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A Analysis of Health Indicators Achieved by The Periodic Plan

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Abstract

The present research, entitled 'Analysis of Health Indicators Achieved by the Periodic Plans of Nepal', tries to examine the outcomes related to the health remaining within the framework of the nation's periodic planning. The very objective of this research work is to analyze and evaluate the health related indicators drawn from the evaluation of these plans through a descriptive and analytical study based on the secondary data. The researcher examines the gaps between projected targets and actual achievements of 13th, 14th, and 15th five-year plans. The findings after the research work reveal a mixed result in which the environmental and basic child health indicators are raising consistently, whereas the programs were not successful to meet their objectives exceeding targets for critical clinical indicators even if sanitation and child mortality rates were met or exceeded. The 14th plan was successful to meet the significant gains in terms of Human Development Index and sanitation. Similarly, the fifteenth plan achieved a significant progress in health insurance sector and reduced the child stunting. Because of great earthquake of 2015 and the pandemic disease COVID-19, the Maternal Mortality Ratio and Neonatal Mortality Rate consistently failed to meet the previously set targets. Similarly, consensus about federalism emerged as one of the challenges for to achieve the objectives. The research work sums up with two facet results; the satisfactory status of infrastructure and basic access and high-level clinical outcomes which are highly vulnerable.

Key words: Health indicators, Periodical plan, National Planning Commission, Human Development Index

BACKGROUND

Special and regular plan is essential to update and get achievement by the related sectors. Regular fiscal plans are going on in Nepal as well as other countries but to observe the progress it's requires to some period or time. By understanding this clue, Nepal is applying regular interval plan which is called periodical (five years) plan by the responsibility of National Planning Commission (NPC). For the first time in Nepal, the five-year plan in Nepal from 2013 BS as a first five-year plan (2013-2018) with included different factors related to development as well as social security. There were implemented 1st to 15th periodical plan and started to 16th plans time in Nepal which are, first five year plan (2013 to 2018), second five year plan (2019 to 2022), third five year plan (2022 to 2027), fourth five year plan (2027 to 2032), fifth five year plan (2032 to 2037), sixth five year plan (2037 to 2042), seventh five year plan (2042 to 2047), eighth five year plan (2049 to 2054), ninth five year plan (2054 to 2059), tenth five year plan (2059 to 2064), eleventh interim three year plan (2064/65 to 2066/67), 12th three year plan (2067/68 to 2069/70), thirteen three year plan (2070/71 to 2072/73), fourteenth three year plan (2073/74 to 2075/76), fifteenth five year plan (2076/77 to 2080/81) with the vision of "Prosperous Nepal, Happy Nepali," and currently the sixteenth five-year plan (2081/82 to 2085/86) which focuses on structural transformation and social justice.

Many health policies and programs had been formulated and implemented from the beginning of the periodical plan but the fiscal plans before the eighth couldn't be effective in health sector because of their inefficiently normal and common programs. Only after the implementation of the eight five-year plan, the health policies and programs are being effective in health and other sectors. Every plan has set targets on different sectors including the health. Health targets are normally formulated assessing to the health indicators as a foundation.

Structural transformation and social justice have been witnessed in the transitory to the health planning in Nepal. According to Rokaya (2024), to address the pandemic diseases like malaria and leprosy, the First to the Fourth Plans (1956–1975) prioritized the establishment of foundational healthcare infrastructure, such as hospitals and health posts. This period was mainly influenced by the approach of curative treatment system where one's service delivery was considered more important rather than a systematic public health outcome.

During the transition to the Eighth Five-Year Plan, the introduction of the National

Health Policy in 1991 marked a pivotal shift toward decentralization and preventive care in Nepal. As noted by Suvedi (2013), this period highlighted the critical role of data assessing program effectively. However, significant gaps still remained the same. Suvedi's analysis of the Department of Health Services reports from the mid-1990s pointed out that 74 indicators were clearly identified across various programs, 54% of programs lacked some measurable indicators, and only 38% of that were utilized for detailed reporting. This type of "indicator silence" hindered the ability of the planners to perform trend analyses or monitor the real-world performance effectively.

