An introduction to

Nepal Health Sector Program Implementation Plan II (NHSP IP 2)
2010–2015

Assignment
Subject: Health System Management
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Date of presentation: 11th Apr 2016

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LEARNING OBJECTIVES

- To know about Nepal Health Sector Implementation Plan-2

PRESENTATION OUTLINE

- Background
- Review of NHSP-IP I
- Rationale for NHSP-IP II
- Vision, Mission, Goals and Objectives
- Program and services
- Roles of Non-state actors
- Structure, System, Institution and Governance
- Research, Monitoring and Evaluation
- Health Financing
- Achievements
- Shortcomings

BACKGROUND

- Strengthening of Health system utilizing principles of Health sector reforms in areas such as universal coverage , improving health equity ,increasing access and utilization of quality essential health care ,improving community involvement and accountability through decentralization was need of the time.
- Ministry level umbrella programme in health, based on SWAp & health sector reform
- NHSP-IP 1 was of six years while NHSP-IP 2 was of 5 years

REVIEW OF NHSP-IP (2004-2010)

OUTPUTS		
Output 1	Increased Access to and Utilization of EHCS	Progressed but disparity/inequity remains challenge and scope of EHCS was limited
Output 2	Decentralized Management of Health Facilities	Not much progress particularly in local level
Output 3	Public-Private Partnerships	Not convincing despite some progress
Output 4	Sector Management	Aid effectiveness has not improved as hoped Decentralization Forum was established in 2007
Output 5	Sustainable Financing	Free health services but sustainability was still problem
Output 6	Sector Physical Assets management and Procurement of Goods	Seventy-five percent of health and sub-health posts had stock outs between March 2008 and March 2009
Output 7	Human Resources for Health	76 percent of health personnel posts were filled in comparison to sanctioned posts (MoHP, 2006)
Output 8	HMIS Improvements	Pilot study on HSIS

RATIONALE FOR NHSP-IP 2

- Remaining constraints in access and utilization of essential health care services (disparities)
- Sustainability issues in health financing
- Need of improving health systems and achieving efficiency improvements

POLICY ENVIRONMENT

NHSP-II was based on the following policy documents

- Interim constitution
- Three-year interim plan
- Health Sector Strategy: an agenda for reform
- National compact: international health partnership plus
- Local self governance act
- Second long-term health plan 1997-2017
- National foreign aid policy (draft)

VISION/MISSION FOR THE HEALTH SECTOR-NHSP-IP2

Vision statement

- To improve the health and nutritional status of the Nepali population and provide equal opportunity for all to receive quality health care services free of charge or affordable thereby contributing to poverty alleviation.

Mission statement

- The ministry will promote the health of Nepal's people by facilitating access to and utilization of essential health care and other health services, emphasizing services to women, children, poor and excluded, and changing risky life styles and behaviors of most at-risk populations through behavior change and communication interventions.

GOAL

To reduce morbidity and mortality from common health problems by ensuring accessible, affordable, quality health care services.

OBJECTIVES

The objectives of the ministry of health and population:

- Prevent common diseases, disabilities and maintain a healthy population
- Improve the health of women and children
- Ensure accessible, quality, and efficient health services
- Promote healthy lifestyles and behaviours

VALUE STATEMENT

The ministry believes in

i. Equitable and quality health care services

ii. Patient/client centered health services

iii. Rights-based approach to health planning and programming

iv. Culturally- and conflict-sensitive health services

v. Gender-sensitive and socially inclusive health services

STRATEGIES FOR THE HEALTH SECTOR

1. Poverty reduction
2. The agenda to achieve the health MDGs by 2015
3. Essential health care services free to patients/clients and protection of families against catastrophic health care expenditures
4. Gender equality and social inclusion
5. Access to facilities and removal of barriers to access and use
6. Human Resource Development
7. Modern Contraception and safe abortion
8. Disaster Management and Disease Outbreak Control

STRATEGIES FOR THE HEALTH SECTOR

9. Eradication, elimination, and control of selected vaccine preventable diseases
10. Institutionalizing health sector reform
11. Sector-wide approach: improved aid effectiveness
12. EDP harmonization and International Health Partnership
13. Improved financial management
14. Inter-sectoral coordination, especially with MLD and Education
15. Local Governance: devolution of authority
16. Health systems strengthening, especially monitoring and evaluation

