

## Critical Health Perspectives on Health for All campaign in Nepal

Nepal has passed through series of upheavals. It never had smoother time in history and escaped from engulf of British Empire, fought against patron of Rana rulers and out rooted monarchy. Feudalistic society always dominated the sphere with development being centered. Just the upper class had total control over all the resources, power and politics. Small landlocked country bounded by two powerful nations China and India struggling with each other in global power politics. Nepal always faced the fragile governance. The conflicting interest of two nations to keep control over the surrounding kept the Nepali politics fragile. But we out-rated colonizers even when they were at maximum power. Sometimes power holders come to governance and time ahead they fail thus bringing inconsistent governing system. Thus the class division was a dominant character in nation; upper class leading the nation and lower class striving for the survival. This led to insurgency and class struggle concluding to 10 years long civil war initiated with the issue of addressing the inequalities and uprooting feudal. As its consequence, it formed the constituent assembly and swept away the monarchial system to establish republican system in the year 2006 AD. The situation worsened thanks to unqualified politicians and pertaining international intervention. Notwithstanding, some good thing happened.

Currently, Nepal is undergoing in a period of great political and social change. Nepal is one of the poorest countries in the world. Annual gross domestic product per capita is below US\$ 400 and approximately 50 percent of its adult population is illiterate, with a share rising to over 70 percent among people living in rural areas and some elites. Improving health for Nepalese people is a major challenge. Though some progress has been seen in some core health indicators, Nepal is still at the lower margin pertaining to health indicators in comparison to other countries in Asia. Almost a quarter of the population lacks access to even the most basic health care services and almost half of Nepalese children under five suffers from undernutrition. Every hour, a woman in Nepal dies due to pregnancy and child-birth related complications and only one in three are attended by a Skilled Birth Attendants (SBA). Nevertheless new challenges for optimal management of the health system are well identified viz. the growing disparities in health and rapidly expanding and unregulated private sector. The health system efforts on selective health condition, targets quick solutions without comprehensively addressing the essential elements for developing and strengthening health system and intersectional coordination. This has produced unequal health outcomes. Recent reform efforts are being exemplified by the adoption of a health sector strategy and implementation of Nepal Health Sector Program Implementation Plan II (2010:2015). The plan puts a major emphasis on an increased coverage and quality of 'Essential Health Care Services' with a special attention to improve access for poor, vulnerable and disadvantaged groups. Along with political changes, Nepal has changes in health system. After the establishment of Republican system, main issue emerged here is, establishing health as fundamental right. It has been guaranteed in Interim Constituent of Nepal in 2006. As well as Nepal is experiencing somehow, revitalization of primary health care. Primary Health Care Revitalization Division has already been set up in fostering the process by establishing Primary Health Care Division under Ministry of Health and population. Though outcomes are yet to be tangible, it is of a great hope for revitalizing primary health care for health for all. It is also the reflection of belief that 'health for all' is still possible in Nepal though rest of the world stayed back from PHC already in 1980s.

The major policy level debates that I can see in Nepalese health system are:

Health care financing mechanism

Modality for mainstreaming of private sectors

Human resource management; ensuring skill mix of human resource in poorest and remote areas.

It's been, constitution reiterated health as a fundamental human right. The main policy level discussion on fire is about the modality of health care financing mechanism with promotion of either private health insurances or initiating community based health insurance scheme or through the taxation mechanism. The next sprouting discussion on going is approaches of mainstreaming the private sectors actors in health system. Government of Nepal has implemented sector wide approach that all the supports from international donors will be the first part of pool fund and then such fund will get mobilized to respective targeted sectors and interventions. But

the government solely is not able to handle such mechanism. Next the international donor like GFATM has vertical investment even the government don't know how much is being invested. The discussion over the human resource management is the next policy level debate over the rate of production and consumption as well. The growing interest of private sectors in human resource production and the conflict on the modality of guidelines for retention of human resources is blurring the prospect of Health for All in Nepal. The major actors in these debates are the private sectors and business houses, INGOs, NGOs and international power centers who intend to play in low and middle income countries for their interest in sustaining their leverage in global politics.

PHM in Nepal just remains as alumnae of PHA 2000. Few years' back, some handful of energetic young minds from Institute of Medicine had a meeting to form a critical mass that let itself to speak for health for all. They started their activities with genuine college level pursuit to form the critical group aforementioned, who can have dogwatch to the national health affairs. So PHM at this level doesn't have significant role in above mentioned policy level debates but the activities like organizing lectures and discussion to relevant stakeholders on bulging issues were frequently done. So the PHM in Nepal is at premature level but being groomed and furnished by young minds it is ought to be strong.

The initiative of students is increasing day by day. Though there is active presence of students circle at the national level, the PHM Nepal circle is almost silent. Because that PHM in Nepal is not organized, PHM role in policy making is very limited. Seeing growing interest of youth in PHM in Nepal I can anticipate a better future. The major task that ought to be done is rejuvenating country circle and encouraging the enthusiasm as well as support to activities of youth groups. This could be henceforth being influential in strengthening and repositioning Peoples' Health Movement in Nepal with fruitful positive impact on health care system of Nepal.