From Constitutional Provision to Implementation: An Assessment of Basic Health Care Services in Nepal

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Outline of the Presentation

- Background
- Methods
- Findings
- Discussion
- Conclusions

Background (1/2)

- A well-defined, essential package of health services (EPHS) is key to universal health coverage (UHC) reforms worldwide
- Countries like Afghanistan, Ethiopia, Somalia, Sudan, and Zanzibar-Tanzania have implemented EPHS as a policy tool to expand UHC
- South Asian countries Bangladesh, Pakistan and Sri Lanka developed EPHS tailored to their specific health needs
- Publicly financed BHCS are the approach adopted by the Government of Nepal to fulfill the constitutional mandate of providing an essential health services

Background (2/2)

- Published studies in Nepal have focused either on the readiness, availability, and utilization of selected services or on assessing the health system in a federalized context
- Examine the availability of BHCS, accessibility, quality and utilization of maternal and child health services in Nepal
- Evidence on BHCS provision in the federalized context, guiding improvements to align with the constitution and revision of BHCS package

Basic Health Care Services

SN	Services
1	Immunization services
2	Integrated management of newborn and childhood illnesses; nutrition services; pregnancy, labor, and delivery services; maternal, newborn, and child health services, such as family planning, abortion, and reproductive health.
3	Services related to infectious diseases
4	Services related to noncommunicable diseases (NCDs) and physical disability
5	Services related to mental health conditions.
6	Services related to elderly citizen's health
7	General emergency service
8	Health promotion service
9	Ayurveda and other accredited alternative health services
10	Other services prescribed by the government by a notification in the Nepal Gazette

Public health service act 2018
https://lawcommission.gov.np/en/wp-content/uploads/2019/07/The-Public-Health-Service-Act-2075-2018.pdf

Conceptual Framework

Legal and policy framework

Constitution of Nepal

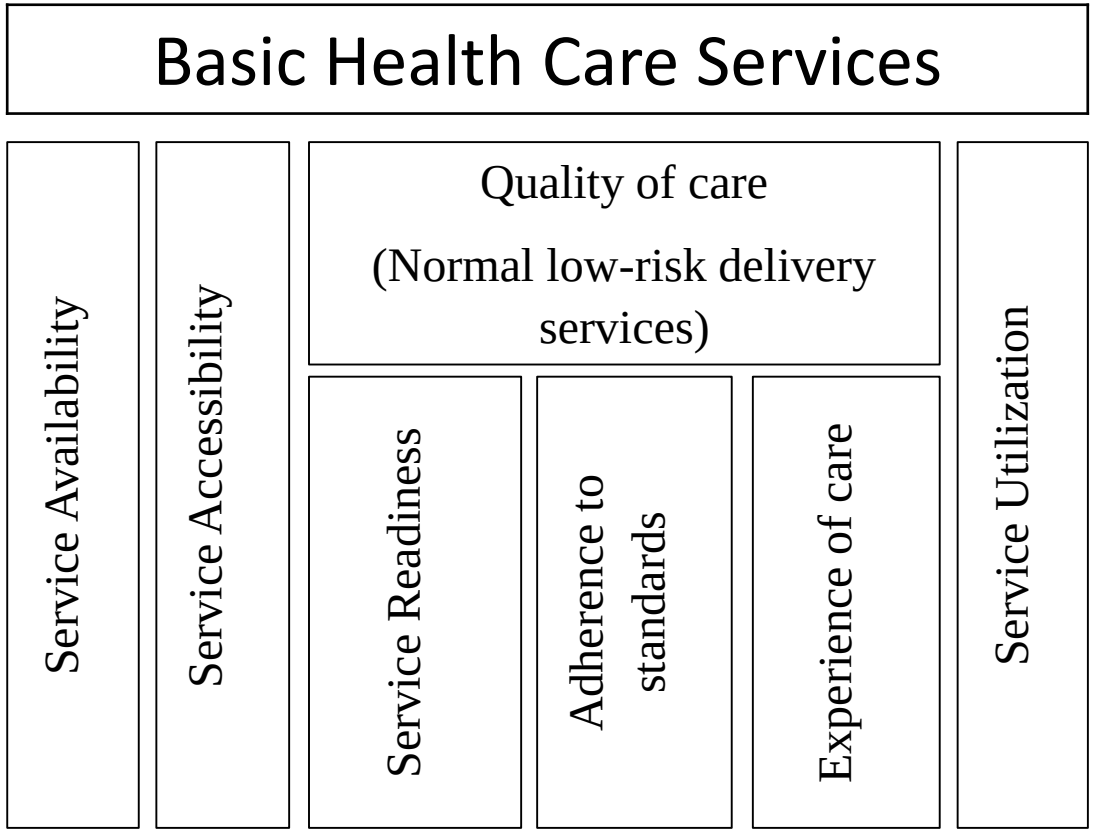
Public Health Service Act 2018

Public Health Service Regulation 2020

National Health Policy 2019

Nepal Health Sector Strategic Plan 2023-30

National Health Financing Strategy 2023-33



Primary Health Care Performance Initiative. Conceptual Framework | PHCPI. https://www.improvingphc.org/phcpi-conceptual-framework. Accessed 9 Feb 2025.

