

## Halfway up the highway: Can Nepal meet its Health Millennium Development Goals?

Vaidya A,<sup>1</sup> Jha N<sup>2</sup>

<sup>1</sup>Department of Community Medicine, Kathmandu Medical College, Duwakot, <sup>2</sup>Department of Community Medicine, BP Koirala Institute of Health Sciences, Dharan, Nepal

### ABSTRACT

The Millennium Development Goals (MDGs) are international objectives on poverty reduction adopted by the world community and provide the broad context for this revolution in thinking and practice. The MDGs place a central focus on public health, in recognition of the fact that improvements in public health are vital not only in their own right but also to break the poverty trap of the world's poorest economies. Nepal has been committed to achieving the MDGs since it endorsed the Millennium Declaration. As we have at present just passed the midway through the 15 years to MDGs deadline of 2015, this article reviews the status of Nepal in achieving the MDGs, the challenges it faces and whether it can achieve the MDGs by 2015.

**Key words:** *development, goals, health, millennium, Nepal*

### INTRODUCTION

Health for All by the year 2000 has been in existence for more than 25 years since the Alma Ata declaration when it was stated that 'inequality in the health status of people, particularly between developed and developing countries as well as within countries, is politically, socially and economically unacceptable'.<sup>1</sup> Yet, Health for All remains an elusive goal and large and growing disparities in health persist both within and between the countries.<sup>2</sup> With the failing Health for All by 2000, the stakeholders around the globe realized the need to readdress the problems of health, poverty and overall human development in a more holistic manner. Many targets were set and compiled in the 1990s in to what was known as the International development Goals. But it was only at the turn of the millennium that the Member States of the United Nations adopted the Millennium Declaration from which the Millennium Development Goals (MDGs) were drawn.<sup>3</sup> The MDGs are a groundbreaking international development agenda

for the 21<sup>st</sup> century and outline the major developmental activities and priorities to be achieved by the year 2015.<sup>4</sup>

The MDGs place a central focus on public health, in recognition of the fact that improvements in public health are vital not only in their own right but also to break the poverty trap of the world's poorest economies. Three out of the total 8 goals, eight out of the total 18 targets and 18 out of the 48 indicators are explicitly about health.<sup>5</sup> Other goals are also indirectly but intimately associated with health. The overall MDGs, with emphasis on health-related goals with their targets and indicators, are given in the table 1. Goals 4-6 are directly related to health. Other goals involve the other vital aspects of human development such as poverty reduction, education, environment sustainability, women empowerment and gender equality. Goal 8 identifies actions that donor countries must take to support developing countries to achieve the first seven goals.

### Correspondence:

Dr. Abhinav Vaidya,  
Department of Community Medicine  
Kathmandu Medical College  
Duwakot, Bhaktapur, Nepal  
Email: dr.abhinavaidya@gmail.com  
Phone: 9841484422

**Table 1. Millennium Development Goals highlighting the health-related goals<sup>3</sup>****GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER**

Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicator 4 Prevalence of underweight children under five years of age

Indicator 5 Proportion of population below minimum level of dietary energy consumption

**GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION**

Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

**GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN**

Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015

**GOAL 4: REDUCE CHILD MORTALITY**

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Indicator 13 Under-five mortality rate

Indicator 14 Infant mortality rate

Indicator 15 Proportion of one-year-old children immunized against measles

**GOAL 5: IMPROVE MATERNAL HEALTH**

Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Indicator 16 Maternal mortality ratio

Indicator 17 Proportion of births attended by skilled health personnel

**GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES**

Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Indicator 18 HIV prevalence among pregnant women aged 15-24 years

Indicator 19 Condom use rate of the contraceptive prevalence rate

Indicator 20 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicator 21 Prevalence and death rates associated with malaria

Indicator 22 Proportion of population in malaria-risk areas using effective malaria control measures

Indicator 23 Prevalence and death rates associated with tuberculosis

Indicator 24 Proportion of tuberculosis cases detected and cured under DOTS

**GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY**

Target 9: Integrate principles of sustainable development into country policies/programmes and reverse the loss of environmental resources

Indicator 29 Proportion of population using solid fuels

Target 10: Halve by 2015 the proportion of people without sustainable access to safe drinking-water and sanitation

Indicator 30 Proportion of population with sustainable access to an improved water source, urban and rural

Indicator 31 Proportion of population with access to improved sanitation, urban and rural

Target 11: By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers

**GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT**

Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Target 13: Address the special needs of the least developed countries

Target 14: Address the special needs of landlocked countries and small island developing states

Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Indicator 46 Proportion of population with access to affordable essential drugs on a sustainable basis

Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

## MDGS AND NEPAL

Nepal has been committed to achieving the MDGs since it endorsed the Millennium Declaration. A number of steps have been taken since then to align the MDGs with the national planning process.<sup>6</sup> For example, as the primary medium-term strategy and implementation plan for reaching the MDGs, the country's Tenth Plan/Poverty Reduction Strategy Paper (PRSP) (2002/03 - 2006/07) has incorporated the MDGs into its strategic framework.<sup>7</sup> Similarly, it has already begun to implement three-year rolling Medium Term Expenditure Framework (MTEF) which helps to link programs and projects more closely with PRSP priorities. Though Nepal has made a notable progress in human development, as reflected in its ascent to 136<sup>th</sup> place in 2005 from 140<sup>th</sup> place in 2004 in the Human Development Index<sup>8</sup> its development has been restricted by a number of constraints including its rugged terrain with insufficient infrastructure, high transport and investment costs, high population growth, weak governance, political instability and insurgency. In the international arena, Nepal draws particular interest for being one of the Least Developed Countries (LDC), a landlocked developing country and a country with environmental vulnerability, and recently for its political upheavals.

### Progress of Nepal in achieving the Health MDGs

The progress of Nepal towards achieving the MDGs can be envisaged from table 2. Nepal has made a significant progress in many health areas such as child mortality and tuberculosis particularly after the implementation of Integrated Management of Childhood Illnesses (IMCI) programme<sup>9</sup> and DOTS (Directly Observed Treatment Short-course) respectively.<sup>10</sup> Regarding childhood mortality, remarkable reductions have been made over the last decades mainly due to improvement in diarrhea management, improved immunization, vitamin A supplementation and ARI management. If the ongoing pace is maintained and if the recently launched programmes such as Saving Newborn Lives (SNL) succeed, it is likely that the target on child mortality is met. Similarly, Nepal's significant success in tuberculosis control can be observed from its

achievement of global targets of case detection (70%) and cure rates (85%). On the other hand, the progress in control of HIV/AIDS is seriously challenged and the country fears from having a generalized epidemic of the disease from the current 'concentrated epidemic' if the current trend continues.<sup>11</sup> Maternal health is dependent on how the country makes progress on providing the safe motherhood services such as essential obstetric services. Provision of Basic Emergency Obstetric Care (BEOC) and Comprehensive Emergency Obstetric Care (CEOC) are priority programmes of National Safe Motherhood Plan.<sup>11</sup>

### Challenges for Nepal in achieving the MDGs

The major challenges that lie ahead for achieving the MDGs in Nepal are briefly outlined (Table 2). The foremost challenges in health include the strengthening of the health systems, prioritization of health within overall development and economic policies, mobilization of more resources for health in remote areas, improvement of the quality of health data and development of health strategies that respond to the diverse and evolving needs of the country.<sup>13,14</sup> In the overall development, the crucial obstacle to overcome would be the ongoing insurgency and conflict in the country because they will have their ill-effect on all developmental activities.

The financial crunch to achieve the goals including the health goals shall be another major uphill task for Nepal. In Nepal's health sector, seventy percent of the total health expenditures come from private out-of-pocket contributions whereas the shares of the government, external development partners and other public sector are 14%, 13% and 3% respectively.<sup>7</sup> It has been estimated US dollars 16.1 billion will be required to achieve the goals in Nepal, almost half of which (US dollars 7.6 billion) will have to come from External Development Partners and this requires almost doubling of the present level of external financial support.<sup>6</sup>

### Likelihood of Nepal attaining the Health-related MDGs

On basis of the current trends, the goals on child health, tuberculosis, safe-drinking water and poverty

will probably be met whereas it is very unlikely that goals on education and HIV/AIDS will be achieved. On the contrary, the targets on hunger, education, gender equality, maternal health, malaria and environmental sustainability can be accomplished if the efforts to achieve them can be accelerated. For poverty reduction, investments in pro-poor labour-intensive activities must be encouraged. Hunger minimization can be accomplished only by addressing the root causes of food security. Emphasis on more gender-responsive policies and programmes and implementation of

stringent legal and administrative measures to address violence can aid bring down the gender disparities. Investment on maternal health care should be increased so as to accelerate effective referral and emergency obstetric care. Focus should be on wider coverage of Voluntary Counseling and Testing (VCT) and provision of anti-retroviral drugs to combat HIV. Environmental sustainability requires further enhancement of community participation such as Community Forestry Programme.

**Table 2. Nepal's indicators in health and health-related MDGs, challenges and likelihood of achieving them<sup>6</sup>**

