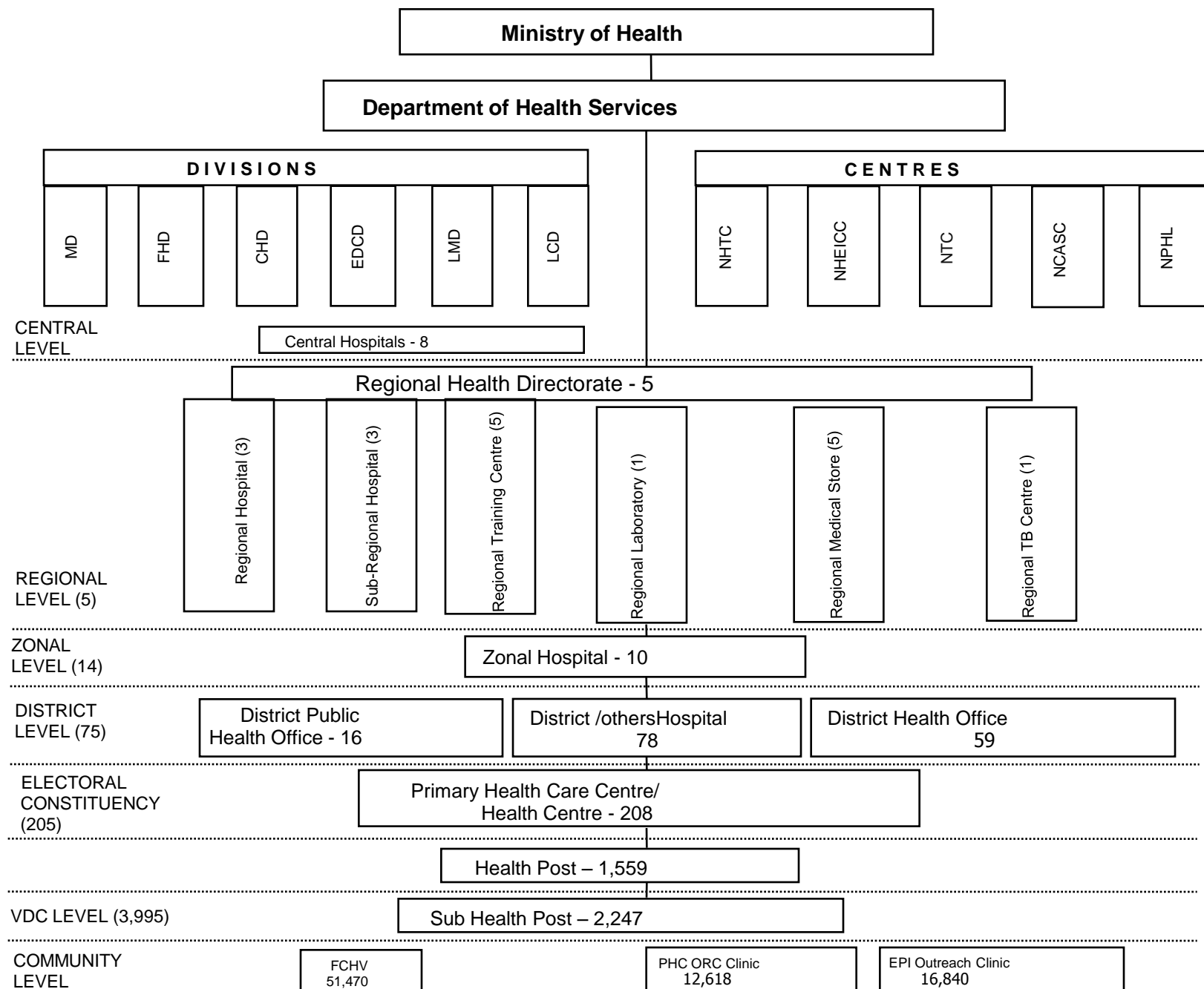
Contents..