Methods (1/2)

Components		Categories of services	Service indicators	Sample size	Unit of study	Sources
Service availability		1-8 (All categories except Ayurveda services)	41	1448	Public health facilities	NHFS, 2021
Service accessibility		2 (Maternal health services)	2	8,049	15-49 years women	NDHS, 2022
Quality of services	Service readiness	2 (Normal low-risk delivery services)	5	804	Public health facilities	NHFS, 2021
	Adherence to standard of care	2 (Normal low-risk delivery services)	13	457	15-49 years women	NHFS, 2021
	Experience of care	2 (Normal low-risk delivery services)	7	320	15-49 years women	NHFS, 2021
Service utilization		1 and 2 (Child health and maternal health services)	9	8,049	15-49 years women	NDHS, 2022

Methods (2/2)

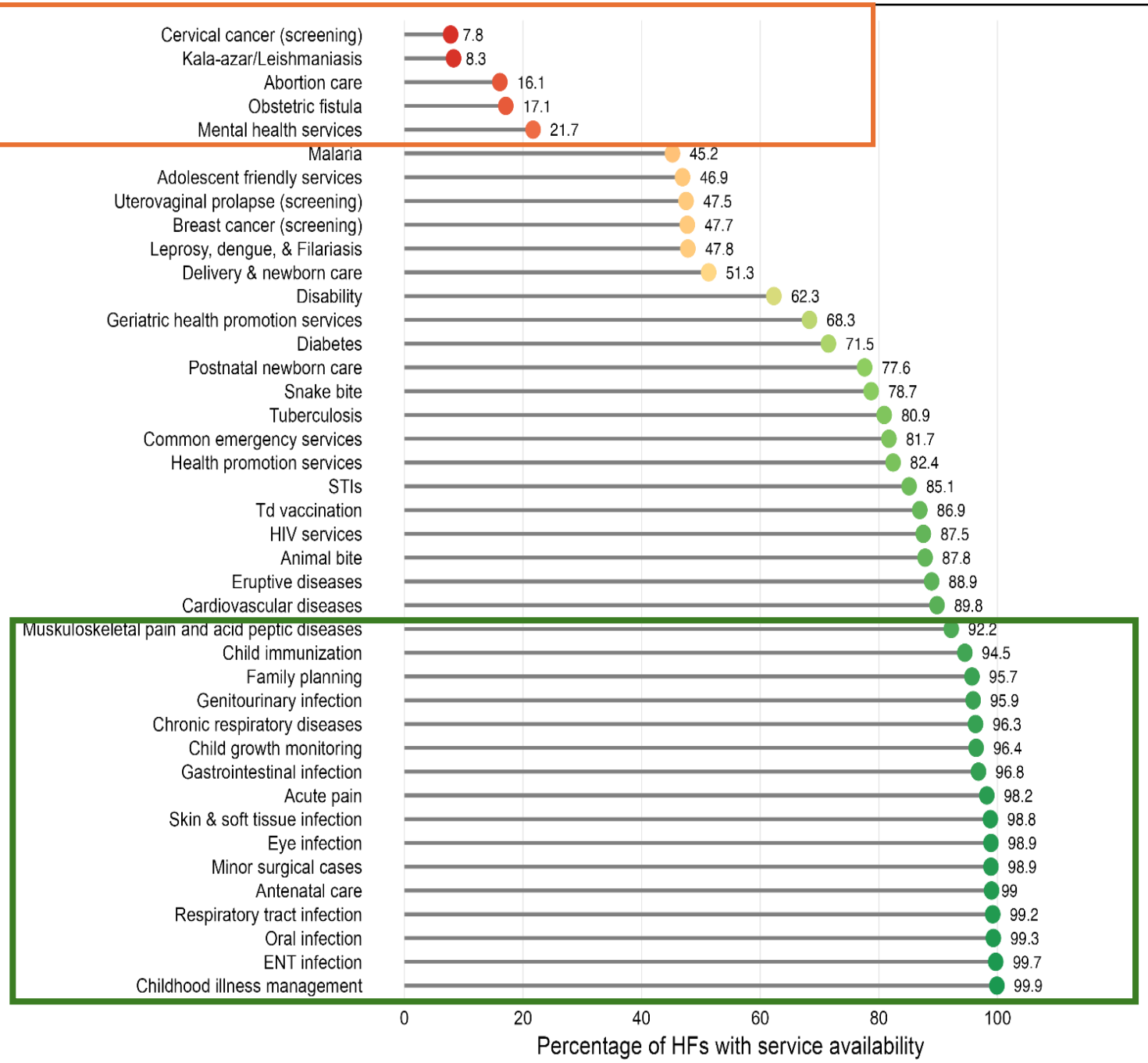
- Health related expenses of local governments
  - ✓ Sub-National Treasury Regulatory Application (SuTRA) developed by the Financial Comptroller General Office (FCGO), Nepal
- Stata 18 and SPSS (IBM SPSS Statistics 25) software were used for the analysis.
- Relevant results were disaggregated by the level and health facilities.

Findings

Distribution and availability of health services of HFs by the government tiers

Authority Level	Health facilities	Weighted percentage	Weighted number	Availability (%)
Federal	General hospitals	0.4	6	14.5
Province	General hospitals	1.4	21	17.2
Local/Municipality	Hospitals Primary health care centers Health posts Urban health center Community health unit	98.2	1,421	0.2
Total		**100**	**1,448**	**0.5**

