

Second Long Term Health Plan, 1997 - 2017

The Ministry of Health of His Majesty's Government of Nepal developed a 20-year Second Long-Term Health Plan (SLTHP) for FY 2054-74 (1997-2017). The aim of the SLTHP is to guide health sector development in the improvement of the health of the population, particularly those whose health needs are not often met.

The SLTHP addresses disparities in healthcare, assuring gender sensitivity and equitable community access to quality healthcare services. The aims of the SLTHP are to provide a guiding framework to build successive periodic and annual health plans that improve the health status of the population; to develop appropriate strategies, programmes, and action plans that reflect national health priorities that are affordable and consistent with available resources; and to establish co-ordination among public, private and NGO sectors and development partners.

The SLTHP vision is a healthcare system with equitable access and quality services in both rural and urban areas. The system would encompass the concepts of sustainability, full community participation, decentralisation, gender sensitivity, effective and efficient management, and private and NGO participation.

2.1 Objectives

- ❖ To improve the health status of the population of the most vulnerable groups, particularly those whose health needs often are not met-women and children, the rural population, the poor, the underprivileged, and the marginalized population.
- ❖ To extend to all districts cost-effective public health measures and essential curative services for the appropriate treatment of common diseases and injuries.
- ❖ To provide the appropriate numbers, distribution and types of technically competent and socially responsible health personnel for quality healthcare throughout the country, particularly in under-served areas.
- ❖ To improve the management and organisation of the public health sector and to increase the efficiency and effectiveness of the healthcare system.
- ❖ To develop appropriate roles for NGOs, and the public and private sectors in providing and financing health services.
- ❖ To improve inter-and intra-sectoral co-ordination and to provide the necessary conditions and support for effective decentralisation with full community participation.

2.2 Targets

The targets of the SLTHP are as follows:

- ❖ To reduce the infant mortality rate to 34.4 per thousand live births;
- ❖ To reduce the under-five mortality rate to 62.5 per thousand;

- ❖ To reduce the total fertility rate to 3.05;
- ❖ To increase life expectancy to 68.7 years;
- ❖ To reduce the crude birth rate to 26.6 per thousand;
- ❖ To reduce the crude death rate to 6 per thousand;
- ❖ To reduce the maternal mortality rate to 250 per hundred thousand births;
- ❖ To increase the contraceptive prevalence rate to 58.2 percent;
- ❖ To increase the percentage of deliveries attended by trained personnel to 95%;
- ❖ To increase the percentage of pregnant women attending a minimum of four antenatal visits to 80%;
- ❖ To reduce the percentage of iron-deficiency anaemia among pregnant women to 15%;
- ❖ To increase the percentage of women of child-bearing age (15-44) who receive tetanus toxoid (TT2) to 90%;
- ❖ To decrease the percentage of newborns weighing less than 2500 grams to 12%;
- ❖ To have essential healthcare services (EHCS) in the districts available to 90% of the population living within 30 minutes' travel time of facilities;
- ❖ To have essential drugs available at 100% of facilities;
- ❖ To equip 100% of facilities with full staff to deliver essential health care services; and
- ❖ To increase total health expenditures to 10% of total government expenditures.