

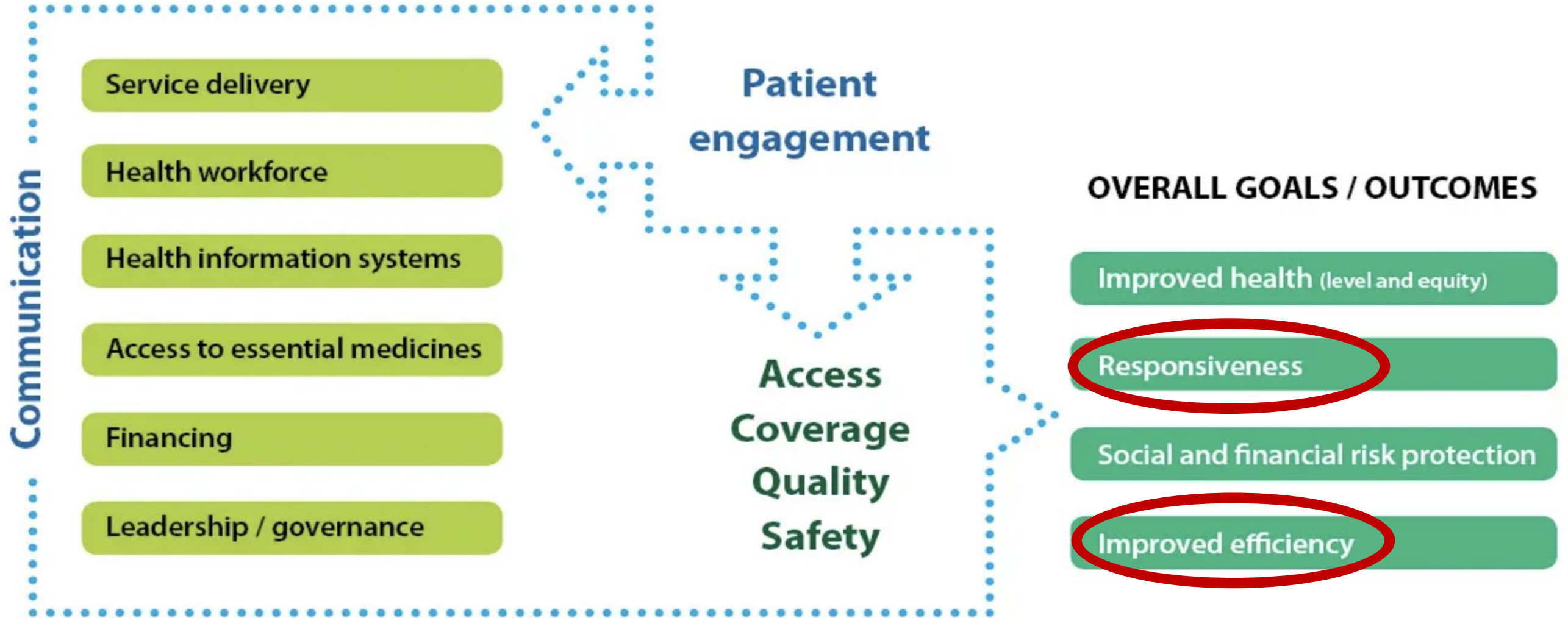
Efficient and Responsive Health System: An Evolution Over Political Revolution

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Context of the study

Health System Construct

SYSTEM BUILDING BLOCKS



Efficient and responsive health system

- Universal Health Coverage(UHC): additional resources vs wise use of limited resources.
- Health services delivery by optimum use of financial, human, and infrastructure resources (1)
- Provision of effective health services with minimum waste and maximum outcomes(2).
- **Responsiveness:** Ability to meet the legitimate expectations of healthcare service users
- Expectations beyond medical care: the environment, timely and appropriate care, providers' behavior, and catering to diverse healthcare needs (3).
- Achieving responsiveness while optimizing resource utilization is crucial for an efficient health system(4).



