

National Health Communication Policy

2012



Government of Nepal
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Ramshahpath, Kathmandu



Government of Nepal

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Hon'ble Vidyadhar Mallik
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Few Words

The Interim Constitution of Nepal, 2063 has guaranteed every Nepalese citizen's right to free basic health services as provisioned in the law and the right to demand or obtain information on any subject matter of their own or public concern as fundamental rights. Such information also include health related messages and information. The need of formulating and implementing transparent health communication policy was realized for the integrated, updated, organized and effective health related communication activities to be conducted by stakeholder institute and organizations in order to address Nepalese citizen's fundamental rights related to information and support in the implementation of national and international commitments related to health information. In this context, Government of Nepal has presented this National Health Communication Policy, 2012.

I believe that this National Health Communication Policy, 2012 will be a milestone in addressing all problems and challenges in the circumstances where age appropriate and need based life skill health education is felt lacking; multi communication media and methods could not sufficiently be used in health related communication campaign; some messages or information that are detrimental to health, misleading and exaggerated are disseminated haphazardly, and proportionate use of all communication media could not be used to disseminate health message or information.

This policy will be effective in disseminating quality health message or information continuously up to all Nepalese citizen's doorsteps. I urge all relevant governmental, nongovernmental, private, EDPs, UN agencies, communication media, journalists, health workers, politicians, industrialists, professionals and other relevant sectors and organizations to support in effective implementation of this National Health Communication Policy, 2012.

Finally, I would like to acknowledge all individuals and organizations for providing their immense support in bringing this policy to the present stage.

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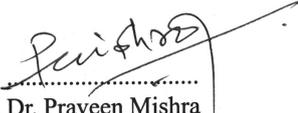
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Nepal Government, Ministry of Health and Population has been working continuously for increasing people's access to and utilization of health services, reduce barriers to access to health services and to strengthen health system by further improving basic health services as per Nepal Health Sector Programme-II (NHSP-2), 2010-2015. This program has also given priority to health education and communication.

Current health status of Nepal shows that 51 percent people die due to non-communicable diseases like heart disease (25%), cancer (11%), COPD (5%), diabetes (2%) and other NCDs (8%). Similarly, about 42 percent people die due to communicable diseases and other conditions, and 7 percent people die due to injuries. Health Promotion and communication has significant contribution in reducing mortality rates. I believe that this policy will be effective in making use of all available media to disseminate health messages and information to prevent communicable as well as non-communicable diseases and to promote health services and programs.

It is necessary to develop, produce and disseminate health communication messages and information materials addressing the need of people who live in remote villages with no access to health services and disadvantaged due to geographically, ethnically, gender wise and poor with marginalized. In this effort, government, non government and private communication channels that disseminate health related messages and information have pivotal role. In this context, National Health Communication Policy, 2012 has been endorsed and implemented realizing the need of the policy for making health related communication activities organized, transparent and people friendly, which have been implemented by relevant stakeholders institution and organizations.

Finally, I would like to thank all individuals for their support in formulating this National Health Communication Policy, 2012. And I would like to request all stakeholders to implement health promotion, education and communication activities effectively based on this policy and to make necessary support for this purpose.


.....
Dr. Praveen Mishra
Secretary



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Health promotion, education and communication is recognized and accepted as a cross cutting issue for health services and programs. National Health Education, Information and Communication Center (NHEICC) under the Ministry of Health and Population (MoHP) has been managing and disseminating messages and information of all health services and programs in an integrated manner. In this context, National Health Communication Policy 2012 has been issued realizing the need of timely policy based strengthening and making effective health communication programs.

Due to the lack of concrete and clear health communication policy, health promotion messages and information are not reaching sufficiently up to the local level especially among the group with no access to health services. Under this circumstance, National Health Communication Policy helps to deliver sufficient health messages and materials up to that disadvantaged group. Similarly, I am confident that this policy document will help to maintain quality, correctness, authenticity, uniformity and appropriateness in messages, information, materials and programs to be produced and disseminated by different health related organizations.

National Health Communication Policy, 2012 has opened the door to bring all stakeholders under one umbrella, who is working in the field of health communication. So, I would like to request all stakeholders to implement health communication activities as per the goal, objectives and specific policies of this policy.