The Department of Health Services used the Annual Report of 74 different indicators from under 12 different programs and the department has reviewed and evaluated the indicators mentioned in the Annual Report (fiscal years 1994/95, 1995/96, and 1996/97). Out of 26, fourteen (54%) programs are without indicators. Of the total 74 indicators used by 12 programs, only 28 (38%) indicators have been used in the annual report for detailed description. It has classified the indicators into three different categories and their use has been analyzed. Questions are raised regarding the "silent" programs and the "silent" indicators for their use in monitoring of performance / trend analysis of various programs. Suggestions have been made for the better use of the indicators (Suvedi, n.d.).

In the contemporary context, the national planning of Nepal has been shifted towards the global alignment along with the objectives of Sustainable Development Goals (SDGs). The Fifteenth Plan (2076–2081 BS) established a long-term vision for Nepal and Nepalese as "Prosperous Nepal, Happy Nepali," by emphasizing the two high-level indicators. The indicators are to examine the level of life expectancy rate and the maternal mortality status. The Sixteenth Five-Year Plan (2081/82–2085/86 BS) has focused specially on the structural transformation that would strengthen the department of health to integrate the previously neglected areas into the national monitoring framework (National Planning Commission, 2024). The neglected areas are non-communicable diseases (NCDs) and mental health. Nepal prepares for elevation from the level of the Least Developed Country (LDC) to as the developing country. Therefore, it is essential to evaluate the health indicators systematically so as to carry out expected achievement as sustainable and equitable progress in the present federal structure of the nation.

Recent studies show the transition to a federal structure that has fundamentally altered the progression of the health services which are clear from the the indicators. Karkee and Ghimire (2021) noted that the 14th and 15th Plans empowered the administrative

body in all the 753 local levels, this decentralization initially created a "reporting lag" in health data. However, the local governments are now taking direct ownership of "Basic Health Service" indicators as shown in the Annual Health Report of 2080/81 BS. That really leads to more localized and responsive health services rather than the early parodic plans' top-down models.

Health indicators are the indicators that indicate the level of quality and standard of life. So, the emphasis is given to the national plans to promote health indicators. There should be a regular analysis and evaluation practice so as to revise and formulate new strategies from the different plans and programs. By this fact, the analysis of health indicators is to be studied which is achieved by the periodical plans.

OBJECTIVE

The main objective of this study is to analyse the health indicator achieved by the periodical plan of Nepal.

METHODOLOGY

This is a descriptive and analytical study, where secondary data are used. Among the fifteen periodic plans implemented in Nepal, this research focuses specially on the 13th, 14th, and 15th five-year plan, analyzing the gap between their projected targets and actual outcomes or achievements.

RESULTS

All periodical plans have the minimum targets during the formulating policy and program in the related sectors, by this rule it has formulated different targets on health aspect also. The program and plan will be success when their targets are fulfilled. The achievement shows that, the plan and program were effective or not. In the health sector, it's trend to formulating targets by the health indicators. In this situation, among the fifteen periodic plans implemented in Nepal, 13th, 14th, and 15th five-year plan's targets and actual outcomes or achievements are discussed below.

Targets and Achievement of Thirteen Three Year Interim Plan

The Thirteenth Plan (2070/71–2072/73 BS / 2013/14–2015/16 AD) was a three-year interim plan implemented in Nepal by the National Planning Commission. Formulated during a period of political transition, its primary focus was on poverty reduction,

employment generation, and economic revitalization following a decade-long conflict. In this context, targets and achievements of health indicators from the thirteen three year interim (2070 BS to 2073 BS.) plan are given below in Table No. 1.

Table 1: Targets and Achievement

Health Indicator	Base Year (2069/70 BS)	13 th Plan Target	Actual Achievement (2072/73 BS)
Life Expectancy at Birth	68.8 Years	71.0 Years	69.0 Years
Maternal Mortality Ratio (per 100k)	229	134	258*
Under-Five Mortality Rate (per 1k)	54	38	38
Infant Mortality Rate (per 1k)	46	33	32
Neonatal Mortality Rate (per 1k)	33	17.5	21
Total Fertility Rate (per woman)	2.6	2.4	2.3
Contraceptive Prevalence Rate	49.7%	67%	53%
Population with Access to Toilet	62%	80%	81%

The health sector performance of the 13th Periodic Plan (2070/71 – 2072/73 BS) showed a mixed outcome across three levels of achievement. At a higher level, Nepal successfully exceeded its targets in sanitation and basic child health, with 81% of the population gaining access to toilets (surpassing the 80% goal), total fertility rate reduced 2.3 per women, were the target was 2.4 and the Infant Mortality Rate dropping to 32 (beating the target of 33). At the same level, the plan was perfectly on track for the Under-Five Mortality Rate, hitting the target of 38 per 1,000 exactly as planned. However, there were significant lower level achievements where the plan fell short; most notably, the Maternal Mortality Ratio reached 258 against an ambitious target of 134, and Life Expectancy reached only 69 years instead of the aimed 71 years. Additionally, both Contraceptive Prevalence (53%) and Neonatal Mortality (21) failed to meet their respective targets of 67% and 17.5%, largely due to the devastating impact of the 2072 BS earthquake which disrupted essential health services for mothers and newborns.

