

# Enhancing efficiency and responsiveness of the health system

## Introduction

The primary purpose of the health system is to promote, restore, and maintain health. A responsive health system is the system's ability to respond to legitimate expectations of the health service users; and measure the non-health aspect of care relating to the environment and the way healthcare services are provided to patients(1,2). When responsiveness is attained with the minimum resources possible- the system becomes efficient(3). Enhancing health system responsiveness is one of the four intrinsic goals (improved health, responsiveness, social and financial risk protection, and improved efficiency) identified by the WHO for the health system to perform(4).

Following the federalization, Nepal's health system is rapidly transforming. While the health sector is still reeling from the disastrous impact of the devastating earthquake in 2015 and the COVID-19 pandemic and the country's limited resources continue to put a strain on the health system(5-6).

Moreover, Nepal is experiencing epidemiological, demographic, political, and developmental transitions which have implications for health systems. Based on this context and evidence this policy brief aims to inform policymakers for strategic actions.

## Methods

This policy brief has been prepared based on the extensive review of the literature (published and grey), mid-term and rapid review of the Nepal Health Sector Strategy (2015-21)(7-8), National Joint Annual Review reports, expert consultation, and evidence gathered from discussion at the national and sub-national levels.

## Policy Issues and Options

After the restoration of democracy in 1990, Nepal first ever developed a national health policy, and based on the policy; the second long-term health plan (1997-2017) was developed with clear targets. As per international commitment to Millennium Development Goal (MDG), Nepal adopted health system strengthening through "Health sector strategy – an agenda for reform" in 2004. From this point, Nepal has been adopting Sector wide approach (SWAp) in the health sector to enhance aid effectiveness. Since then, several efforts have been undertaken to increase access to health services and Nepal has made remarkable achievements in MDG targets. With the promulgation of the new constitution in 2015, unitary governance system to a federal governance system; there have been massive changes in health governance systems. Health related constitutional mandates have been carried forward by 15th periodic plan which has set the vision of healthy, productive, responsible and happy citizens. It has also set the health-related targets in line with Sustainable Development Goals 2030. In the federal context, the health systems are reorganized as federal, provincial, and municipal level health systems.

## Evidence analysis on major issues

### *Human resource for health*

Human Resource for Health (HRH) is one of the building blocks of the health system. Their proper utilization is a prerequisite for an efficient and responsive health care system. The current epidemiological transition demands restructuring of the current organizational structure with redesigning

health workforce roles and responsibilities. After federalization, 80.2% of staff are placed at the local level, and the remaining staff are posted at provincial (11.4%) and federal (8.4%), however, the uneven distribution and shortage of the specific cadre of health workforce further strained HRH challenges.(9). Regarding fulfillments of sanctioned post, only 54% of consultants, 42% physicians/general practitioners are fulfilled in federal/provincial hospitals. Seventy-five percentage, of paramedics are fulfilled in all types of basic health care cent(9).

Even after the completion of the staff adjustment process, there still exists vacant sanctioned posts. Ensuring the fulfillment of the staffs in health facilities as per minimum service standards also remains a challenge. In addition, retention of human resources, inadequate skill edmanpower, the low career development opportunities, and effective coordination among public and private sectors are other contextual issues in Nepal(10).

### *Health information system*

An efficient and responsive health system needs a strong information system. In our context, currently there exist 121health information systems. However, the interoperability of software systems at all levels across the public and private sectors have remained a major challenge. Health Management information system (HMIS) is one of the major information systems that provide the services statistics of the overall health-related programs. This system includes regular data recording and reporting activities. In general, health facilities directly report the dataelectronically into DHIS2 and this practice has been expanded over 2671 health facilities(11). Most ofthe municipal governments electronically report the health facilities-based service statistics to the national database (HMIS) by themselves. In the fiscal year 2020/21,90.5% of public health facilities reported regularly however, less than 40 % of private health facilities only reported(11).

At all levels, annual performance review workshops are carried out based on information generated from the HMIS and another information system. However, the use of this information and evidence in local-level health planning and decision-making is minimal.

