

A School of Health Sciences for All of Nepal

The Patan Academy of Health Sciences (PAHS) seeks to be a blessing for the new Nepal. PAHS will be a not-for-profit institution of higher education dedicated to improving the health of the people of Nepal, with a focus on the underprivileged and those living in remote or rural areas. PAHS is a bold vision befitting a newly bold nation poised to move beyond more than a decade of strife to forge a different future and to demonstrate, in the words of Prime Minister G. P. Koirala, that "...there is a better way than the gun to bring about social change." He affirmed that he saw PAHS as an important, practical symbol of the new Nepal. PAHS seeks to introduce and sustain a new model of medical education "that is willing and committed to work closely with the national health system in addressing...the rural-urban divide"¹.

PAHS is grounded in extensive worldwide and Nepali experience in the study of health science education and its influence on where, how, and with what priorities graduates will serve their societies. A series of meetings and workshops has established a National Advisory Board comprised of stakeholders in Nepal and an International Advisory Board of members of 15 institutions in 9 countries, who contribute their considerable expertise in founding medical schools, designing innovative teaching methods and curricula, and teaching medicine in developing countries. Prime Minister Koirala welcomed the Boards to a meeting on November 4, 2006, and gave enthusiastic support for the PAHS project.

The framework for this international effort is articulated in the World Health Organization's decade-long initiative on "the social accountability of medical schools"². The PAHS initiative arose several years ago directly from this desire for a socially accountable health science institute. The project was formally initiated in 2004 by the current Nepali proponents³ and was subjected to two extensive feasibility studies from academic, institutional,⁴ and financial perspectives. Political events in Nepal challenged the process, but forged more robust working relationships that resulted in a political commitment to support an institution seen as an essential element of the "new Nepal". Extensive discussions with senior members of the Education and Health Ministries as well as civil society, both at the time of the feasibility studies and subsequent to the popular revolution, reinforced this shared vision and the determination to achieve it.

PAHS is devoted to addressing the unacceptable and continuing divergence between the health of people within the urban Kathmandu Valley and those in the rest of Nepal, which is predominantly rural. This divergence has materially contributed, to some extent, to the armed conflict that recently ended, and its resolution is essential to any long term peace. However, the translation of such good intentions into a viable and effective building block will require a significant national and international effort. The five-way partnership (between policy makers, health managers, communities, professional bodies and academics) envisioned in the concept of social accountability will need to work in concert for PAHS to achieve its purpose.

In the 21st Century, a national health sciences centre can be a blessing or a bauble. If devoted to bringing both science and caring to the whole of a nation, it can be among the highest expressions of a society yearning to advance the human condition. If devoted to the arcane interests of a few, for a few, it can shine with a deceptive luster while leaving unanswered an essential question of the new century: why, when there is so much wealth in material systems, do we allow poverty and illness to claim so many of the world's citizens? PAHS, unlike traditional and for-profit schools, is designed to address precisely this question through its research and educational efforts, and to produce health practitioners and

researchers who will be committed to a new Nepal where the health of ALL is improved through better understanding and dedicated, expert practice.

Mission: PAHS is dedicated to sustained improvement of the health of the people in Nepal, especially those who are poor and living in rural areas, through innovation, equity, excellence and love in education, service, and research.

Goals:

- Train technically competent, caring and socially responsible physicians and other health care professionals who:
 - believe in compassion, love, respect, fairness and excellence,
 - communicate well with patients, family, and colleagues,
 - are committed to life long learning, and
 - have the willingness and ability to become inspiring leaders in their respective fields and deal with the existing and emerging health care challenges in Nepal.
- Sustain and upgrade the quality of the current health services of the PAHS related hospitals preserving the tradition of giving special consideration to the needs of the poor and disadvantaged.
- Undertake appropriate clinical, public health, and biomedical research.
- Work in collaboration with the national health system (NHS) to contribute to the improvement of the health status of the people in Nepal and proactively encourage the national government in the development of appropriate health policies, programs, and systems to uplift the health of the rural poor.
- Enable deserving students from disadvantaged sectors of Nepali society to access health science education including medical, nursing and other allied health science education.

The mission and goals of the academy will produce the requisite professionals. However, the extent to which they contribute to rectifying the health disparity in Nepal will depend on coordinated policy, planning, and action by many in Nepal and elsewhere.

In contrast to current medical education in Nepal, PAHS will employ innovative strategies in the areas of student selection, curriculum design, locations for clinical training, and program assessment. These policies are based on both the history of medical education in Nepal and global experience⁵ in the education and distribution of health human resources. The program will be designed to attract, support and prepare students from all parts of Nepal, particularly disadvantaged and rural communities, who are willing to establish careers devoted to those in greatest need. The curriculum will be modeled after modern curricula implemented by a growing number of Western medical schools, and will focus on community medicine and the values of service and altruism, and will include clinical rotations at rural health care institutions.

The academy will be financially self-sustaining once startup costs are supported by external sources. Gaining the initial developmental resources is now the rate limiting step in its realization.

The feasibility studies, workshops, and the current political climate in Nepal bode well for the full achievement of PAHS. The International Advisory Board is actively involved in planning the human, material, and intellectual resources required to make PAHS a success. Through collaboration with the International Board, the Patan Academy of Health Sciences can become a global partnership for improving public health in Nepal, and a model for innovative health education throughout the developing world.

- 1 *MSSC Recommendation on PUHS*. Medical School Steering Committee letter to Mr. Chandeshwor Shrestha, Chairman - Patan Hospital Board; January 2, 2007.
- 2 *Towards Unity for Health: Challenges & Opportunities for Partnership in Health Development*. Charles Boelen (World Health Organisation) 2000. Available at: http://www.who.int/hrh/documents/en/TUFH_challenges.pdf [accessed January 22, 2007]
- 3 *Responding to the Health Care Needs of Rural Nepal: A concept paper on establishing The Patan University of Health Sciences*. Medical School Steering Committee / Task Force, Patan Hospital, September, 2004.
- 4 *Feasibility study for the proposed Patan University of Health Sciences (PUHS)*, Robert F. Woollard, January, 2005.
- 5 *Caring for a common future: medical schools' social accountability*. Robert F. Woollard, 2006. *Medical Education* 40 (4), 301–313. Available at: <http://www.blackwell-synergy.com/doi/full/10.1111/j.1365-2929.2006.02416.x> [accessed January 22, 2007]