**Study on the Projection and Management of Health Care Professionals for the Next Ten Years**

Aryal BK, Baral B, Sapkota BP

Date: 2012

**Background**

The interim constitution of Nepal has incorporated health as fundamental rights of citizens and It has been well accepted globally that human resources for health is a key area to be addressed in achieving the health related Millennium Development Goals (MDGs), as well as efficiently running the in-country health sector. To address the need of the country, there are different health related policies, plans, strategies to ensure the appropriate number and distribution of the various categories of health personnel, who are socially responsible and technically competent currently there are different. Although there is remarkable progress in the health sector, Nepal has been identified by the World Health Organization as one of the nations with a critical shortage of health workers. Similarly the critical shortage is magnified by the problems related to deployment and retention of human resources (HR), under staffing at all health care institutions particularly in rural areas, working condition of health worker etc.

**Methods**

The study used mixed method with cross sectional-descriptive design and document review to describe the current situation of the Human Resource for Health (HRH) at the cross section of the given stud period. Key informant interview and desk review were the methods for data collection. Authorities who were working at different level of institution for Human Resource for Health production and utilization (public and private sector) including the planners and policy makers in the sector of Human Resource for Health including district, regional and central level health manager were included for data collection.

**Results**

The review of policy document revealed that the HRH issues are highlighted through different health policies, plans and strategies and currently Nepalese human resources for health is guided by National Health Policy (1991), Second Long Term Health Plan (1997-2017), Human Resource for Health Strategic Plan (2003-17), Three Year Plan Approach Paper (2010/11-2012/13) and Nepal Health Sector Programme-Implementation Plan II (2010-2015). Regarding the number of health worker, the available secondary data of Human Resources for Health was inconsistent in different sources, and the private sector data was not accurate and complete. There is a human resource information system (HuRIS) establish in Ministry of Health and Population (MOHP), but there no complete data even Human Resource for Health working on public sector. Review of CTEVT profile showed that there were more than 91,000 basic level basic health workforces and more than 12,000 mid level health workforces graduated till date. Similarly there were currently about 1260 MBBS doctor were graduating every year and the number of graduating is in increasing trend for coming year due to completion of course through many medical colleges. The demand side analysis showed that most of the hospital (both public and private) were urban centric making uneven distribution of Human Resource for Health and difficulty in getting health service for most of the rural population.

**Conclusions**

There was shortage, uneven distribution and problems in mix of health workforce in human resources for health. The current number of health workforce were facing difficulties to provide service due to increased population, increased expectations of people and increased public health related programme which needs to be reviewed and addressed to ensure affordable, accessible and available quality health services in every part of the country.

**Keywords:** health workforce; human resource for health; production; utilization.