Goals. Targets. indicators	1990	1995	2000	2005	2015 (target)	Major Challenges	Supportive environment	Likelihood of achieving the target
1.1.1 Proportion of population below \$1 (PPP) per day	33.5	NA	NA	24.1	17	- Rapid decrease in the growth of non-agricultural sector - Increasing security expenditures	Fair	Likely
1.2.4 Prevalence of underweight children under five years of age	57	47	53	NA	29	- Food scarcity and unequal distribution - non-improving agricultural productivity	Fair	Potentially
1.2.5 Proportion of population below minimum level of dietary energy consumption	49	NA	47	NA	25			
2.3.6 Net enrolment ratio in primary education	64	69	81	84	100	- education affected by insurgency - 'hard to reach' children especially girls	Strong	Unlikely
3.4.9 Ratio of girls to boys in primary education	0.56	0.66	0.79	0.86	1.0	- poor implementation of pro-women measures	Fair	Potentially
Ratio of girls to boys in secondary education	0.43	0.56	0.70	0.82	1.0	- persistent gender disparity at all levels and sectors		
Ratio of girls to boys in tertiary education	0.32	NA	0.28	NA	1.0	- violence, abuse and exploitation		
4.5.13 Under-five mortality rate	162	118	91	61 <sup>a</sup>	54	- lowering neonatal mortality		
4.5.14 Infant mortality rate	108	79	64	48 <sup>a</sup>	34	- improving child nutrition		
4.5.15 Proportion of one-year-old children immunized against measles	42	57	71	85	>90	- improving and maintaining high Expanded Programme on Immunization Coverage	Strong	Likely

5.6.16	Maternal mortality ratio	850	539	415	280 <sup>a</sup>	213	- low access to and quality of antenatal and postnatal care			
5.6.17	Proportion of births attended by skilled health personnel	7	9	11	20	60	- good networking but poor referral system - insurgency, strikes and road blocks	Weak but improving	Potentially	
Goals.	Targets.	indicators	1990	1995	2000	2005	2015 (target)	Major Challenges	Supportive environment	Likelihood of achieving the target
6.7.18	HIV prevalence among 15-49 years of age (%) <sup>b</sup>		NA	NA	0.29	0.5				
6.7.19	Contraceptive prevalence rate including condom use rate <sup>c</sup>		24	29	39	NA	- poor surveillance system			
6.7.20	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years <sup>d</sup>		NA	NA	NA	NA	- limited awareness - limited access to care and support services	Weak but improving	Unlikely	
6.8.21	Prevalence of malaria (per 100 000 people at risk)		115	NA	65	78	- conflict causing displacement to malaria-prone areas			
	Death rates associated with malaria						- resurgence of falciparum malaria	Weak but improving	Potentially	
6.8.22	Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures		NA	9.75	6.94	11.4	- increasing resistance to routine drugs			
6.8.23	Prevalence of tuberculosis		460	420	310	280				
	Death rates associated with tuberculosis		43	35	23	NA				
	Proportion of tuberculosis cases detected under DOTS (Directly Observed Treatment Short-course)		NA	46	69	NA	- TB/HIV coinfection - drug resistance to first line drugs	Fair	Likely	
6.8.24	Proportion of tuberculosis cases cured under DOTS (Directly Observed Treatment Short-course)		NA	NA	89	88				

7.9.29	Proportion of population using solid fuels <sup>e</sup>	75	67.74	67.74	69.1			
7.10.30	Proportion of population with sustainable access to an improved water source, urban	90	96	86	93	95		
7.10.30	Proportion of population with sustainable access to an improved water source, rural	43	68	71	79	72	- limited access and sustainable development of renewable energy	Potentially
7.10.31	Proportion of population with access to improved sanitation, urban	34	67	80	81	67		
7.10.31	Proportion of population with access to improved sanitation, rural	3	18	25	30	52		

a NDHS 2006<sup>12</sup>, b Data not available for the recommended indicator (HIV prevalence among pregnant women aged 15-24 years), c No separate data available for the recommended indicator (Condom use rate of the contraceptive prevalence rate), d Data on this indicator currently unavailable, e Data for people using wood as their main fuel, NA Data not available

Improving government healthcare spending and investments in human and infrastructure capital are vital to achieving the health related MDGs, as is improving resource allocations within the health sector through more equitable allocations targeted to primary care and specific populations in geographical areas, mainly the poorest and the neglected communities.<sup>15</sup> Appropriate technology, cost-effective remedies such as antibiotics, immunizations, basic hygiene, nutrition, prenatal and obstetric care are available to prevent death and diseases; however the problem is not the lack of intervention but that of universal availability of those interventions.<sup>16</sup> In addition, to provide a sustainable development of health financing and resource allocation across the whole sector, public investments must also be increased. For this, possibilities of assuming of a certain fraction of the health expenditure by elected local bodies such as District Development Committee and Village Development Committee must be explored.

In the same way, alternate financing schemes such as Community Drug Programme and Community Health Insurance must be encouraged.<sup>17</sup>

## CONCLUSION

Accomplishing the health-related MDGs thus requires more than escalating public health investment and a makeover in underlying values and societal structures. Progress towards health for all calls for a strong commitment and assurances by the stakeholders to protect all individuals especially the most deprived and excluded. In addition, the financial resources provided by the international community to support health spending must be sustainable such that it encourages and provides support and not dependency. Last but not the least, achieving the MDGs for health also demands a democratic system that are inclusive and publicly accountable and that ensures free and independent media and civil society and transparent policy making.

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