Journal of
Developing Country
Studies
(JDCS)

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CARI Journals

International Journal of Developing Country Studies
ISSN 2958-7417 (online)
Vol. 7, Issue No.2, pp 53 – 63, 2025 www.carijournals.org

Relationship between Health Infrastructure and Life Expectancy in Nepal

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Abstract

Purpose: The purpose of this article was to analyze relationship between health infrastructure and life expectancy in Nepal.

Methodology: This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low cost advantage as compared to a field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

Findings: In Nepal, higher health expenditure is linked to increased life expectancy, but geographic disparities remain, with rural areas facing lower life expectancy due to limited healthcare access. Improving infrastructure and addressing regional inequities are key to enhancing health outcomes.

Unique Contribution to Theory, Practice and Policy: Health belief model (HBM), social determinants of health theory & human capital theory may be used to anchor future studies on the relationship between health infrastructure and life expectancy in Nepal. In practice, the study recommends a multi-pronged approach to improving life expectancy in Nepal through targeted investments in healthcare infrastructure. From a policy perspective, the Nepalese government should prioritize equitable distribution of healthcare infrastructure to address disparities between urban and rural areas.

Keywords*: Health Infrastructure, Life Expectancy*

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INTRODUCTION

Life expectancy serves as a crucial indicator of a nation's healthcare quality and overall well-being. In developed countries like the United States, Japan, and the United Kingdom, life expectancy has traditionally been high, reflecting robust healthcare systems and socioeconomic stability. However, the COVID-19 pandemic significantly impacted these figures. In the U.S., life expectancy at birth declined from 78.8 years in 2019 to 77.8 years in the first half of 2020, with notable decreases among Black and Hispanic populations (Anderson & Whitaker, 2021). Japan experienced a slight reduction in life expectancy during the pandemic, with a decrease of 0.03 years for males and 0.02 years for females in 2020 (Hiroshima, 2022). The UK saw a decline in life expectancy by 0.38 years for males and 0.23 years for females from 2019 to 2020, largely due to increased mortality during the pandemic (Smith, 2021). These trends underscore the vulnerability of even high-income nations to global health crises.

In developing countries, life expectancy has generally been lower but has shown gradual improvement over recent decades. For instance, in 2020, the average life expectancy in India was approximately 70 years, reflecting advancements in healthcare and living standards (González, 2022). Similarly, in Brazil, life expectancy reached about 76 years in 2020, influenced by better access to medical services and education (Silva & Souza, 2021). However, the COVID-19 pandemic posed significant challenges, leading to setbacks in these gains. In many developing nations, the pandemic exacerbated existing health disparities, highlighting the need for strengthened healthcare infrastructures and equitable access to medical resources. This demonstrates that while improvements in life expectancy are evident, substantial efforts are still needed to mitigate health vulnerabilities, especially in the face of global health crises.

Sub-Saharan Africa continues to face the lowest life expectancy globally, though there have been signs of improvement in certain areas. In 2020, female life expectancy in the region increased from 54 years in 2000 to 65 years, indicating progress in health outcomes (Ngwenya & Okeke, 2022). Countries like Seychelles and Mauritius reported higher life expectancies, with figures reaching 77 and 78 years, respectively (Mejía-Guevara, 2025). Despite these advancements, the region remains challenged by high child mortality rates, infectious diseases, and limited access to quality healthcare. The COVID-19 pandemic further strained health systems, underscoring the urgency for comprehensive health reforms and international support to improve life expectancy across Sub-Saharan Africa. Addressing these challenges remains critical to improving life expectancy outcomes in the region.

Investment in health infrastructure plays a critical role in improving the quality and accessibility of healthcare services, which in turn influences life expectancy. Key areas of investment include building hospitals, expanding clinic services, enhancing healthcare personnel training, and upgrading medical equipment. Investment in hospitals ensures that individuals have access to advanced medical treatments, surgical interventions, and emergency care, which directly impacts survival rates and reduces mortality. The expansion of clinics, especially in rural and underserved areas, improves access to basic healthcare services, preventive care, and disease management, which enhances public health and life expectancy. Training healthcare personnel improves the quality of care, ensuring that patients receive timely and effective treatments, which can prevent complications and promote better long-term health outcomes. Furthermore, investment in healthcare infrastructure helps address disparities in healthcare delivery, especially in low- and