समाचार

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आइतबार, चैत २५, २०८० ॐ १६:४१

जनअपेक्षाअनुसार सेवा दिन सकिएको छैन: स्वास्थ्यमन्त्री यादव



<https://swasthyakhabar.com/story/55761>

Evolution of health system

- 2000-2080 BS; A series of political changes: structural and functional changes in the health system
- Each change aimed to have a more responsive, accountable, and efficient health system(6)
- The recent shift to federalism has encountered challenges: Infrastructure, HRH, resource inadequacy and wastage, procurement delays, and poor coordination have also hampered the efficiency and responsiveness of the health system(7)

Study objectives:

- To investigate the evolution of a responsive and efficient health system over the past few decades of political revolution in Nepal
- To identify current issues and challenges in the Nepalese health system concerning responsiveness and efficiency

Study Methods

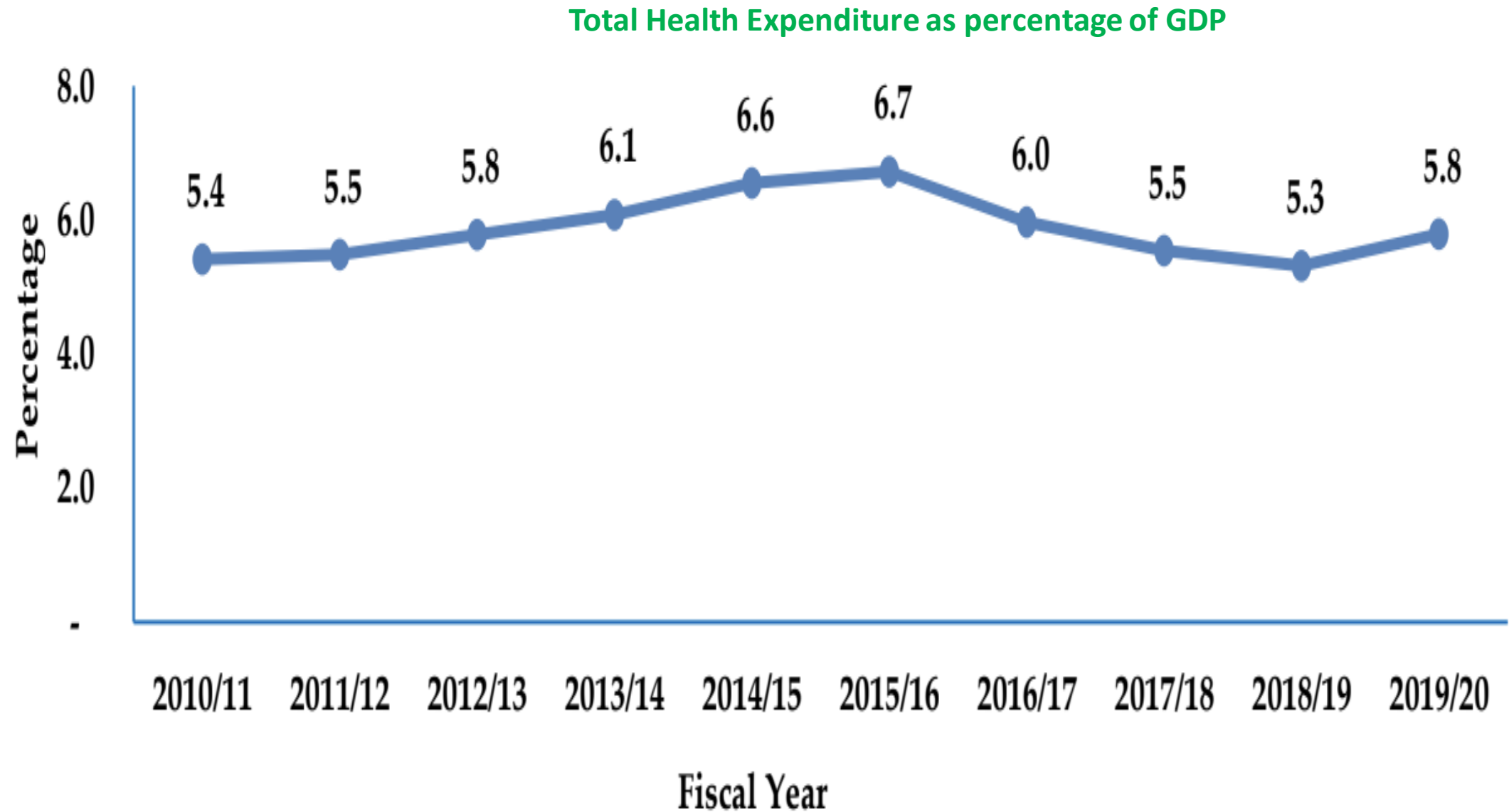
- Exploratory descriptive design: exploration of historical evidence
- Qualitative methods:
 - Review of policy documents
 - Consultation with policymakers and program managers
- The study is still going on

