

Promote equitable access to quality health services

Introduction

Nepal is a multicultural and multilingual country with rich socio-geographic diversity. The political system of Nepal has recently been changed into federal from unitary and includes seven provinces and 753 local governments (1). Nepal has a distinct socioeconomic disparity deep-rooted with a caste-based system, patriarchal thoughts, and geographical differences (2).

Equity in healthcare delivery can be defined as equal access to equal needs to be required with equal opportunities to access equal healthcare for preventive, promotive and curative health services to the whole population, irrespective of residence, gender, ethnicity, economic strata, and other factors. Access to quality health services is a complex whole that is determined by the availability of adequate quality health services at affordable cost, which should be culturally acceptable and appropriate to address the health needs of the people. There might be financial, organizational, and socio-cultural barriers that limit the utilization of services. Promoting access may be measured in terms of the availability, utilization, and outcomes of the health services (3). Therefore, there is a need to address the existing inequities, national response to overcome those inequities to promote access to quality health services, and the way forward.

Methods

This policy brief has been prepared based on the extensive review of the literature (Published and grey), mid-term and rapid review of the Nepal Health Sector Strategy (2015-21), National joint annual review reports, expert consultation, and evidence gathered from discussion at the national and sub-national levels.

Policy Issues and Options

Nepal has prioritized the promotion of equitable access to quality health services and has achieved remarkable progress in improving the health status during the last two decades. However, in different strata of the population, there still exists disparity in the access to quality health services, for example, there is an increment in institutional delivery rate from 18% in 2006, 39% in 2011, 60% in 2016 to 79.3% in 2022, where poor women (65.8%) are less utilizing the services compared to richest wealth quintile women (97.6%) in 2022. Similarly, birth assisted by skilled birth attendants showed an increase from 19% in 2006, 36% in 2011, 58% in 2016 to 80.1% in 2022, however, only 67 % of women from the lowest wealth quintile accessed SBA compared to 97.4 % of women from the richest wealth quintile (4-7).

Therefore, besides the wide range of standards and guidelines, and program-specific protocols; the health system of Nepal continues to experience gaps and challenges across all health system building blocks that need to be addressed to accelerate health outcomes. This can be overcome by strengthening individual health systems components like human resources, physical infrastructure, and information management. Addressing the needs and legitimate expectations of the people, there needs to ensure cumulative improvements in the health system and improve quality of care at the point of service delivery (8).

Evidence analysis on major issues

Strengthened quality health service delivery

Although, the Ministry of Health and Population (MoHP) adopted several quality improvement interventions such as Minimum Service Standard (MSS), compliance to standard treatment protocols, clinical mentoring and supportive supervisions at all levels of health institutions, for a coherent strategic framework for improving the quality of care, yet there are pertinent challenges in reaching vulnerable populations who are marginalized by poverty, illiteracy, gender inequality, ethnic and other social discrepancies, and geographical inaccessibility (9).

Among 1565 health facilities, only 0.6% of them have met minimum standards (all 9 criteria) of quality of care at the point of service delivery, highest in Province 1 (1.6%) and none in provinces Madhesh, Lumbini and Karnali (10).

There is inadequate health infrastructure, commodities, human resources, and medicine in rural areas.

Among 1576 health facilities, only 17.9% have capacity to perform all basic laboratory diagnostic tests. Among 45 public hospitals, only 86.6% have its own pharmacy. Among all public facilities, only 73.4% of sanctioned MOHP sanctioned positions filled, whereas sanctioned positions filled is highest in public health facilities of Terai (77.9%) and lowest in Mountain (50.3%). Among all facilities, only 32.2% demonstrated good storage practices of all stored medicines (10).

Similarly, limited coordination and collaboration among the public and private sectors remain to be pertinent challenges in quality health service delivery.

Minimize inequality in health services

Even though there is a huge achievement in the development and endorsement of guidelines to improve access to health services, there is still a disparity in reaching the unreached population. After the federalization, there is a difference in understanding of the roles and responsibilities among the health care service providers for the ownership, work division, and chain of command (9).

Federalization in Nepal has had a significant impact on the distribution of quality health services and the implementation of basic healthcare services with adequate monitoring. In 2015, the Nepal Health Facility Survey (NHFS) found that the availability and quality of health services varied widely across the country, with disparities particularly pronounced in rural areas. This situation has only been exacerbated by the implementation of federalism in the country.

One of the key challenges that Nepal faces in its federalization process is the unequal distribution of resources and services across different provinces. While the new federal structure was intended to

address some of these disparities, it has also created new challenges for the provision of basic health services. For instance, some provinces have struggled to attract and retain qualified health workers, leading to shortages and gaps in service provision.

The Nepal Health Facility Survey (NHFS) 2021, which assessed the availability and quality of health services in the country, found that access to essential health services was still a major challenge, particularly in rural areas. In some regions, less than half of the population had access to basic healthcare services, such as antenatal care, skilled birth attendance, and immunization services. This highlights the need for greater investment in healthcare infrastructure and resources, particularly in underserved regions.

Another key challenge in the implementation of federalism in Nepal has been the lack of effective monitoring and evaluation systems to ensure the quality and effectiveness of health services. The Nepal Demographic Health Survey (NDHS) 2016 found that while there had been improvements in the availability of health services across the country, there were still significant gaps in the quality of care provided. For instance, only around 60% of health facilities were found to have adequate supplies of essential medicines, and less than half of facilities were providing proper infection prevention and control measures.

Conclusion

Considering the evidence, a poorer section of the population, socially excluded groups of people, and people residing in rural parts of Nepal have poor access to quality healthcare services as shown by the health indicators and outcomes. The analysis of the data in different sub-population shows clear-cut variations and disparities. Therefore, in the upcoming health sector strategy, special priorities and considerations should be given to those areas and groups of people.

Recommendations

Quality health services should be focused on preventive, promotive, curative, and rehabilitation services at all the levels; especially to the unreached population for strengthening quality health service delivery following the below-mentioned recommendations: (9)

Improve the access to basic health care services with Minimum Service Standard

- Minimum Service Standards in both public and private health facilities should be assured.
- Recording and reporting of the Minimum Service Standards assessment data as per the online platform and its use in the decision-making process for continuous quality improvement should be strengthened.

Revise, amend and implement of policy and planning to promote equitable access to quality health services

- The National Strategy for reaching the unreached 2016-2030 needs to be strengthened to reach out to vulnerable groups to contribute to Universal Health Coverage. Furthermore, there is also a need for precise mapping of underserved groups to minimize equity gaps and also need to do evidence synthesis and gap identification at each level for upgrading quality service targeted at the poor and vulnerable groups.

- Quality Assurance Policy 2009 considering recent evidence on quality improvement initiatives should be revised.
- The implementation of the recently developed national quality assurance framework should be prioritized at different levels of health facilities.
- An accreditation body for quality improvement should be established.
- Database for monitoring the quality of care should be strengthened.
- Implementation of national guidelines on disability-inclusive health services and strengthening geriatric health care services should be enhanced and accelerated.
- One-Stop Crisis Management Centers (OCMCs) in all hospitals should be strengthened.

Strengthen the health system in the federal context

- The local government should be oriented on the functions, roles, and responsibilities as per the functional analysis of the government.
- Institutional linkages between federal, provincial, and local level public health facilities should be strengthened.
- Referral mechanism should be strengthened focusing on the hard-to-reach populations to ensure a continuum of care.

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