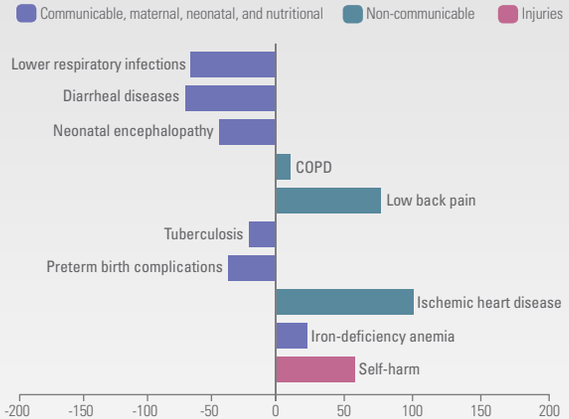
NEPAL

The Nepalese health system is not meeting the coverage needs of the population: although many essential services are nominally free of charge, particularly to poor and marginalized groups, there are inadequate resources to meet demand, and out-of-pocket payments remain very high (62%). As a low-income country with predominantly rural population, communicable diseases remain the greatest source of DALYs lost, although their burden is declining. Availability of skilled birth attendants may be higher than reported here due to inconsistencies in the data, but even accounting for other sources, the health workforce fails to meet key benchmarks. There may also be challenges in acceptability with only a quarter of female physicians and a low ratio of nurses to physicians. Regulation and accreditation mechanisms are in place through the various health professional councils. However, the evidence points to challenges in motivation, retention and performance of the health workforce, which the current HRH Strategic Plan (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 (%)	25	(2010)
Total expenditure on health as a percentage of gross domestic product (%)	5	(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 (%)	15	(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 1000 live births)	27	(2011)
Infant mortality rate (per 1000 live births)	39	(2011)
Under-five mortality rate (per 1000 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	(2011)
Antenatal care coverage - at least one visit (%)	58	(2011)
Antenatal care coverage - at least four visits (%)	50	(2011)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	92	(2011)
Postnatal care visit within two days of birth (%)	45	(2011)

Top 10 causes of morbidity and mortality (DALYs)



Disability-adjusted life year (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) withing a to right in order of the number of DALYs they contribute in Bangladesh. 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

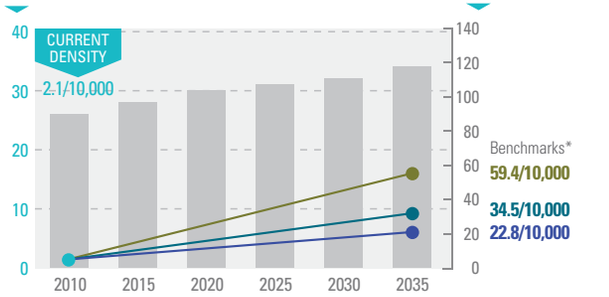
Feasibility of achieving benchmarks: Most likely; Somewhat likely; Least likely

TO MEET BENCHMARKS BY 2035, REQUIRES:

351% increase to meet 22.8/10,000 benchmark

582% increase to meet 34.5/10,000 benchmark

827% increase to meet 59.4/10,000 benchmark



ACCESSIBILITY

GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS
(density per 10,000 population)

NATIONAL LOW	NATIONAL AVERAGE	NATIONAL HIGH
1.5 Physicians	2.1 Physicians	5.0 Physicians

ACCEPTABILITY

The ratio of nurses to physicians is BELOW the OECD average.

1.1 Nurses TO **1 Physician**

QUALITY

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

	ACCREDIT training institutions for:	REGULATE:	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?	2011-2015
Does the strategy/plan account for the financial costs and resource requirements to implement it?	✓

