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Health System through the Eyes of a Doctor from Rural Nepal

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ABSTRACT

Its almost 30 years of declaration of Alma-Ata for primary healthcare policy the health system in Nepal still facing shortage of trained medical doctors and health professionals reaching remote and rural part of the country to provide quality health services. There are number of issues such as financial or non-financial incentives, professional advancements, educational opportunities and workplace environment. Healthcare delivery system in Nepal is failing to meet the healthcare need of the general public and needs discussion and revision. However, despite of so many challenges more doctors are willing to work in the remote and rural Nepal. The government has to come out with effective planning and policy regarding health system and human resource for health. In this context, an attempt has been made for a analytical perspective from a medical doctor point of view to highlight some of the pertinent local and policy related issues to improve Health System in Nepal.

Keywords: doctor, health, health system, nepal, policy.

INTRODUCTION

Its almost 30 years of declaration of Alma-Ata for primary healthcare concept,[1] the healthcare system in Nepal still faces, the shortage of trained medical doctors reaching at its lowest level and provide services in background of limited resources and paramedical staff and taking responsibilities which they have never encountered.[2] There are number of issues related in this context, from financial incentives, professional advancements, educational opportunities and good working conditions.[2] In this context, an attempt has been made for a analytical perspective from a medical doctor point of view to highlight some of the pertinent local and policy related issues.

DOCTOR ADMINISTRATOR AND POLICY ISSUES

For a naïve medical doctor, fresh from a medical school, is send to rural setup without any preparedness with extra additional administrative burden. He is been made to take crucial administrative decision in the background of almost vacant knowledge and experience.[3]One who accepts such a position should understand the organization's needs and expectations and, within bounds of professional ethics, be prepared to meet them.[4] Even medical directors of very small organizations, such as small private hospitals or clinics, routinely, and sometimes unknowingly, incur administrative and or legal responsibilities for which they may later be held accountable.[4] A lot of brilliant medical doctors have lost their clinical skills in a longer run and reached nowhere, in the context of difficulty in retaining quality manpower. To make it more worse, an inexperienced administrator is been assisted by other administrative staff who has no inclination for patient care and decision are solely based on figures and facts.A number of doctor administrators have been tempted to falsehood and financial crashes in this regard.

In Nepal, too often, individual's age, years of clinical experience and level in current job is valued in the government as qualification for executive posts though that person does not understand every respect health care organizations and the total management.[5]Administrative competencies of a clinician have never been questioned

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nor performance is evaluated by professionals like in other industrialized countries.[6]Some government staff had crash course or training of one to three months, which probably is better than nothing as performance of providers is determined primarily by their qualifications, deployment and their working conditions and appropriately allocated across different occupations and geographical regions can attain the health objectives.[7]

The present healthcare system demands doctors with a dual degree of management and leadership in healthcare or a training of its kind with adequate exposure as already realized in developed countries.[8]This engages future leaders of health care at an early career stage, creating a bench of talented future physician-administrator.[8]A parallel development of administrative staff with a healthcare inclination, for instance a graduate of health management can provide some solution while making decision in a healthcare institution of any levels. There is also requirement of increase in the number of healthcare inclined administrator representative in central ministry who are likely to be involved in making healthcare policy which at the moment is also questionable. This is made even worse by the meager time they spend in health ministry in wait for better and promising ministry. Thus, the government must be proactive in producing next generation human resource for future health governance as stated in legislation[9] and in recruiting those who already have relevant Bachelor's Degree in Public Health or Health Care Management or allied field for junior management positions by coordinating with Public Service Commission.[7]A clear health policy is what is lacking here requiring a lot of discussion on pertinent healthcare structure and its working manpower.