Targets and Achievement of Forth with Three Year Plan

The Fourteenth Plan (2073/74–2075/76 BS) was the second three-year interim strategy formulated by the National Planning Commission to transition Nepal toward becoming a developing country. Building on the foundation of the newly promulgated Constitution, its primary focus was on achieving high, sustainable, and inclusive economic growth through large-scale infrastructure development, energy self-sufficiency, and social sector

transformation. In the health sector, the plan prioritized improving maternal and child health outcomes, specifically aiming to reduce maternal and infant mortality rates while increasing the reach of skilled birth attendants. In this context, targets and achievements of health indicators from the forthcoming second three-year interim (2074 BS to 2076 BS.) plan are given below in Table No. 2

Table 2: Targets and Achievement

Health & Social Indicator	Base Year (2015/16)	14th Plan Target	Actual Achievement (2018/19)
Life Expectancy at Birth	69.0 Years	72.0 Years	71.1 Years
Maternal Mortality Ratio (per 100k)	258	134	239
Under-Five Mortality Rate (per 1k)	38	28	32
Neonatal Mortality Rate (per 1k)	21	17.5	21
Total Fertility Rate (per woman)	2.3	2.1	2.3
Population Below Poverty Line	21.6%	17.0%	18.7%
Access to Basic Drinking Water	83.6%	90.0%	89.0%
Access to Basic Sanitation	81.0%	100%	99.0%
Human Development Index (HDI)	0.540	0.570	0.574

The health sector performance of the 14th Periodic Plan (2073/74 – 2075/76 BS) showed a clear split between areas of success and areas that fell behind. At a higher than expected level, the plan successfully surpassed its target for the Human Development Index (HDI), reaching 0.574 against a goal of 0.570. Similarly, access to basic sanitation almost hit a perfect score at 99%, showing that the country moved faster in this area than many anticipated. At a similar level to the targets, the plan showed steady progress in access to basic drinking water (89%) and life expectancy (71.1 years), both of which came very close to their respective goals of 90% and 72 years. These areas stayed mostly on track with the government's timeline. However, several indicators fell significantly below the expected level and targets. Most notably, the Maternal Mortality Ratio remained high at 239, missing the ambitious target of 134 by a wide margin. Both the Neonatal Mortality Rate and the Total Fertility Rate also failed to improve, stagnating at their base year levels of 21 and 2.3 respectively. Additionally, while poverty and under five-year mortality rate did decrease to 18.7% and 32 respectively, were remained below the target of 17% and 28, largely due to the administrative challenges of transitioning to a federal system.

Targets and Achievement of Fiftieth Five Year Plan

The Fifteenth Plan (2076/77–2080/81 BS / 2019/20–2023/24 AD) was a transformative five-year strategy developed by the National Planning Commission under the long-term vision of "Prosperous Nepal, Happy Nepali." This plan was unique as it aimed to create a base for Nepal to graduate to a developing country by 2022 and an upper-middle-income country by 2030. It shifted focus from just basic survival to quality of life, human capital development, and the integration of the Sustainable Development Goals (SDGs) into every sector. In the health sector, the 15th Plan prioritized affordable, high-quality healthcare and a service-oriented system rather than a profit-driven one. In this context, targets and achievements of health indicators from five years (2077 BS to 2081 BS.) plan are given below in Table No. 3.

