

## Tracking health-related Sustainable Development Goals (SDGs) in Nepal

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# Equal contribution

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### Abstract

Sustainable Development Goals (SDGs) comprise of 17 goals and 169 targets. All SDGs are interlinked to produce synergetic effects and emphasize health in all policies. Among the 17 Goals, Goal 3 has a central focus on health, which is underpinned by 13 targets. The other 16 goals are also directly or indirectly related to health and will contribute to achieving the associated targets for Goal 3. The ambitious SDG agenda and their progress can be tracked by measuring numerous goals, targets, and indicators. The main objective of this paper is to provide an overview about how health-related SDGs and their targets and indicators are being tracked in the national context of Nepal. Adequate investment in research for knowledge generation, capacity building and innovation, and continuous research communication among policy makers, researchers and external development partners will contribute to tracking the progress of SDGs in Nepal.

**KEY WORDS:** Global health; Nepal; research; Sustainable Development.

## Riassunto

Gli Obiettivi di Sviluppo Sostenibile (OSS) comprendono 17 obiettivi e 169 traguardi specifici. Tutti gli OSS sono interconnessi per produrre effetti sinergici e dare enfasi alla salute in tutte le politiche. Tra tutti, l'Obiettivo n.3 ha un focus centrale sulla salute ed è sostenuto da 19 traguardi specifici. Gli altri 16 sono direttamente o indirettamente correlati alla salute e contribuiscono al raggiungimento dei traguardi relativi all'Obiettivo n.3. L'ambiziosa Agenda 2030 per lo sviluppo sostenibile ed il loro progresso può essere monitorato misurando i numerosi obiettivi, traguardi ed indicatori. Il principale scopo di questo articolo è di fornire una overview su come gli OSS correlati alla salute, i loro traguardi ed indicatori siano stati monitorati nel contesto nazionale del Nepal. Un adeguato investimento nella ricerca per produrre conoscenza, sviluppo di competenze ed innovazione ed una continua comunicazione della ricerca tra i policy makers, i ricercatori ed i partners stranieri per lo sviluppo, daranno un contributo per monitorare i progressi degli OSS in Nepal.

### TAKE-HOME MESSAGE

*A proper research communication, bringing together policy makers, researchers and external development partners for setting local indicators may contribute to tracking the progress of Sustainable Development Goals in low-income countries like Nepal.*

**Competing interests** - none declared.

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## INTRODUCTION

The 2030 Agenda for Sustainable Development, adopted by the international community at the United Nations Sustainable Development Summit in September 2015, includes 17 so-called Sustainable Development Goals (SDGs) with 169 targets to end poverty, fight inequality and tackle climate change by 2030 [1], and 230 indicators on which general agreement has been reached [2]. Among the 17 Goals, Goal 3 ('Ensure healthy lives and promoting well-being for all at all ages') has a central focus on health, which is underpinned by 13 targets. The other 16 goals are also directly or indirectly related to health and will contribute to achieving the associated targets for Goal 3. In particular, development goals that relate to the environment, climate change, nutrition, hunger, sustainable production and consumption, agriculture, and education, have also a big effect on health [3]. In other words, all SDGs are interlinked to produce synergetic effects and emphasize health in all policies. The SDGs offer major improvements compared to the Millennium Development Goals (MDGs), and the SDG framework addresses key systemic barriers to sustainable development such as inequality, unsustainable consumption patterns, weak institutional capacity, environmental degradation, and climate change, which had been neglected in the MDGs. The ambitious SDG agenda and their progress can be tracked by measuring numerous goals, targets, and indicators. The main objective of this paper is to provide an overview about how health-related SDGs and their targets and indicators may be tracked in the national context of Nepal.

## DISCUSSION

To define sustainable development for Nepal, the National Planning Commission (NPC) of the Government of Nepal stated that 'The over-arching goal of sustainable development in Nepal is to expedite a process that reduces poverty and provides to its citizens and successive generations not just the basic means of livelihood, but also the broadest of opportunities in the social, economic, political, cul-

tural, and ecological aspects of their lives' [4]. Nepal's efforts for the successful implementation of the MDGs have also opened new avenues for the implementation of SDGs in the next fifteen years (2016-2030). Therefore, the Government of Nepal started working on a national report of SDGs even before the SDGs were endorsed and adopted by the United Nations General Assembly in September 2015, and it published its (preliminary) national report in 2015 [1]. The final report with complete indicators is not yet available in the public domain. Nepal also aspires to graduate from 'least developed country' (LDC) status by 2022 and the SDG indicators set by the Government of Nepal will help in achieving these novel goals.