Furthermore, there is the inadequate use of research findings in the policy formulation process due to accessibility, availability-related issues of information, and quality research. In addition, the unavailability of research findings in a usable format is also noticed as a factor influencing evidence-informed policy-making process.

### *Leadership and governance*

Leadership and governance are essential features for the proper functioning of the health system. Effective leadership and governance demand accountability that concerns the management of relationships between various stakeholders in health including individuals, households, communities, non/governments organizations, private firms, and other entities that have the responsibility to finance, monitor, deliver and use the health services.

Robust governance and leadership systems and capacity at all levels are critical for the successful transition to Federalism and to enhance cooperation across federal, provincial, and local governments(12).The Constitution has devolved significant authorities including law and policy-making powers to the Municipal governments. In coherence with the 2015 Constitution, the Local Government Operation Act 2017 listed basic health and sanitation service delivery as the exclusive authority of local governments(13). Therefore, municipal governments are directly involved in delivering quality basic health services with a special focus on an underserved section of population.

As per constitutional mandate, municipal governments have started to internalise their roles and responsibilities. However, inadequate coordination among the three levels of government; had led to significant gaps in guaranteeing quality healthcare services to people.

### *Access to essential medicines*

For efficient functioning of the health systems, the availability of an adequate amount of quality essential medicines in the appropriate dosage/forms at affordable prices are an unavoidable requirement. Access to essential medicine is fundamental to the attainment of Universal Health Coverage (UHC). The Government of Nepal (GoN) commenced the Free Health Care Services (FHCS) in 2008 hoping to improve access to essential medicines at public health facilities(14).Furthermore, public health service act has mandated provision of basic health services to all the needy people for free of cost(15).

Regarding the availability of essential medicines, one of the studies mentioned medicines were available in good amounts with a low proportion of expired medicine in both public and private health facilities in Nepal(16). Similarly, NHFS 2021 demonstrated very low proportion of availability of all 18 tracer medicines in health facilities at the time of survey. Further more, in the case of treatment of non-communicable diseases, the mean availability of generic versions of essential cardio vascular diseases (CVD) related medicines is <50% in both public and private sectors, and less than one-third of the surveyed essential CVD medicines met the WHO's 80% availability target(17). In the addition, the same study stated that the prices of CVD-related drugs on average, private-sector prices were higher than those of the public sector. This suggests that there is a need to address several dimensions of access to non-communicable diseases related medicines.

## **Conclusion**

This policy brief is focused in briefing the need of responsive and efficient health system in regard to four components of the health system building blocks, remaining others building blocks are discussed other policy brief series. As the system is adapting to federalism, Nepal's health system stands at the opportunity to mold it into shape. To enhance the responsiveness and efficiency of the health system for better outcomes, the past and existing challenges need to be addressed. The key issue for addressing the responsiveness and efficiency of Nepal's health system pertains to human resource management, information system, governance, and accessibility of quality health services. It is also important to educate people about the health system and their health-related rights.

## **Recommendations**

On the basis aforementioned evidence following recommendations are made in each topic:

### *Human resources for health*

- Design a system for reviewing the need, production, and projection of health-related human resources as per situational need (epidemiological, demographical, and other contextual factors).
- Establish robust mechanisms of continued professional development and, routinely train the health staff at all levels.

### *Health information systems*

- Make a policy-level arrangement for ensuring interoperable integrated health information systems at three levels of government using different technology.
- Develop and operationalize the standard central data repository.
- Standardize, develop, strengthen, and institutionalize e-health initiatives at all levels.
- For leveraging evidence-informed decision-making process, there is a need for well-defined mechanism.

### *Leadership and governance*

- Empower local decision-makers to invest in health and engage them in formulating healthy public policies, and promoting accountability towards health.
- There should be a common framework or guiding document or plan for different tiers of governments with sub-national targets that need for achieving Sustainable development goals (SDGs) by 2030.
- There is a need to develop support mechanisms to facilitate and support the municipal government on health-related matters without jeopardizing their constitutional right.

## Access to medicines

- There needs to be ensured demand-driven procurement, supply chain, quality, pricing, and stock management of medicines at all three levels.
- Ensure a proper monitoring system for uninterrupted supply of Essential medicines at health facilities.

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