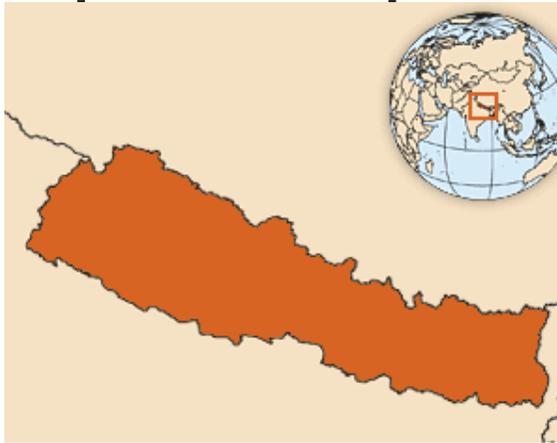


Federal Democratic Republic of Nepal



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

WHO region	South-East Asia
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	27474
% Population under 15 (2012)	35.58
% Population over 60 (2012)	7.65
Life expectancy at birth (2012) Total, Male, Female	67 (Male) 68 (Both sexes) 69 (Female)
Neonatal mortality rate per 1000 live births (2012)	24 [18-32] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	42 [33-52] (Both sexes)
Maternal mortality ratio per 100 000 live births (2010)	170 [100-290]
% DPT3 Immunization coverage among 1-year-olds (2012)	90
% Births attended by skilled health workers (2011)	36
Density of physicians per 1000 population (2004)	0.21
Density of nurses and midwives per 1000 population	
Total expenditure on health as % of GDP (2011)	5.4
General government expenditure on health as % of total government expenditure (2011)	9.6
Private expenditure on health as % of total expenditure on health (2011)	60.7
Adult (15+) literacy rate total (2010)	60.3
Population using improved drinking-water sources (%) (2011)	88 (Total) 87 (Rural) 91 (Urban)
Population using improved sanitation facilities (%) (2011)	35 (Total) 50 (Urban) 32 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2010)	24.8
Gender-related Development Index rank out of 148 countries (2012)	102
Human Development Index rank out of 186 countries (2012)	157

Sources of data:
Global Health Observatory, April 2014
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Nepal is in the middle of a demographic transition. Despite an increase in the contraceptive prevalence rate (48%), the population is growing at a rate of 1.40%. The country has a large population of young people, though life expectancy has increased in the past years.

The country continues to be afflicted by communicable diseases and upward trends of lifestyle-related noncommunicable diseases. Although there were no major outbreaks of diarrheal cases and only sporadic cases reported, the incidence of diarrheal diseases and acute respiratory tract infections continue to be high. Increasing incidence of diabetes, hypertension, CVD and cancer have been observed. WHO assisted in conducting the risk factor survey using eSTEPS.

Nepal has developed a COIA roadmap following the Commission of Information and Accountability Recommendations and has initiated catalytic activities for 2013-2015. Nepal also received a "Child Survival Award" from GAVI Alliance (GAVI) for its progress in MDG 4; and a UN MDG 5 award for its progress in maternal health. There has been significant reduction in the maternal mortality ratio, and under-5 and infant mortality rates have also improved. However, neonatal mortality has been stagnant at 24/1000 live birth since 2006. The neonatal mortality accounts for two-thirds of infant mortality rate and MoHP has kept it in the priority to address neonatal mortality.

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.

HEALTH POLICIES AND SYSTEMS

The Ministry of Health and Population plays a leading role in improving the health of the people including mental, physical and social well-being, for overall national development with the increased participation of the private sector and nongovernment institutions in the implementation of programmes. The Ministry is also responsible to make necessary arrangements and formulate policies for effective delivery of curative services, disease prevention, health promotive activities and establishment of a primary health care system. These activities will be maintained at an international standard under the policies declared on health by Government of Nepal, ultimately improving the overall condition of health services.

The government of the Nepal has developed policies for delivering better health services to its people. Citizens have the constitutional right to access basic care free of charge. This right to basic health services is expressed in the interim constitution of Federal Democratic Republic of Nepal. There is a National Health Policy 1991 and a second long term health plan 1997-2017 which guides the overall health plans for Nepal.

The Ministry has also developed different program-specific policies on safe motherhood, a National Medicine Policy, a National Health Laboratory Policy and others to effectively guide programmatic interventions. Nepal has also developed the National Health Insurance Policy which will initiate health insurance in the country. In addition, a multisectoral NCD plan and multisectoral nutrition plan (2013-2017) have been developed with the involvement of development partners and the government.

Nepal became one of the first wave IHP+ countries which aimed at providing support to the government-led National Health plans in a coordinated way. Nepal has also put in place multisectoral frameworks to address NCDs, malnutrition, water and sanitation and road safety.

COOPERATION FOR HEALTH

There are many partners working in the health sector and other development initiatives. The main donor agencies are: the World Bank, DFID, USAID, GTZ, KfW (German Development Bank), USAID, the Asian Development Bank, JICA, AusAID. The World Bank, DFID, USAID, GTZ, KfW (German Development Bank), and AusAID are pooled fund partners where the resources are pooled to support Nepal Government health plan. Government-led sector with better harmonization and alignment with partners and strong stewardship over the health sector. The Sector-Wide Approach (SWAp), under the auspices of the Paris Declaration on Aid Effectiveness in Nepal, is formally endorsed and supported by 12 donors working in Nepal's health sector. The UN agencies collaborating with the government in health and related fields are: UNDP, UNICEF, UNFPA, UNAIDS, World Food Programme, FAO, ILO and WHO. A collaborative framework is in place for coordination of development assistance and partnerships. United Nations Development Assistance Framework (UNDAF) is the coordinating mechanism at the national level. There is an agreement between the South Asia Association for Regional Cooperation (SAARC) and WHO for cooperation in health.

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 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 noncommunicable 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: Strengthening health systems within the revitalized primary health care approach and support policy dialogue on health policies, strategies, and plans for universal health coverage</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