

Human Resource for Health in Nepal

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Human Resources for Health is defined as “all people engaged in actions whose primary intent is to enhance health”, according to the World Health Organization's (WHO).¹ The HRH is one of the building block of health system which includes doctors, nurse, dentists, allied health professions, community health workers, social health workers and other health care providers, as well as health management and support personnel - those who may not deliver services directly but are essential to effective health system functioning, including health services managers, medical records and health information technicians, health economists, health supply chain managers, medical secretaries, and others.

The HRH deals with issues such as planning, development, performance, management, retention, information, and research on human resources. In recent years, raising awareness of the critical role of HRH in strengthening health system performance and improving population health outcomes has placed the health workforce high on the global health agenda.²

WHO estimates a shortage of almost 4.3 million HRH workers worldwide.³ The shortage is most severe in 57 of the poorest countries, especially in sub-Saharan Africa.⁴ The shortages of skilled for health workers are also reported in many specific care areas such as mental health professionals, skilled birth attendants and also maldistribution of skilled health workers leading to shortages in rural and underserved areas.

The situation of HRH in our country is even worse. Although there are legal and policy provisions such as- constitutional provision, Nepal Health Policy 1991,⁵ Second long term health plan 1997-2017,⁶ Nepal Health Sector Program (NHSP) II 2010-15,⁷ Nepal Human Resource for Health Strategy 2003-2017,⁸ Nepal Health Service Act,⁹ Nepal Health Service Rule¹⁰ and other health institution operation guideline 2061 BS, National Ayurved Health Policy 1996, TYIP, etc. These policies guide the HRH in Nepal.

The HRH is managed mainly by Ministry of Health and Population in the country, which also coordinate and collaborate with private, NGO, autonomous bodies and other health institutions in Nepal. However, three other ministries; Ministry of Defense (MoD), Ministry of Home

(MoH) and Ministry of General Administration (MoGA) also looks after their health man powers through Shree Birendra Army Hospital, Nepal Police Hospital and Civil Servant Hospital respectively.

The major issues that arise in the health workforce of Nepal are - retention, inadequate skill mix, proper distribution, inadequate finance, low opportunity for pre and in-service training. The Government of Nepal has recognized these issues. This has resulted in the formulation of Nepal Human Resource for Health Strategy in 2003 for 14 years, i.e. 2003-2017. However, it was not effective because of inadequate projection, poor implementation and inadequate funding. Therefore, a new initiative has started by establishing country coordination facilitation (CCF), its first meeting was conducted in 2010 and came out with HRH strategic plan 2011-2015. Nepal Health Sector Support Programme (NHSSP) and WHO Nepal along with Ministry of Health and Population (MoHP) has completed the NHSP- IP 2 on 2010.

Our country has Legal and policy provisions with the latest establishment of CCF which provides a platform for the relevant stakeholders like political and opinion leaders and constituency stakeholders from all part of life related to HRH to coordinate and monitor the process of HRH plan in Nepal. The willingness of leaders to address the HRH related issues through adopting a performance based management system (PBMS) has been realized, the Government of Nepal has also recognized community health workers' contribution and has brought the policy of upgrading the health care services below the district level. About 19 medical colleges are producing the medical professional workforce (MBBS, MD/MS/MDS, DM/Mch), about three dozen paramedical institutions are producing Nurses (PCL nursing, BN, BSc N, MN), Bachelor in Pharmacy in higher course (M Pharm, Pharm D, PhD) are conducted by 14 educational institutes, diploma in pharmacy (by 24 institutes - CTEVT) are producing enormous number of health workforce.

However, the weak co-ordination of HR among the planner, produce and user (academia, MoE, MoHP, professional councils, MoGA, PSC etc); absence of mechanism to coordinate and interface HR information for the health sector in general (i.e. Public, Private

for profit and Private not for profit) and weak HRH management information system and database, inadequate implementation of retention and motivation scheme to the health workers posted to the remote part especially to Karnali areas and mid and far west region and legal problem in enforcement to the recruiting of sanction post in a timely manner, poor monitoring and evaluation (M&E) framework and HuRIS makes it difficult to effectively monitor both the qualitative and quantitative benefits of a retention scheme. The weak retention and utilization of government health workers at all levels, especially in remote part of the country and lack of deployment and retention strategy that results in distribution problem in turns leading to urban concentration. There are shortage of selected categories of health worker and quality of all category of HRH is a major concern due to lack of insufficient planning of capacity development for in-service training and continuous medical education system and insufficient quality control mechanism of HR producing institutions are main challenges of HRH issue in Nepal.

Therefore to improve the scenario there has to be a system of coordination, collaboration with public private, NGO and civil society partnership with various stakeholders (Government, multilateral agencies, private sector, bilateral partners, civil society, academia, professional associations, regulatory bodies, trade union representative etc) for human resource development. A comprehensive human resource development for health plan and M&E framework needs to be developed with proper implementation including a package of pre and in service training, capacity development and continue medical education system in the country. The government has to produce selected category of HRH of high demands such as; MDGP, anesthesia, anesthetic assistant, epidemiologist, hospital administrator, microbiologist etc and implement incentive and retention plan for the health workers working in the remote part of the country. The Human Resource Information System (HuRIS) has to be strengthened for proper and reliable database update and develop annual review mechanism every year focusing in HRH issues and reform agenda. The scientifically robust research on HRH and its publication in the national medline indexed journal has to be strengthened and promoted.

Now, time has come to think seriously about organization and management of human resources for health. We have to come out with specific regulatory framework for modes of remuneration, salaries and other financial rewards, performance appraisal and non financial

incentive schemes, stock and distribution of human resources for health and its information, numbers and distribution of health workers, estimating unemployment rates among health care professionals, education and training system, number of HR required for the country, setting of standards for professionals and educational institutions, HR career path, and research on migration of health workers. And, we need a system of robust planning for human resources for health in Nepal.

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