

# STATUS QUO OF NEPALESE HEALTH SECTOR AND APPLICATION OF HTA

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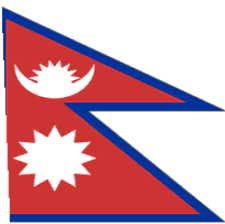
& Joint Secretary of Nepal government

# Presentation flow

- Overview of Nepalese health governance
- Public Health status quo in Nepal
  - ▣ Health related Policies
  - ▣ Major indicators
  - ▣ Major challenges/ problems
- Application of HTA to attain UHC
  - ▣ Introduction to HTA
  - ▣ Application of HTA
    - Nepalese context



# Overview of Nepalese Health Governance



# Map of Nepal



# Geographically, Nepal facing obstacles

- AREA: 1,47,181 Sq.Km ( Japan 2.5 times bigger)
  - mountain (3000 to up) 15%
  - hill (1000 to 3000 mtr) 67%
  - Terai ( 70 to 1000 mtr) 18%
  
- HIGHEST MOUNTAIN: Mt Everest, 8848 mtrs.  
( 90 mountains above 7000 mtrs vs Mt Fuji 3776 mtr)
- POPULATION: 28 M ( Japan 4.5 times bigger)
  - Mountain 7%, Hill 45%, Terai 48%
  - Rural above 80%
- GDP Per capita 450 USD (Japan 38000 USD)
- 126 different ethnicity / caste groups lives in different area

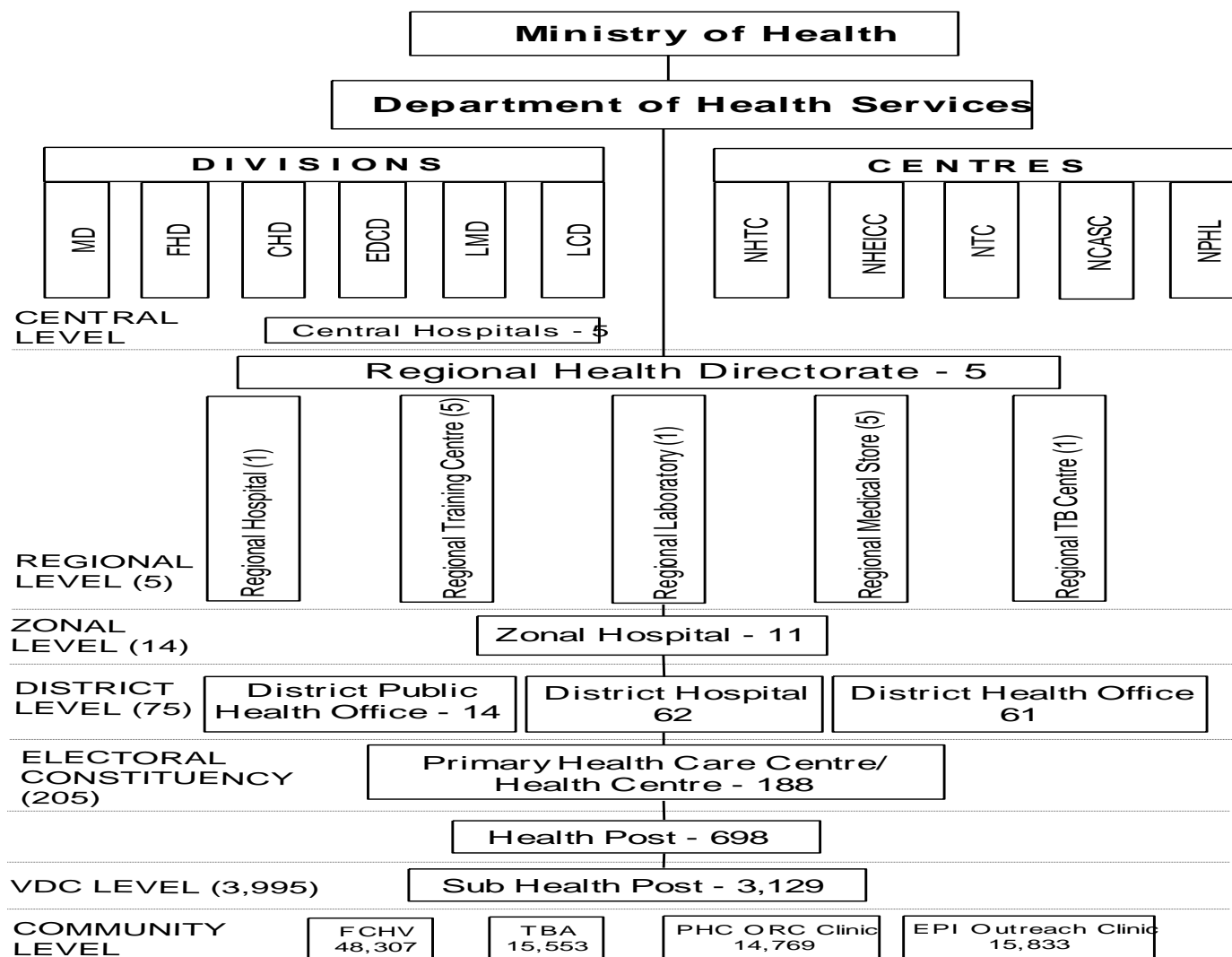
# Politically, Nepal is in unrest from the beginning