Basic Health Care Service components availability by Public Health Facility



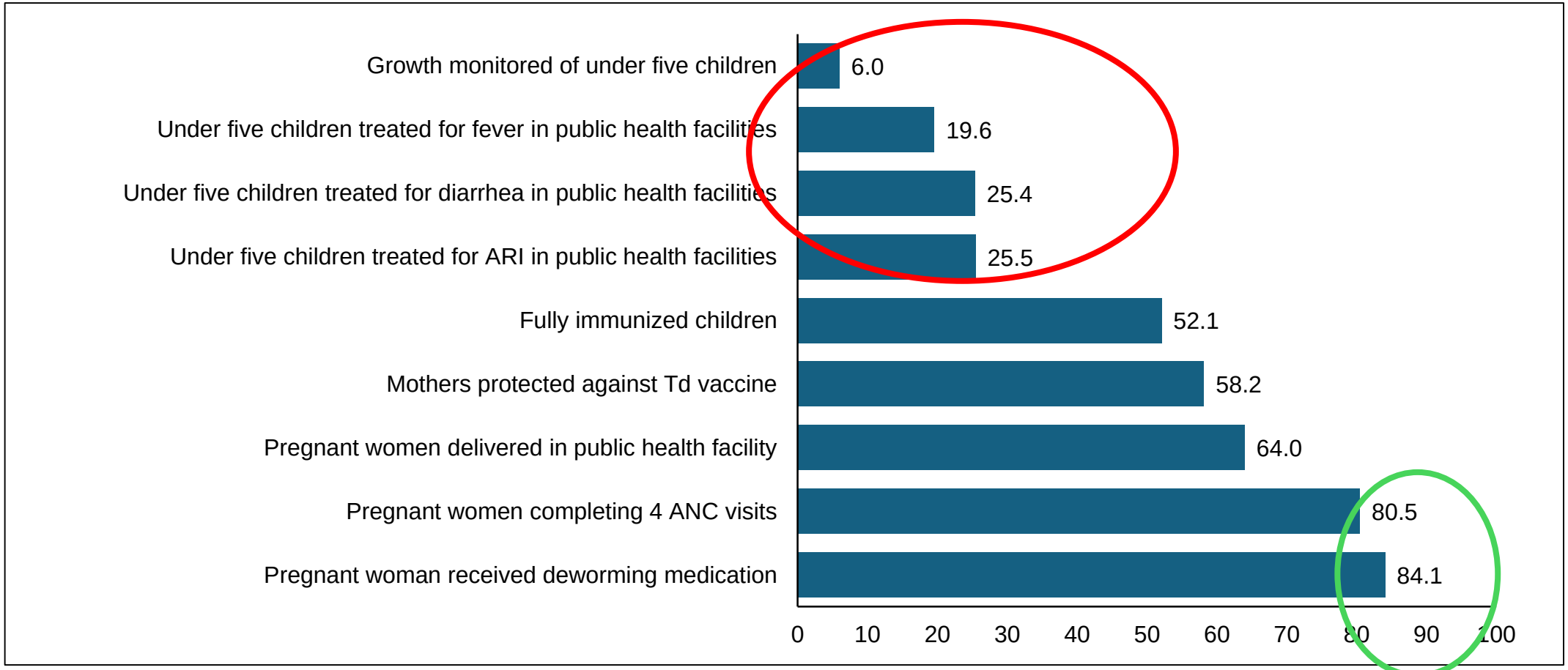
Distance of the nearest public HFs and mode of transportation to reach the nearest HFs

BHCS Service Accessibility Component	National	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur Paschim
Public HF as a nearest HF				**54.0**				
Nearest health facility by walking distance								
<30 minutes	**65.1**	**60.5**	**81.8**	**61.5**	**62.9**	**65.4**	**56.1**	**54.1**
30–59 minutes	20.2	21.9	16.1	19.4	22.3	19.7	19.7	26.1
60–119 minutes	10.6	10.8	2.1	12.3	12.3	12.4	16.8	16.5
≥2 hours	4.1	6.9	0.1	6.8	2.4	2.5	7.3	3.3
Nearest HF by mode of transportation								
Motorized	11.9	20.0	11.6	11.6	12.0	11.1	2.8	11.9
Non-motorized	5.6	9.9	3.4	5.4	2.2	5.3	0.2	10.6
Walking	82.3	70.0	84.8	82.7	85.5	83.4	96.9	84.2
Other	0.2	0.1	0.2	0.3	0.3	0.1	0.2	0.1