PROGRAM AND SERVICES

- **Essential health care services**
  - Family planning and population
  - Safe motherhood
  - Adolescent sexual and reproductive health
  - Newborn care
  - Child health
  - Communicable disease control
  - Non-communicable diseases
  - Health education and communication
  - Oral health care
  - Environmental health and hygiene
  - Curative services
- **Humanitarian response and emergency and disaster management**
- **Ayurvedic and alternative medicine**

(new programmes and services in bold and italics)

Programme	Service	Status	Implementation Modality
1. Reproductive Health	1.1 Family planning	Scaling up	Partnerships with FPAN, Marie Stopes, CRS, PSI, NFCC and others
	1.2 Safe motherhood, including newborn care (free institutional deliveries nationwide for all)	Scaling up	Expanding to medical colleges and private hospitals
	1.3 Medical safe abortion	***Piloting and scaling up***	***Partnerships with I/NGOs (Marie Stopes, FPAN and others) and private clinics and hospitals***
	1.4 Prevention and repair of uterine prolapse	***Piloting and scaling up***	***Partnerships with medical colleges and private hospitals***
2. Child Health	2.1 Expanded program on immunisation 2.2 Community-Based Integrated Management of Childhood Illness 2.3 Nutrition 2.3.1 Growth monitoring and counselling 2.3.2 Iron supplementation 2.3.3 Vitamin A supplementation 2.3.4 Iodine supplementation 2.3.5 De-worming	Scaling up Maintaining Scaling up Scaling up Maintaining Maintaining Maintaining Maintaining	Government
	2.4 Community-based newborn care (emerged as a separate component) ***2.5 Expanded nutritional care and support (added to community-based nutrition care, community nutrition rehabilitation with institutional care, and school nutrition programme)***	***Piloting and scaling up*** ***Piloting and scaling up***	***Partnerships with local governments and inter-sectoral coordination (schools)***
3. Communicable Disease Control	3.1 Malaria control 3.2 Kala-azar control 3.4 Japanese Encephalitic control 3.5 Prevention and of snakebites and rabies control	Scaling up Elimination Maintaining Maintaining	Government
	3.6 Tuberculosis control 3.7 Leprosy control	Maintaining Elimination	Partnerships with INF and other NGOs
	3.8 HIV/AIDS/STDs control	Scaling up	Partnerships with I/NGOs
4. Non-Communicable Disease Control	***4.1 Community-based mental health programme**** ***4.2 Health promotion for non-communicable disease control***	***Piloting and scaling up***	***Partnerships with local governments and CBOs***
5. Oral Health	***5.1 Promotion and Prevention oral health care***	***Piloting and scaling up***	***Partnerships with schools and private clinics and hospitals***
6. Eye Care	***6.1 Promotion and Prevention*** ***6.2 Examination, correction and surgery***	***Scaling up***	***Partnerships with Nepal Netra Jyoti Sangh (NNJS) and Tilganga Eye Hospital***
	6.2 Trachoma (SAFE Programme)	***Scaling up***	***Partnerships with NNJS, DWSS and ITI***
7. Rehabilitation of Disabled	***7.1 Promotion and Prevention*** ***7.2 Rehabilitation, surgery and therapy***	***Piloting and scaling up***	***Partnerships with HRDC and Khagendrad Nawa Jeevan Kendra***
8. Environmental Health	***8.1 Promotion and Prevention (water, air quality, sanitation, hygiene, waste disposal, etc.)***	***Piloting and scaling up***	***Inter-sectoral partnerships***
9. Curative Care	9. 1 Outpatient care at district facilities	Increasing access and use	Partnerships with local governments, NGOs and medical colleges

* Including Gendesbased Violence Services

ROLE OF NON-STATE ACTORS

- Non-state actors (EDPs, Non-profit organizations, Profit organizations)
- **Strategic direction**
    - Clear policy and strategy formulation
    - Quality assurance
    - Scaling up of successful practices
    - Encourage private sector to establish and expand the specialized credible services to rural areas
    - Multi-sectoral PPP Policy Forum

STRUCTURE, SYSTEMS, INSTITUTIONS AND GOVERNANCE

- Sector organization, management and governance
- Free essential health
- Human resources for health
- Physical facilities, investment and maintenance
- Financial management
- Procurement and distribution
- Governance and accountability
- Strategies and institutional arrangement for GESI

