

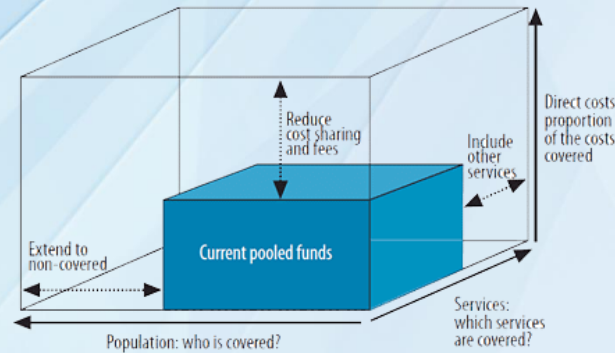
History of UHC in Nepal

1970s	◆ First Community Based Health Insurance introduced
2003	◆ Public provider based six-pilot scheme by Ministry of Health
2006	◆ Political change in Nepal ◆ Declared targeted free care at district hospitals and PHCC (IPD and ER)
2007	◆ Interim constitution of Nepal focusing on free basic health care services ◆ Declared the abolishing user fees at HPs/SHPs ◆ Nationwide and made service free to all
2008	◆ Implemented the policy of free to all health posts and SHPs ◆ Expanded universal free care to PHCC level
2009	◆ Declared free outpatient care at DHs to the targeted population nationwide ◆ Declared 40 free essential drugs free to all at district hospitals nationwide ◆ Declared all essential drugs free to targeted groups nationwide.
2013	◆ National Health Insurance Policy
2015	◆ Social Health Security Program regulation and formation of Social Health Security Development Committee
2016	◆ Social Health Security Program (Started in three districts - Baglung, Kailali and Ilam.
2017	◆ Further expansion of SHSP to five more districts (Myagdi, Kaski, Accham, Baitadi, Palpa)

UNIVERSAL HEALTH COVERAGE

FACT SHEET

- Universal health coverage aims to ensure that everyone, everywhere, can access quality health services without facing financial hardship



Three dimensions to consider when moving towards universal coverage

- It has three dimensions viz. service coverage, population coverage and financial protection.
- It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

UHC is not

- UHC does not mean free coverage for all possible health interventions.
- UHC is not just about health financing. It encompasses all components of the health system: health service delivery systems, the health workforce, health facilities and communications networks, health technologies, information systems, quality assurance mechanisms, and governance and legislation.
- UHC is not only about ensuring a minimum package of health services, but also about ensuring a progressive expansion of coverage of health services and financial protection as more resources become available.
- UHC is comprised of much more than just health; taking steps towards UHC means steps towards equity, development priorities, and social inclusion and cohesion.

Source: WHO

Global Scenario

- All UN Member States have agreed to try to achieve universal health coverage (UHC) by 2030, as part of the Sustainable Development Goals.
- At least 400 million people globally lack access to one or more essential health services.
- Every year 100 million people are pushed into poverty and 150 million people suffer financial catastrophe because of out-of-pocket expenditure on health services.
- On average, about 32% of each country's health expenditure comes from out-of-pocket payments.
- Ensuring equitable access requires a transformation in how health services are funded, managed, and delivered so that services are centered around the needs of people and communities.
- More than 18 million additional health workers will be needed by 2030 to meet the health workforce requirements of the Sustainable Development Goals and UHC targets, with gaps concentrated in low- and lower-middle-income countries.

Source: WHO



Nepal Public Health Foundation

101/2 Dhara Marga, Maharajgunj, Kathmandu-04
P.O. Box 11218, Phone: 977-1-4412787, 4410826
Fax: 977-1-4412870
Email: info@nphfoundation.org
Website: www.nphfoundation.org

Nepal

Key Health Financing Indicators

Level of Health expenditure

Total expenditure on health as % of GDP	5.8%
General government expenditure on health as % of GDP	2.2%
General government expenditure on health as % of total government expenditure	11.2%
Per capita government expenditure on health at average exchange rate (US\$)	16
Per capita government expenditure on health (PPP \$)	55
Per capita total expenditure on health (PPP int.\$) **	137

