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The National Health Policy
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Government of Nepal
Ministry of Health
Policy, Planning Monitoring and Supervision Division
Kathmandu, Nepal



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Present health status

The present low level of health status is attributable to lack of political commitment, inappropriate strategies and weakness in implementation of preventive, promotive and curative health programs up to the grass roots level during the past 30 years. Because of those weaknesses even now the crude death rate is 16 per thousand, crude birth rate is 41 per thousand, child mortality rate is 107 per thousand, maternal mortality rate is 8.5 per thousand and mortality rate of children below 5 years is 197 per thousand. These facts and figures have identified Nepal as an underdeveloped and backward nation.

Regarding health services delivery, there is one hospital for 168 thousand persons and one doctor for 92 thousand persons in the rural areas. Likewise, only one hospital bed is available for nearly 4 thousand persons. There is only one health post for 24 thousand rural persons, which indicates the almost total inadequacy of public health services at the rural level.

Main deficiencies in previous health services

- (1) The policy, objectives and strategies outlined for health services were not village oriented and there existed deficiencies in the capability of using the available resources since the rural structures were not formulated as per the requirements of the rural population.
- (2) Physical structures of programs were not systematic, planned and not in consonance with the schedule of operations.
- (3) The supervision, monitoring and evaluation of the programs were not conducted in a regular manner.
- (4) Means and resources were fully centralized.



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- (5) The posts sanctioned for district level health organizations were not filled.

Rationale of the National Health Policy

In order to bring about improvement in the present health conditions of the Nepalese people adversely affected by the previous weaknesses and to fulfill the commitment of the present government in the health sector, it is expedient to have a new health policy.

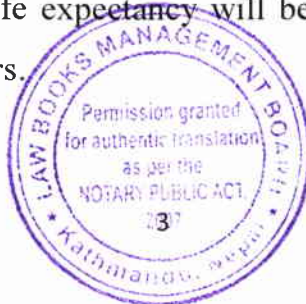
Objectives of the Health Policy

The primary objectives of the Health Policy are to upgrade the health standards of the majority of the rural population by extending Basic Primary Health Services up to the village level and to provide the opportunity to the rural people to enable them to obtain the benefits of modern medical facilities by making the facilities accessible to them.

Targets of the Health Policy

By the year 2000, the following targets will be attained:

1. The infant mortality rate will be reduced to 50 per thousand from the present 107 per thousand.
2. The mortality rate of children below 5 years will be reduced to 70 per thousand from the present 197 per thousand.
3. The total fertility rate will be reduced to 4 from the present 5.8.
4. The maternal mortality rate will be reduced to 4 per thousand from the present 8.5 per thousand.
5. The average life expectancy will be raised to 65 years from the present 53 years.



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Health Policies

1. Preventive Health Services

The services that are provided for the prevention of diseases fall under the Preventive Health Services. Under these, priority will be given to those programs, which directly help reduce infant and child mortality rates. These services will be provided in an integrated way, through sub-health care centers at the rural level. The following main programs will be operated under this service:

- (a) Family Planning and Maternal and Child Health Program
- (b) Safe Motherhood Program
- (c) Expanded Immunization Program
- (d) Diarrhea and Acute Respiratory Infection Control Program
- (e) Tuberculosis Control Program
- (f) Leprosy Control Program
- (g) Malaria and 'Kalajaar' Control
- (h) Control of Epidemic of Communicable Diseases
- (i) Initiation of Prevention of Non-communicable Diseases
- (j) Initiation of Primary Health Services in Urban Slums
- (k) Prevention of AIDS

2. Promotive Health Services

The following programs which enable persons and communities to live healthy lives are included under the promotive services.

- (a) Health Education and Information: One of the main reasons for the low health standards of the people is the lack of public awareness of health matters. Therefore, health education will be provided in an effective manner from centre to rural levels. For



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this, political workers, teachers, students, social organizations, women and volunteers will be mobilized extensively up to the ward level.

- (b) Nutrition Program: There will be launched the programs of promotion of breast-feeding, growth monitoring, prevention of iodine deficiency disorders, iron and vitamin A deficiency, and health education to enable mothers to meet the daily requirements of children through locally available resources.
- (c) Environmental Health: Programs such as to inform the people about personal hygiene, to collect and manage solid wastes, to inspect and examine hotel foods, drinking water and other edible products, to manage construction of general latrines and urinals will be operated in a coordinated manner.