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

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

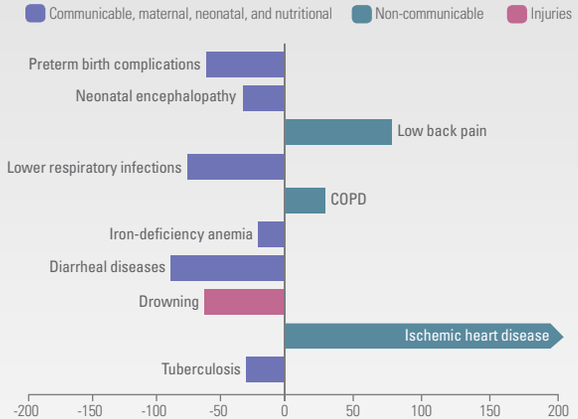
BANGLADESH

The health system is a mix of public, private and NGO providers, with large out-of-pocket payments (up to 60% of total health expenditure) presenting a significant challenge to universal coverage. The burden of communicable diseases is high yet declining, and the country has made good progress towards meeting MDGs 4 and 5. Despite this, there are challenges across the domains of availability, accessibility, acceptability and quality of the health workforce. Density of skilled birth attendants is far below indicative benchmarks with a limited likelihood of successfully scaling-up to meet these by 2035. There are wide disparities in distribution of the health workforce, with a great variation in density of physicians between regions. The female physician workforce is low and ratios of nurses to physicians are below the OECD average. Furthermore there is evidence that mechanisms for regulation and licensing of the health workforce are not functioning adequately. This may indicate that while the existing HRH Strategy (2008) and accompanying policies appear to adopt good practice they are not being effectively delivered

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	151; 31; 7	(2010)
Average annual rate of population change (%)	1.2	(2010-2015)
Population living in urban areas (%)	28	(2011)
Gross national income per capita (PPP int. $)	1940	(2011)
Population living on <$1 (PPP int. $) a day (%)	43:	(2010)
Total expenditure on health as a percentage of gross domestic product (%)	4	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	37	(2011)
External resources for health as a percentage of total expenditure on health (%)	7	(2011)
Life expectancy at birth (years) [all; female; male]	70; 70; 69	(2011)
Total fertility rate (per woman)	2.2	(2010)
Neonatal mortality rate (per 1000 live births)	26	(2011)
Infant mortality rate (per 1000 live births)	37	(2011)
Under-five mortality rate (per 1000 live births)	46 [41-51]	(2011)
Maternal mortality ratio (per 100 000 live births)	240 [140-410]	(2010)
Births attended by skilled health personnel (%)	31	(2011)
Antenatal care coverage - at least one visit (%)	50	(2011)
Antenatal care coverage - at least four visits (%)	26	(2011)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	96	(2011)
Postnatal care visit within two days of birth (%)	27	(2011)

Top 10 causes of morbidity and mortality (DALYs)



Disability-adjusted life year (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) withing a to right in order of the number of DALYs they contribute in Bangladesh. 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

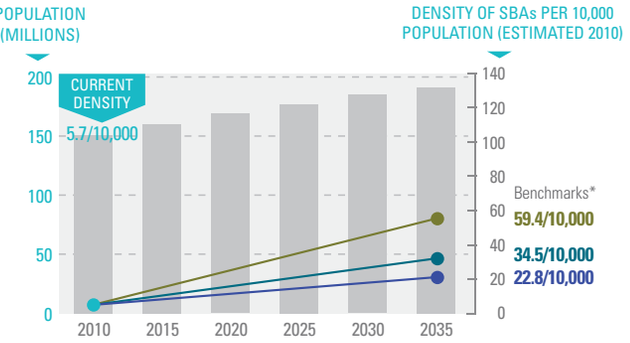
Feasibility of achieving benchmarks: Most likely; Somewhat likely; Least likely

TO MEET BENCHMARKS BY 2035, REQUIRES: | FEASIBILITY

404% increase to meet 22.8/10,000 benchmark

662% increase to meet 34.5/10,000 benchmark

938% increase to meet 59.4/10,000 benchmark



ACCESSIBILITY

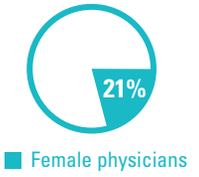
GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS (density per 10,000 population)

NATIONAL LOW	NATIONAL AVERAGE	NATIONAL HIGH
1.3 Physicians	**3.6** Physicians	**10.8** Physicians

ACCEPTABILITY

The ratio of nurses to physicians is **BELOW** the OECD average.

.5 Nurses **TO** **1** Physician



QUALITY

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

ACCREDIT training institutions for:		**REGULATE:**		**LICENSE/RE-LICENSE**:	
Dentists	✓	Dentists	✓*	Dentists	✓*
Midwives	✓	Midwives	✓*	Midwives	✓*
Nurses	✓	Nurses	✓*	Nurses	✓*
Pharmacists	✓	Pharmacists	✓*	Pharmacists	✓*
Physicians	✓	Physicians	✓*	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?	2008
Does the strategy/plan account for the financial costs and resource requirements to implement it?	✗

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

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