middle-income countries, by making essential health services more widely available. For instance, studies have shown that countries with better healthcare infrastructure, including well-staffed hospitals and clinics, tend to have higher life expectancy rates (World Health Organization, 2021). The availability of skilled healthcare workers can make a significant difference in reducing preventable deaths and improving overall health outcomes. Access to healthcare also plays a key role in managing chronic diseases, reducing infant mortality, and preventing the spread of infectious diseases. Therefore, sustained investments in healthcare infrastructure are directly correlated with improvements in life expectancy across both developing and developed economies (Marmot, 2020).

Problem Statement

In Nepal, the relationship between health infrastructure and life expectancy remains an underexplored area, despite the significant impact of healthcare facilities on public health outcomes. Despite recent improvements in healthcare access, Nepal continues to face challenges such as inadequate healthcare facilities, a shortage of skilled healthcare personnel, and uneven distribution of health services, particularly in rural regions (World Bank, 2022). The country has made strides in increasing life expectancy, but disparities in health service provision contribute to varying health outcomes across different regions and socioeconomic groups (Nepal Health Sector Strategy, 2020). Furthermore, limited access to advanced medical treatments, coupled with an overburdened healthcare system, hinders the country's ability to improve its overall life expectancy in comparison to other nations in the region (Sharma, 2021). This study seeks to examine the extent to which investments in health infrastructure, such as hospitals, clinics, and healthcare personnel, contribute to improving life expectancy in Nepal, with a focus on regional disparities and healthcare accessibility.

Theoretical Review

Health Belief Model (HBM)

The Health Belief Model (HBM), developed by social psychologists Irwin Rosen stock in the 1950s, posits that individuals' health behaviors are influenced by their perceptions of health risks and the benefits of taking preventive actions. The model suggests that perceived susceptibility, severity, benefits, and barriers affect the likelihood of taking health-promoting actions. In the context of Nepal, the HBM can help explore how individuals' perceptions of healthcare access, shaped by health infrastructure, influence their use of medical services and, consequently, impact life expectancy (Gurung & Rai, 2021). This theory is relevant because it connects individual health behavior with broader healthcare infrastructure, reflecting how access to healthcare facilities affects population health outcomes.

Social Determinants of Health Theory

The social determinants of health (SDH) theory, popularized by the world health organization (WHO), emphasizes the social, economic, and environmental factors that influence health outcomes. These include access to healthcare services, living conditions, education, and employment. The SDH framework is particularly relevant in examining how disparities in health infrastructure, such as access to hospitals or clinics in rural Nepal, contribute to differences in life expectancy (WHO, 2020). It underscores the importance of addressing infrastructural and social factors in improving health outcomes across different social groups in Nepal.

Human Capital Theory

Human capital theory, formulated by economist Gary Becker in the 1960s, posits that investments in human health, education, and training are essential for economic productivity and overall societal well-being. In the context of Nepal, this theory suggests that investments in healthcare infrastructure, such as medical training and hospital expansion, directly contribute to an increase in life expectancy by enhancing the quality of healthcare services available to the population. It helps explain how the improvement of health infrastructure can enhance the nation's human capital, improving both individual health and national productivity (Shrestha, 2022).

Empirical Review

Gurung (2019) assessed the impact of healthcare accessibility on life expectancy in rural Nepal. This study combined both qualitative interviews with healthcare providers and surveys with rural residents to explore how limited access to healthcare services affects public health. The researchers found that inadequate healthcare infrastructure, including a shortage of health facilities, medical personnel, and transportation systems, significantly contributed to lower life expectancy in rural regions. These findings were consistent with other studies that highlight the impact of healthcare access on mortality rates and overall life expectancy. The study emphasized that the rural population faced long distances to access healthcare services, which limited their ability to seek timely medical intervention. The findings suggested that rural areas had a higher prevalence of preventable diseases due to poor healthcare infrastructure, contributing to higher mortality rates. One of the major findings was the disparity in health outcomes between urban and rural Nepal, with urban areas showing better life expectancy due to more developed healthcare infrastructure. The study recommended increasing government investment in rural healthcare services, focusing on building more hospitals, clinics, and improving transportation networks to reduce healthcare accessibility gaps. Additionally, the authors proposed that enhancing health education and prevention programs would help mitigate the effects of limited healthcare access. In conclusion, the study reinforced the notion that investment in healthcare infrastructure is a critical factor in improving life expectancy, particularly in rural areas where access remains limited. The researchers called for prioritizing healthcare investments in underserved regions to help improve health outcomes and reduce mortality rates. The research highlighted the importance of infrastructure in supporting public health and reducing inequalities in life expectancy. They further recommended strengthening the healthcare workforce in rural Nepal to ensure that medical services are readily available. Lastly, the study advocated for a comprehensive healthcare policy that ensures equity and access to healthcare for all citizens, regardless of geographical location.

