

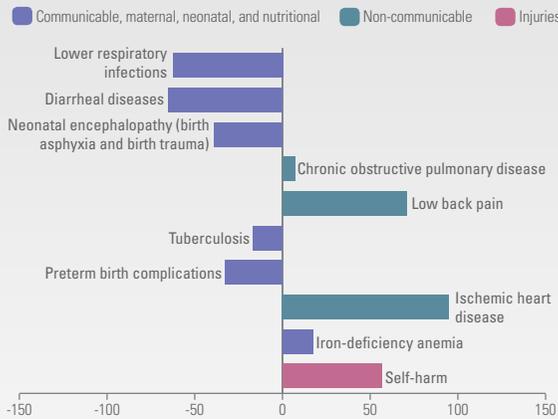
NEPAL

Although many essential services are nominally free of charge, particularly to poor and marginalized groups, there is evidence of inadequate resources to meet demand, and out-of-pocket payments constitute 62% of total health expenditure. As a low-income country with predominantly rural population, communicable diseases remain the greatest source of DALYs lost, although their burden is declining. Further, Nepal has made good progress towards reducing maternal and infant mortality, and is on track to meet both Millennium Development Goals 4 and 5. However, the availability of physicians, nurses and midwives is still low, and there is limited likelihood of scaling up to meet indicative thresholds by 2035. There may also be challenges in acceptability, with only one quarter of physicians being women and a ratio of nurses to physicians below the OECD average. Regulation and accreditation mechanisms are in place through the various health professional councils. However, the evidence indicates challenges in the motivation, retention and performance of the health workforce, which the current strategic plan for human resources for health (2011–2015) is attempting to address.

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	26.8; 36; 6	(2010)
Average annual rate of population change (%)	1.2	(2010-2015)
Population living in urban areas (%)	17	(2011)
Gross national income per capita (PPP int. \$)	1260	(2011)
Population living on <\$1 (PPP int. \$) a day (%)	24.82	(2010)
Total expenditure on health as a percentage of gross domestic product (%)	5.4	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	39	(2011)
External resources for health as a percentage of total expenditure on health (%)	14.6	(2011)
Life expectancy at birth (years) [all; female; male]	68; 69; 67	(2011)
Total fertility rate (per woman)	2.7	(2010)
Neonatal mortality rate (per 1 000 live births)	27	(2011)
Infant mortality rate (per 1 000 live births)	39	(2011)
Under-five mortality rate (per 1 000 live births)	48 [45-57]	(2011)
Maternal mortality ratio (per 100 000 live births)	170 [100-290]	(2010)
Births attended by skilled health personnel (%)	36.0	(2011)
Antenatal care coverage - at least one visit (%)	58.3	(2011)
Antenatal care coverage - at least four visits (%)	50.1	(2011)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	92	(2011)
Postnatal care visit within two days of birth (%)	44.5	(2011)

Top 10 causes of morbidity and mortality (DALYs)



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

HUMAN RESOURCES FOR HEALTH

AVAILABILITY

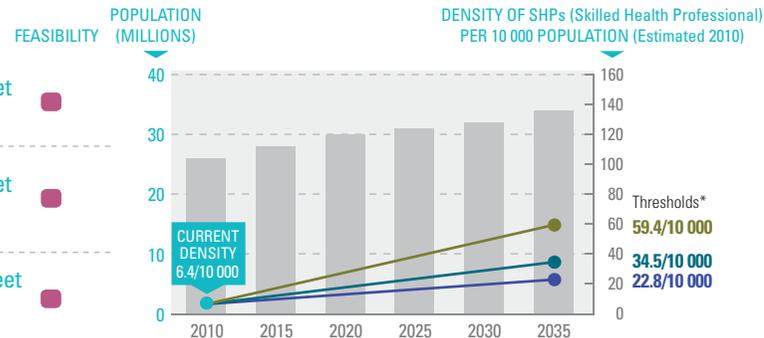
Feasibility of achieving thresholds: ■ Most likely ■ Somewhat likely ■ Least likely

TO MEET THRESHOLDS BY 2035, REQUIRES:

351% increase to meet 22.8/10 000 threshold

582% increase to meet 34.5/10 000 threshold

1075% increase to meet 59.4/10 000 threshold



ACCESSIBILITY

SUB-NATIONAL LOW NATIONAL AVERAGE SUB-NATIONAL HIGH

GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS (density per 10 000 population)

1.5
Physicians

2.1
Physicians

5.0
Physicians

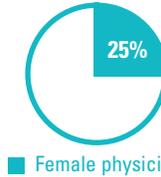
ACCEPTABILITY

The ratio of nurses to physicians is **BELOW** the OECD average (2.8:1).

1.1
Nurses

TO

1
Physician



QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:

Dentists	✓
Midwives	✓
Nurses	✓
Pharmacists	✓
Physicians	✓

REGULATE:

Dentists	✓
Midwives	✗
Nurses	✓
Pharmacists	✓*
Physicians	✓

LICENSE/RE-LICENSE:

Dentists	✓*
Midwives	✗
Nurses	✓
Pharmacists	✓*
Physicians	✓*

HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

Leadership and Partnership

Is there government leadership on health workforce policy and management?



Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management?



Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs?



informed by data and strategic intelligence?



addressing pre-service education?



addressing geographical distribution and retention?



addressing health workforce performance (e.g. competence, responsiveness and productivity)?



addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel?



Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms?



For which period?

Does the strategy/plan account for the financial costs and resource requirements to implement it?



✓ = Yes ✓* = Partial ✗ = No ? = Insufficient data

*See Annex 1 for full explanation on country profile methods and sources.