- Public Health
- Public health in Nepal at a glance with Health indicators
- Public health issues in Nepal
- Future of Public services from the public health point of view
- discussion

Public health

- The science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations and individuals

-Winslow CEA, 1920



Major Indicators

| Indicators | B.S. 1950 | B.S.2048 | B.S. 2068 |
|-----------------------------|------------------|-----------------|-------------------|
| TFR | 7 | 5.8 | 2.6 |
| IMR (per 1000 live birth) | 200 | 107 | 46 |
| U5MR (per 1000 live birth) | 280 | 197 | 54 |
| Life expectancy | 32 | 53 | 68.8 years |
| MMR (per 100000 live birth) | 1800 | 850 | 170 |
| PGR | | | 2.24 |
| Literacy Rate | | 54.1 | 65.9 |
| Urban Population | | | 14.2 % |

(Source: Census, 2011NDHS 1996,MDG report

Health Service Coverage Fact Sheet

| | 2068/2069 | 2069/2070 | 2070/2071 |
|--|-------------|-------------|-------------|
| EXPANDED PROGRAMME ON IMMUNIZATION | | | |
| BCG Coverage | 96 % | 99 % | 99 % |
| DPT-HepB-Hib-3 Coverage | 90% | 93 % | 92 % |
| Polio-3 Coverage | 90 % | 93 % | 92 % |
| Measles Coverage | 86 % | 88 % | 88 % |
| Nutrition | | | |
| Growth Monitoring Coverage as % of <3 Children New Visits | 40 % | 44 % | 45 % |
| % of malnourished children under five years among new growth monitored cases | 3 % | 3 % | 2 % |

Health Service Coverage Fact Sheet contd.

| | 2068/2069 | 2069/2070 | 2070/2071 |
|---|-------------|-------------|-------------|
| ACUTE RESPIRATORY INFECTION | | | |
| Reported Incidence of ARI/1,000 <5 Children New Visits | 880 | 918 | 951 |
| Annual Reported Incidence of Pneumonia (Mild+Severe)/1,000 among <5 Children New Visits | 239 | 243 | 244 |
| DIARRHOEAL DISEASES | | | |
| Incidence of diarrhea per 1,000 <5 children (new cases) | 528 | 578 | 629 |
| % of severe dehydration cases among <5(new cases) | 0.26 | 0.27 | 0.36 |

Health Service Coverage Fact Sheet

contd....

| | 2068/2069 | 2069/2070 | 2070/2071 |
|---|-------------|-------------|--------------|
| SAFE MOTHERHOOD | | | |
| Antenatal First Visits as % of Expected Pregnancies | 83 % | 89 % | 86 % |
| ANC Four Visits among 1st Visit | 53 % | 55 % | 59 % |
| % of institutional deliveries (40)* | 44 % | 45 % | 50 % |
| Deliveries Conducted by Health Workers as % of Expected Pregnancies | 44 % | 45 % | 50 % |
| % of deliveries by caesarian section (4.5)* | 5.9% | 6.3% | 6.7 % |
| PNC First Visits as % of Expected Pregnancies | 56% | 55% | 59% |

Health Service Coverage Fact Sheet contd.

| | 2068/2069 | 2069/2070 | 2070/2071 |
|---|------------|------------|------------|
| FAMILY PLANNING | | | |
| Contraceptive Prevalence Rate (adjusted) | 43% | 45% | 45% |
| MALARIA CONTROL PROGRAMME | | | |
| Blood Slide Examination Rate per 100 Malarious Area Population | 0.65% | 0.67% | 0.94 % |
| Clinical malaria cases | 69,180 | 49,550 | 26,526 |
| LEPROSY CONTROL PROGRAMME | | | |
| New Case Detection Rate/10,000 | 10.1 | 11.9 | 11.8 |
| Prevalence Rate/10,000 | 0.85 | 0.82 | 0.83 |

Health Service Coverage Fact Sheet contd.

| | 2068/2069 | 2069/2070 | 2070/2071 |
|---------------------------------------|-------------|-------------|-------------|
| TUBERCULOSIS CONTROL PROGRAMME | | | |
| Case Detection Rate (85*) | 73 % | 78 % | 83 % |
| Treatment Success Rate on DOTS(90*) | 90 % | 90 % | 90 % |
| Sputum Conversion Rate | 89 % | 90 % | 90 % |

Health Services Coverage Fact Sheet:

Source: Annual Report, Department of Health Services (2070/2071)

Health Service Coverage Fact Sheet contd.

| | 2068/2069 | 2069/2070 | 2070/2071 |
|-------------------------------|-----------|-----------|-----------|
| HIV/AIDS Program | | | |
| Cumulative HIV reported cases | 20,583 | 22,994 | 23,977 |

Health Services Coverage Fact Sheet:

Source: Annual Report, Department of Health Services (2070/2071)

Diseases status

Top Reasons for Hospitalization

- Spontaneous Delivery
- Diarrhea and Gastroenteritis
- Pneumonia
- Typhoid
- Other Chronic Obstructive Pulmonary
- Unsuspected Acute Lower Respiratory
- Injury of unspecified body region
- Unspecified Abortion
- Single Delivery by Caesarean Section
- Fever of Unknown Origin

Ten Leading Outpatient Diseases

(dominated by infectious diseases)

- Skin Diseases
- Diarrhea Diseases
- Acute Respiratory Infection
- Intestinal Worms
- Pyrexia
- Gastritis
- Ear Infection
- Chronic Bronchitis
- Abdominal Pain
- Sore Eye and Complaints

Some related facts:

- proportion of HH, who have access to safe drinking water: 79.9% (92.3% urban and 78.1% rural)
- Proportion of HH with any type of toilets was 33.2% but the proportion with safe toilets was only 29.4%
- 39.8% of them had at least one ANC check-up during their last pregnancy
- About 13% of deliveries took place under the guidance of medically trained persons

Health Concerns

- **Major health concerns**
 - Maternal Health, Child Health
 - Malnutrition / anemia
 - Non communicable diseases
- **New and re-emerging conditions**
 - Sexually Transmitted Infections-HIV
 - Vector-borne diseases – Malaria, Kala-azar, Japanese Encephalitis
 - Geriatric health
- **Infectious diseases**
 - Acute respiratory Infection
 - Tuberculosis
 - Diarrhea
 - New viral diseases
- **Disaster related**

Why is Health Delivery System stagnant relatively?

- human resources (high vacancy rates in rural locations)
- supplies and equipment at rural facilities
- sufficient infrastructure inputs
- Management of 'funds' and subsidies
- Quality of government services-perceived quality of care and provider behavior
- Supply and demand centralized
- Inaccessibility
- Insecurity and conflict

Health Financing

- WHO target is US\$34 (NRs.3400) public spending per person
 - Nepal official spending only US\$3.10 (NRs.220) per person
- Development Budget
 - 7.28% earmarked for health (9th Plan); only 3.8% received (5.3%)
 - Escalation of conflict reducing budget for military spending
- Donors
 - Provide for majority of current health budget
 - Consider health a 'safe' and necessary sector
 - Will continue to pursue even in conflict

Public Health Challenges

- **Resource Gap**
- **Privatization of health services:**
 - increase quality in urban areas but challenging for remote and far people.
- **Epidemiological transition:**
 - huge burden of communicable disease(Diarrhoea, ARI) with newly emerging Non-communicable disease, communicable diseases.
- **Internal conflict:**
 - Negative impact on overall social development (Death, Violence, Handicapped, Disabled, migration, Rape)
- **Human Resource for health:**
 - Urban centered highly skilled manpower
- **Globalization:**
 - Commercialization (Safe Delivery kit, ORS, FP devices)
 - Privatization (Quality increase but accessibility and affordability)
 - Introduction of user's fee in public health facilities: Affordability for poor people