- People's revolution & demonstration occurred in 1990 for democracy establishment
- From 1995, civil war was happened for 10 years
- From 2005, revolution for anti-monarchy, federalism, proportional-inclusion have been running
- Huge Devastating Earthquake (7.8) on 2015
  - 800000 houses damaged, 9000 died ; Reconstruction is going on
- 2015, New constitution promulgated but could not covered all peoples' aspirations
  - That resulted 5 months customs point blockade and public agitation, economy shrink



# Public Health Status in Nepal

# Organization Structure of Nepalese Health Sector





# Additional organization structure

- National Health Research Council
  - Executive Body
  - Implementing body
- Inconsistency in Name of Ministry
  - Ministry of health & Science & Technology(2000)
  - Ministry of Health & population (2006)
  - Ministry of Health (2015)

# Nepalese Health Policies

- National Health Policy (2014)
  - ▣ Making effective and accessible to UHC
  - ▣ Make free basic health care
- National Health research Policy(2003)
  - ▣ To emphasize ethical practice in all health research
  - ▣ To conduct research prioritize by National Health Policy
  - ▣ To collaborate & networking with all stakeholders

# Major Indicators

Maternal Mortality (on track)	170 from 850/100000
Newborn Mortality (on track)	33/ 1000
Physicians/ bed per 1000 people	0.21/ 50
Place of delivery Home/healthcare facility	70/30
Life expectancy	67 years
HDI, HDI rank	0.56, 154/180
GDP Per capita	450 USD (Japan 38000 USD)
Population below poverty line	21.8% 20% more Added by last earthquake
Total expenditure on health as % of GDP (2013)	6% (Govt 40% private 60%) Japan 10% ( 80% govt)

# Leading Diseases accounting for morbidity

- Pyrexia of unknown origin
- Headache
- Gastritis
- Acute Respiratory Infection
- Intestinal Worms
- Amoebic dysentery
- Falls/injuries

# Problems/Challenges in Health sector

- ❑ Not enough health facility
- ❑ Lack of quality health technology and human resources
- ❑ Geographical hindrance
- ❑ Poverty
- ❑ Political challenges
- ❑ Procurement, storage, supply chain management, recording & reporting of drugs and equipment.

# Problems/Challenges .....

- ❑ Insecurity and conflict
- ❑ Lack of human resources (high vacancy rates in rural locations)
- ❑ Lack of supplies and equipment at rural facilities
- ❑ Lack of sufficient infrastructure inputs
- ❑ Mismanagement of ‘poor funds’ and subsidies
- ❑ Mistrust and fear of government services
- ❑ Poor perceived quality of care and provider behavior
- ❑ Supply and demand centralized
- ❑ Inaccessibility

# Challenges.....

- Resource Gap : How to fulfill ?, Issue of Debate.
- Privatization of health services: increase quality in urban areas but challenging for remote and far people.
- Epidemiological transition: Still facing huge burden of communicable disease(Diarrhoea, ARI) with newly emerging Non-communicable disease along with some new concentrated epidemic (HIV/AIDS)
- Internal conflict: Negative impact on overall social development (Death, Violence, Handicapped, Disabled, migration, Rape)
- Human Resource for health: Urban centered highly skilled manpower



# Application of HTA in support of UHC



# Define HTA (WHO)

- Proliferation of Health Technology and its expanding uses have fueled to increase health care costs.
  - ▣ This proliferation demands HTA
- The systematic evaluation of properties, effects and/ or impacts of health technology.
  - ▣ Of medicines, medical devices, vaccines, procedures and systems
- Is a multidisciplinary process to evaluate the social, economic , organizational and ethical issues of a health intervention or health technology.

