

Nepal



<http://www.who.int/countries/en/>

WHO region	South-East Asia
World Bank income group	Low-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (NMICS, 2014)	56.9
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (NMICS, 2014)	83
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	69.2 (Both sexes) 70.8 (Female) 67.7 (Male)
Population (in thousands) total (CBS, 2016)	28431.5
% Population under 15 (CBS, 2016)	30.5
% Population over 60 (CBS, 2016)	8.4
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2010)	24.8
Literacy rate among adults aged >= 15 years (%) (2007-2012)	57
Gender Inequality Index rank (2014)	108
Human Development Index rank (2014)	145
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.80
Private expenditure on health as a percentage of total expenditure on health (2014)	59.67
General government expenditure on health as a percentage of total government expenditure (2014)	40.33
Physicians density (per 1000 population) (2015)	0.52
Nursing and midwifery personnel density (per 1000 population) (2015)	2.25
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	22.2 [17.1-28.8]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	35.8 [28.1-45.5]
Maternal mortality ratio (per 100 000 live births) (2015)	258 [176 - 425]
Births attended by skilled health personnel (%) (NMICS, 2014)	55.6
Public health and environment	
Population using improved drinking water sources (%) (NMICS, 2014)	93.3 (Total) 92.9 (Rural) 95.5 (Urban)
Population using improved sanitation facilities (%) (NMICS, 2014)	59.6 (Rural) 62.8 (Urban) 60.1 (Total)

Sources of data:
Global Health Observatory, April 2015
<http://apps.who.int/gho/data/node.coc>

HEALTH SITUATION

Nepal has made progress in raising the health status of its citizens. Under-five mortality has been reduced by 73% and infant mortality by 67%. Similarly, maternal mortality has been reduced by 76% between the period of 1996 and 2014. The immunization coverage since 2011 has consistently remained above 90% for DTP 3 and Polio and for measles it has hovered around 88%. The country has achieved polio eradication and measles elimination is targeted for 2019. The "Full Immunization Declaration" approach aims at immunizing all children through a strong community engagement. Leprosy is at the elimination stage and malaria is in pre-elimination phase. Considerable efforts have been made to halt and reverse the trends of tuberculosis and HIV. New HIV infections have declined; however, the gap still remains between the estimated and identified HIV infection, resulting in low treatment coverage of 31% in 2015. Despite the stable CPR, the Total Fertility Rate (TFR) declined significantly from 5 births per women in 1990 to 2.6 in 2011 and 2.3 in 2014. The increasing trend of migration is exposing labor migrants to certain health risks and poses an additional challenge to address their health needs.

Tuberculosis (TB) remains as a public health problem in Nepal. However, programme is able to achieve high success rate for treatment of TB, which was 92% for drug-susceptible TB and 71% for MDR patients in 2014/15. In the urban areas inadequate physical activity and rapid and unplanned urbanization are posing a number of health challenges including increased risk of non-communicable diseases. Air pollution is becoming an ever-increasing problem, both in the Kathmandu Valley and in the southern Terai Region. Mental health problems are also increasing and further aggravated by earthquake, migration, ageing population, poverty and widespread unemployment. Moreover, Nepal is prone to natural disasters, which pose their own health problems. Despite the significant increase in government expenditure on health, out-of-pocket expenditure remains high (58% in 2010/11). The Current health Expenditures (CHE) in 2012 were 5.4% of Nepal's GDP, or 33.3 US\$ per capita.

Nepal has been gearing towards addressing equity gaps and increasingly focused on making services accessible to the population in need. It has introduced free health care programmes, targeted health package schemes and a safe delivery incentive scheme to minimize the equity gap. However, despite this, the country still faces many health challenges. The recent "Nepal Health Facility Survey" clearly shows challenges in delivering quality health services, retaining appropriate skilled human resources, and maintaining regular availability of essential commodities to deliver basic health care.

Although all public health services resumed immediately after the devastating earthquake in 2015, reconstruction of many of the damaged or destroyed health facilities still remains a major challenge.

HEALTH POLICIES AND SYSTEMS

The Government of the Nepal has developed policies for delivering better health services to people of Nepal. The citizens have the constitutional right to access basic care free of charge. The National Health Policy 2014 and the National Health Sector Strategy 2015 - 2020 guide the overall health plans for Nepal.

