

**Preparation Material for Volunteers
Nepal in a Nutshell - Health**

The following article is about the health situation in Nepal. It addresses the current health system, the most dominant diseases, improvements in the health sector and the availability of health support in the country. It is NOT about the precautions you should take prior your visit in Nepal, the vaccinations or tips how you can avoid getting sick in the country. If you are looking for this information please jump to [Get Ready/Health](#).

Health care facilities, hygiene, nutrition and sanitation are of fairly poor quality in Nepal, especially in the rural areas. Health care services are provided by both, the public and the private sector, both culminating in bigger cities and therefore far away for most of Nepal's population. Provisions of health care services are constrained by inadequate government funding. In 2002, the government funding for health matters was approximately US\$2.30 per person. Still almost 70% of health expenditures come from out of pocket contributions. Therefore, the poor and excluded have limited access to basic health care due to its high costs and low availability. In addition, the demand for health services is further decreased by the lack of health education. Family planning and reproductive health care is neglected, which puts women at a disadvantage. Moreover, individuals who lack a citizenship are marginalized and are denied access to government welfare benefits. Investigations have also shown that traditional beliefs play a significant role in the spread of disease in Nepal. Disease prevalence is higher in Nepal than in other south Asian countries.

Nutritional status of Nepalese people

Rapid growth of the population and difficulties in the political sector contributed to acute food shortages and high rates of malnutrition. Women and children in the hills and mountains of mid- and far western regions are mostly affected. 41% of children less than five years of age remain stunted, a rate which increases to 60% in the western mountains. Micronutrient deficiencies are wide spread, also mostly affecting women, particularly pregnant women, and children under five, as well as 35% of women of reproductive age being anaemic. A contributing factor to deteriorating nutrition is high diarrheal disease morbidity; aggravated by the lack of access to proper sanitation and the common practice of open defecation in Nepal (44% are not using toilets).

Geographical and infrastructural challenges

Due to Nepal's hilly and mountainous geography and the lack of properly enabling infrastructure, basic health care is mostly inaccessible for the mountain residents. Since the main way of transportation is still by foot, there is a huge delay of treatment, which can be critical in a case of emergency. Besides that, most of the staff, even if there is a Health post or Hospital is poorly trained and the proper medical supplies may not be available. Most of Nepal's health care facilities are concentrated in urban areas; rural health facilities often lack adequate funding.

In 2003 Nepal counted ten health centres, 83 hospitals, 700 health posts and 3.158 "sub-health posts". There were in total 1259 physicians, one for every 18.400 people. In 2004, 30% of the total budget for health expenditures was covered by foreign donors.

Nepal's health care issues are largely attributed to its political power and resources being mostly centered in its capital, Kathmandu, resulting in the social exclusion of other parts of Nepal.

Life expectancy

According to the latest WHO data from 2012 life expectancy in Nepal is in average 68. The top 9 causes of morbidity and mortality are:

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- COPD (Chronic obstructive pulmonary disease = type of obstructive lung disease) - 9,2%
- Ischaemic Heart disease - 9,2%
- Lower respiratory infection - 7%
- Diarrhoeal disease - 3,3%
- Self-harm - 3%
- Tuberculosis - 3%
- Diabetes - 2,8%
- Road injury - 2,7%
- Preterm birth - 2,5%

HIV/AIDS

The estimated number of people living with HIV in 2013 was 40.723, from which 8% (3.282) are children aged up to 14 years, adults aged 15 years and above account for 92% and 8,3% are estimated among the population aged 50 years and above (3.385). Males account for two-thirds of the infections and the remaining on third of infections are in females, among which 92,2% are in the reproductive age group of 15-49 years.

Almost 90% of the infections in Nepal are thought to be transmitted by heterosexual contact, especially in the context of migrant workers and prostitution. The main reasons for the epidemic in Nepal are drug users, migrants, sex workers and their clients. Labor migrants make up 41% of the total known HIV infections in Nepal.

Maternal Health

Nepal has made significant progress in improving maternal health. Maternal mortality rate was reduced from 748 per 100.000 live births in 1990 to 190 per 100.000 live births on 2014. Nepal has also made some progress on reducing total fertility rate, from 5.3 1991 to 2.3 in 2014.