# Why HTA

- 20-40% of all health spending is currently wasted through inefficiency use of resources ( WHR 2010)
  - ▣ Because; concerns of HTA are :- cost effectiveness, technical and financial feasibility, social and ethical
- Example:- Tobacco & alcohol generally have 3 impacts (health, social, governance) vs contribution to excise tax from sales
  - ▣ Consolidated monetary implication for society was more than double revenue earnings ( Thai research)

# Application of HTA in support of UHC

- Universal Health Coverage comprises
  - ▣ Equity in access to health services
  - ▣ Quality of health services should be good enough
  - ▣ People should be protected against financial risk
- Since Nepal is a fragile and low income country,
  - ▣ Although the middle and high income country focus HTA means guaranteed care packages and marginal analysis for additional package.
  - ▣ It tries to define HTA as essential services and primary health care packages

*Country's development correlates to Assurance more in health care system*

# Application of HTA in support of UHC

- For a general decision
  - ▣ Of what is to included or not included in the benefit packages ; medicine, diagnostic
- For a comparison of two technologies
  - ▣ In terms of financial feasibility & affordability of technology
- For advocating either sin taxes or prevention vs curative care
  - ▣ Eg; cost of alcohol & tobacco

# HTA : Moving towards UHC in Nepal

- Limited drugs available free of charge – history goes back many years
- Constitution directed to provide basic health care services as free of cost
- Nepal living standard survey 2011 data shows that drugs are the main drivers for out of pocket expenditure both for acute and chronic illness comparing with consultation and travel.
- Free services started
  - ▣ Emergency and in-patient (2006)
  - ▣ Free OPD for all from low HDI district (2007)
  - ▣ 40 medicines free (2009) and expanded to 70 (2014) in below 25 bed hospitals for all

# HTA : Moving towards UHC in Nepal....

- National health insurance being planned
  - ▣ Covering the top up services not covered by basic health care services
- Other social schemes: safe motherhood program, cash transfer, nutrition etc
- Reviewed the current process of the Free Drug List and basic health care services by a workshop in Nepal on 2015. Findings are as below;
  - ▣ Needs for developing standard system of medicine classification
  - ▣ Refine drug list linking with disease category focus on basic

# HTA : Moving towards UHC in Nepal....

- from the workshop, created a model for a revitalized FDL evaluation process involving four steps
  - ▣ (1) nomination of medicines by the PHCRD during their quarterly review and pharmaceutical companies,
  - ▣ (2) evidence generation lead by the NHRC,
  - ▣ (3) decision making by a technical committee, and
  - ▣ (4) implementation by the LMD, PHCRD, and NHEICC.
- Once HTA capacity is developed in Nepal, it can be used for broader health programs with an eye towards achieving UHC for the country.

# HTA : Moving towards UHC in Nepal....

- With the help of WHO,
  - ▣ Focal person ( senior Public Health Officer from Ministry of Health, Nepal) for HTA has been identified
  - ▣ But, still not any agency has been identified for reporting HTA
- For Medical Device procurement, distribution and management
  - ▣ Logistic Management Division (LMD)
  - ▣ Repair and Maintenance Section



# Issues on Nepal Health Care Technology Policy 2006

- Nepal has been facing many more inefficiency regarding drugs, equipment and facilities. ( Around 50 pharmaceutical companies producing only 40% of domestic demands rest is importing)
  - ▣ Frequent transfer and lacking competent personnel
  - ▣ In-adaptable equipment delivered for the purpose originally planned
  - ▣ Heavily centralized administration
  - ▣ Quality of equipment is often not comply with international standards or quality is so poor that the equipment is often found to be out of order
  - ▣ Low awareness of maintenance and repairing.
  - ▣ Single procurement policy for all government procurement system



*Thank you!*