Future of Public services from the public health point of view



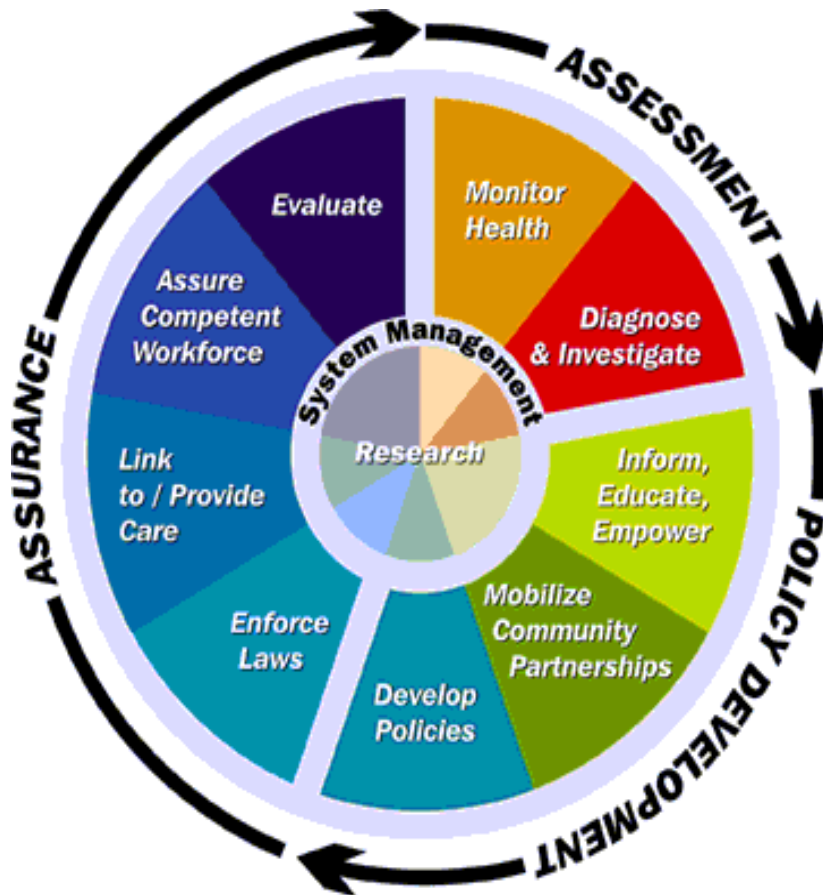
MCHW—Hope of present day



VHW—An Era of golden days

Future of Public services from the public health point of view

System Management...



Components

- Policy Development
 - Inform, educate, empower
 - Mobilize community
 - Develop policies
- Assurance
 - Link to/provide care
 - Assure competent workforce
 - Enforce laws
- Assessment
 - Evaluate, monitor, diagnose and investigate

National Health Policy 2071

भावी सोच (*Vision*)

- सबै नेपाली नागरिकहरू शारीरिक, मानसिक, सामाजिक र भावनात्मक रूपमा स्वस्थ रही उत्पादनशील र गुणस्तरीय जीवन यापन गर्न सक्षम हुने ।

ध्येय (Mission)

- उपलब्ध साधनस्रोतको अधिकतम प्रयोग गरी स्वास्थ्य सेवा प्रदायक, सेवाग्राही र सरोकारवालाहरू बीच रणनीतिक सहकार्य गरी नागरिकहरूको स्वस्थ रहन पाउने मौलिक अधिकारको सुनिश्चित गर्ने ।

लक्ष्य (Goal)

- आधारभूत मानव अधिकारको रूपमा सबै नागरिकहरूलाई स्वास्थ्यको अधिकार सुनिश्चित गर्न गुणस्तरीय स्वास्थ्य सेवामा सबैको पहुँच बृद्धि गरी न्यायसंगत एवं जवाफदेही स्वास्थ्य सेवा प्रणालीको माध्यमबाट स्वास्थ्य सेवा उपलब्ध गराउने ।

उद्देश्यहरू (Objectives)

१. नागरिकको मौलिक अधिकारको रूपमा रहेको आधारभूत स्वास्थ्य सेवा निःशुल्क उपलब्ध गराउने,
२. प्रत्येक नागरिकले सहज रूपले गुणस्तरीय स्वास्थ्य सेवा प्राप्त गर्न सक्ने गरी आवश्यक औषधी, उपकरण, प्रविधि र दक्ष स्वास्थ्यकर्मीहरू सहितको प्रभावकारी एवं जवाफदेहीपूर्ण स्वास्थ्य सेवा प्रणालीको स्थापना गर्ने,
३. स्वास्थ्य सेवा प्रवाहमा जनसहभागिता प्रवर्द्धन गर्ने । यस क्षेत्रमा निजी तथा सहकारी क्षेत्रको संलग्नता वृद्धि र व्यवस्थित गर्दै अपनत्व प्रवर्द्धन गर्ने ।

नीतिहरू

१. मौलिक हकका रूपमा रहेको गुणस्तरीय स्वास्थ्य सेवा सबै नागरिकहरूको सहज पहुँचमा पुग्ने गरी ९८लखभचकर्वा जम्बतिज ऋयखभचबनभ० प्रभावकारी रूपमा उपलब्ध गराउने एवं आधारभूत स्वास्थ्य सेवा निशुल्क रूपमा उपलब्ध गराउने ।
२. स्वास्थ्य सेवाहरू सर्वसुलभ एवं प्रभावकारी रूपमा प्रवाह गर्न आवश्यक दक्ष जनशक्तिको योजना उत्पादन, प्राप्ति, विकास तथा उपयोग गर्ने ।

