

Nepal



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Nepal is a land-locked country of about 27 million people in an area of 147,181 square kilometers. The country is in the middle of its demographic transition. Despite an increase in the contraceptive prevalence rate (41%), the population is growing at a rate of 2.25%, which is relatively higher compared to other countries in the Region. Nepal is one of the least developed countries with GDP per capita of only US\$ 294. While about 80% of the population depends on agriculture for livelihood, the share of the agriculture sector in GDP is only 40%. Tourism, one of the main sources of income in the past, has been affected adversely due to civil conflict and violence. Remittance from foreign employment has been the major income source for Nepal. The Human Development Index has improved considerably over the years from 0.296 in 1975 to 0.553 in 2007. The population living below the national poverty line has declined from 42% (1990-1995) to 31% (2003-2004).

HEALTH & DEVELOPMENT

Total population (2005) ¹	27 133 000
% of total population under 15 (2005) ¹	39
Women of reproductive age (15-49 years) in million (2006) ³	6.6
Average population growth rate % (2006) ³	2.1
Population distribution % rural (2005) ¹	84.0
Life expectancy at birth in years (2007) ²	66.3
Under-5 mortality rate per 1000 live births (2006) ³	61
Maternal mortality ratio per 100 000 live births (2006) ³	281
Infant mortality rate per 1000 live births (2006) ³	48
Total fertility rate per woman in reproductive age group (2006) ³	3.1
Total expenditure on health as % of GDP (2004) ⁴	5.4
General government expenditure on health as % of total government expenditure (2004) ⁴	9.1
Human Development Index (2007) ²	0.553
Human Development Index Rank, out of 177 countries (2003) ⁵	136
Gross National Income (GNI) per capita US\$ (2004) ⁶	250
Population living below national poverty line % (1990-2002) ⁵	42.0
Adult (15+) literacy rate (%) (2000-2004) ⁷	48.6
Adult male (15+) literacy rate (%) (2000-2004) ⁷	62.7
Adult female (15+) literacy rate (%) (2000-2004) ⁷	34.9
% population with access to improved drinking water source (2002) ⁵	84
% population with improved access to sanitation (2002) ⁵	27

Disease burden: The country continues to be afflicted by communicable diseases and upward trends of lifestyle related noncommunicable diseases. Incidence of diarrheal diseases and acute respiratory tract infection continue to be high (219 and 319 per 1000 population respectively). Vector borne diseases like malaria, visceral leishmaniasis, lymphatic filariasis, Japanese encephalitis and recent emergence of dengue infection are major public health problems together with TB and HIV/AIDS. Increasing incidence of diabetes, hypertension, CVD and cancer have been observed.

Maternal and child health: The maternal mortality rate which was unacceptably high is now in a decreasing trend. Under-5 and infant mortality rates are still very high, 61 and 48 per 1000 live births respectively. The neonatal mortality accounts for two-thirds of infant mortality rate. The major challenge is how to ensure that all women and newborns are provided with a continuum of care throughout pregnancy, childbirth and the postpartum period, by skilled birth attendants (SBAs).

Nutrition and food safety: Malnutrition among children, adolescents and women is still a serious public health problem. About half of under-five children are affected by stunting. The proportion of underweight children is around 48% of them, 10% suffer from acute malnutrition and 13% by a combination of stunting, vitamin A deficiency and iron deficiency. Food availability and security remains uneven particularly in hill and mountain region.

Vulnerability to disasters: Nepal is a highly disaster-prone country. Several types of natural hazards like floods, landslides and drought affect different geographical zones annually with a varying degree of damage to the health infrastructure and people's health. Nepal, in particular Kathmandu valley is vulnerable to earthquakes, therefore, preparedness for such a disaster needs to be further strengthened.

Social and health inequity: Despite of government's efforts in addressing development strategies on an equitable basis, the health gaps between the poor and the rich are very wide.

Human resource for health and decentralization: A good number of medical graduates and other categories are being produced every year. However, human resource planning and development are not presently aligned enough with decentralization and other health sector needs and priorities. Imbalance of production of different categories of health professionals persists. The issue of human resource management with regard to deployment, retention, utilization and accountability is another challenge.

Opportunities	Challenges
<ul style="list-style-type: none"> Availability of comprehensive framework of health policies and strategies. Identification of high-impact essential health care services (EHCS) package. Implementation of the National Health Sector Plan II and the Second Long Term Health Plan. The utilization of health workforce in the public sector through countrywide network of health facilities and institutions. 	<ul style="list-style-type: none"> Designing cost-effective interventions to address wide ranging of health inequities. Responsiveness of the health care system in terms of coverage, quality of care and provider's accountability is weak. The public health system's capacity and strategic management competencies are inadequate to address the issue of multi-sectoral determinants of health. The coordination mechanisms to further strengthen the concerned ministries, universities and institutions.

