SPOTLIGHT ON **NEPAL**

PROGRESS OVERVIEW

Nepal has made significant progress in child mortality reduction over the past decade, halving under-five and newborn mortality between 2000 and 2013. Disparities in child mortality rates between subnational regions have narrowed marginally. However, disparities between socioeconomic groups have been rising. While inequalities in DTP3 vaccination coverage have been narrowing, they have widened for skilled birth attendance. By 2011, the difference in skilled birth attendance between the richest and the poorest groups was around 70 percentage points, up from 50 in 2006. Gaps have also increased significantly for care-seeking for pneumonia. Under-five stunting rates have fallen more slowly than child mortality, and remain high at 41%. Inequalities in stunting rates between the poorest and richest quintiles grew between 2001 and 2011.

OUTCOMES

MDGs

Child mortality rate: 40 per 1,000
MDG target: 47.4 per 1,000 – MET
Number of child deaths per year: 23,000
Average annual rate of reduction (2000–2013): 5.6% – ACCELERATING
Equity of progress (2001-2011):

- Economic groups: Increasing inequality
- Regions: Decreasing inequality
- Urban/rural: Decreasing inequality

POST-2015

On track for post-2015 nationally: Yes
On track for all groups:

- Economic groups: Yes
- Regions: No data available
- Rural and urban: Yes

Figure 18: Trends in intervention coverage

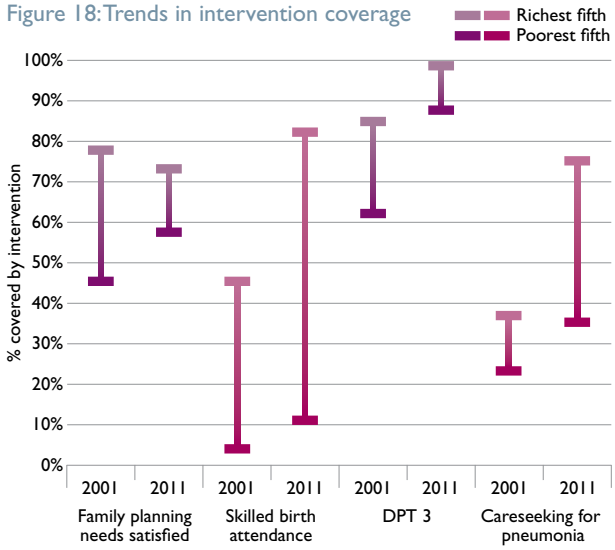
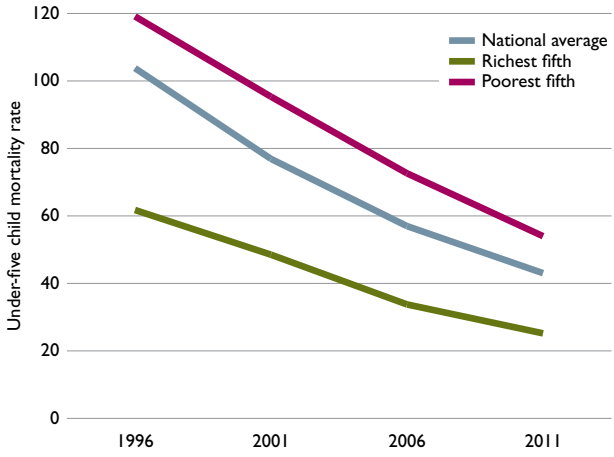


Figure 19: Trends in under-five child mortality rate



Policy spotlight: designing policies and strategies to reach the unreached

The Nepalese government is implementing a number of public health programmes in an attempt to address inequalities in health outcomes and intervention coverage. These include the Free Health Services Programme (FHSP) introduced in 2007 for primary health, and the Amaa Suraksha Programme (2009). In 2014, the National Health Policy established Universal Health Coverage as a key objective, and the government is currently drafting a 2015–2030 strategy to help implement the policy, the National Strategy for Reaching the Unreached to Reduce Health and Nutrition Inequities in Nepal. This identifies the specific barriers that are preventing poor, remote, disabled and minority groups from accessing services, and outlines concrete actions that will be pursued and indicators to monitor progress. The strategy is being translated into a costed action plan and monitoring framework, supported by pooled funding from government and development partners. If implemented effectively, these plans hold significant potential for addressing health inequalities in Nepal.

Complementary drivers of change

- Gender-responsive planning and budgeting processes are helping to ensure that the needs of women and girls are considered across all sectors, including the health sector, with the percentage of government programmes assessed as contributing to gender equality doubling from 11% in 2007 to 22% in 2011.
- Conditional cash transfers are provided for pregnant women to cover transport costs, with additional benefits in remote areas, and incentives for health workers to attend facility and home deliveries.
- There has been a particular focus on community-based planning and delivery since 2002 through Health Facility Operation and Management Committees (HFOMCs). Programmes have been established to empower and train committee members, resulting in an increase in the participation of Dalits in these committees from 30% to 61% between 2008 and 2011, as well as an increase in their uptake of health facilities.

Challenges

Out-of-pocket spending remains high in Nepal, representing nearly half of total health expenditure. Health facilities are underfunded and government spending on health was only 2% of GDP in 2011. The government has committed to increase its budget allocation to health and to implementing a National Health Insurance policy, which aims to improve equitable access to health services by curbing out-of-pocket payments and strengthening the health system.

See Appendix 3 for guidance on interpreting data, and References section for sources used for policy analysis.