

Committee on Social Development, Fifth Session
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*Statement by Mr. Maddhusudan Burlakoti, Joint Secretary, Ministry of Health
and Population of Nepal and Leader of Nepali Delegation on*

Mr. Chairman, Excellencies, Distinguished Guest, Ladies and Gentlemen

Thank you for giving me the floor. At the outset, I would like to thank UNESCAP for convening this important meeting.

Nepal is committed to strengthen social protection in the implementation of the 2030 Agenda for Sustainable Development. The Constitution of Nepal 2015, commits to free access to primary education, primary health services, and minimum income as the fundamental right with the vision of right based and equitable welfare state.

Nepal comprises a multitude of government social protection programs. There is social insurance system for formal sector, and it is now expand to the organized sector on the basis of contribution. Social assistance features around 14 schemes, clustered in five areas. These include

- a. Basic health care package for all people and free health insurance scheme for below poverty line and marginalized people.
- b. Safe motherhood program, (i.e, Safe pregnancy, safe delivery and safe birth of new born)
- c. Child protection grant
- d. Day lunch for remote areas school
- e. Special scholarship for disable, poor and marginalized people
- f. Special health package for senior citizen
- g. Special health care support for catastrophic disease such cancer, heart, kidney disease etc
- h. Universal livelihood allowances for senior citizen, the disable, widow women, endangered marginalized people.
- i. Minimum 100 days employment for remote area people

- j. Nepal recently brought the contributory pension system for informally organized sector.

Respected chair,

Nepal has mechanism to implement the Social Protection program by Private Public Partnership.

It is estimated that around one quarter of all Nepal households benefit from at least one of the schemes. However, there are considerable shortcomings in the health and income protection programmes in Nepal. Health services are difficult to access and frequently of low quality; out-of-pocket expenditures for health services remain extremely high.

The social protection programmes are marred by various problems. They are fragmented and scattered and do not create a comprehensive framework. Eligibility is sometimes unclear. Some individuals are entitled to several social assistance transfers, but their collection is not coordinated. There are also coverage gaps. The health and the social assistance programmes are severely underfunded. This is because an insufficient share of the government budget is allocated. The actual benefit levels are too low to make an income difference and bring low-income households up to the poverty line.

We express our sincere thanks to ESCAP for regional cooperation and support for achieving 2030 agenda for Sustainable Development and we also request for more support for regional cooperation in social protection.

Finally, we are hopeful that, with the stable and development-oriented political environment, committed public and private sector, and support and cooperation from our development partners, we will be able to achieve the development goals within the stipulated timeframe.

Thank you Mr. Chairman.