

NATIONAL HEALTH INSURANCE SCHEME

by

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(This article is based on the paper read out by the author, who is at present President of the Nepal Medical Association, in the 5th All Nepal Medical Conference held at Kathmandu in February 1971.)

In a developing country like Nepal where 90% of its population live in the villages and where medical facilities have got to be diverted to the villages so as to promote the health standard of the country, some far-sighted planning of the health services has to be worked out; and unless this is done no remedy to the increasing dissatisfaction amongst the medical workers in general and the general public in particular, in regard to the existing medical facilities and associated difficulties to carry out the health measures can be achieved.

We have seen the Director after Director occupying the same chair of the Health Services trying to work out some good measures for the expansion and development of the health services but problems facing them are still existing as they were before. So to thrash out a solution to the long existing problems some positive thinking in the way of health planning has got to be done before it is too late for the benefit of the general population at large. If we look carefully to the general population and the number of doctors, Health Assistants and Auxiliary Health workers we have the following few facts.

1. In our population of 10 million people, 9 million live in the villages and 1 million live in the towns. Of them 34,268 persons are employed in the regular services of His Majesty's

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Government (2027/2028). The basic salaries payable to them by H. M. G. is Rs. 144,7,6556/- every year. There are others who are employed in the different development projects—Government or Semi-Government run and in the various Corporations who draw nearly half of the above figure. Those who do not come under the above categories of employment are either businessmen and traders or their employees. The vast majority of the population are peasants and a few percentage of the population are factory workers. The highest paid in the services get nearly Rs. 2000/- whereas the lowest paid get Rs. 70/- a month.

2. There are at present 238 doctors employed in the Government services. The health assistants are 85 in number and the Auxiliary Health workers are 14 in number.

Now to work out the health service scheme one has got to convert the country's population arbitrarily into different families, each family consisting of five members (Ref. Family Planning Department of H. M. G.).

As there are 34,265 persons employed in the regular services of H. M. G. the families constituted by them consist of 171,340 members, say 200,000 approximately. If we levy one percent monthly tax under the Health Insurance Scheme on the basic salaries of the earning members of the 34,265 families we get 1,4,47,000 a year.

As one million of the country's population live in the towns so the remaining 0.8 million (8 lac) of the urban population draw as much as four times the annual income of the persons employed in the regular services of H. M. G. and one percent tax levy a month will fetch from them approximately Rs. 5,8,00,000/- Then the total income to H. M. G. treasury under Health Insurance Scheme from the urban population will amount to Rs. 72,47,000/-

We have 9 million people living in the villages. 1.8 million (18 lacs) families are constituted out of them arbitrarily and each family is consisted of five members. If we take the earning capacity of each of the rural families as equal to that of an orderly (Rs 70/- per month) then the tax levy of 1 percent per month on their income will accumulate Rs. 15,1,20,009/- yearly for the treasury. Then the total health insurance taxes collected from the general population will be Rs. 22,3,67,000/- annually. This collection could be not less than 20.0 million and this is the credit side of Health Insurance scheme.

To look into the debit side of the scheme one has got to think of the medical benefits in case the Health Insurance Scheme is implemented, to be given to the general population. The benefits will be enormous. Every district will have a doctor as far as possible. The Health Assistant or Auxiliary Health Workers will work where the doctors could not be sent due to paucity of doctors but the doctors will replace them as soon as possible and they will work in different Health Posts (91 in number by the end of this year 2027).

Under this Scheme the doctors, the Health Assistants and the Auxiliary Health Workers have got to be appointed full time without allowing them to do private practice, but at the same time giving them quite a substantial remuneration to each so as not to give them a chance

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to think for running after a private call. Their energy, their genius and their skill can be fully exploited for the benefit of the patients and for research work to enhance the standard of medical services to be offered to the general population. This could involve the treasury to offer quite a good salary to each of them but this is worth spending, considering their energy and skill being utilized for promoting health standard of the people.

For this few categories of posts have got to be created.

1. Consultant or Consultant Grade posts—50

Of which 14 in the 14 Zones.

3 in the D. G. of Health Services Office.

17 in the Bir Hospital.

1 in the Kanti Hospital.

1 in the Maternity Hospital.

5 in the Nepal Malaria Eradication Organisation.

1 in the Small Pox Eradication Project.

1 in the Leprosy Control Project.

1 in the Family Planning Project.

2 in the Chest Diseases Department.

2 in the Laboratory Services.

2 extra to be filled when needed.

Total 50

Each consultant has got to be paid Rs. 3000/- a month. The annual expenditure for the salaries of these consultants will be Rs. 1,50,00,000/

2. Senior Medical Officers—Specialists—50. They will work in the zonal or city hospitals.

3. Senior Medical Officer Posts—50. They will work in the different hospitals including the district hospitals.

Senior Medical Officer—Specialists each getting Rs. 2500/- per month and Senior Medical Officer each getting Rs. 2000/- per month. The total salaries payable each year will be Rs 27,00,000/ (for No. 2 & No. 3)

4. Medical Officers Posts—100 at present. As we have 238 doctors now in the HMG service, they will work in different district hospitals or different Health Centers (32 in number by the end of 2027). The salaries payable to them will be Rs. 1,80,00,000/- annually, each getting Rs. 1500/- a month.

5. Health Assistants and Senior Auxiliary Health workers. They are employed to work in different Health Posts, and if necessary in the Health Centres or in the districts where doctors could not be sent. The salaries payable to them will be Rs. 60,00,000/- annually, each getting Rs. 500/- a month.

The total expenditure to be incurred annually as salaries payable to the above five categories of posts will come up to 6.9 millions. The balance sheet to the credit and debit account will now show (22,3,67,000 - 6,90,000 — Rs 15,4,67,000/-) and this figure cannot go down below Rs. 15 millions mark which can be safely utilized for other staff and for partly subsidizing medicines needed for the patients. The amount now being paid to the doctors and other categories of medical staff can be added for subsidizing medicines needed for the public.

The sum total of my argument for the development of the Health Services is to thrash out the Scheme of Health Planning.

1. By enforcing Health Insurance Scheme wherein the medical staff are employed full time paying them substantial remuneration for their work.

2. By collecting Health Insurance Taxes from the general population at the rate of 1% of the income per month from each family so that the financial burden to run the National Health Insurance Scheme is taken off the treasury of His Majesty's Government.

3. By a sense of obligation on the part of the department of Health Services towards the general public who pay Health Insurance Tax under the Health Insurance Scheme of H. M. G.

4. By subsidizing medicines needed for the patients so that quite a good part of a family's budget could be utilized for other purposes of the family. The effect of this scheme will be enormous on the moral value of the medical staff and on the physical value of the general population. The effect on the earnings of less than 5% of the medical staff will be quite uncomfortable for the time being but considering all the pros and cons of the scheme it is high time to start this now before it is too late. If started, under this scheme we can utilize the services of the Sajha Swasthya Sewa to reach the subsidized medicines to each and every district of the country. After all Sajha Swasthya Sewa is a cooperative service of us all.

Under this scheme the services of the doctors employed in the administration could be utilized to examine patients in the Panchayat buildings now existing in almost every Panchayat and wards in the mornings or in the evenings which will help to take a load off the Hospitals to a great extent.