Preliminary Findings

2007 Political Revolution		Efficiency	Responsive
2007-2036 BS	<ul style="list-style-type: none"> Hospitals/Health Centers established in major cities Missionaries/ NGOs run hospitals Small Pox Eradication, EPI Vertical Health Projects (Malaria, Leprosy, TB) Political division of country; Regionalization of health services Establishment of IOM for competent HRH 		
2037 Janamat sangrah: Sudhariyeko Panchayat			
2038-2046 BS	<ul style="list-style-type: none"> Health Services Towards Aspiration of Alma Ata Conference PHC approach: Integration of Vertical projects; Integrated services, Expansion of Hospitals, Health Centers, and Health Posts in rural districts Super specialty hospitals in Kathmandu 		
2046 Pro-Democracy Movement			
2047-2062 BS	<ul style="list-style-type: none"> NHP 2048, Expansion of health services >4000 HFs, Private sector in health service and HRH production Foreign Aid increased in the Health sector Health is identified as Development sector, Sectoral Strategy Priority on MCH and Infectious diseases District Health System, wider network of health services 		

2062/63 Political Revolution		Efficiency	Responsive
2063-2072 BS	<ul style="list-style-type: none"> • SLTHP: Essential Health Service Packages (20 services) • Focused on: equity and access to women, indigent, rural populations • The interim constitution declared the state's commitment to, and responsibility for, the health of people • Exemption of user fees • Social health protection/Bipanna Nagarik Upachar Kosh/Social Health Insurance 		
2072 Constitution of Nepal			
Post 2072 BS	<ul style="list-style-type: none"> • Health as a fundamental human right • Health system focused on achieving the SDG targets • Re-structured health system as federal governance: Municipal Hospitals, Basic Health Services Centers, Provincial Hospitals etc • Expansion and strengthening of Health insurance program • Public Health Service Act, SM &RH Act • NHS-SP2023-2030, Health Financing Strategy 2023 		