Finally, I would like to thank all individuals and organizations for their contribution in formulating this policy. Similarly, I would like to emphasize to take this policy as an opportunity to develop effective coordination and cooperation in the field of health communication.

.....
Dr. Mingmar Gyalzen Sherpa
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Acknowledgement

Health communication has always been an important program in public health services and programs. In Nepal, health communication program began with the start of promotive and preventive health services in 1957. The establishment of Health Education Section in 1961 was a second step in the process of institutionalizing health communication.

Health communication took a momentum of progress with the establishment of National Health Education, Information and Communication Centre in 1993 as a focal point of Ministry of Health and Population for planning, implementation, monitoring and evaluation of health promotion and communication programs in an integrated and effective manner. The need of a concrete communication policy was felt in the context where health communication programs are taken as priority programs by different health related plans, policies, strategies and programs. National Health Communication Policy, 2012 has been issued to address this need.

It is important to disseminate health related messages or information through all mass, interpersonal and social communication media in an equitable manner in order to increase the importance and effectiveness of basic health service and programs, to ensure Nepalese citizen's right to information, and to promote healthy behavior. For this purpose, National Health Communication Policy, 2012 has created a favorable environment for all stakeholders working in the field of health promotion, education and communication.

Communication has a vital role in order to disseminate correct, uniform, authentic and appropriate health message or information effectively to the target audiences in suitable time and through appropriate media to promote health services and for their increased access and utilization. Difficulties were felt in maintaining quality, correctness, authenticity uniformity and appropriateness in messages, information, materials and programs produced and disseminated by different relevant sectors due to the lack of a concrete policy. In this context, meeting of Government of Nepal, Council of Ministers held on 2069.08.29 endorsed and issued National Health Communication Policy, 2012 to address the need of a national health communication policy and the problems related to health communication.

This policy document would have not been possible without the untiring effort and continuous support and contribution from members of Health Communication Policy Formulation Working Group, JHU/CCP, WHO, UNICEF, USAID, UNFPA, NHSSP/DFID, Save the Children, GIZ, NFHP and other external development partners, different government and non-governmental organizations, Ministry of Health and Population and Divisions and Centres of Department of Health Services, Department of Drug Administration, Department of Ayurveda, Regional Health Directorates, District Health/Public Health Offices and other health organizations. Government of Nepal, Ministry of Health and Population, National Health Education, Information and Communication Center wishes to express its heartfelt gratitude for their support and contribution in formulating this very important policy document.

At last, I look forward and believe that all relevant individuals and organizations will support in abide by this policy and conduct all health promotion, education and communication programs based on this policy document in coming days.

Badri Bahadur Khadka
Director

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1. Background

The Interim Constitution of Nepal, 2063 has guaranteed every Nepalese citizen's right to free basic health services as provisioned in the law and the right to demand or obtain information on any subject matter of their own or public concern as fundamental rights. For this purpose, the Ministry of Health and Population has been working continuously to further improve health status of general public by increasing access to and utilization of health services, by reducing barriers to access to health service and by strengthening health system. The Ministry is making its untiring efforts for achieving the target of national health goals and Millennium Development Goals by health promotion, prevention and control of communicable and non-communicable diseases, reduction of maternal, newborn and child mortality and it is progressing. Despite the efforts of governmental, non-governmental, private, UN and external development partners in reducing morbidity and mortality rates by increased access of health services and programs to general public, there is still a great challenge in reducing newborn and maternal mortality rates. The mortality rate due to non-communicable diseases is in an increasing trend as per recent year data. It is very essential to promote simple healthy behaviors like hand washing and sanitation which is proved to be effective preventive measure for communicable diseases, and creating smoking and tobacco free environment which is an effective preventive measure for non-communicable diseases. Therefore, it is clear that mass, interpersonal and social communication programs have great role in health promotion, disease prevention and control and in an increased accessibility and maximum utilization of health services.

In Nepal, health communication program began with the starting of promotive and preventive health services through the establishment of vector borne disease control unit in 1957. The establishment of Health Education Section in 1961 was a second step in the process of institutionalization of health communication. In between that period, various health projects

had their own communication units. By making revision on separate health communication units of those vertical projects, National Health Education, Information and Communication Centre was established in 1993 as a focal point of Ministry of Health and Population for planning, implementation, monitoring and evaluation of health promotion and communication programs in an integrated and effective manner. Past periodic plans, health sector plan, health sector policy, strategy and programs have been addressed health communication programs as priority programs.