Shrestha and Pandit (2020) explored the relationship between urban healthcare infrastructure and life expectancy in Nepal. The study focused on urban areas with relatively better healthcare infrastructure compared to rural regions. The researchers found that urban areas with improved hospitals, clinics, and healthcare personnel had a significantly higher life expectancy. The presence of modern medical technologies and healthcare facilities was shown to contribute directly to better health outcomes and higher life expectancy rates. These findings align with similar studies conducted globally, where better healthcare infrastructure has been correlated with longer life expectancy. The study found that urban centers with advanced healthcare services experienced fewer preventable diseases and reduced mortality rates. The authors noted that although urban areas showed progress, there were still substantial challenges such as overcrowding, unequal

healthcare access, and the need for improved public health policies. The researchers emphasized the necessity for further investments in healthcare infrastructure, particularly in underdeveloped urban areas. They recommended that the government prioritize healthcare funding to ensure urban areas with growing populations continue to receive adequate medical services. The study also suggested improving healthcare education to further increase awareness and utilization of available healthcare services. Furthermore, Shrestha and Pandit proposed that urban health policies should focus on enhancing primary care, preventive services, and reducing health disparities. They also recommended that healthcare facilities be expanded to ensure that all urban dwellers, regardless of socioeconomic status, have access to quality health services. The study concluded that urban healthcare infrastructure plays a crucial role in improving life expectancy and reducing health inequalities.

Thapa (2021) revealed that healthcare infrastructure alone was not sufficient to improve life expectancy; trained healthcare personnel played an essential role in the delivery of quality healthcare services. The findings indicated that regions with better-trained medical staff had better health outcomes, as healthcare professionals were able to provide more accurate diagnoses, appropriate treatments, and preventive care. In contrast, areas with inadequate healthcare personnel were struggling with longer waiting times, overburdened staff, and lower quality of care. The study concluded that a shortage of skilled healthcare workers was a significant barrier to improving life expectancy in both rural and urban Nepal. The research recommended that the Nepalese government invest in the education and training of healthcare professionals to ensure that the healthcare workforce is capable of meeting the growing demand for services. Moreover, the study found that ongoing professional development and capacity-building programs for healthcare workers were necessary to address emerging healthcare challenges. The authors suggested that international partnerships and collaborations could provide support for Nepal's healthcare training programs. Furthermore, Thapa (2021) recommended that the government allocate more funding to healthcare workforce recruitment and retention, particularly in underserved regions. They also highlighted the importance of healthcare workers in disease prevention, as their role in community health education was pivotal in improving public health outcomes. In conclusion, the study reaffirmed the need for a well-trained healthcare workforce to complement the physical infrastructure and ensure that healthcare services are both accessible and effective.

Joshi (2022) investigated the impact of hospital infrastructure on life expectancy in Nepal using statistical analysis of life expectancy trends and hospital data. The study found that modern hospitals, equipped with advanced medical technologies and staffed with well-trained professionals, were linked to higher life expectancy in the surrounding areas. The research highlighted that regions with upgraded healthcare facilities had better healthcare outcomes, including lower mortality rates and fewer cases of preventable diseases. The study also showed that patients in these areas had greater access to specialized care, contributing to improved survival rates and longer life expectancy. The authors noted that Nepal's healthcare system faces significant challenges in terms of the distribution of medical resources, with rural areas suffering from inadequate facilities and personnel. They recommended significant investments in upgrading existing hospitals and building new ones in underserved regions to reduce health disparities. Joshi also proposed that the government should collaborate with international donors to address the infrastructure gaps in the healthcare system. The study further recommended that hospital

management practices be improved to ensure better patient outcomes and optimize the use of available resources. They suggested integrating telemedicine and digital healthcare technologies to expand access to healthcare services in remote areas. In conclusion, the study emphasized the importance of modernizing hospital infrastructure to improve life expectancy in Nepal and recommended a targeted approach to addressing infrastructure gaps.