नीतिहरू

३. देशमा उपलब्ध जडीवुटीको व्यवस्थापन र उपयोग गर्दै आयुर्वेद चिकित्सा प्रणालीको विकास तथा प्रचलित अन्य पूरक चिकित्सा प्रणालीहरूको संरक्षण एवं व्यवस्थित विकास गर्ने ।
४. गुणस्तरीय औषधी र स्वास्थ्य सामग्रीको सहज तथा प्रभावकारी आपूर्ति एवं उपयोगलाई सुनिश्चित गर्दै आन्तरिक उत्पादनलाई बढावा दिदै आत्मनिर्भरता तर्फ उन्मुख हुने ।

नीतिहरू

५. स्वास्थ्य अनुसन्धानको गुणस्तरलाई अन्तर्राष्ट्रिय मापदण्ड अनुरूप बनाउँदै अनुसन्धानबाट प्राप्त प्रमाणमूलक व्यवहार वा अभ्यासलाई नीति निर्माण, योजना तर्जुमा, औषधि एवं उपचार पद्धतिमा उपयोग गर्ने ।
६. स्वास्थ्यसम्बन्धी सन्देश एवं सूचना सुलभ रूपमा प्राप्त गर्ने सूचनाको हक सम्बन्धी अधिकारलाई कार्यरूपमा परिणत गर्न शिक्षा, सूचना र सञ्चार कार्यक्रमलाई उच्च प्राथमिकता दिई जनस्वास्थ्य प्रवर्द्धन गर्ने ।

नीतिहरू

७. गुणस्तरीय एवं स्वास्थ्यवर्द्धक खाद्य पदार्थको प्रवर्द्धन, प्रयोगमार्फत कुपोषणलाई न्यूनीकरण गर्ने ।
८. सक्षम एवं जवाफदेही समन्वय, अनुगमन तथा नियमन संयन्त्र एवं प्रक्रियाद्वारा गुणस्तरीय स्वास्थ्य सेवा प्रवाह सुनिश्चित गर्ने ।
९. स्वास्थ्य सेवासँग सम्बन्धित व्यावसायिक परिषद्हरूलाई सक्षम, व्यावसायिक एवं जवाफदेही बनाई पेसागत स्तरीयता एवं सेवाको गुणस्तर सुनिश्चित गर्ने .

नीतिहरू

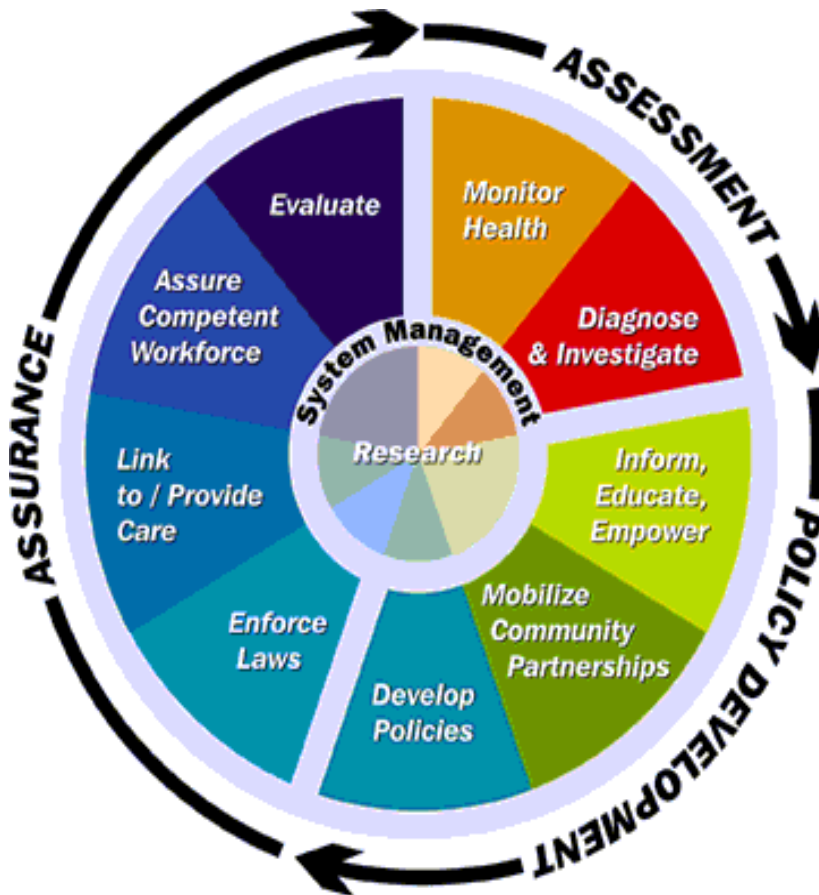
१०. स्वास्थ्यसँग सम्बन्धित बहुपक्षीय सरोकारवाला निकायहरूको सहकार्यलाई थप सुदृढ गर्दै राज्यको प्रत्येक नीतिमा स्वास्थ्यलाई मुलप्रवाहिकरण गर्दै जाने ।
११. स्वास्थ्य संरक्षण तथा प्रवर्द्धनका लागि वातावरण प्रदूषणको प्रभावकारी नियन्त्रण गर्दै स्वच्छ वातावरणमा बाँच्न पाउने नागरिक अधिकारलाई सुनिश्चित गर्ने ।