Communication is such a process, which has been influencing daily activities of people. In the current changed political and social context, the rapid development, establishment and use of mass communication media have been making significant effect in people's daily activities and their promotion. Mainly, mass communication media has helped people to live healthy life by improved health and behavior and increased health service utilization through wide dissemination of health messages and information.

According to Nepal Demographic and Health Survey, 2011, the numbers of households which have and use radio have decreased whereas the numbers of households which have and use television, telephone, mobile phone and computer have increased. So, this indicates that the modern communication media have established regularly up to rural level for dissemination of health message and information. Since, the number of television channels, FM Radio stations and newspapers are increasing, it is essential to manage and disseminate health messages accordingly. With the increase in the number of communication media, people's awareness level of different health subjects have also been increased accordingly.

Looking into the current health status of Nepal, 51 percent people die due to non-communicable diseases, 42% people die due to communicable diseases & other conditions and 7% people die due to accident injuries (WHO, 2010). Therefore, Government of Nepal has important responsibility to conduct health promotion, disease prevention and control programs and

programs to increase accessibility and utilization of health services among general public. Health related messages or information should be disseminated through all communication media in order to increase importance and effectiveness of such basic health service and programs, to ensure Nepalese citizen's right to information, and promote healthy behavior. For this, it is necessary to disseminate health message or information through all media of mass, interpersonal and social communication established in the present context of Nepal's changed social, political, economic, cultural and inclusive circumstances. Therefore, National Health Communication Policy, 2012 is formulated and issued with an objective to disseminate health message or information effectively to the intended audiences in proper time and through appropriate media in order to promote health awareness, behavior, health services and program including increase its accessibility and utilization.

2. Past Efforts

Periodic development plans have recognized health communication program as a priority program of health sector. Second Long Term Health Plan, 1997-2017 has mentioned that National Health Education, Information and Communication Centre (NHEICC) is a focal point for Ministry of Health Population for planning, implementation, monitoring and evaluation of health communication activities. The plan clearly states that NHEICC is responsible for the development, production, dissemination, publication and distribution of correct health messages through appropriate communication media in collaboration with other departments, divisions and centres. In this way, giving importance to health communication, government had made attempt to develop a necessary mechanism or structure. Following these plans, a new structure was set up in the health system with the establishment of NHEICC in 1993. The centre has been working as an institution for planning, implementation, monitoring and evaluation of advocacy, community mobilization and behavior change communication

programs of all health services and programs at different levels in an integrated approach and through one door system.

Nepal Health Sector Program: Implementation Plan (NHSP:IP) 2004-2009 had recognized and accepted health communication as a cross cutting issue for all health programs. It has stated that behavioral change communication program will support Essential Health Care Service (EHCS) Package. The plan has also stressed on the importance of behavioral change communication to address non-communicable disease risks emphasizing on the reduction of tobacco and harmful use of alcohol. Accepting the fact that behavioral change communication is not only important in preventive services but also equally important in curative services, NHSP:IP has mentioned about integrating information, education and communication in all EHCS package and to use all possible mass communication media for health promotion.

Realizing the importance of health communication activities, different strategies which are related to reproductive health, child health, tuberculosis control, HIV/AIDS/STI Control, vector borne disease control, leprosy control and all other health service and programs have stated about the development, production and dissemination of health messages or information and materials through NHEICC. All these programs have given appropriate importance to advocacy, social mobilization and behavior change communication activities at all levels. Despite these, it is urgent and timely to initiate efforts in order to further organized health communication programs by formulating health communication policy in an integrated manner.

3. Current Situation

National Health Policy, 1991 has recognized health education and communication as key components of preventive and promotive health services and has pointed out the lack of health awareness among general public as a main reason for people's poor health. For this, health education programs will be conducted effectively from central to the rural level through

extensive mobilization of political leaders, teachers, social organizations, women and volunteers up to the ward level. Following this policy, NHEICC has been working as a centre responsible for planning, implementation, monitoring and evaluation of advocacy, community mobilization and behavior change communication programs of all health services and programs at different levels in an integrated approach and through one door system.