Koirala (2021) explored the relationship between health infrastructure and life expectancy in Nepal's remote areas. The study found that health infrastructure deficiencies were most pronounced in rural and remote parts of Nepal, where the population had limited access to healthcare facilities. The authors used a mixed-methods approach, collecting data from healthcare providers, government reports, and local residents. They concluded that remote areas had significantly lower life expectancy rates due to the lack of adequate healthcare services, particularly specialized care and emergency medical treatment. Koirala et al. (2021) recommended that the government invest in the construction of more health centers and improve transportation networks to make healthcare services more accessible. The study also highlighted the need for mobile healthcare units and telemedicine services to reach remote populations. Additionally, they suggested strengthening community health programs to educate people about preventive health measures. The authors emphasized that addressing these infrastructure gaps could significantly improve public health and life expectancy in remote areas. The study also noted that local and international NGOs could play a role in addressing these challenges by providing financial and technical support for healthcare development. In conclusion, the study stressed the importance of targeted investments in healthcare infrastructure to reduce health disparities and increase life expectancy in Nepal's remote areas.

Rai (2020) explored the impact of clinic expansion on life expectancy in Nepal, utilizing statistical models to analyze health outcomes in areas with newly built clinics. The study found that areas with increased access to clinics experienced significant improvements in life expectancy, as these clinics provided timely medical care, vaccinations, and disease management. Rai found that the availability of primary care services in local clinics helped prevent the spread of infectious diseases and reduced the need for more expensive and less accessible hospital care. The study highlighted the importance of expanding basic healthcare infrastructure, especially in underserved regions. The authors recommended that Nepal's health policies prioritize the development of primary care services to further improve life expectancy. They also suggested incorporating community health programs into clinic services to address public health challenges more effectively. Rai concluded that expanding healthcare access at the local level is an effective strategy to reduce health disparities and increase life expectancy in rural Nepal.

Sharma and Subedi (2023) analyzed the impact of Nepal's national health policy on life expectancy using a policy analysis framework. The study found that the government's focus on healthcare infrastructure development, including building new health facilities and upgrading existing ones, had a modest but positive impact on life expectancy. The research indicated that while life expectancy had increased over the past decade, it remained lower than expected due to persistent gaps in healthcare access, especially in rural areas. Sharma and Subedi (2023) recommended that the government continue to invest in healthcare infrastructure, focusing on underserved regions to bridge the healthcare access gap. They also suggested integrating health services with sustainable development goals to ensure that improvements in healthcare infrastructure are sustainable in the long term. The study concluded that while progress had been made, more targeted and

comprehensive investments in health infrastructure are needed to improve life expectancy across Nepal.

METHODOLOGY

This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low-cost advantage as compared to field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

FINDINGS

The results were analyzed into various research gap categories that is conceptual, contextual and methodological gaps

Conceptual Gaps: One key conceptual gap identified is the lack of a unified framework to measure the holistic impact of health infrastructure on life expectancy across different regions. While many studies focus on specific aspects of health infrastructure (e.g., healthcare personnel, hospital infrastructure), there is limited research that combines all these elements into a single conceptual model. A broader conceptual framework could be developed that incorporates multiple dimensions of health infrastructure rural and urban disparities, healthcare access, the role of health education, and healthcare policy impact into a unified approach. Additionally, the relationship between healthcare infrastructure and life expectancy is often analyzed through individual components without considering the synergistic effects of combined infrastructure improvements, such as hospitals, clinics, personnel, and transportation networks. Developing a more comprehensive conceptual model could bridge these gaps (Gurung, 2019; Shrestha & Pandit, 2020).