RESEARCH, MONITORING AND EVALUATION

Constraints and challenges of current monitoring system

- Surveys are often conducted to suit special interests rather than serve the SWAP
- HMIS, for local authorities (PHIs), are still viewed as record keeping and reporting system of the DoHS
- HMIS is not directly linked to other information system (HSIS in piloting phase)

Actions during NHSP-2

- Regular supervision and monitoring
- Survey research in health sector (with EDPs)
- Review of HSIS piloting
- Health facility surveys (conduct to collect data on utilization by patient characteristics)
- Annual social audit
- Policy Research
- Conduction of economic analysis

HEALTH FINANCING

- **Challenges to health financing**
  - Expenditure in health remains low at 5.3% of GDP in 2006.
  - The per-capita health expenditure stood low (WHO 2008)
  - The share of Government stands at 24% and EDPs (Sustainability concern) contribute 21% (of total health expenditure)
  - Out of Pocket Payment
- **Responding to the challenges**
  - A mixed approach
  - Cost recovery modality
  - Microcredit
  - Community Health Insurance
  - Formula based Approach of resource allocation

HEALTH FINANCING

Financial Resource Envelope

1. ‘Low Case’ Scenario
2. ‘Middle Case’ Scenario
3. ‘High Case’ Scenario

For figures jump to last 3 slides!

ACHIEVEMENTS

- Impressive progress on child survival and maternal health
- Target set for NHSP II for immunization as well as for comprehensive multi-year plan 2011-2015 has been achieved
- Number of antigens in routine immunization has increased to 11
- Community based interventions has reduced case fatality rate of pneumonia and diarrohea
- TB case detection rate and success rate has improved over the years
- Scale up of HIV/AIDS related services has significantly reduced new infection rate
- Remarkable increase in the number of health facilities providing adolescent-friendly health services (from 78 in 2011 to 500 in 2013),
- The share of public spending in GDP has increased from 21.8% in 2010 to 23% in 2014

Target vs. Achievements

Goal level Indicators	Baseline	2011 (NDHS 2011)	2014 (NMICS 2014)	Target 2015
Total fertility rate per woman	3 (NHSP 2, 2010)	2.6	2.3	2.5
Under-five Mortality Rate	55 (NHSP 2, 2010)	54	38	38
Infant Mortality Rate	44 (NHSP 2, 2010)	46	33	32
Neonatal Mortality Rate	33 (NDHS 2006)	33	23	16
Maternal Mortality Ratio	250 (NHSP 2, 2010)	281	190	134
% of children U% who are underweight	34 (NHSP 2, 2010)	29	30.1	29
% of low birth weight babies	14.3 (NDHS 2006)	12.4	24.2	12