Quality of Care

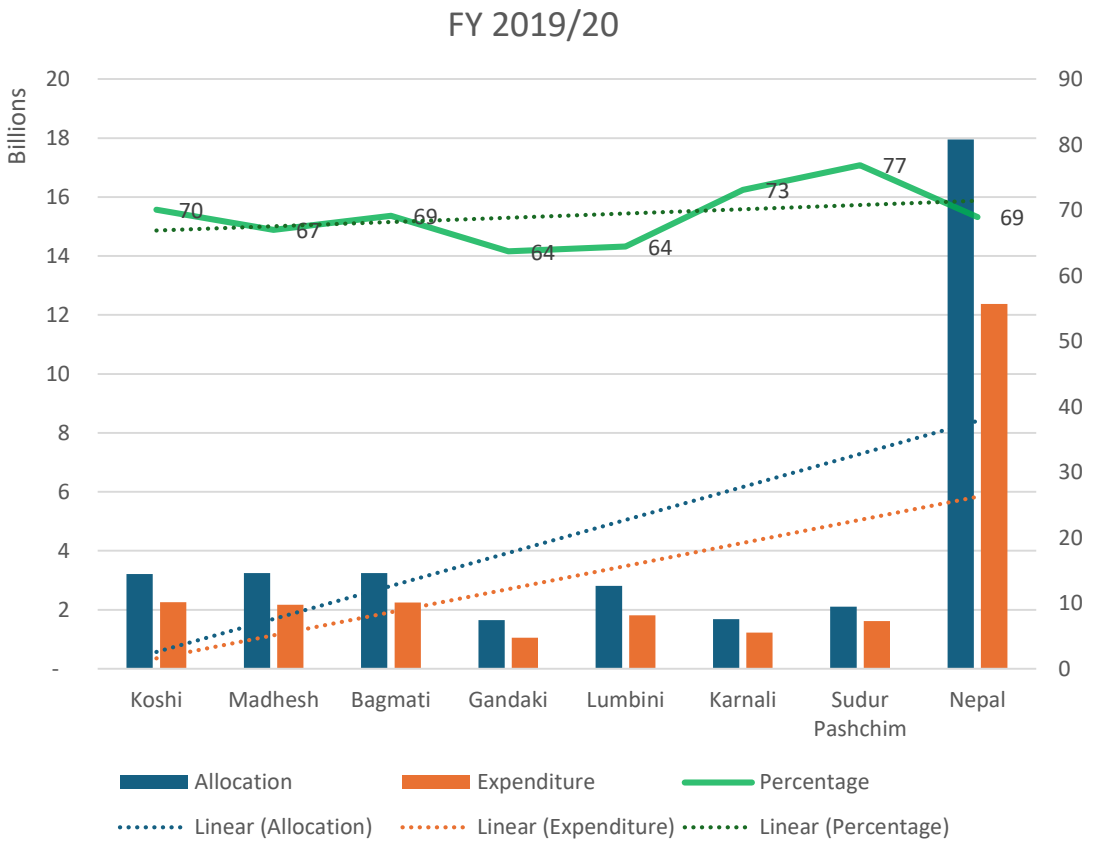
SN	Domains		Index/sub-index value
1	Experience of care		86.4
2	Standard of care		77.8
	2a	General examination	61.8
	2b	Abdominal examination	76.3
	2c	Vaginal examination	95.3
3	Service readiness		43.6
Quality of care index			69.3

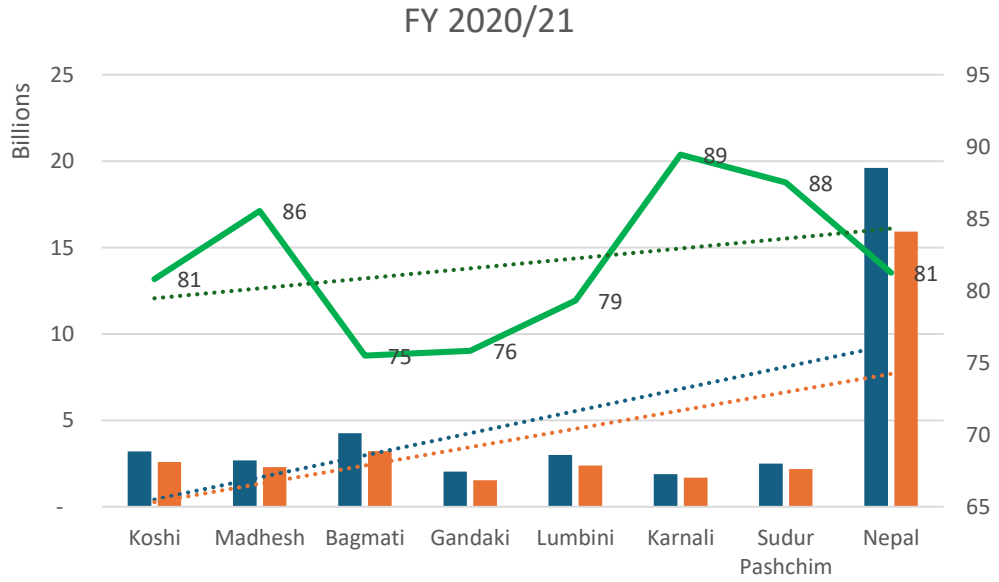
Utilization of Selected Basic Health Care Services