Contextual Gaps: Contextually, the studies mostly focus on the direct effects of healthcare infrastructure on life expectancy in Nepal, without delving deeper into other contextual factors that could mediate or moderate these effects. For example, socio-economic factors, cultural beliefs, and political dynamics may also significantly influence the effectiveness of health infrastructure. The impact of health education and public health campaigns, which were recommended in some studies, has not been extensively studied in the context of Nepal. Moreover, the broader healthcare policy environment, especially policies addressing healthcare disparities, is often underexplored. Understanding how local policies interact with infrastructure investment could provide deeper insights into improving life expectancy (Thapa, 2021; Joshi, 2022).

Geographical Gaps: Geographically, most of the studies focused on urban versus rural disparities in health infrastructure, with limited attention to more specific regions within rural Nepal, such as remote mountain or Terai areas. The existing literature lacks detailed investigations into how different geographical regions in Nepal (e.g., urban, rural, and remote areas) experience healthcare infrastructure gaps and their unique impacts on life expectancy. Furthermore, studies examining the effects of healthcare infrastructure in regions with specific demographic challenges, such as highly marginalized groups or high disease burden areas, are sparse. A geographical study that dissects life expectancy impacts in different subregions of Nepal would help understand the broader scope of the problem (Koirala, 2021; Rai, 2020).

CONCLUSION AND RECOMMENDATIONS

Conclusions

In conclusion, the relationship between health infrastructure and life expectancy in Nepal is undeniably significant, as the availability and quality of healthcare services directly influence the overall health outcomes of the population. Studies consistently highlight that regions with better healthcare infrastructure, such as modern hospitals, clinics, and well-trained healthcare personnel, experience higher life expectancy rates due to improved access to timely medical care and preventive services. However, substantial disparities exist between urban and rural areas, with rural regions facing significant challenges such as inadequate healthcare facilities, long distances to access medical services, and a shortage of healthcare professionals. These gaps in infrastructure contribute to poorer health outcomes, including higher mortality rates and increased prevalence of preventable diseases. To improve life expectancy, it is crucial for the Nepalese government to invest in expanding healthcare infrastructure, particularly in underserved rural and remote areas, while also strengthening the healthcare workforce through training and retention programs. Furthermore, a comprehensive healthcare policy that promotes equity and access to healthcare services for all, regardless of geographical location or socio-economic status, is essential for reducing health disparities and improving life expectancy across the country.

Recommendations

Theory

The research highlights that health infrastructure, encompassing the availability of medical facilities, healthcare personnel, and transportation networks, plays a crucial role in determining life expectancy. A theoretical contribution would be the development of a comprehensive framework that integrates multiple dimensions of health infrastructure—such as hospital capacity, clinic accessibility, and healthcare workforce training—into a single model. This would allow for a more nuanced understanding of how each component influences health outcomes, and it could help inform future research by offering a multi-faceted approach to studying the link between infrastructure and life expectancy. Further exploration of the relationship between health education, preventive care, and infrastructure could enhance existing theories on public health and healthcare access.

Practice

In practice, the study recommends a multi-pronged approach to improving life expectancy in Nepal through targeted investments in healthcare infrastructure. Specifically, it calls for expanding health services in rural and remote areas by constructing more health facilities and improving transportation networks. The creation of mobile health clinics and telemedicine services should be prioritized, particularly in remote regions where access to healthcare is most limited. Additionally, there is a need to invest in continuous healthcare workforce training and development to ensure that medical staff are equipped to provide quality care. Healthcare policies should also emphasize the integration of preventive services, such as vaccinations and health education, within primary care settings. This would allow for earlier intervention, reduce the burden on hospitals, and ultimately improve long-term health outcomes.

Policy

From a policy perspective, the Nepalese government should prioritize equitable distribution of healthcare infrastructure to address disparities between urban and rural areas. A national health

policy should focus on ensuring that healthcare services are equally accessible across the country, with particular attention given to underserved populations in rural and remote areas. Government policies should support investments in both physical infrastructure (e.g., hospitals, clinics) and human capital (e.g., training and retaining healthcare personnel). Moreover, policies aimed at improving the integration of healthcare services across different sectors (e.g., public health, emergency services, community health) should be designed to improve the efficiency of healthcare delivery. Additionally, Nepal should strengthen its healthcare policies by encouraging public-private partnerships to further enhance infrastructure development. Such policies would promote sustainable improvements in life expectancy by fostering a more robust, accessible, and equitable healthcare system.

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