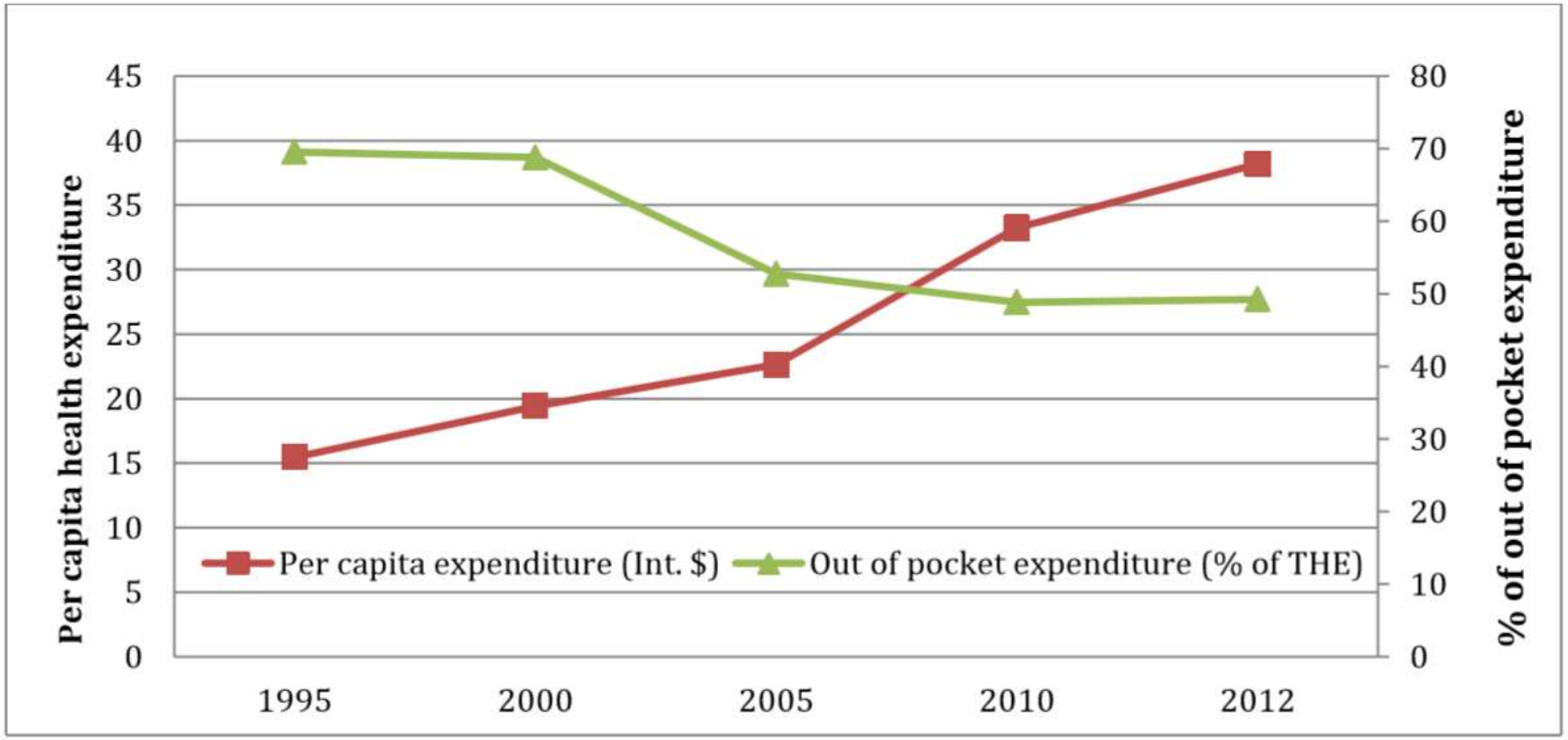

Figure 1: Out of Pocket Expenditure

Source: NHSS 2015–2020, Final draft

But despite this remarkable progress, out-of-pocket expenditure (OOP), which is the most unfair and regressive way of funding health services, still **constitute the largest (49%) source of funding** in Nepal.

SHORTCOMINGS

- Maternal and child nutrition is still problem in Nepal despite some progress
- Ever rising drug resistant TB in the country is a further challenge to be addressed in the coming years
- Significant equity gap still continue to persist *(Mid-term Review of NHSP II)*
- Shifting burden of diseases and health problems is challenge
- Mental health remains a much-neglect areas, despite the fact that mental illnesses alone count for 18% of the current NCDs burden
- Very little progress has been made in the integrated approach to information management

SUGGESTED READINGS

1. Nepal health sector program implementation plan 2, 2010-2015
2. Nepal health sector strategy 2015-2020
3. Joint Annual Review Report, March 2016
4. Report of MICS 2014
5. Nepal Demographic Health Survey 2011

LESSON LEARNT UNDER NHSP 2

- Improved sector coordination
- Identification of priorities
- High level political commitment to fundamental reforms and changes
- Opportunities for more decentralized planning and delivery
- Sound evidence for decision making and planning and operations
- Wider application of MIS
- Need for a comprehensive health financing strategy
- Importance of human resource management
- Need to have basic but flexible packages of health care services
- Changing burden of disease patterns
- Innovations
- Need for better disaster preparedness

Source: Joint Annual Review Report 2016

THANKS!

ANY QUERIES???