The Policy puts Universal Health Coverage at the center and stresses the need for quality equitable access to health care. The National Health Strategy has prioritized the health system improvement in Human Resources for Health (HRH), public financial management, infrastructure, procurement and health governance. Both health policy and health strategy are in line with the major priorities focused on in the Sustainable Development Goals. The results framework of NHSS 2015-2020 have indicators at goal, outcome and output levels and are not only focused on traditional SDG-related indicators, but also include indicators identified for addressing mental health, injuries, financial hardship in accessing health care and different components of health systems like HRH and health infrastructure. The strategy also identifies evidence-based policy planning and stresses the use of modern technologies for improved and informed planning and monitoring.

A basic health care package has been defined and an insurance scheme is being initiated as part of a plan to address equity gaps and move towards universal health coverage.

Under the Constitution, promulgated in September 2015, the country has become a Federal State. This will in the future affect the way the health system will be organized and operated, given that local levels will play a more significant role in all developmental and administrative areas.

Currently, health services are provided at peripheral level through 203 Primary Health Care Centres, 3809 Health Posts and 111 Urban Health Clinics. More serious cases are referred to 75 secondary level district hospitals, 21 tertiary level hospitals (zonal and above) and 8 specialized hospitals (all located in the Kathmandu Valley). In addition, there are 361 private hospitals, mostly in the urban areas.

COOPERATION FOR HEALTH

The main donor and partner agencies are: the World Bank, DFID, GAVI, GFATM, KOICA, USAID, GIZ, KfW (German Development Bank), USAID, UNAIDS, UNICEF, UNFPA and WHO. Nepal has Sector-Wide Approach (SWAp) in Health and partners support is based on Joint Financial Arrangement (JFA). A new JFA has been developed to support the implementation of new Nepal Health Sector Strategy (NHSS) for the period of 2015/16 – 2020/21. Key External Development Partners meet twice a month to coordinate and discuss current issues.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2013 – 2017)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Achieving communicable diseases control targets</p>	<ul style="list-style-type: none"> • Reduce mortality and morbidity from communicable diseases including vaccine-preventable diseases, and to achieve disease eradication, elimination and control targets of communicable diseases. • Eliminate and further reduce the disease burden due to neglected tropical diseases (leprosy, kala-azar, lymphatic filariasis, trachoma, intestinal helminths) • Further reduce the disease burden due to HIV/AIDS, tuberculosis, malaria and vector-borne diseases.
<p>STRATEGIC PRIORITY 2: Controlling and reversing the growing burden of non-communicable diseases</p>	<ul style="list-style-type: none"> • Support prevention and control of major NCDs through the primary health care approach • Promote healthy lifestyles • Support integration of mental health within a revitalized primary health care system • Support development of community-based disability and rehabilitation services linked to revitalized primary health system
<p>STRATEGIC PRIORITY 3: Health over the life-cycle focusing on interventions for under privileged and vulnerable populations</p>	<ul style="list-style-type: none"> • Promote evidence-based interventions to improve quality of neonatal, child, adolescent, maternal and reproductive health including family planning • Improving access and utilization of maternal, neonatal, child, adolescent health and reproductive health including family planning, focusing on interventions in underprivileged areas
<p>STRATEGIC PRIORITY 4:</p>	<ul style="list-style-type: none"> • Improve access and quality • Develop a national health financing system to achieve universal health coverage and social protection • Strengthen the health workforce particularly for improved district health system performance • Improve availability, access, quality and safety of essential medicines, medical devices, blood for transfusion and traditional medicine • Strengthen quality, sharing, analysis and utilization of health data • Strengthen the institutional base for progress and performance review, information use and accountability • Support management of the health policy dialogue process.
<p>STRATEGIC PRIORITY 5: Reducing the health consequences of disasters</p>	<ul style="list-style-type: none"> • Strengthen national capacity and coordination in health sector emergency risk management • Promote and support a coherent intersectoral approach to health emergency preparedness and response including recovery
<p>STRATEGIC PRIORITY 6: Addressing environmental determinants of health</p>	<ul style="list-style-type: none"> • Strengthen programmes for achieving national and MDG targets for access to safe water supply and sanitation • Support implementation of the national environmental health programme • Support efforts to identify and mitigate the public health impact of climate change