Opportunity and Challenges of Public Health in Nepal

Challenges
Nepal is a country in south Asia, with some perspective challenges regarding healthcare always make a serious concern. Health is a bugging problem for the government of Nepal. There are many issues related to health problems in this exotic country. The health and health care facilities of Nepal were poor and under developed. The main reason responsible for the low standard of health in Nepal is poverty that leads to malnutrition. Health is a developmental agenda in worldwide, In Nepal policy maker peruse the thought, but not seriously taken the health as a developmental agenda for investment.

A growing body of research attests to the changing burden of illness in Nepal. While the unfinished agenda of infection, malnutrition and maternal complications persists in a diversity of settings, continuous outbreak and reemerging of vector borne, tuberculosis and is paralleled by the emergence of chronic vascular disease, diabetes, cancers and lower respiratory conditions, which now constitute the commonest causes of death. Equally, the range of accidents and injuries is prominent, as is growing recognition of mental illness and its consequences. Taken together, this profile characterizes a complex, changing pattern of illness that imposes a significant burden on households and communities, and which through a mix of chronic infectious and non-communicable diseases places quite unfamiliar challenges on health and social systems. The public health system had to address a growing burden of chronic disease, spanning HIV/AIDS and communicable disease, which requires a continuum of care, in particular community based care.

Health systems and the delivery of PHC appear to have greater achievement over the past 2 decades, but not satisfactory in access of health care, while no single issuer is solely responsible for full of achievement. Poor investment in the public health sector (Prevention), social institutions, and an erroneous belief in the limited role of the state and the importance of the private sector, form the backdrop against which the state of current health systems must be seen. Poor human resource management is a widespread and critical factor, with the effects of accumulated managerial and health care deficiencies clearly apparent. This is underpinned by excessive levels of health worker migration from the public to the private sector, rural to urban settings, or brain drain.

Today, there is unusual flux in health systems thinking, a product of weak system performance, coupled with disappointing progress in meeting prevention targets (Mostly program gives high intense to increase in health facility visit rather than management at community) is another challenging.

Opportunity
How should the New Public Health address the healthcare needs of populations worldwide? As stated by the WHO DG, “Ultimate responsibility for the performance of a country’s health system lies with government.” Government remains the leverage point for health workforce development as well. Its role is to: set policy, secure financing for health services, support education and operate the public health sector with complying with regulation of the private sector.

Innovative approaches to public health development must be considered, with state of the art teaching materials and continuing education through the creative use of information and communications technology. Diverse national circumstances mean that solutions must be crafted to unique country challenges. Successful strategies should be country based and country led, focusing on the control of migration is important, as illustrated by the 59th
World Health Assembly call to countries to address migration of health personnel from developing countries.

Education for managing the health workforce for better performance should bring together the health and educational sectors in strategic partnership to achieve three core objectives: coverage, motivation and competence. Coverage strategies promote numeric adequacy, appropriate skill mixes and outreach to vulnerable populations. Motivation strategies focus on adequate remuneration, a positive work environment, opportunities for career development and supportive health systems. Competencies are advanced through educating for appropriate attitudes and skills, creating conditions for continuous learning, and cultivating leadership, entrepreneurship and innovation. All these efforts should be oriented toward building national capacity in the public health sector. Good data and effective operational research and program evaluations, invariably scarce, are needed most.

They are essential to inform policy makers and senior managers and to guide much needed effort to develop an effective health system that can assure the health of populations.

These challenges, while daunting, should be addressed with the highest priority. The lofty goal of better public health is a global challenge, but one that is addressable with ‘healthy’ health care systems. These must include public health promotion activities by underpinning adequate numbers and an adequate mix of clinical professionals, public health professional, middle level of health worker and community health workers with the partnership approach with community people and other stakeholder. Every public health system a long term view is required, with the aim of achieving slow, incremental change; it is the long term sustainable “bang for the buck” that should be valued over the short term but bigger “bang”. Cost effectiveness assessments need to include a measure that reflects long term sustainability of public health.