HIGH CASE FINANCING SCENARIO

Table 8.3: High Case Financing Scenario

NRs . 2009-10 Prices

Description	Budget 2009/10	MOF Proposed Budget Ceiling Feb 2010					
		2010/11	2011/12	2012/13	2013/14	2014/15	Average annual growth
GON spending on NHSP, NRs. (billion)	9.05	11.51	12.33	14.31	16.60	19.23	16.3%
EDP spending on NHSP, NRs. (billion)	8.79	9.32	11.18	13.42	16.11	19.33	17.1%
Total public expenditure for health, NRs. (billion)	17.84	20.83	23.51	27.73	32.70	38.56	16.7%
Spending per capita, NRs	633	717	791	912	1051	1212	
Spending per capita, US $	8.33	9.43	10.41	12.00	13.83	15.94	
Domestic share in total health financing	50.7%	55.3%	52.4%	51.6%	50.8%	49.9%	
Assumptions							
GDP growth		5.00%	5.50%	6.00%	6.50%	7.00%	
Public expenditure share of GDP	22.20%	23.63%	24.00%	24.20%	24.40%	24.60%	
Health share of budget	6.24%	7.08%	7.40%	8.10%	8.85%	9.57%	
Revenue plus domestic financing share of GDP		17.99%	18.00%	18.20%	18.40%	18.60%	
Health share of domestic revenues plus finance	4.73%	4.73%	4.80%	5.20%	5.60%	6.00%	
Absorption: share of health budget actually disbursed		92.00%	92.75%	93.50%	94.00%	95.00%	

MIDDLE CASE FINANCING SCENARIO

Table 8.2: Middle Case Financing Scenario

NRs. 2009-10 Prices

Description	Budget 2009/10	MOF Proposed Budget Ceiling Feb 2010					
		2010/11	2011/12	2012/13	2013/14	2014/15	Average annual growth
GON spending on NHSP, NRs. (billion)	9.05	10.62	11.20	11.79	12.44	13.12	7.7%
EDP spending on NHSP, NRs. (billion)	8.79	8.79	9.84	11.02	12.34	13.82	9.5%
Total public expenditure for health, NRs. (billion)	17.84	19.41	21.04	22.81	24.78	26.95	8.6%
Spending per capita, NRs.	633	668	708	750	797	847	
Spending per capita, US $	8.3	8.8	9.3	9.9	10.5	11.1	
Domestic share in total health financing	50.8%	54.7%	53.2%	51.7%	50.2%	48.7%	
Assumptions							
GDP growth		4.5%	5.0%	5.3%	5.5%	5.5%	
Public expenditure share of GDP	22.2%	23.7%	24.0%	24.0%	24.0%	24.0%	
Health share of budget		7.1	6.8	6.9	7.0	7.1	
Revenue plus domestic financing share of GDP		18.1	18.2	18.2	18.2	18.2	
Health share of domestic revenues plus finance	4.4%	4.4%	4.4%	4.4%	4.4%	4.4%	
Absorption: share of health budget actually disbursed		85.7%	91.0%	92.5%	93.8%	95.0%	

LOW CASE FINANCING SCENARIO

Table 8.1: Low Case Financing Scenario

NRs. 2009-10 Prices

Description	Budget 2009/10	MOF Proposed Budget Ceiling Feb 2010					
		2010/11	2011/12	2012/13	2013/14	2014/15	Average annual growth
GON spending on NHSP, NRs. (billion)	9.05	10.62	11.05	11.55	12.07	12.61	6.8%
EDP spending on NHSP NRs. (billion)	8.79	7.74	8.05	8.33	8.63	8.98	0.5%
Total public expenditure for health NRs. (billion)	17.84	18.36	19.10	9.88	20.70	21.59	3.9%
Spending per capita, NRs.	633	632	643	654	665	678	
Spending per capita, US$	8.3	8.3	8.5	8.6	8.8	8.9	
Domestic share in total health financing	50.8%	57.8%	57.9%	58.1%	58.3%	58.4%	
Assumptions							
GDP growth		4.5%	4.5%	4.5%	4.5%	4.5%	
Public expenditure share of GDP	22.2%	23.7%	23.0%	23.0%	23.0%	23.0%	
Health share of budget		7.1%	6.9%	6.8%	6.6%	6.5%	-
Revenue plus domestic financing share of GDP		18.1%	18.0%	18.0%	18.0%	18.0%	
Health share of domestic revenues plus finance	4.4%	4.4%	4.4%	4.4%	4.4%	4.4%	
Absorption: share of health budget actually disbursed		81.1%	85.0%	87.0%	88.5%	90.0%	