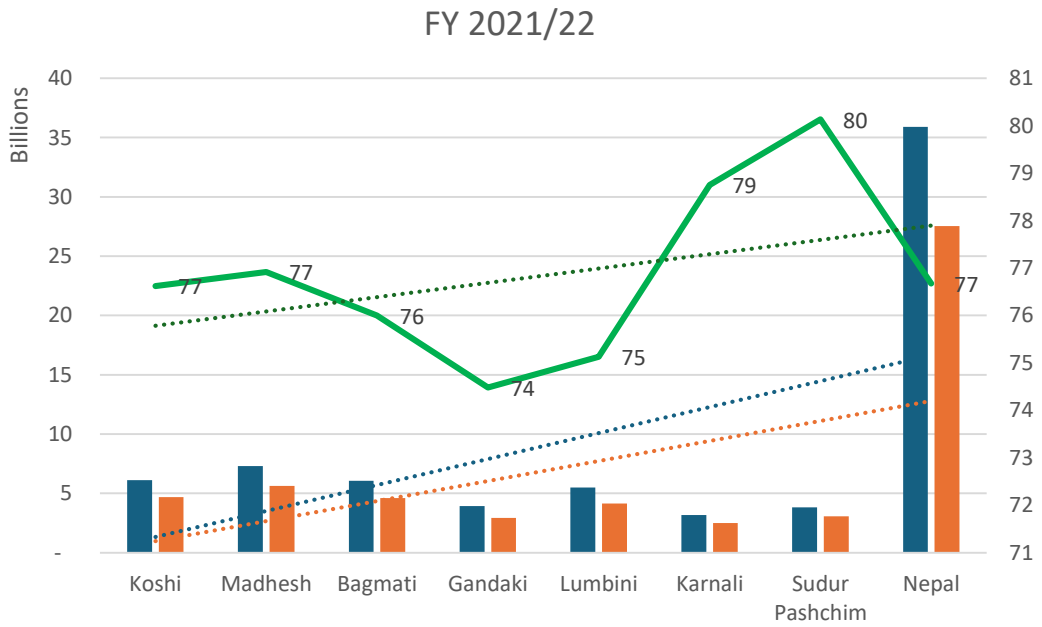


Conditional Grants

Allocation Vs Expenses







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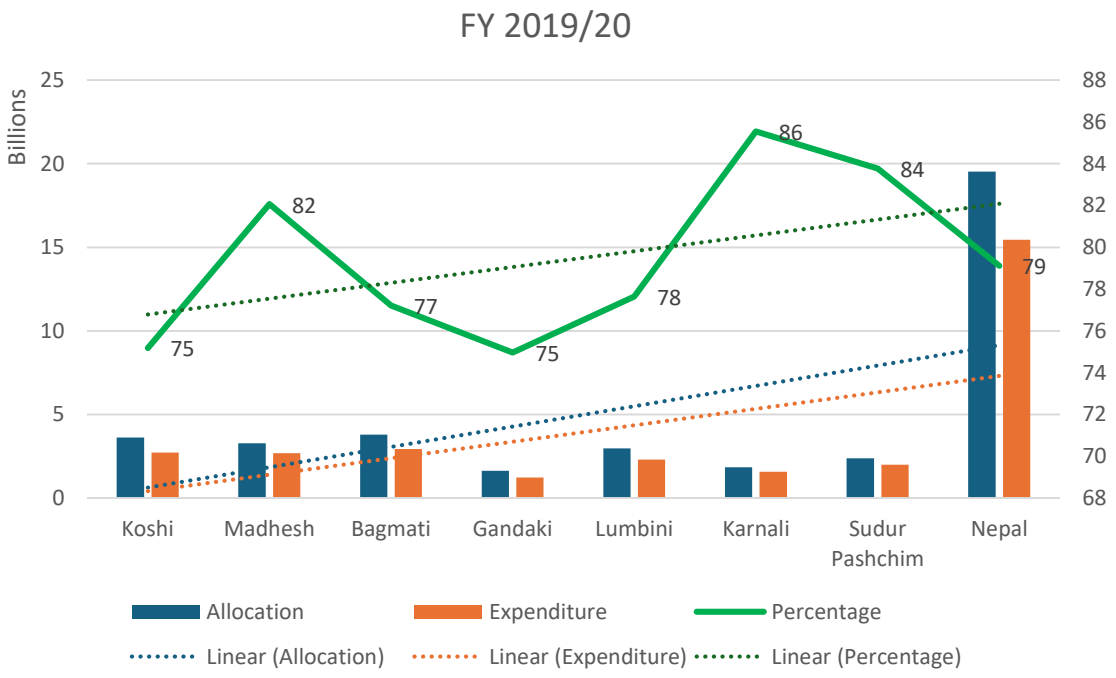
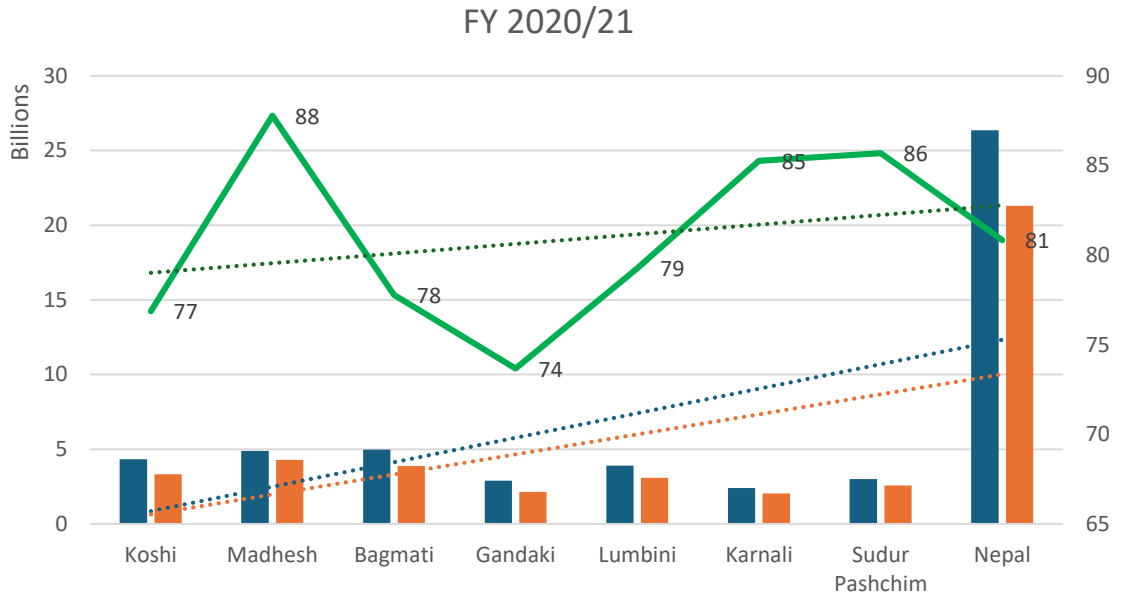
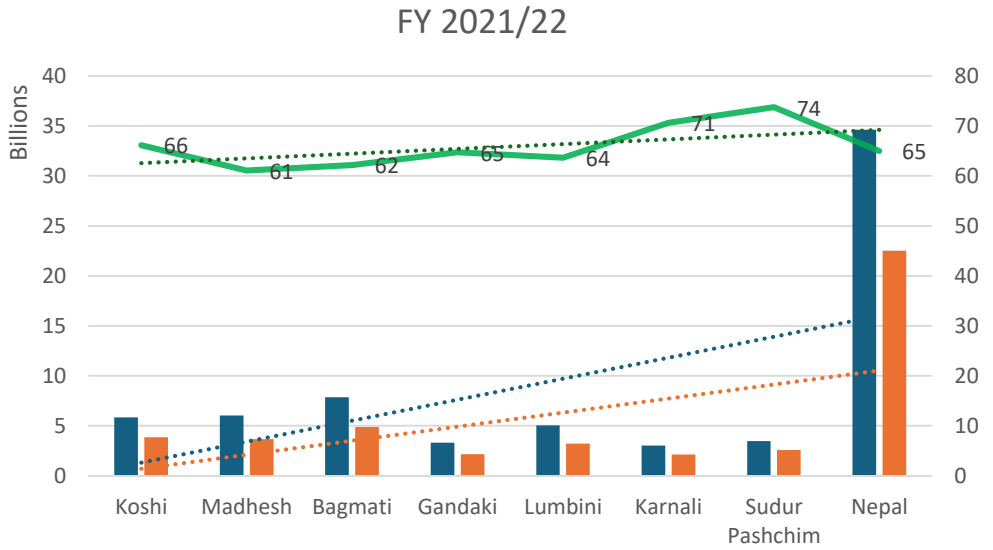
Allocation Vs Expenses