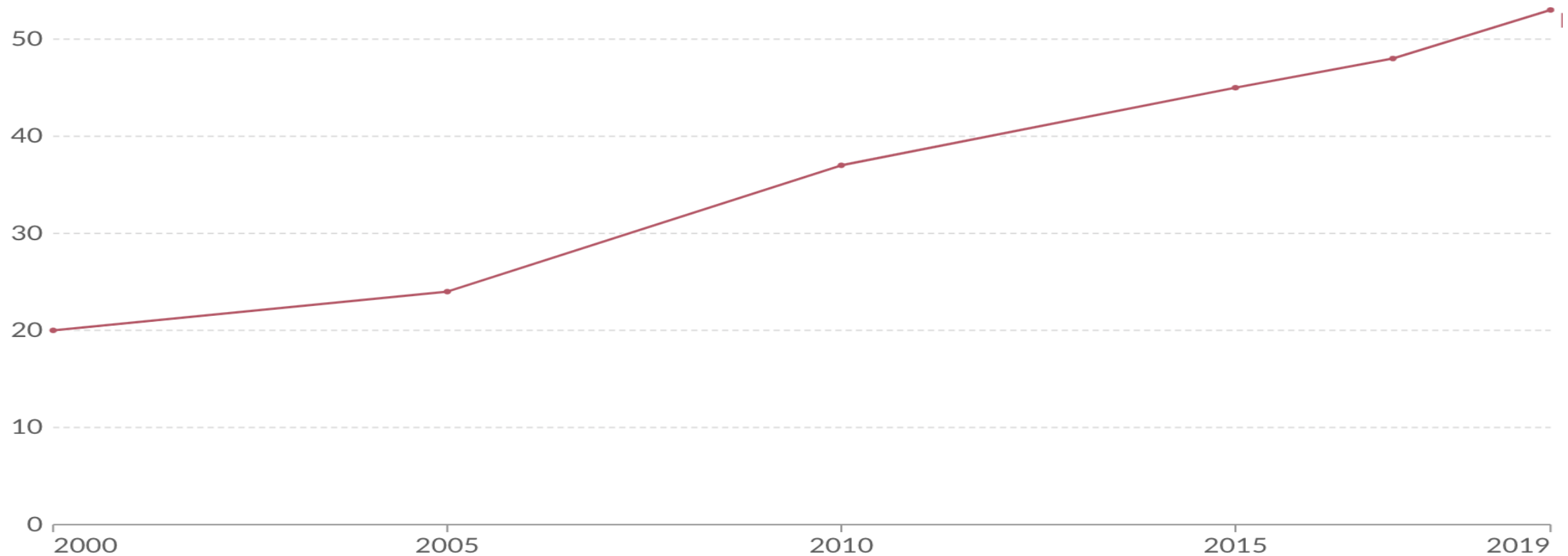
Efficient...?



Responsiveness....?

Coverage of essential health services

Coverage of essential health services is measured as an index on a scale of 0 to 100 (where higher is better). This index is based on risk-standardized death rates – which give a measure of healthcare access and quality – and whether common interventions are carried out.



Data source: World Health Organization (via World Bank)

OurWorldInData.org/financing-healthca

Issues and Challenges

Issues and challenges

- Multiple social security windows; a question on the efficient use of limited resources
- Overlap in the “Free Basic Health Services” and “Benefit Package of Health Insurance”
- Workload, stress, and burnout syndrome among health workers, Violation of consumer right
- Management competencies among health service managers at the local level,
- Sustainable financing: Government financing, health insurance, high tax on health - harming products
- Health expenditure due to rapidly aging populations and burdens of NCDs
- Commercialization of health care services
- Rigid Beurocratic process for health service utilization (Crowded oversight-Emerging in recent days)

What makes the health system efficient?



Health workforce

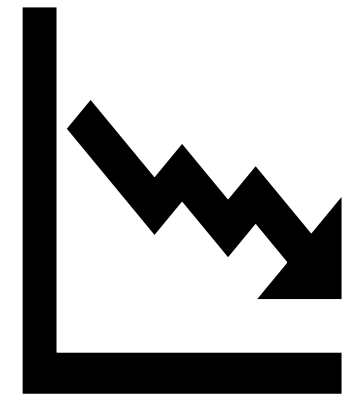
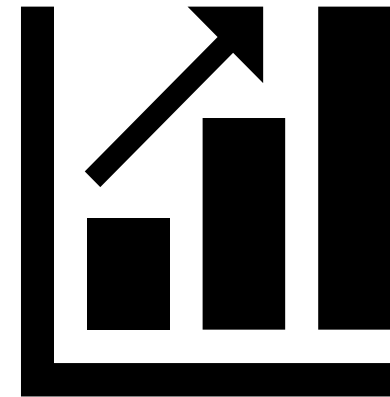


Money



Methods/Procedure

Responsive Health System....



Meeting the expectations of clients

Vs

Achieving the expectations (? targets) of the program

Conclusion

- As we witnessed the three major political revolutions over the 80 years, the **health system has passed the progressive development**
- With the political revolution, the health system has **evolved towards a more responsive but less efficient health service** delivery mechanism (**? Trade off**)
- Due to the **emerging challenges** caused by the changed socioeconomic, demographic, and epidemiological context, the existing health system has **yet to improve responsiveness and efficiency** in health service delivery.

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Thank You