Although the preliminary national report on SDGs was developed in 2015, many indicators still need to be developed and some need revision. For example, indicators developed to meet targets such as ending the epidemics of HIV/AIDS, tuberculosis, malaria and neglected tropical diseases, and to combat hepatitis, water-borne diseases and other communicable diseases, are not inclusive. It has been proposed that the number of confirmed malaria cases should serve as an indicator with targets of 523 cases by 2025 and 0 cases by 2030. However, the ongoing malaria pre-elimination program aims to eliminate malaria already by 2025 [5]. Similarly, the numbers of visceral leishmaniasis (kala-azar) and lymphatic filariasis cases proposed as targets and indicators are not in line with the elimination targets of these diseases in 2015 and 2020, respectively [5]. Hence, there is a mismatch in targets for certain indicators, and some important neglected tropical diseases like snake-bite envenoming [6], and emerging infectious diseases such as chikungunya fever [7] and scrub typhus fever [8] are not yet included. Changing disease patterns that have resulted from socio-economic, demographic, environmental and climate change requires the global community to develop innovative approaches for improving the quality, responsiveness, and delivery of peripheral health services to widen service coverage. Most current programmes

dealing with communicable, non-communicable, water-borne, and neglected tropical diseases have been heavily supported by external development partners (EDPs). This may not be sustainable in the long run until governments increase their national budgets in the health sector [1]. For this reason, governments should think of their health sector budget as an investment rather than expenditure. In Nepal and many other countries, imported diseases that may come in through (returning) migrant workers are a major challenge. Also, climate change may alter the spatio-temporal distributions of climate sensitive diseases and risks (e.g., vector-borne and water-borne diseases, malnutrition, injuries, snakebite), demanding programme planning and budgeting from climate change perspectives [9]. Nepal recently developed a 'Multi-sectoral Action Plan for the Prevention and Control of Non-communicable Diseases (2015-2020)' and a 'Health National Adaptation Plan (H-NAP): National Climate Change Health Adaptation Strategies and Action Plans (2016-2020)'. International cooperation for their implementation is crucial. Substantial and sustainable improvements in the health of Nepalese people cannot be made unless the three core issues of coverage, care, and quality human resources/supplies are addressed [1]. Achieving sustainable development in the health sector is challenging, and good governance from national to local levels is essential for sustained and inclusive health gains and sustainable health development. Therefore, an elected representative in local governance (including health facilities and hospital management committees) is mandatory and Nepal is doing its great effort for electing representative in local governance in 2017. The recent Nepal Demographic and Health Survey key findings show declining trend of child, infant and neonatal mortality in Nepal during the last 20 years (1996-2016) [10]. The present pace of declining infant and child mortality in Nepal cannot be sustained unless a further reduction of neonatal mortality is accelerated. The community component of neonatal services is increasing, but the

availability and access to neonatal services at health facilities have remained a big challenge [1]. Moreover, these services have not been able to reach marginalized communities [1]. Therefore, the competence of neonatal health care providers has to be improved, but upscaled development cooperation is equally important for strengthening the national health care system.

Adolescent pregnancy and motherhood is a major social and health issue, which is associated with early marriage and can cause severe health problems leading to pregnancy-related complications and death [1]. The proportion of women attending four antenatal care (ANC) visits is low in Nepal, although ANC coverage shows an improving trend. Upscaling ANC programmes requires stronger national commitment and more international financial and technical support. Gender equity and social inclusion issues should be emphasized and mainstreamed in health sector programmes and planning. For this, the implementation of a 'Health Sector Gender Equality and Social Inclusion (GESI) Strategy' is decisive [11].