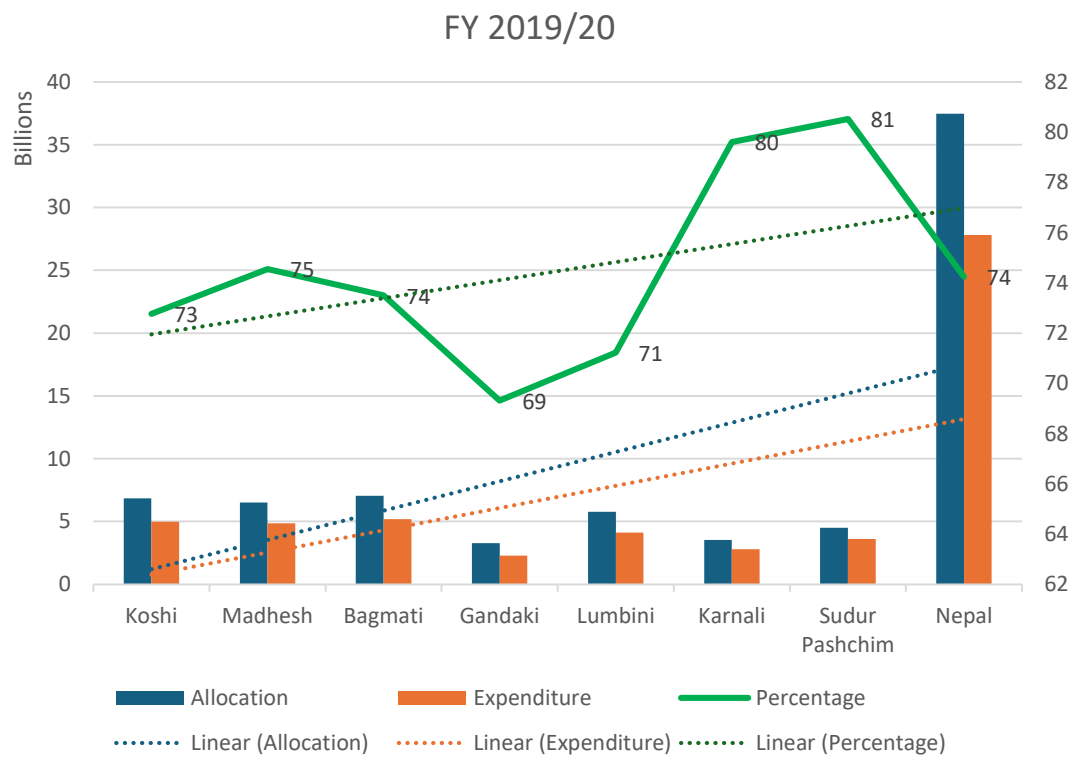


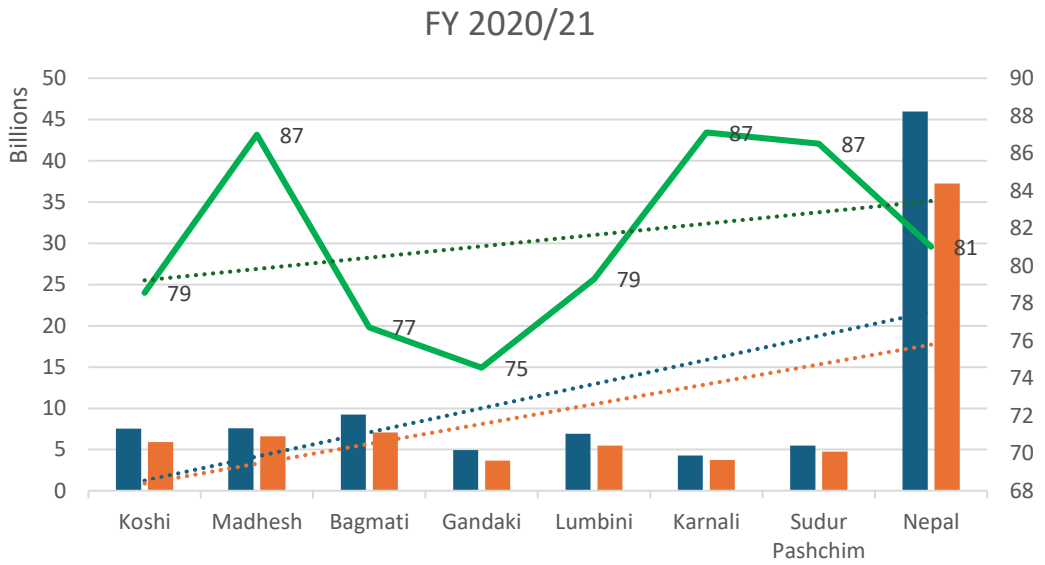


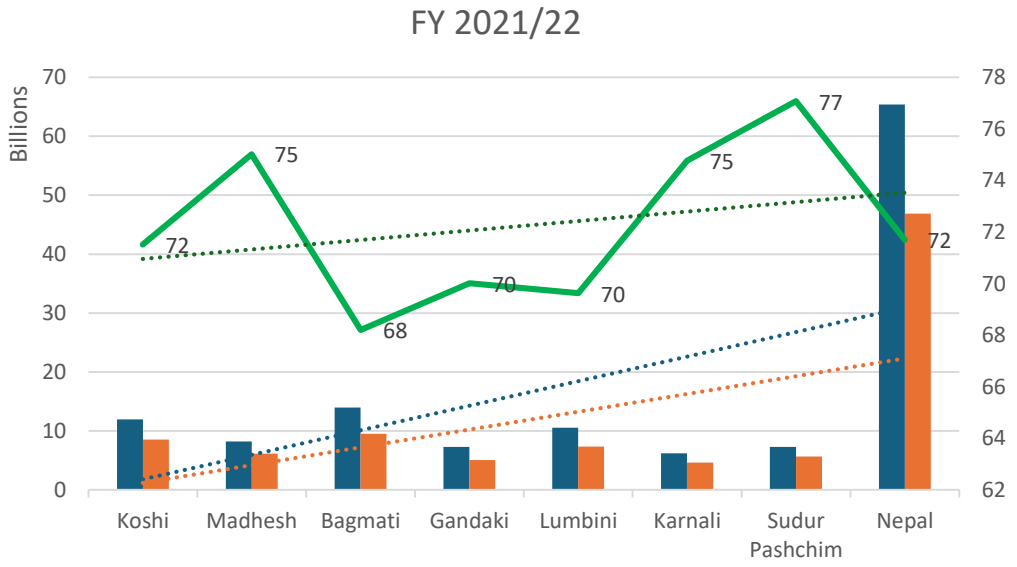


Total Health Budget in Local Levels

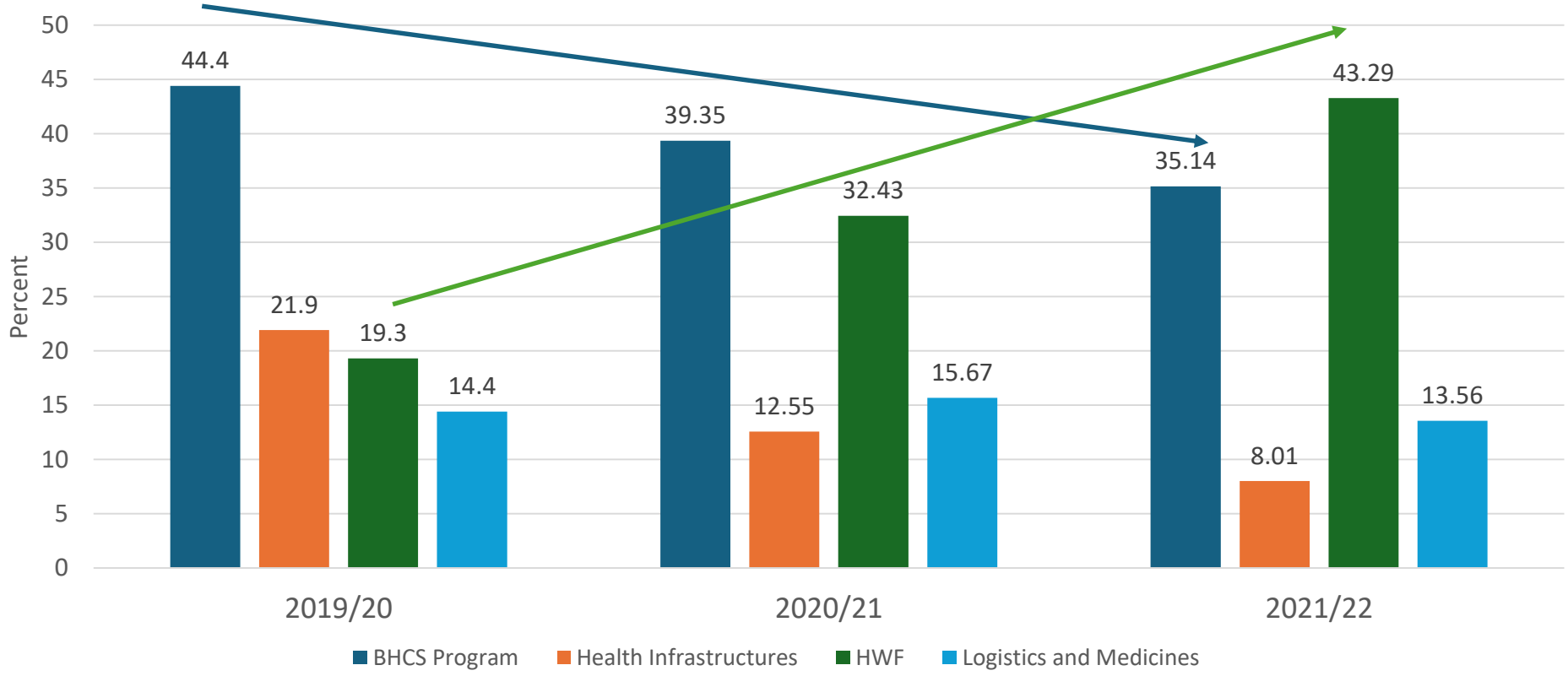
Allocation Vs Expenses



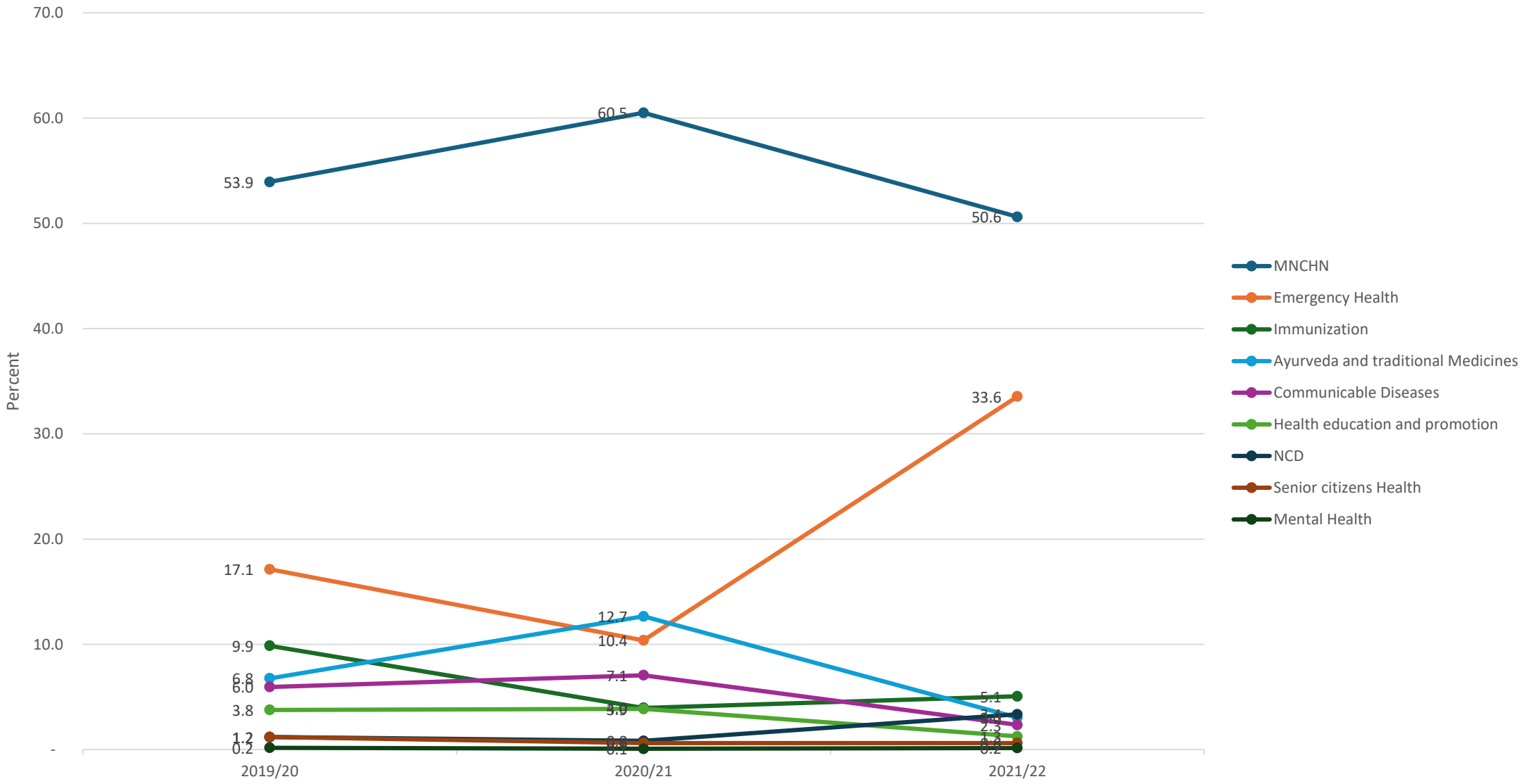




Health expenses category of Local Levels



Expenses to BHCS entitlements



Discussion (1/2)

BHCS package: Realistic vs Idealistic

- Delivered through the smallest unit of a public health facility
- Ambitiously developed but not available within the existing service delivery mechanism to provide.
- Commendable efforts to translate the constitutional mandate into action; however, not effectively translated into reality
- Opportunities and challenges-

Country Experiences: Indonesia, Malawi, Pakistan and other global evidences

Discussion (2/2)

Program, Policy and Research Implications

- The BHCS package needs to be realistic, not idealistic
- Service components of the BHCS need to be revisited based on evidences like CEA, disease burden, equity, budget analysis, implementation feasibility and Strategic relevance
- Monitoring mechanism need to be strengthened

Conclusion

- Low availability of BHCS in public health facilities in Nepal,
- Accessibility was not a significant problem,
- Low utilization of services (especially regarding child health) and moderate quality of care.
- Early BHCS implementation demonstrates the need for realism and service review.

Thank you