

Editorial

Striving for Equity in Nepalese Healthcare: Challenges, Progress, and Future Directions

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Introduction

The idea that all people should have equal access to healthcare resources, opportunities, and outcomes regardless of their social, economic, or demographic backgrounds underpins the importance of equity in healthcare¹. Equity in healthcare goes beyond equal access to medical services; it encompasses addressing underlying social determinants of health, such as income, education, and living conditions, which profoundly influence health outcomes. By prioritizing equity, healthcare systems can mitigate disparities in health access, utilization, and outcomes, thereby promoting social justice and improving overall population health. Achieving healthcare fairness is crucial for sustainable development and economic growth in addition to being morally just². Healthier populations are more productive, resilient, and better positioned to contribute to social and economic development^{3,4}. By investing in equitable healthcare systems, countries can foster inclusive growth, reduce poverty, and promote social cohesion. Equity in healthcare is essential for building healthier, more prosperous societies where every individual has the opportunity to thrive and reach their full potential⁵.

Nepal's healthcare system faces a wide range of opportunities and problems that are indicative of the nation's distinct geographic, social, and cultural setting. Nepal continues to struggle with enduring health disparities and inequality despite recent notable improvements in healthcare access and outcomes⁶⁻⁸.

There are several specific issues which are contributing to healthcare inequities in Nepal, impacting the well-being of various populations and hindering progress towards universal health coverage.

Unequal Access to Healthcare Services

The most important healthcare inequality issue is geographical difficulties in certain parts of the country. Remote and mountainous regions face significant challenges due to limited infrastructure and transportation networks^{9,10}. Even while the nation's health results have improved significantly over the previous 20 years, there is still a large disparity in access to healthcare¹¹. Access to healthcare can be severely hampered by geographic distance, especially in rural areas with inadequate transit systems where non-motorized mobility is the primary mode of transportation. This disparity is further aggravated by the concentration of healthcare facilities in urban centers¹².

Health Indicators Reflecting Inequities

Health indicators reveal a stark picture of unequal access to healthcare in Nepal. Maternal mortality ratio (MMR) and infant mortality rate (IMR) are higher in remote areas compared to urban areas. Factors such as limited access to skilled birth attendants, inadequate antenatal care, and delays in seeking care contribute to this disparity¹³. For instance, the maternal mortality rate (MMR) in the Bagmati Province stands at 98 per 100,000 live births, while in the neighboring Lumbini Province, the MMR is 207, indicating a twofold disparity^{13,14}. Comparably, among the educated population, the percentage of teenage mothers has decreased from 24% in 1996 to 13%, but among the uneducated population, this ratio has remained constant at 32%, underscoring the ongoing disparity in healthcare access between these groups¹⁵. Similar disparities are observed among Muslim, Dalit, and marginalized communities. Furthermore, a significant disparity exists in the percentage of women who give birth at healthcare facilities, with a higher proportion of wealthier women accessing these services compared to their poorer counterparts, exacerbating the existing inequities in healthcare access.¹⁵⁻¹⁷

Health Resource Barriers

Out-of-pocket expenses for healthcare remain high, disproportionately affecting low-income families¹⁸. Many studies highlighted that catastrophic health expenditure pushes many households into poverty^{19,20}. Unequal distribution of resources and infrastructure across provinces can contribute to disparities in healthcare access and outcomes²¹. The unequal distribution of human resources for health (HRH) in Nepal, characterized by the concentration of healthcare workers in urban areas and a severe shortage in rural regions, poses a significant barrier to achieving health equity. Research indicates that most healthcare workers are concentrated in urban centers like Kathmandu, leaving remote areas underserved²¹. This urban bias is exacerbated by the lack of incentives, poor infrastructure, and inadequate training and deployment strategies in rural areas²². Consequently, rural populations face limited access to qualified medical professionals, resulting in adverse health outcomes such as higher maternal and child mortality rates²³. Addressing this disparity necessitates a multi-pronged approach, including incentivizing healthcare workers to serve in remote areas, improving infrastructure, and implementing targeted recruitment and deployment strategies. By prioritizing equitable distribution of HRH, Nepal can make significant strides towards ensuring that all its citizens have access to quality healthcare services, irrespective of their geographical location.

There is a significant shortage of healthcare workers especially in remote areas²⁴. This uneven distribution forces people to travel long distances for specialized care, often at great expense. High turnover rates and limited incentives for healthcare workers in remote areas exacerbate the shortage of qualified personnel²⁵. Nepal's healthcare infrastructure varies widely across regions, with urban centers having better-equipped hospitals and medical facilities compared to rural areas. Limited healthcare facilities, shortage of trained healthcare professionals, and inadequate medical supplies and equipment remain key challenges, particularly in remote and underserved areas.

Gender Disparities

Women and girls face additional barriers in accessing healthcare due to cultural norms, limited decision-making power, and financial constraints²⁶. Restricted access to healthcare due to sociocultural norms, high maternal mortality rates, prevalent child marriage and early pregnancy, nutritional deficiencies, and gender-based violence are some of the key challenges faced by women and girls in Nepal^{27,28}. These issues limit their ability to access timely and quality healthcare services, leading to adverse health consequences. While the government has implemented various initiatives to address these disparities, deep-rooted cultural norms and resource constraints pose ongoing challenges to achieving gender equality in health²⁹. A study identified disparities in the prevalence of various health risk factors, such as alcohol and tobacco use, between men and women, potentially due to societal influences like traditional gender roles³⁰.

Progress and Initiatives

The current Nepal Health Sector Strategy (2015-2020) and its successor NHSS-III highlight the strong focus on equitable, affordable, and quality healthcare for all Nepalis. The NHSS provides a framework for initiatives targeting underserved communities^{31,32}. Similarly, another

important initiative to attain universal health coverage and advance health equity is its dedication to offering free basic health care³³. The government wants to guarantee that everyone has access to basic healthcare services without financial obstacles. This includes people from low-income and marginalized backgrounds. Notwithstanding ongoing implementation issues and resource limitations, the program is an important step in the direction of lowering out-of-pocket medical costs and enhancing the health of disadvantaged groups³⁴.

Safe Motherhood Programme, Expansion of Community Health Services through female community health volunteers (FCHVs), Trained Birth Attendants (TBAs), and Health Insurance Initiatives are other very important policies to increase the access to healthcare services to nook and corners of the country³⁵⁻³⁸. The introduction of the National Health Insurance Program aims to mitigate the financial hardships associated with unexpected health expenses. This type of financial protection mechanism has the potential to alleviate a significant burden on low-income families, making healthcare more accessible³⁷.

Even while overall health outcomes have improved significantly, inequities still exist, which emphasizes the need for focused and coordinated initiatives. It is essential to address the underlying reasons of inequality, which include societal elements, financial limitations, and geographic impediments. Achieving healthcare equity requires putting vulnerable populations first, bolstering the healthcare infrastructure, and making sure that human resources are distributed fairly. More multi-sectoral approach is required, entailing cooperation between civil society organizations, government agencies, healthcare providers, and the communities themselves. Nepal can build a more successful and healthy society where everyone has the chance to succeed, regardless of background or circumstances, by investing in equitable healthcare to fulfill its constitutional promise to provide everyone with equitable access to healthcare.

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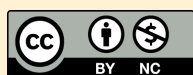
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