

Health in Nepal from the Perspective of Equity

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Equity in health Commitment and Dilemma

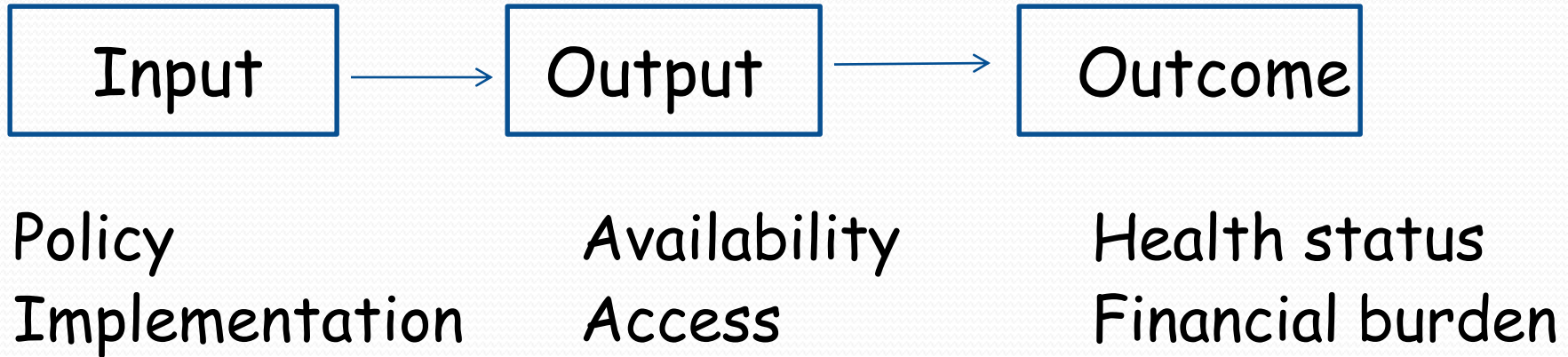
Nepal, together with the Global Community, has committed to equity in health in spirit of Health Right

However, country faces multiple dilemmas to meet the mission

One of them

How to measure the Equity in Health

Systemic Approach of Measurement of Equity in Health



Based on rationality and feasibility

- Health status
- Financial burden

Health status indicators

Child Mortality as a case

Progress over the last 3 Decades

Indicators	Years/Deaths per 1,000 live births					
	1996	2001	2006	2011	2016	2022
Neonatal Mortality	50	39	33	33	21	21
Infant Mortality	78	64	48	46	32	28
Under 5 mortality	118	91	61	54	39	33

Source: NDH Reports

Dilemma of Progress

Progress expressed in the national average hides the disparity and inequity in health in the country

Differences are seen in

Geography

High Mountain

Hill

Terai

Provinces

Urban/Rural residency

Economic status of people

Difference in Child Mortality Indicators Based on economic status of people

Economic status	Child Mortality per 1,000 live births		
	Neonatal	Infant	<5 year
Lowest quintile	26	45	53
Second quintile	31	41	50
Middle quintile	21	26	30
Fourth quintile	17	23	28
Highest	13	15	16
Differences (%) of National average	31-13=18 (85%)	45-15 =30 (107%)	53-16=37 (112%)
National Average	21	28	33

Source: NDHS 2022

Further

- ★ Disparity in child mortality status is not an one time event
- ★ Could be the indication of disparity in other health status a well

Difference in Infant Mortality Rate based on economic status of people

Economy	Year/ Infant Mortality per 1,000 live births					
	1996	2001	2006	2011	2016	2022
Lowest quintile	NA	NA	71	61	50	45
Second quintile			62	56	45	41
Middle quintile			70	55	42	28
Fourth quintile			51	53	31	23
Highest			40	32	20	15
Differences (%) of National average			71-40=31 (64%)	61-32=29 (63%)	50-20=30 (97%)	45-15 =30 (107%)
National Average	78	64	48	46	32	28

Financial burden due to expenditure in health

- ★ People experience high financial burden due to expenditure in health
- ★ Multiple factors contribute to the situation
- ★ Impact of the burden is different for different people

Disparity in financial burden due to health

Economic status	Percent of families experienced CHE	Difference from National average
Lowest quintile	16.6	5.5
Second quintile	14.1	3.0
Middle quintile	11.9	0.8
Fourth quintile	8.8	-2.3
Highest quintile	7.5	-3.6
National average	11.1	

Source: <https://doi.org/10.33314/jnhrc.v18i4.2392>

Way out

No one way as formula to exit from the situation of disparity

In addition to improving policy and implementation, one way is fundamental

Review the theories of market economy in health and generate the theories of health economy to replace them.



To be continued for achieving the
mission of equity in health

Thank You