

Leaving No One Behind (LNOB) through the Health Budget

Leaving no one behind.

The Sustainable Development Goals embrace the principle of Leaving No One Behind (LNOB) by "putting the last first" and ensuring development is inclusive and rights based. LNOB demands attention to the conditions of those who are most disadvantaged, most underserved, most left behind and who are not accessing or fully benefiting from public policy, investment and services.

In Nepal, the Constitution guarantees citizens equal access to health care, paying particular attention to vulnerable groups such as women, children, the Dalit community, indigenous community groups, and people with disability. In addition to the constitutional right to equality and social justice, Nepal's commitment to the Sustainable Development Goals, and the National Health Policy, 2014 provide the policy basis for applying the principle of Leaving No One Behind in the health sector.

Target populations.

Based on existing evidence of equity gaps, the Federal Ministry of Health and Population has identified disadvantaged groups that face barriers to accessing services to meet their health needs. This includes populations that face structural and situational disadvantage including:

- People who are disadvantaged because of their social identity such as women, poor, Dalit, Muslim, indigenous community groups, Madeshi.
- People who are disadvantaged by where they live such as in remote, mountain, Terai, post disaster areas.
- People who experience neglected and stigmatizing health conditions with high burden of disease such as people with disabilities, people experiencing mental illness, persons who are elderly, and survivors of Gender Based Violence.

Integrating LNOB into the health system.

For more than a decade the Nepal Health Sector Support Programme (UKaid/NHSSP) has been supporting the Federal Ministry of Health and Population (FMoHP) institutionalize equity and gender equality and social inclusion (GESI) into the health system in line with the Constitution and national policies. A key area of work has been integrating equity and inclusion into planning and budgeting to enable more equitable allocation of resources and protection of disadvantaged populations. One of the tools developed to translate policy commitment to equity and inclusion into practice through planning and budgeting is the Leave No One Behind budget marker.

How government resources are prioritized, what resources are spent on and how this is distributed across population groups and geographical areas signals how government is putting equity and inclusion policies into effect. Providing evidence and data to inform these choices is a strategic entry point for enabling the health system to apply equity and inclusion objectives. With this in mind, NHSSP has supported the FMoHP to develop the LNOB Budget Marker.

The LNOB budget marker

is a tool to track the proportion of government health budget spent on programs, services and activities targeted to disadvantaged populations and LNOB. It was developed to support the FMoHP, provincial and local governments to monitor how their health budget is allocated to protect and respond to LNOB. The tool introduces a methodology for classifying budget lines according to whether they are 'directly responsive', 'indirectly responsive' or 'neutral' to the needs, financial protection and access of disadvantaged target groups. The process includes coding budget lines according to their LNOB classification in the eAWPB under TABuCS for FMoHP and in SuTRA for provincial and local government.

LNOB budget marker guidelines.

During the development of the LNOB budget marker, several rounds of consultations took place with officials of the FMOHP and provincial ministries to develop the methodology and ensure appropriateness of the LNOB budget codes in the federal, provincial, and local budgeting systems. This informed the development of the LNOB guidelines and the indicators and sub-indicators used for calculating the LNOB classification and for coding major programmes and activities of the eAWPB.

To support the operationalization of the LNOB budget marker, a training package has been developed and approved by the FMOHP. In the first tranche, training has been provided to health staff from five provincial health ministries at National Health Training Center.

FMOHP plans to roll-out the training package to all provinces in a phase-wise manner and introduce the LNOB budget marker into the AWPBs of FMOHP divisions as well as at Provincial and Palika levels. As the LNOB budget marker becomes a routine part of the budget formulation process, decision makers will be able to assess the budget allocations for LNOB and track this information over time. This data will contribute to tracking government performance on meeting health equity and inclusion policy objectives, and inform decisions on what programs, services and activities are prioritized and how budget allocations are distributed.

NHSSP provided financial and technical support for the development of the LNOB budget marker guidelines and training package.