HOSPITAL AND PUBLIC HEALTH OFFICE

Historically, there has been a debate of who will be the chief administrator of the district health office. The reality doesn't lie on the field of work rather it is the budgetary discrepancy the head of the institute and the associated staffs are interested while working with the preventive part. It is quite true that the medical doctor who shares the bulk of the work with the office has a upper hand in this context backed up by the Nepal medical association however this is onlygoing to solve the problem in a temporary basis. On the other hand the various programs of the government is not scientific enough to address on a need basis and disease prototype on the local level[10] but rather is influenced by the budgetary support they receive from their international counterparts. What this has done is created a sense of alignment of the health staff working in the periphery towards work related to budgetary outcome and failed to focus properly in health of the local people. Moreover, a sense of misbalance has developed among the motivation of the staff of similar level working in the same office. The government fails to address the burden of work in already deprived health workers who compensate their daily hours for the rising population and increasing unnecessary programs from the center.[11] The staffs are now compelled to neutralize this event by underreporting or fabricating the data especially in rural areas with the minimum of work as per the program of the ministry, and encouraged more by the lack of proper disciplined supervision. In this context we refer to an article which has surprised the global community with improving infant mortality rate and maternal mortality rate in a nation engulfed with war, where even the government official fail to reach and stay in their destination due to lack of security.[12]Separating the hospital and public health offices is not a complete solution to this problem, rather a holistic approach of integrating a hospital work with public health aspects , anddeveloping staffs with a common degree and interest can be thoughtful. In present context, demand of healthcare by public is more curative.[13]The answer to this solution lies somewhere in between.

LEVEL OF HEALTHCARE

Many primary health care programs were ineffective, as research undertaken in Nepal has shown, because they reflected the perspective and needs of the health bureaucracies involved rather than those of the local villages receiving services.[14] Similarly, work in other South and Southeast Asian countries reveals that primary health care was interpreted differently in different bureaucratic settings and adapted to bureaucratic needs, but not necessarily adapted to village cultures and conditions.[15] To add to this already biased system, there is a failure in recruitment of number of trained healthcare professional to rising donor based healthcare system with a rising population. Level of healthcare services in the local community has been a efficient way for political propaganda for a political party where decision are based primarily on a political gain rather than a true critical view and holistic understanding of the local community and the bureaucratic infrastructure. In this context, implementation of free drug program being launched without understanding the quality of care, risk of medicalisation of public health services, mismanagement ofdrugs and health worker resistance towards the policy can be discussed.[11] What this has done, has minimized time a medical personnel gives to his patient in a already deprived trained manpower setups. This is a high time we understand our local people and their need and make decisions on the level of care rather than for some bureaucratic stability and political gain.

POLITICALIZATION OF HEALTH

A political appointment of head of institution in many crucial healthcare institutions creating the headlines of newspaper have been common in recent days.[16]In this context, a fair appointment of healthcare staff at all levels of government healthcare structures cannot be expected when there is a political instability in the country. This has created a sense of indiscipline among the staff, and healthcare delivery has been severely affected at all levels. Moreover, political and bureaucratic influences and appointments make life of a newly coming graduate to a rural healthcare system difficult and complicated. An ill trained doctor is send to take in charge of the whole district in scenario of unstable politics and isexpected to balance them at all costs.Medical doctors being harassed for unnecessary demands and vandalism at hospitals has been a common scenario nowadays.[17]There is failure of understanding that healthcare is a collaborative approach and it is the participation of the people in healthcare is the primary determinant for health for all.[1]

WAY FORWARDS

Healthcare delivery system in Nepal is failing to meet the healthcare need of the general public and needs discussion and revision. Although retention of manpower and depleted infrastructure has been highlighted as the core issues, not much has been achieved in this regard. This has been made even worse due to heavy politicization and lack of bureaucratic commitments.

However, despite of so many challenges more doctors are willing to work in the remote and rural Nepal. The government has to come out with effective planning and policy regarding health system and human resource for health. More than financial non-financial incentive have been observed to retain health workforce in the rural part of the nation. Health is the fundamental right of the Nepalese citizen, to enjoy quality health service we need to have a evidence based scientifically structured health system in the country.

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