Sources:

- 1 United Nations Population Division
- 2 Human Development Report 2009
- 3 Nepal Demographic and Health Survey 2006
- 4 WHO data on National Health Accounts
- 5 Human Development Report 2005
- 6 World Development Indicators 2005 (World Bank)
- 7 UNESCO Institute for Statistics
- 8 Nepal District Health Profiles (2007)

PARTNERS

There are many partners working for the health sector and other development initiatives. The main donor agencies are: the World Bank, DFID, USAID, GTZ, KfW, the Asian Development Bank, JICA, AUS Aid and SDC. There are 137 international NGOs and thousands of NGOs. Many of them are working in health. The UN agencies collaborating with the government in health and related fields are: UNDP, UNICEF, UNFPA, UNAIDS, WFP, FAO, ILO and WHO. GFATM/CCM has approved proposals in the programme areas of HIV/AIDS, Malaria and Tuberculosis. A collaborative framework is in place for coordination of development assistance and partnerships. The Poverty Reduction Strategy Paper (PRSP), United Nations Development Assistance Framework (UNDAF) and Consolidated Appeal Process (CAP) are there at macro level. There is an agreement between the South Asia Association for Regional Cooperation (SAARC) and WHO for cooperation in health. In 5th September, 2007, Nepal became one of the first wave IHP plus countries which aimed at providing support to the government-led national health plans in a coordinated way.

Opportunities	Challenges
<ul style="list-style-type: none"> ● Working together with partnership for better understanding of different issues, sharing of information, exchange of opinions and views - all these facilitate addressing the identified issues and problems, thereby contributing to capacity building at different levels of the system. IHP plus offers an opportunity to achieve a better coordination through partnership mechanism. ● Availability of a well defined and well accepted existing coordination mechanism. ● Availability of large number of NGOs and many organizations at the grass root level. 	<ul style="list-style-type: none"> ● Coordinating, harmonizing and aligning the efforts of everyone with the national strategies and priorities. ● Development partners need to make concerted efforts to support the Government to further strengthen the capacity of the Ministry of Health and Population.

WHO STRATEGIC AGENDA (2006-2011)

Strengthening the health system: Support equity in health and increased access to services particularly for the underprivileged population and vulnerable groups through promoting partnerships, key stakeholders coordination, evidence-based integrated policy approach and to promote equitable, adequate & sustainable health care financing. Support the ongoing process for decentralization of health services in a systematic manner and community health promotion initiatives.

Control and prevention of disease and disability: WHO will support immunization activities and the introduction of new and underutilized vaccines that will lead to eradication, elimination, or control of immunization-preventable diseases. WHO will also support programme interventions and capacity building of public health workforce for effectively addressing priority communicable diseases. WHO will provide support for the development of integrated disease surveillance (IDS) and NCD risk factors surveillance systems including unhealthy lifestyles. WHO will assist in developing the policy, legal framework, operational guidelines and support capacity building and public health laboratory network in compliance with the International Health Regulations (2005).

Human resource development: WHO will support mainstreaming the development of HRH in accordance with the health sector policy priorities and issues and will provide catalytic support to strengthen the national capacity for training HRH in keeping with the policy and programme interventions. WHO will also review and strengthen the accreditation system for medical, nursing and paramedical education and will facilitate the streamlining of the regulatory framework to ensure performance and accountability.

Child, adolescent and reproductive health: WHO will promote reproductive, maternal and child health with especial emphasis to integration of newborn health care into the safe motherhood programme and advocate strengthening of partnership for expansion of IMCI interventions in underprivileged areas. WHO will promote evidence-based interventions for addressing adolescent health problems including substance abuse, risk of HIV/AIDS, unsafe sex and unhealthy lifestyles. Support to training of SBAs and development of quality assurance (audit) systems for maternal and neonatal health care services are two areas where WHO will continue to assist.

Healthier environment: WHO will advocate for updating the national policy related to the environment in collaboration with partners and will continue to support and monitor the introduction of cost-effective, safe water and sanitation improvement measures in district plans. WHO will also support in reviewing the food safety and nutrition promotion measures.

Emergency preparedness and response: WHO will support health sector emergency planning, monitoring and response, including mass casualty programmes, and hospital mitigation. WHO will also advocate for adequate human resources in the area of health sector emergency preparedness and promote integration of health emergency preparedness and response as a crosscutting issue by building partnerships.



ADDITIONAL INFORMATION

WHO country page

<http://www.nep.searo.who.int/>

WHO Country Agency profile in UN platform

<http://www.un.org.np/agencyprofile/profile.php?AgencyID=12>

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