3. Curative Health Services:

The following curative health services will be made available at Central, District and Village levels:

- (a) Preventive, promotive and curative health services will be made available in an integrated way in the rural areas through sub-health posts and primary health care centers.
- (b) There will be at least one hospital in each district of Nepal where out-door services, in-door services, family planning and maternity and child health services, immunization services and emergency services will be provided.
- (c) One Zonal Hospital will be established gradually in each of the zones of Nepal. Specialized services relating to pediatrics,



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gynecology, general surgery, general medicine, eye, ear, nose and throat care, and dental services will be available at that Hospital.

- (d) One Regional Hospital will be established gradually in each of 5 Development Regions of Nepal. In these hospitals, specialized services such as dermatology, orthopedics and psychiatry will be added in addition to those available in zonal hospitals.
- (e) Hospitals that are equipped with sophisticated facilities and provide specialty and super-specialty services will be operated at the central level.
- (f) Specialist services will be extended to remote mountain regions, as and when required, through mobile teams.
- (g) A referral system will be developed through which the rural population will be provided with the opportunities to obtain services from modern well equipped hospitals, as and when required.
- (h) Diagnostic Services e.g. laboratory, X-Ray and other supportive services will be strengthened in the hospitals at various levels.

4. Basic Primary Health Services

- (a) Sub-Health Posts will be established in a phased manner in all Village Development Committees of Nepal. Each Sub-Health Post will have one village health worker, one maternal and child health worker and one auxiliary health worker. These Sub-Health Posts will provide general curative, promotive and preventive health services. Immunization, family planning, maternity and child health, health education, nutrition, environmental education,



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sanitation, and treatment of malaria, leprosy and tuberculosis will also be extended by these Sub-Health Posts, up to the ward level.

- (b) One Health Post in 205 election constituencies of Nepal will be upgraded in a gradual manner and converted to a Primary Health Care Centre. In addition to the services as provided by Sub-Health Posts, arrangements will be made for two emergency beds and one maternity bed in these Centers. The remaining health posts will be operated as usual.
- (c) The Health Posts operating at present will provide all health services in the village Development Committee where they are located as is done by Sub-Health Posts and will also supervise and monitor the activities of Sub-Health Posts.

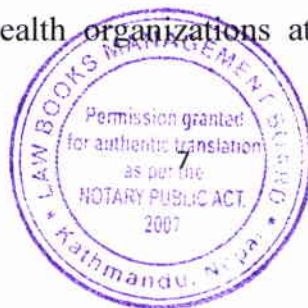
5. Mobilization of Public Participation in the Health Services

Public participation will be mobilized in health programs operated at various levels.

Participation of women volunteers, traditional birth attendants (Sudenies) and local leaders of various social organizations will also be mobilized for health programs at ward levels.

6. Improvements in Organization and Management Aspect

- (a) Improvement will be made in the organization and management of health facilities/institutions at the central, regional and district levels. Hospitals and public health offices at district levels will be operated in an integrated way under one organization.
- (b) The technical and administrative supervision and follow-up system for health organizations at various levels will be made effective.

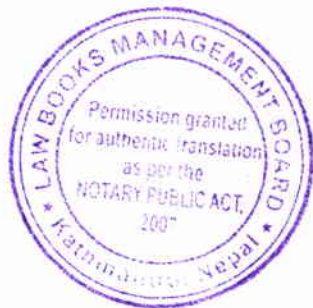


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- (c) Hospitals and health units at different levels will be classified. A detailed description of the services available at the health facilities at different levels, cost of the services and list of free services will be prepared and made public.
- (d) The collection, compilation, recording and reporting systems for health information at each level will be made effective.
- (e) Improvements will be made in transportation and support systems for drugs and equipment at various health institutions.

7. Developments and Management of Health Human Resources:

- (a) Capable human resources required for various health institutions will be developed in a planned manner.
- (b) Necessary cooperation will be extended for institutional development of the Institute of Medicine, the main organization of the country producing health human resources, in order to raise its production capacity.
- (c) Necessary arrangements for training in foreign countries will be made to produce those categories of human resources that cannot be produced within the country.
- (d) The Training Centers under the Ministry of Health will be strengthened institutionally and their production capacity will be raised, as required.
- (e) Necessary reforms will be made in transfer, promotion and career development procedures for the health personnel at various levels.



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- (f) Arrangements will be made to provide special benefits for doctors and other health personnel to encourage them to work in remote rural areas.