नीतिहरू

१२. गुणस्तरीय स्वास्थ्य सेवा प्रवाह गर्न आवश्यक नीतिगत, संस्थागत र व्यवस्थापकीय माध्यमद्वारा स्वास्थ्य क्षेत्रमा सुशासन कायम गर्ने ।
१३. स्वास्थ्य क्षेत्रको व्यवस्थित तथा गुणस्तरीय विकासका लागि सार्वजनिक तथा निजी क्षेत्रको सहकार्यलाई प्रवर्द्धन गर्ने ।
१४. गुणस्तरीय एवं सर्वसुलभ स्वास्थ्य सेवाको सुनिश्चितता गर्न र उपचार खर्चमा नागरिकलाई वित्तीय सुरक्षा प्रदान गर्न राज्यबाट स्वास्थ्य क्षेत्रमा लगानी बढाउँदै लैजाने र निजी एवं गैर सरकारी क्षेत्रबाट प्राप्त वित्तीय स्रोतहरूको प्रभावकारी उपयोग एवं व्यवस्थापन गर्ने ।

Future of Public services from the public health point of view

System Management...



Components

- Policy Development
 - Inform, educate, empower
 - Mobilize community
 - Develop policies
- Assurance
 - Link to/provide care
 - Assure competent workforce
 - Enforce laws
- Assessment
 - Evaluate, monitor, diagnose and investigate

Public health services....

1. Understand health issues at the state and community levels (*Or “what’s going on in our state/community? Do we know how healthy we are?”*)
2. Identify and respond to health problems or threats (*Or “Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?”*)
3. Keep people informed about health issues and healthy choices. (*Or “How well do we keep all people and segments of our State informed about health issues?”*)

Public health services....

4. Engage people and organizations in health issues. (*Or “How well do we really get people and organizations engaged in health issues?”*)
5. Plan and implement sound health policies. (*Or “What policies promote health in our State? How effective are we in planning and in setting health policies?”*)
6. Enforce public health laws and regulations. (*Or “When we enforce health regulations are we up-to-date, technically competent, fair and effective?”*)

Public health services....

7. Make sure people receive the medical care they need. (*Or “Are people receiving the medical care they need?”*)
8. Maintain a competent public health and medical workforce. (*Or “Do we have a competent public health staff? How can we be sure that our staff stays current?”*)
9. Evaluate and improve programs. (*Or “Are we doing any good? Are we doing things right? Are we doing the right things?”*)
10. Support innovation and identify and use best practices. (*Or “Are we discovering and using new ways to get the job done?”*)

NEWS.....for the day



गएको २३ वर्षको आँकडा हेर्दा संसारमा लगभग ६ वर्षले औसत आय बढेको छ, नेपालमा त्यसको दोब्बर अर्थात् १२ वर्षले औसत आय बढेकोले नेपाल दश उत्कृष्ठ देशहरुको सुचीमा परेको हो.

सुदन प्रसाद न्यौपाने, वैज्ञानिक, युनिभर्सिटि अफ ओस्लो



Example of MCHW in Chitwan



This volunteer has been trained to give Polio drops and measles vaccinations. The facility is usually used for village meetings.

Village Health Workers



Volunteers immunize school children in the classroom

MCHWs headed out for an immunization day



Still a reality.....

