NEPAL: STRENGTHENING INTERRELATIONSHIP BETWEEN STAKEHOLDERS

Key facts

- Population: 28,810,000
- Infant mortality rate: 41/1,000 live birth
- Maternal mortality rate: 380/100,000 live birth
- Physicians in country: 2.1/10,000 population
- Nurses and midwives: 4.6/10,000 population
- Health care workforce (physicians, nurses and midwives): 6.7/10,000 population

In 2008, a study by the Family Health Division validated dramatic declines in the Maternal Mortality Ratio (MMR) in Nepal, while the 2009 NFHP mid-term survey of 40 districts also affirmed continuing reductions in infant and under-five mortalities and increased utilisation of reproductive and child health services. However, the health system counties to face challenges, such as the lack of skilled human resources, centralization of general and financial administration, slow decentralization process, inadequate supply of equipment and drugs, political interference in management, weak supervision, lack of physical infrastructure and inadequate repair and maintenance of physical infrastructures, and unequal access in health services delivered by private sector.

Non-state health services are currently not well documented or monitored, and regulatory institutions lack oversight and agreed standards of care. There are also no regular channels to coordinate with non-state actors, monitor their performance and guide them towards complementing Government policy. Government recognises the importance of maintaining the independence of non-state actors, but more frequent contact is needed in order to identify and exploit opportunities for mutually beneficial cooperation.

MoHP developed strategic plan for human resources for health (2003-2017) in 2003. The strategic plan doesn't include specific vision for the development of HRH. However, the NHSP-IP 2 has identified the need of scientific and robust projection of human resources for the coming five years to develop/update strategic planning for human resources for health. After extensive government transition, there are now numerous policies regarding the human resource for health, including the Nepal Health Service Act and its Regulations, Three Year Interim Plan; and Strategic Plan for Human Resources for Health (2003-17). The Government adopted a Sector Wide Approach (SWAp) for NHSP, to improve aid effectiveness by coordinating the efforts aimed to track to achieve the MDGs for health. In August 2010, CCF-Nepal formed to address the HRH issues and to formulate an HRH Plan.

Human and Financial Resource Management Division of the Ministry is taking a lead role in the overall management of the human resources in the health sector. National Health Training Centre provides various in-service training for the health professionals. In addition to these, five regional and one sub-regional training centres are also
contributing major role in the development of health human resources in the public sector.

Challenges

There are different human resource issues in the health sector of the country. Insufficient competencies in providing services, narrow skill mix of the workforce, uneven distribution of trained human resources, and improper HR management are the key issues. Similarly commonly observed problem areas in HR management in the public sector in Nepal are recruitment, legislation, discipline, development, training, rewards, and promotions. These underlying issues have incited decreased motivation on the job, a low retention rate, and low productivity in health services. As a result, the outcomes of health service indicators are highly affected. The current size, structure and pattern of human resources are unable to meet the current need to address the triple burden of diseases: communicable disease, non-communicable diseases, and newly emerging challenges.

Although the production of doctors and nurses in the country is satisfactory, these resources have not been fully utilised. Evidence points to a chronic shortage in public health services in positions like physicians, cardiologists, pediatricians, nursing staff, gynecologists, anesthesiologists, radiologists, hospital administrators, nutritionists, epidemiologists and microbiologists. Specialists prefer to join private institutions in urban settings or migrate to developed countries, and newcomers generally choose air-linked, remote districts to be quickly eligible medical doctors.

There is a need of interrelationship in between existing health system policy and human resources for health. Current human resource strategic plan (2003-17) is not sufficient to cope these situations. Therefore, new human resource plan is desirable.

Actions needed for the formulation of human resource plan in Nepal are given below:

- Identify the stakeholders involved in the process of the HRD in the health sector and develop a national forum
- Stakeholders analysis
- Develop tool kits and raise awareness
- Classify HRH problems and profile preparation
- Identify and analyse the possible strategies
- Define strategic options and finalise the strategic plan
- Prepare a human resource development plan for Nepal
- Publish and disseminate the plan document
- Human and Financial Resource Management Division of the MoHP will lead and develop the HRH policy. The key process includes the formation of a policy forum including all stakeholders, identification of a technical working group, hiring of consultants, participatory workshops, preparation of profile including data analysis, formulation of strategic and periodic plan.

The Ministry has Human and Financial Resource Management Division to look over all the human resource initiatives. The division will lead, facilitate, implement and participate in the process and establish a monitoring and evaluation mechanism. Recently various entities of the MoHP and other stakeholders participated in the designing of NHSP-IP 2, of which one of the chapter is related with the human resource development. Representative from the MoHP, academia, institutions, professional councils were consulted during the designing process.
Coordination structures

Crossroad of Federalism and the Health Sector:

- Transition to federalism has arisen.
- The federal structure will affect every area of the health system, from planning to service delivery and overall health governance.
- Basic elements of structure and level of governance have not been defined yet.
- The future functions of different levels of government are yet to be decided.

Process of stakeholders identified at the Central and regional level:

- A group of people was initially involved to finalize the CCF action plan
- A draft action plan submitted from the HR&FMD to the Secretary of the Ministry and approved
- 8 outputs were identified
- MoHP organized a meeting involving various partners for the identification of stakeholders
- A national forum, Chair by the MoHP secretary formed (Ministerial level decision)
- Below the national level’s participation will be ensured at the national level, however separate committee for sub-national level are not proposed now.

Three working Committees are proposed:

- POLICY – To analyze the Policy concerns in relation to current and future HRH development
- SKILL MIX – Identify appropriate skill mix for institutions, districts, regions and country
- PROJECTION – Projection of HRH requirement for Nepal (20 years)

Role of stakeholders will be assigned based upon the relevancy of the functions and their interest of area of the work

Lessons Learned

- Information is there, but scattered and needs to be communicated
- Fragmented initiations do not work well
- Other ministries (MOF, MOGA, OPMCM, PSC), health professional associations, private sector, and trade union’s adequate involvement is the key
- Bringing all stakeholders to one table generates a lot, including creating ownership, maintaining transparency, and developing generates a relationship

Creating the committees on the future HRH planning process could lead to better understanding, participatory planning and harmony, technical backstopping, ownership of the plan, investment on HRH, facilitate the implementation of the plan, a joint monitoring mechanism, and comprehensiveness.