

EDITORIAL

HEALTH SYSTEM INFRASTRUCTURE OF NEPAL AND ROLE OF MEDICAL COLLEGES IN RURAL MEDICINE: is there need for collaboration?

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Research shows that the healthcare needs of individuals living in rural areas are different from those in urban areas, and rural areas often suffer from a lack of access to healthcare. These differences are the result of geographic, demographic, socioeconomic, workplace, and personal health factors.

Health care facilities, hygiene, nutrition and sanitation in Nepal are of poor quality, particularly in the rural areas. Despite that, it is still beyond the means of most Nepalese. Provision of health care services are constrained by inadequate government funding. The poor and excluded have limited access to basic health care due to its high costs and low availability. The demand for health services is further lowered by the lack of health education. Reproductive health care is neglected, putting women at a disadvantage. In its 2009 human development report, UN highlighted a growing social problem in Nepal. Individuals who lack a citizenship are marginalized and are denied access to government welfare benefits.¹ Traditional beliefs have also been shown to play a significant role in the spread of disease in Nepal.^{1,2}

These problems have led many governmental and nongovernmental organizations (NGOs) to implement communication programs encouraging people to engage in healthy behaviour such as family planning, contraceptive use, and spousal communication, safe motherhood practices, and use of skilled birth attendants during delivery and practice of immediate breastfeeding.³

Much of rural Nepal is located on hilly or mountainous regions. The rugged terrain and the lack of proper infrastructure makes it highly inaccessible, limiting the availability of basic health care.⁴ In many villages, the only mode of transportation is by foot. This results in a delay of treatment, which can be detrimental to patients in need of immediate medical attention.⁵ Most of Nepal's health care facilities are concentrated in urban areas. Rural health facilities often lack adequate funding.⁶ In 2003, Nepal had ten health centres, 83 hospitals, 700 health posts, and 3,158 "sub-health posts", which serve villages. In addition, there were 1,259

physicians, one for every 18,400 persons.⁷

On the other hand, the last two decades have seen a tremendous boom of medical colleges in Nepal. Before 1993, Institute of Medicine, Maharajgunj was the sole national institution for medical education for almost 15 years. In the year 1993, BP Koirala Institute of Health Sciences, Dharan was established and this was soon followed by a rapid increase in the number of affiliated medical colleges of Kathmandu University and also Tribhuvan University later. Meanwhile, Kathmandu University also started its own medical college, Kathmandu University Medical School (KUMS) in 2001 and Patan Academy of Health Sciences was established in 2008.⁸

Under Kathmandu University affiliation some colleges like Lumbini Medical College, Nepalgunj Medical College, Dhulikhel Hospital as University Hospital and community hospital are serving community in remote areas at their own strength as secondary and tertiary care centre in related fields. Lumbini Medical college per se is giving most of the services which are available in Capital. The college being in such a place it has become an example that people need and will utilize good health care services in every corner of the country and health care can be given with good outcome in any corner if we have strong desire to work and serve.

Ironically, there are currently 19 medical colleges running their services indifferent areas of Nepal. And 8 more proposals in pipe line. The government has very minimum interaction with these projects which are run by the private sectors. In spite of having very good infrastructure with regard to district hospital and above, government is not able to propagate the service of secondary care centre, in these hospitals properly. These centre in partnership with medical colleges can be centres to train the postgraduate students in different fields. There need to be a good collaboration with the Education ministry, Health Ministry, the Medical Council and the planning commission.

To conclude, if we work it out once again and put all these sectors and issues in the health and edu-

cation system infrastructure of the country we can do a lot. The health indicators of Nepal in present context is as follows.

Health Indicators ^{9,10,11}	
Population growth	1.28
Life expectancy	67
Infant mortality	39
Fertility	2.64
Total expenditure on health per capita (Intl \$, 2009)	69
Total expenditure on health as % of GDP (2009)	5.8

Parameters	Overall	Urban areas	Rural areas
Children under 5 years			
Stunned	51%	37%	52%
Wasted	10%	8%	10%
Underweight	48%	33%	49%

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