Indicators of the source of funds for health care

General government expenditure on health as % of total expenditure on health*	40.3%
Private expenditure on health as % of total expenditure on health**	59.7%
External resources for health as % of total expenditure on health#	12.6%
Out-of-pocket expenditure on health as % of total expenditure on health	49.2%
Out-of-pocket expenditure on health as % of GDP	2.7%
Out-of-Pocket expenditure as % of private expenditure on health	79.9%
Private prepaid plans on health as % of total expenditure on health	0.0%
Private prepaid plans as % of private expenditure on health	0.2
Social Security expenditure on health as % General government expenditure on health	17.1%

*This includes external resources that flow through government.

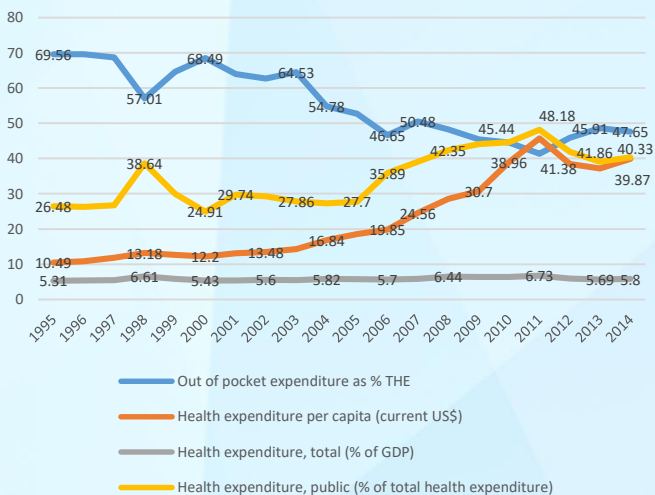
**This includes external resources that flow through NGOs.

#Some external resources flow through government and some through NGOs. Indicators 5 and 6 therefore add up to 100% whereas indicator 7 in this Table is a separate indicator altogether. This is different from Figure 1 where donor funds are distinguished from tax-based financing.

Source: Data drawn from World Health Organisation's Global Health Expenditure Database

(http://apps.who.int/nha/database/Key_Indicators/Index/en)

Health Financing Trends in Nepal



Existing Free Health Care in Nepal

Other targeted programs: Relief programs for national important personalities and poor

Extension of Free Care to Targeted groups: Poor, ultra poor, widows, helpless, FCHVs (e.g. all services from district hospitals excluding drugs; cash for referrals)

Free Additional Service for All: delivery + cash incentives; family planning; uterine prolapse; disease specific programs; e.g. TB/HIV treatment

Free Health Care for All (Services up to primary health care center, listed essential drugs)

- **Safe motherhood program:** For Institutional delivery - NPR 500 (Terai), 1000 (Hills) and 1500 (Mountain)

- NPR 400 for four **ANC visit** and one PNC visit

- **Uterine Prolapses Treatment Programme:** NPR 1,000 in the Terai to NPR 3,000 in mountain areas

- **Referral Support Programme:** NPR 8,000 for deprived, helpless, disabled, underprivileged, pregnant women, and patients with tuberculosis, AIDS and psychiatric illnesses

- **Underprivileged patients :** Once off payment of NPR 1,00,000 for the treatment of cancer or for heart, kidney, Alzheimer's and Parkinson's diseases

- **People above 75 or below 15 years** of age are also eligible for free health care services from specified facilities like Manamohan Cardiovascular Centre and National Kidney Centre

- Trough **vertical programmes**, a number of free services including medicines and devices are also provided free of cost for family planning, immunization and selected diseases such as TB, HIV/AIDS and leprosy.

Social Health Security Program

- Household level contribution of NPR 2,500 for family up to five member and NPR 425 for each additional member.

- Each household can receive service of up to NPR 50,000 for family with five member and for each additional member they can receive additional service of NPR 10,000 but maximum ceiling will be of 1,00,000.