

Barriers and Facilitators to Aged Care Policy Implementation in Nepal

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Background

- Older adult population (≥ 60 years) is growing in Nepal.
- By 2050, Nepal is projected to transition into an aged society, with over 10% of its population aged 60 and above.
- Over the past 70 years, the percentage of older adults (60 years and above) in Nepal has more than doubled increasing from 5.0% in 1952 to 10.2% in 2021.

Objectives- To explore facilitators and barriers related to the care of older people in Nepal by reviewing existing literature, policy documents and reports on aged care.

Methodology

This commentary is based on a review of existing literature, policy documents, and reports related to older adult's care in Nepal.

Key sources were identified through database searches (e.g., PubMed, Google Scholar) using keywords such as 'aged care in Nepal,' 'aging population,' and 'health policies for older adults.'

Results

Key Policies:

1.Senior Citizen Act (2006):

- Rights to healthcare, property, and protection from neglect.
- Family-centric care model (criticized for lacking state alternatives).

2.Constitution (2015):

- Free basic healthcare (Article 41) and local government responsibility (Schedule 8).

3.Geriatric Health Directives (2021):

- 50% health discounts for seniors; 61 hospitals with geriatric wards (2023).

Gaps:

- Weak implementation, no national long-term care policy.

Social Security & Financial Support

- **Senior Citizen Allowance:** NPR 4,000/month (~\$28.50) for ages 68+.
 - Covers 1.6M beneficiaries (44% of social security recipients).
- **Challenges:**
 - Insufficient for urban costs; politicized eligibility age reduction.
 - Only 7% of seniors receive pensions (ex-government employees).

Aged Care Facilities

- **Current Status:**

- 114 old-age homes (11 government-supported)
- Private homes are expensive; stigma persists.

- **Issues:**

- Depression in 58.5% of residents (Kathmandu study, 2024).
- No national registry of residents.

Access Barriers:

- Rural-urban disparities; 57.7% out-of-pocket health spending (World Bank, 2019).

Workforce Shortage:

- Only 1 registered geriatrician (Dr. Kandel, 2019).

Medication Safety:

- Polypharmacy, antibiotic misuse, and counterfeit drugs (WHO, 2024).

Data & Governance Gaps

• Incomplete Data:

- Reliance on small-scale studies; no centralized aging database.

• Coordination Issues:

- Weak inter-ministerial collaboration (e.g., Health Ministry vs. Women/Senior Citizens Ministry).

Recommendations

1. Policy Reform:

1. National long-term care policy with state-supported facilities.

2. Healthcare Expansion:

1. Mandatory geriatric training; subsidized insurance for seniors.

3. Financial Security:

1. Inflation-adjusted pensions; tax incentives for family caregivers.

4. Awareness & Data:

1. National aging registry; public campaigns to reduce stigma.

Conclusion

Nepal must act now to balance cultural traditions with modern aged care systems. As the aging population grows, it is crucial to preserve the values of familial respect and care while also developing sustainable, professional support structures.



Anjana Thapa

She is a research enthusiast with a keen interest in promoting elderly care and mental health in Nepal.