

Insight into Human Resources for Health Status in Nepal

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Introduction:

Human Resources for Health (synonyms are health manpower, health personnel, or health workforce) refer to persons engaged in any capacity in the production and delivery of health services. These persons may be paid or volunteers, with or without formal training for their functions and in the public or private sector. The Human Resources for Health (HRH) situation in Nepal has been met with several key challenges particularly related to the shortage and uneven distribution of the health workforce in the country. A trained and skilled health workforce at the right place with adequate motivation and support are crucial to achieving the MDG targets by 2015. The performance of the health workforce plays a crucial role in the improvement of health outcomes, due to its impact on accessibility to health services and appropriateness of care provided to service users. There is increasing global consensus for the need to consider the health system in its entirety, taking into consideration the limitations of public health budgets and the use of the private sector as a support in the struggle to provide higher quality services to a greater number of people. Public Private Partnership (PPP) is seen as a way to optimise the use of available resources.

The low level of motivation among health workers has been identified as a key issue in the current human resources crisis in the health sector. Yet the focus on motivation and performance of health workers through improved working conditions is often overlooked by governments in favour of macroeconomic issues. In Nepal, ensuring a comprehensive strategy that maximises health worker motivation is crucial, particularly in remote areas where the low retention of health workers creates an enormous challenge within the health system.

In developing countries like Nepal, which have the highest disease burden and where many of the MDGs seem to be beyond reach, it is now accepted that HRH is not only strategic capital but also the most important resource for the performance of the health system

Global Scenario

The World Health Report (WHO) 2006 states that shortages, uneven distribution of staff, skill mix imbalance, incompetency, migration, and deployment and retention related issues are major HRH problems in developing countries. WHO identified a threshold in workforce density of 23 health workers per 10,000 people, below essential interventions, including those necessary to meet the health-related MDGs, are very unlikely. (1-2) Based on this figure, there are currently 57 countries with critical shortages: a global deficit of 2.4 million doctors, nurses and midwives, with an overall global shortage of 4 million health workers, mainly impacting on developing and fragile states. And Nepal is one of the 57 countries with the critical shortage of health workers. (3)

National Scenario

WHO Global Atlas of the Health Workforce signifies that with a density of seven health workers (doctors, nurses and mid-wives) per 10,000, Nepal is far from meeting the threshold. (4) Despite the fact that the population has increased by 45 percent in the last two decades, the number of sanctioned health posts is still based on the 1991 Health Policy.

Nepal Medical Council's data suggests there are only 16 registered health workers (doctors, nurses and auxiliary nurse midwives) per 10,000 people. Even if the Council figures are inconclusive, there is a significant shortfall in health workers. In addition the same data reveals that only 30% of registered health workers are enrolled in the public sector.

Nepal is in the phase of disease transition as it now faces a double burden of both Communicable and Non-communicable Diseases (NCD). The ratio between communicable and non-communicable diseases is narrowing,

Current National Health Plans and Policies guiding HRH

- National Health Policy (1991)
- Second Long Term Health Plan (1997-2017)
- Health Services Act (1997)
- Human Resource for Health Strategic Plan (2003-17)
- Three Year Plan Approach Paper (2010/11-2012/13)
- Nepal Health Sector Programme-Implementation Plan II (2010-2015)

with NCDs constituting 51% of all annual deaths in Nepal. (5) Non-communicable diseases also account for 36.5% of in-patients and 80% of outpatients. (6,7) This indicates that Nepal is in epidemiological transition and provides warning that the workload of health workers should increase as they have to tackle communicable as well as with non-communicable disease.

Nepal still has a significant way to go to meet the MDG targets related to safer motherhood. As of 2009, there were approximately 1,700 safe delivery staff in government facilities at district level and below. It is estimated that around 7,000 safe delivery staff are required to reach the MDG target of 60% births delivered by a skilled birth attendant from the current level of 36% of births. This translates as a fivefold increase in staff nurses and a threefold increase in Auxiliary Nurse Midwives (ANM) on current levels. (8)

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The draft report of MoHP on the Human Resource for Health Strategic Plan 2011-2015 states that Nepal produces sufficient health workers. A review article by Gilles Dussault and Maria C Franceschini also found that there is an abundance of HRH production, especially doctors and nurses, in Nepal therefore like in other developing countries; the "brain drain" of health workers has been identified as a major concern. (9) Previous research has identified that professional Councils are being approached for letters of good standing by staff wanting to work abroad and data suggests approximately 16% of registered doctors are outside the country studying or working. (10,11)

The MDG Needs Assessment 2010 outlined that Nepal requires the following HRH resources in order to meet the MDG targets on health:

- 2,448 medical doctors
- 387 technical officers
- 199 administrative officers
- 321 nursing officers
- 3,418 nurses
- 20,478 ANMs
- 9,202 paramedical staffs
- 4,800 administrative staffs

The uneven distribution of health workers has been a major concern in the health sector and the deployment of health personnel to the rural and remote areas of the country is a challenge. For example, out of a national stock of 8,118 medical doctors, only 1,062 are working in sanctioned government posts, while approximately 300 are working in government posts under the Ministry's scholarship programme. Two-thirds of health staffs are working in either the Kathmandu Valley or in other cities, leaving rural areas under-staffed, with absenteeism a growing problem. (12,13)

Determining and achieving the 'right mix' of health workers, who are productively efficient is an enormous challenge for most health systems. Only 43 percent of hospitals and 18

percent of PHC facilities had an appropriate skill mix i.e. at least one health worker from each HRH cadre (Medical Doctor, Nurse, Health Assistant, Assistant Health Worker, Laboratory Assistant/Technician and Radiographer). Furthermore, the in-service curriculum does not take into consideration the epidemiological shifts in the population, and despite the fact that the prevalence of non-communicable diseases is 36.5 percent, yet only 17.4 percent of Health Workers have received orientation or training on NCDs from government.

There are a higher percentage of private academic institutions (90%) than public academic institutions, of which the majority are in urban areas (96%), and 58 per cent are located in the Central Development Region (CDR). By contrast, only 2.4 per cent are located in the Mountain belt and 2.9 per cent are in the Far-Western Development Region (FWDR).

Conclusion:

There is scarcity of doctors and other health cadres in the public sector, particularly in rural areas. The skills of those serving in the health sector have also not been updated in line with changing disease trends and technological advances. The data available on HRH is limited and ambiguous. The number of sanctioned positions, categories of health workers and training curriculum should be revised to account for epidemiological shifts and population growth in the last two decades. Poor work conditions compromise health workforce supply, retention and quality of care.

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