8. Private, Non-Governmental and Inter -Sectoral Coordination

- (a) If any person in the private sector wants to extend health services through the establishment of hospitals, health units, nursing homes, without any financial liability to the Government of Nepal, such institutions may be operated after having obtained permission, subject to minimum standards as prescribed by the Government of Nepal.
- (b) Non-Government Organizations and Associations will be involved in health services under the prescribed policies of the Government of Nepal.
- (c) Necessary coordination will be maintained at each level with the health related sectors including agriculture, education, drinking water and local development.

9. Ayurved and Other Traditional Health Systems

- (a) The Ayurvedic system will be developed in a gradual manner. Organizational structures for different levels will be prepared separately. This section of medicine will be developed and expanded on the basis of evaluation of quality of services through research.
- (b) Encouragement will be provided, as possible, to other traditional health systems like Unani, Homeopathic and Naturopathy.

10. Drug Supply



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- (a) In order to bring about improvements in the supply of drugs in government health organizations as well as those operated under the private sector, the domestic production of essential drugs will be increased. The quality of the drugs will be upgraded by revising the National Drug Policy.

11. Provision of Resource Mobilization in Health Services

- (a) National and international resources will be mobilized for health services. National and foreign donor agencies will be requested to provide necessary cooperation for providing resources to implement the programs under the Health Policy of the Government of Nepal.
- (b) Various alternative measures for resource mobilization in health services will be the subject of experiment such as Health Insurance, User's Charges and Revolving Drug Scheme.

12. Health Research

- (a) Research in the health sector will be encouraged. The outcomes of research will be applied in management decision making.

13. Regionalization and Decentralization

- (a) Regionalization and decentralization processes will be strengthened. Peripheral health units will be made more autonomous and effective in the operation of health services. For this, amendments will be required in the existing Decentralization Regulation.
- (b) Of the various organizations providing health services at different levels, the district health organizations will be given a most prominent role. Arrangements will be made for local level



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planning and management of curative and promotive health services, with priority given to preventive health services, from the district to the village level.

- (c) Micro planning procedures will be adopted in the formulation of primary health plans at the village level under which health services will be provided to all target groups particularly to those people who are below the poverty line.

14. Blood Transfusion Services

- (a) The Nepal Red Cross Society will be authorized to carry out all programs related to blood transfusion.
- (b) In order to run different programs related to blood transfusion, the Nepal Red Cross Society will seek consent of the Ministry of Health and will run such programs.
- (c) The practice of buying, selling and depositing of blood will be prohibited.

15. Miscellaneous

- (a) Safety standards will be developed for industrial establishments for the health security of the workers engaged in industries and their implementation will be monitored.
- (b) Necessary Health Acts and regulations will be formulated to safeguard the health of people.
- (c) Extensive publicity will be made on the hazardous effects of drug abuse, alcoholic drinks and smoking.



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- (d) Programs relating to the rehabilitation of the disabled and handicapped persons will be prepared in coordination with the private sector and non-government organizations.

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Health Infrastructure and Population Ration

Population Ratio	Proposed Health Unit	Number	Levels of Infrastructure
1:4000	Sub-Health Post	3,199	(1/Each VDC)
1:29000	Health Post	611	(1/5 VDC)
1:1,00,000	Primary Health Center	205	(1/Electrol Constituency)
1:2,00,000	District Health Office/District Hospital	75	(1/Each District)
1:13,00,000	Zonal Hospital	14	(1/Each Zone)
1:36,00,000	Regional Hospital	5	(1/Each Region)
	Central Hospitals		Super Speciality / Teaching Facility




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Health Infrastructure from District to Village

District Health Office

District Hospitals - 75

District Public Health Section -75

Electoral Constituency level

Primary Health Center - 205

(1) Medical Officer - 1

(2) Health Assistant - 1

(3) A. He. Worker - 3

(4) A.N.M. - 3

(5) V.H.W. - 1

(6) Sweeper - 2

(7) Bed- 3 (Maternity- 1, others-2)

District Division level

Health Post - 611

(1) Health Assistant - 1

(2) A. He. Worker - 2

(3) A.N.M. - 2

(4) V.H.W. - 1



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Village Development Committee level

Sub-Health Post-3199

(1) A. He. Worker - 1

(2) V.H.W. - 1

(3) M.C.H. - 1

Ward level

Ward level volunteers- 48000

Politicians

Female Volunteer

Skilled Birth Attendants.



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