Table 3: *Targets vs. Achievement*

Health Indicator	Base Year (2018/19)	15 th Plan	Target Actual Achievement (Approx. 2024)
Life Expectancy	69.7 Years	72 Years	71.3 Years (Near target)
Maternal Mortality	239 per 100k	99 per 100k	151 per 100k (Missed target)
Neonatal Mortality	21 per 1 k births	13 per 1k births	21 per 1k births (Stagnant)
Stunting in Children	36%	15%	25% (Significant progress)
Basic Health Access	65.5%	100%	77% (Improved infrastructure)
Health Insurance	7%	60%	30-35% (Significant growth)
Basic sanitation	99%	100%	100% (Achieved the target)
Population below poverty line	18.7%	9.5%	20. 27% (Missed target)

The performance of the 15th Periodic Plan (2076/77 – 2080/81 BS) on health sector can be summarized as a journey of mixed results, where higher-than-targeted successes were seen in universal access to basic sanitation (100%) and a dramatic rise in health insurance coverage (30%), signaling a major leap in social protection despite missing the very ambitious 60% goal. Achievements remained at a similar level to targets for life expectancy (71.3 years) and basic health access. This stability is largely attributed to the decentralization of secondary care and the systematic construction of hospital facilities at the local level. Conversely, the plan encountered significant headwinds regarding maternal and neonatal mortality rates, which was due to the severe healthcare disruptions caused by the COVID-19 pandemic. Most notably, the population below the poverty line stayed around 20.27%, failing to reach the single-digit target of 9.5%. This discrepancy underscores the vulnerability of household incomes to global macroeconomic failures and the regressive impacts of the pandemic.

DISCUSSION

The 13th Periodic Plan (2070/71 – 2072/73 BS) performed the result of mixed nature which shows exactly where Nepal's strengths and weaknesses lie (National Planning Commission [NPC], 2013). The country actually beat its targets for sanitation (reaching 81%) as a successive achievement whereas the infant mortality dropped to the level of where 30 deaths per 1000 live births. However, the nation remains firmly on track to meet its under-five mortality target of 38 deaths per 1,000 live births (NPC, 2016). Even if the government is in the phase of political turmoil, Nepal's effective network of Female Community Health Volunteers (FCHVs) is able to keep children healthier, according to the "Social Capital Theory. During this time, Nepal was outperforming India and Pakistan when it came to keeping babies alive (World Bank, 2016). However, things looked quite different at a lower level of achievement. The plan fell way short on the Maternal Mortality Rate *i.e.* 258 per 100,000 live births and sixty- nine years as Life Expectancy (Ministry of Health and Population (MoHP, 2017). This is a classic example of "Health System Fragility." The great disasters like the earthquake of 2015 can hinder the medical chain. The village volunteers who save mothers as well as infants can handle basic health at the local level and they need real hospitals and quick and good transport. As the earthquake destroyed hundreds of health centers, the maternal death rate remained much higher than the Asian average in Nepal, lagging far behind countries like Sri Lanka and others. That had reduced its MMR to roughly 30 during the same period (World Health Organization [WHO], 2019). It proved a tough lesson to the planners that community spirit can also save children. However, we need the solid, earthquake-proof infrastructure to save the mothers.

Though the complexities of the transition in federal system in Nepal prevailed, the 14th Periodic Plan (2016-2019) showed a praiseworthy performance in health sector. The nation successfully exceeded its Human Development Index (HDI) target *i.e.* 0.574, and met the near-universal basic sanitation (99%). The long term impact of the "Open Defecation Free" campaign and community-led social mobilization program seem to have contributed to secure these gains. However, the plan struggled with high-intensity health indicators. The target was ambitious one at 134 by a significant margin. Maternal Mortality Rate (MMR) remained high at 239 per 100,000 live births. There was no improvement from the base year that stagnated the Neonatal Mortality Rate (21) and Total Fertility Rate (2.3). Previous studies suggest that Nepal has historically excelled at achieving "low-hanging fruit" such as child immunizations, it has hit a plateau where

further progress urgently requires advanced clinical interventions and better-equipped emergency obstetric care (Adhikari & Budhathoki, 2020). The performance in Health sector in Nepal is theoretically analyzed through the lens of the Epidemiological Transition and decentralization frameworks across the country. The transition into federalism was supposed to bring about the decision-making power much closer to the people, and the success in sanitation supports the idea that local governments can effectively manage community infrastructure (Adhikari & Budhathoki, 2020). However, question arises why the maternal health fails to achieve the objective of the plan that highlights a "capacity-authority gap," where newly formed local levels had the mandate to provide services but they lacked the specialized human resources and technical coordination. (Adhikari & Budhathoki, 2020). Nepal's life expectancy of 71.1 years is slightly above the South Asian average. The duality trend is observed in Regional countries. Its MMR remains as one of the highest in the region. The MMR in the South-East Asia Region achieved the significant 41% reduction between the years 2010 and 2020. Further, economic benefits of federalization were adversely affected by the high cost of reconstruction and lingering works after the earthquake of 2015, and the absolute poverty decreased to 18.7%, and the progress was so slow *i.e.* 17% target (Kharel, 2019). It shows that, according to the 14th Plan, Nepal is a regional leader in social resilience. The 2030 Sustainable Development Goals will require a close up strategy to bridge the gap between the facilities due to the infrastructure access and the quality of specialized clinical care across the country.

