Health Care Delivery System in Federal Context

Joint Annual Review (JAR)
Ministry of Health
February 8, 2017

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Background

• Promulgation of constitution of Nepal in 2015 established the federal form of governance in Nepal
• Key Tasks Identified
  • Functional Analysis
  • Structural Arrangements
  • Transition Management Plan
Functional Analysis Initiatives

• 1st Functional Exercise of Health Sector was done by MoGA (PREPARE Project)
• September 2015, MoH formed a high level team and a technical task team for;
  • Functional Analysis
  • Structural Arrangements
  • Transition Management Plan
• Technical Task Team further reviewed and elaborated the functional analysis
Functional Analysis Initiatives

• Finalization : Functional Analysis From Social Cluster.... OPMCM

• Review of Functional Analysis by High Level Health Policy and Restructuring Coordination Committee Lead by Hon. H. Minister

• Under Discussion in the Cabinet

• Central concern was in full devolution vs partial devolution of procurement of critical supplies eg. Vaccine...
Initiatives to define structural Arrangement

• MoGA assigned NASC to Propose Structural Arrangements of 4 sectors including health
  • MoH not proposed at both Federal and Provincial Level
• Technical Task Team did some background discussion
• उच्चस्तरीय प्रशासन सुधार कार्यान्वयन तथा अनुगमन समिति प्रतिवेदन (Kashi Raj Dahal committee)
  • Did not realize the need of MoH at federal level rather proposed to keep its functions under Human Resource Development Ministry
• Task is reopened with recent OPMCM initiative
Federalism and Institutional Arrangement for Health Sector: Some Preliminary Thoughts
Institutional Arrangement: The Basic Logic

<table>
<thead>
<tr>
<th>Key Functions</th>
<th>Level of Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Federal</td>
</tr>
<tr>
<td>Regulation (Policy and Planning)</td>
<td>+++   (Frame)</td>
</tr>
<tr>
<td>Financing and Budgeting</td>
<td>+++</td>
</tr>
<tr>
<td>Organizing and Coordination</td>
<td>+</td>
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<tr>
<td>Provisioning and Management</td>
<td>+</td>
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</tbody>
</table>
## Institutional Arrangement: The Basic Logic

<table>
<thead>
<tr>
<th>Existing Institutional Arrangement</th>
<th>Sharing /Shifting</th>
<th>Autonomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOH</td>
<td>Federal and Provincial MoH with redefined functions</td>
<td>Respective Government</td>
</tr>
<tr>
<td>Departments</td>
<td>No such arrangement at Federal Level but Remain at Provincial Level</td>
<td>Accountable to Provincial Government</td>
</tr>
<tr>
<td>Central Hospital</td>
<td>Upgraded to offer super specialty Services Hospitals and Remain Functional as Federal Institutions</td>
<td>Accountable to Federal Ministry Autonomous in Operation and Management Co financing from Federal MOH</td>
</tr>
<tr>
<td>Regional/Zonal Hospital</td>
<td>Converted to either Provincial Referral Hospital or Municipal Hospital</td>
<td>Autonomous in Operation and Management but co financed by Provincial Ministry of department or Municipality</td>
</tr>
</tbody>
</table>
## Institutional Arrangement: The Basic Logic

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<th>Existing Institutional Arrangement</th>
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<tr>
<td>District Hospital</td>
<td>General Municipal Hospital</td>
<td>Autonomous in Operation and Management Co financed by Municipality for provisioning of free Basic Health Care Services</td>
</tr>
<tr>
<td>District Health/public health Office</td>
<td>Municipal Health Office</td>
<td>Accountable to Municipality</td>
</tr>
<tr>
<td>PHC</td>
<td>PHC or Community Hospital</td>
<td>Accountable to Village Council</td>
</tr>
<tr>
<td>HP</td>
<td>HP</td>
<td>Accountable to Village Public Health Office</td>
</tr>
<tr>
<td>CHU</td>
<td>CHU</td>
<td>Accountable to HP</td>
</tr>
<tr>
<td>PHC/ORC</td>
<td>PHC/ORC</td>
<td></td>
</tr>
</tbody>
</table>
District v/s local level in constitution

– 220(2): “District Assembly shall consist of Chairpersons and Vice-Chairpersons of Village Executives, and Mayors and Deputy Mayors of Municipal Executives within the district”.

– 306(n) “"Local level" means the Village Bodies, Municipalities and District Assemblies to be established in accordance with this Constitution”.

– Schedule 8 at Sr. 12 confers powers to Local level for:
  Management of Village Assembly, Municipal Assembly, District Assembly, local courts, mediation and arbitration

Given functions and powers delegated to local level, and constitutional provisions for establishing district judiciary and administration, district is construed as the local level.
With the experience of having Regional Health Directorate in 5 Regions with the core function to coordinate and monitor the health system within the region, do we think it rational to retain an institution with similar function at district level in federalization?
Health Services Organizations in Federal Context

- Federal
  - Federal Super Specialized Hospital
    - Provincial Referral Hospital / Teaching Hospital
      - Municipal Hospital and Municipal Health Officer
        - PHCC
        - Urban Health/ Promotion Centre
          - Community Hospital, PHC, HP, CHU, PHC/ORC
        - Community Health Centre
      - Village Public Health Office
    - Community Hospital, PHC, HP, CHU, PHC/ORC
Next Endeavors...

• Structural Arrangement in Federal Context: Discussion, Refinement and Consensus

• Transition Management Plan: Development
Key issues

• HR management ???
Thank you