# Human Resource for Health Development Policy in Nepal

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**Background**

The health policy of 1991 of His Majesty's Government was responded well with large number of health training institutions established in the private sector and production of large number of health personnel every year. Private sector has become the largest producer of all categories of health personnel. Quality assurance in education is a major issue especially with private health science schools. The human resource for health is an important and specialized area in comprehensive health planning process and it is high time to assess the HRH development policy.

**Methods**

The methodology adopted was field visits, policy document study, annual report study, record review and interaction with the concerned authorities of Ministry of Health, Ministry of Education, Planning Commission and Department of Health Services. Projection and simulation exercises were done on the basis of sanctioned posts, service needs and trends of health service and current HRH production situation. The information included in this document is up to the 30th October, 2003.

**Results**

The human resource for health development policy is not present in Nepal, but human resource for health decisions are guided by the national health policy 1991, second long term health plan (1997-2017), health service act and regulations, forecasting and projection studies and occasionally adhoc decisions for single cases. The human resource for health has increased significantly for physicians, nurses, pharmacists, auxiliary health worker, lab assistant and traditional medicine workers with over production of some category of health personnel. The production of paramedical subjects such as health laboratory technology, radiography and physiotherapy is very low in comparison to demand and has affected the services. The production policy of different category of health personnel is not present, so the mismatch on production has occurred. Inter university difference in courses has also appeared within country in subjects such as dentistry and nursing. Similarly the ratio of general physician to specialist physician is not clear. Several policy problems seen in management and utilization of health personnel. The management problems were exaggerated by the vacancy announcement policy of the public service commission.

**Conclusions**

The situation of human resource for health development has improved significantly in last ten years at all levels. The private sector has significantly contributed and emerged as the big partner in the human resource for health production in many subjects. Mismatch of production has already started with oversupply of auxiliary health workers three times more than the recruitment while severe lack of radiographer, lab technician and physiotherapy assistants has affected the delivery of health services. Quality assurance has become a national agenda in human resource for health production along with the privatization of medical education. Several policy level confusions and no policy decisions at all found on human resource development.

**Keywords:** development; distribution; human resource; management; policy; production; utilization.