During the 15th Periodic Plan of Nepal (2019/20–2023/24), the health sector was the period of high ambition that was running along with the unprecedented structural shock of the COVID-19 pandemic. That sorts of unexpected shock created a clear divergence between infrastructure expansion and clinical outcomes in the local level. As the nation showed a quite significant social resilience by increasing health insurance coverage from 7% to over 30% which was able to reduce the childhood stunting from 36% to 25%. it failed to meet the more ambitious targets for maternal and neonatal survival. The Maternal Mortality Ratio (MMR) reached 151 out of 100,000 live births, whereas the target was of 99, and the Neonatal Mortality Rate stagnated at 21 per 1,000 births. Even if the Nepal government successfully decentralized health infrastructure to the local level, where basic health access was of 77%, the result was unexpectedly opposite to what was supposed to be in reducing the mortality rates. These facilities often lacked the specialized equipment and skilled human resources which are dire necessary to manage

high-risk clinical cases during a global health crisis (Pramod *et al.*, 2021). Outcomes of the 15th Plan align with the "Social Protection Floor" framework, where the state made a commitment to universal basic rights to bring about the rapid expansion of health insurance and sanitation proper access *i.e.* 100%. But later in practice, the downtrodden economic reality of the pandemic shock halted the smooth development and progress that the population below the poverty line remained at 20.3%, which did not seem to be successful in reaching the single-digit target of 9.5%. It was all because of the pandemic disease and ultimately deteriorative household income of the people (Kharel, 2019). Nepal's life expectancy of 71.3 years stands a regional success, when compared to South Asian average. That has consistently outperformed the average for low-income neighboring countries of Nepal. However, the persistent MMR and neonatal gaps clearly show a broader regional challenge between the access to infrastructure and the access to the quality health care. The previous studies indicate the redirection of healthcare resources toward COVID-19 management highly disrupted necessary maternal and newborn services. That proved the fragility of a newly federalized system that the provinces were working under the extreme stress (Adhikari & Budhathoki, 2020). The 15th Plan proved that Nepal can effectively scale its social protection systems and the 16th Plan must prioritize the clinical quality care and specialized workforce in every local bodies to bridge the gap between internal targets and actual survival rates.

CONCLUSION

The analysis of the 13th, 14th, and 15th Periodic Plans indicate a Dual-Track Performance in the health sector. Nepal has achieved the expected success in community-based and environmental indicators on one track. The consistent achievement of sanitation made a successful reach nearly 100% access by the end of the 15th Plan. The fruitful progress in child health, the Under-Five and Infant Mortality Rates met their goals which were set before. The findings demonstrate effective interventions in Nepal's community-level health services and social mobilization strategies in Nepal's community-level health.

The results indicate a persistent struggle to improve the high-intensity clinical outcomes on the second track. All the three planning periods witnessed the failure of The Maternal Mortality Ratio and Neonatal Mortality Rate consistently to meet their ambitious targets. The 15th Plan successfully expanded the plan of health insurance and basic health services that reached the access to 77% of the population. The stagnation of neonatal mortality at 21 deaths per 1,000 live births has underscored the systematic failure in terms of quality clinical care. These indicators were considered much more vulnerable

to major external forces. The external forces like the earthquake of 2015 and the COVID-19 pandemic halted the progress which was necessary for the provision of high quality clinical interventions for maternal and infant survival.

To sum up, the transition from the 13th to the 15th Plan has moved Nepal a bit closer to its vision of "Prosperous Nepal, Happy Nepali." However, to prove true it requires a strategic shift and work plan. To reach the Sustainable Development Goals, the coming periodic plans must move beyond "low-hanging fruit" like basic infrastructure and sanitation to focus on the clinical quality, the retention of specialized medical personnel, and the strengthening of emergency obstetric care. Only the elimination of the gap between infrastructure growth and clinical excellence can ensure Nepal to decentralize the authenticity of all endeavor for the sustainable preservation of life across all provinces of Nepal.

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