The proposed SDG baseline indicators also differ according to their sources of data. Hence, the availability of data and generation of evidence through surveys and research studies is one of the barriers for tracking the progress of SDGs in developing countries. Therefore, Nepal should develop a measureable and time-bound indicator framework to track and review its progress towards SDGs. As the SDGs are not standalone goals, the achievement or underachievement of one particular goal in many cases has implications for the achievement of several others. In view of the fact that there are overlaps between goals and targets, it is also necessary that goal-specific and cross-cutting interventions are properly specified, implemented and monitored. In this way, SDGs provide an opportunity for implementing health in all policies and universal health coverage.

Government partnership with the private sector and community organizations is crucial for implementing and monitoring the achie-

vement of the SDGs. External development partners have a particularly important role in supporting the country to develop SDG-based periodic plans, and supporting and monitoring implementation [1]. A large number of surveys need to be carried out in the next few years to fill the data gaps and create baseline data for the targets that presently have no databases. Some SDG-related targets also require intra-household information (e.g., on nutrition, hunger, poverty, education, health, consumption and income distribution).

The Nepal Health Research Council (NHRC) is an apex body to promote high-quality health research in Nepal and support evidence-based, informed decision making by the Government of Nepal. As a part of research communication, the NHRC has been organizing annual national summits of health and population scientists in Nepal since 2015, regularly. The first national summit took place on 11th-12th April 2015 and was organized with the theme 'Health and Population Research for Informed Decision Making: Where We Are' and inaugurated by the Honourable Minister of Health and Population, Government of Nepal. The main objectives of the first summit were to bring health and population scientists together to promote an evidence-based informed decision-making process for the health and well-being of Nepalese people, to encourage health and population scientists and practitioners in responsible conduct of research in health and development, and to map the way forward on emerging health and population issues in order to strengthen the national health system of Nepal. The Second National Summit of the Health and Population Scientists in Nepal was held on 11th-12th April 2016 as a part of the Silver Jubilee Celebration of NHRC. The theme was the 'Health and Population Research for Achieving Sustainable Development Goals (SDGs) in Nepal'; it was inaugurated by the Right Honourable President of Nepal, and had a pre-summit conference on 'Sustainable Development Goals: What Nepal Should Aim For'. The latter was opened by a key note from the Vice-Chairman of the

National Planning Commission and discussed ways to achieve universal health coverage including financial risk protection, access to quality essential health-care services and safe, effective and affordable essential medicines and vaccines for all. The summit explored the data sources and requirements for monitoring health-related SDGs in Nepal, discussed options for suitable data architecture in the health sector that would benefit decision-making at all levels of the health system, and to enhance intersectoral collaboration for generating multisectoral data.

In this way, the combined event became a very productive setting for scientists to review MDG achievements in Nepal and discuss SDGs as unfinished agendas of MDGs in the health sector. The Third National Summit of the Health and Population Scientists in Nepal was held from 10th to 12th April 2017 and inaugurated by the Honourable Minister of Health and Population, Government of Nepal. Its theme was the 'Health in Sustainable Development Goals in Nepal: Are We on Track?', which also provided a platform to uncover SDG related evidence and examine whether Nepal has initiated adequate efforts to meet the aspirations of the SDGs. Continuity of this annual event will help promote the research culture in the country, build and improve local capacity and facilitate the translation of evidence into policies and practice. The summit especially aims to encourage young and early career scientists to join hands towards strengthening evidence-based decision-making in Nepal.

## CONCLUSION

Engaging young and early career scientists and generating evidence require adequate resources to attract them for doing this in/for Nepal, as opposed to 'brain drain' to other countries. As research is a crucial component of health sector development, the allocation of research budget from the Government of Nepal should be increased to at least 1% for the health sector. This is a time of global challenges and transdisciplinary research. Therefore, attempts should be made to increase

networking and collaboration with national and international research institutes and universities as outlined in the National Health Policy 2014 of Nepal. Among other benefits, this might also increase Nepal's chances to tap sources of funding for collaborative research available at the global level, and the findings of such research can help track the national progress on health-related SDGs. The most obvious challenge concerns the political

willing for committing adequate financial resources to improve the health of the people of Nepal through global knowledge sharing, capacity building and innovation [3]. We hope that addressing these three important issues and proper research communication, bringing together policy makers, researchers and EDPs, will contribute to tracking the progress of SDGs in Nepal.

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