

NATIONAL HEALTH POLICY, 1991

The National Health Policy was adopted in 1991 (FY 2048 BS) to bring about improvement in the health conditions of the people of Nepal. The primary objective of the National Health Policy is to extend the primary health care system to the rural population so that they benefit from modern medical facilities and trained health care providers. The National Health Policy addresses the following areas:

1. Preventive Health Services

Priority is given to programmes that directly help reduce infant and child mortality rates. Services are to be provided in an integrated manner throughout the health system to sub health posts at the local level.

2. Promotive Health Services

The programmes that enable people to live healthy lives will be given priority.

3. Curative Health Services

Curative health services will be made available at all health institutions-central, regional, zonal and district hospitals; primary health care centres (PHCC), health posts (HP), and sub health posts (SHP); and, at health

institutions at all levels of the healthcare system. Hospital expansion will be based on population density and patient loads. Mobile teams will be organised to provide specialist services to remote areas. A referral system will be developed to direct the rural population to well-equipped institutions.

4. Basic Primary Health Services

Sub Health Posts will be established in phased manner in all Village Development Committees (VDC). One Health Post in 205 electoral constituencies will be upgraded in a gradual manner and converted to a Primary Health Care Centre.

5. Ayurvedic and other Traditional Health Services

The ayurvedic system will be developed and other traditional health systems (such as Unani, homeopathy, and naturopathy) will be encouraged.

6. Organisation and Management

Improvements will be made in the organisation and management of health facilities at the central, regional and district levels. This will include the integration of the district hospitals and the public health offices into District Health Offices.

7. Community Participation in Health Services

Community participation will be sought at all levels of healthcare through the participation of female community health volunteers (FCHV), traditional birth attendants (TBA) and leaders of various local social organisations. VDCs will provide sites for the location of SHPs.

8. Human Resources for Health Development (HRH)

Technically competent human resources will be developed for all health facilities. Training centres and academic institutions will be strengthened.

9. Resource Mobilisation in Health Services

National and international resources will be mobilised and alternative concepts (such as health insurance, user charges, and revolving drug schemes) will be explored.

10. Private, Non-Governmental Health Services and Inter-sectoral Co-ordination

The Ministry of Health will co-ordinate activities with the private sector, non-governmental organisations (NGOs), and non-health sectors of HMG. The private sector and NGOs will be encouraged to provide health services.

The Beijing Conference incorporated much of the ICPD language on reproductive rights directly into the Platform for Action. The Platform states:

"Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment."

Further:

"The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence."

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

Article 12

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.
2. Notwithstanding the provisions of paragraph I of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Health Related Rights Under The Women's Convention

11. Decentralisation and Regionalisation

Decentralisation and regionalisation will be strengthened; peripheral units will be made more autonomous. District Health Offices (DHO) will have a prominent role in the planning and management of curative and promotive health services from district to village levels.

12. Blood Transfusion Services

The Nepal Red Cross Society will be authorised to conduct all programmes related to blood transfusion. The practice of buying, selling, and depositing blood will be prohibited.

13. Drug Supply

Improvements will be made in the supplies of drugs by increasing domestic production and upgrading the quality of essential drugs through effective implementation of the National Drug Policy.

14. Health Research

Health research will be encouraged for better management of health services.

Women's Rights to Health, including Women's Sexual and Reproductive Rights as Human Rights

Four priority action areas of the Beijing PFA's women's health recommendations:

- women's health and rights
- sexual and reproductive health rights
- violence against women
- gender-sensitive health programmes

The World Disasters Report 2006 has portrayed an alarming picture of maternal mortality in Nepal with neo-natal and maternal mortality claiming 25 times more lives every year than conflict of the last 12 years.



The report highlights the seven most neglected issues of the world among which Nepal's high maternal mortality rate is given a separate chapter along with the food crisis in Africa and irregular migration in Europe.



In Nepal, 5000-6000 mothers die each year in childbirth. This death-toll of one woman every 90 minutes makes Nepal one of the deadliest places in the world to give birth.



The challenge for Nepal Health Programme is to meet the target of bringing the maternal mortality rate down to 134 per 100,000 by 2015 as per the Nepalese government's Millennium Development Goals.



The report states, 13 percent of women give birth before they reach 20 and complications arising from unsafe abortions in Nepal are estimated to account for 20 percent of maternal death in the health facilities alone, not counting the women who never make it to hospital.