Nepal Health Sector Program II (NHSP II), 2010-2015 has prioritized and included public health promotion programs under health education and communication heading. The program plan has emphasized on planning, implementation, monitoring and evaluation of advocacy, social mobilization and behavior change communication programs in an integrated manner to promote and increase utilization of all essential health services and programs, and control communicable and non-communicable diseases. The plan has focused on promoting healthy behavior by using all possible multi mass media and channels for health promotion and communication. Health messages or information has been published through print media based on the newspapers classified by Press Council Nepal. Health messages are broadcasted directly through Nepal Television and Radio Nepal. Besides to this, media channels are selected through competitive bidding process for disseminating health messages or information through other communication media. Various public awareness programs are being conducted through district health and public health offices to disseminate health messages or information up to the rural level. Health Education Technicians at District Health/ Public Health Offices are assisting in the implementation of these activities. Recognizing and accepting health education and communication as a cross cutting issue for health services and programs, NHEICC has been carrying out all health related messages in an integrated manner. In this context, it is necessary to conduct health communication programs in an effective manners based on a timely policy strengthening.

Looking into the current health status of Nepal, 51 percent people die due to non-communicable diseases, 42% people die

due to communicable diseases & other conditions and 7% people die due to accident injuries (WHO, 2010). Maternal mortality rate is 281 per 100,000 live births (NDHS, 2006), neonatal mortality rate is 33, infant mortality rate is 46, under five mortality rate is 54 per 1000 live births and total fertility rate is 2.6 per woman (NDHS, 2011). Human life expectancy is 63.3 (Male – 62.9 and Female – 63.7) years in 2006. Though, Nepal's health status is improving, but lots more need to be done to reduce morbidity and mortality rates through increased access and utilization of public health services and programs to the people. In this process, implementation of health communication programs will make significant contribution to reduce morbidity and mortality rate by promoting public health and healthy behavior.

4. Problems and Challenges

Ministry of Health and Population has been facing many difficulties in effective implementation of health communication programs. Though health promotion and communication program is recognized as a priority program in policy, more improvement is needed to apply it in practice. Many organizations are found to develop, produce and disseminate health messages or information and materials without the coordination, collaboration and consent of NHEICC, which is the regulatory body for health messages or information and materials. Some of the health messages or information and materials developed, produced and disseminated by other government, non government and private sectors are found to have problems in terms of accuracy, uniformity, completeness and reliability. It is equally important to make health message or information dissemination system private and community-based media oriented that are widely established at the society by revising the current government media-oriented health message or information dissemination system as appropriate. Most of the health messages or information and program are disseminated and published preparing in Nepali language although Nepal is a country with multi caste, ethnicity and several languages. Therefore, health messages or information

and program should be prepared in different languages for their wider broadcast and publication. Some health communication related materials are developed and produced in central, regional and district level, however, the quantity is very few compared to current demand and need. It is necessary to disseminate adequate health messages and information up to the doorsteps of general public and improve the quality of health communication materials developed and produced by different other organizations. With the development and expansion of communication media, it is challenging to make health messages or information wider to be disseminated through these communication media in order to meet the increasing demand, to make health messages effective and useful and to collect necessary resources for carrying out these activities.

Health messages or information, communication materials and guidelines are not sufficiently available to address the need of people living in remote village with no access of health promotion and communication program and services, geographically, ethnicity and gender wise disadvantaged, poor and marginalized population. Mainly they have very less access to communication media and messages or information and materials which are accessible to them are difficult to read and understand by all. Even many women from educated families who have access to communication media are not benefitted much from the health messages or information and materials because they are very busy in their daily activities. Health communication has not received much priority because of people's perception that it is the sole responsibility of government and also most of private communication media could not made health communication as their concerned issue. Government communication media also have become more advertisement-oriented and are not found to be sensitive and responsible enough towards the health of Nepalese people. The few issues that have negative consequences to health are disseminated openly in public places and mass communication media but there is feeling of a lack of effective policy and mechanism to prevent, control

and prohibit these practices. The concept of health communication has not been effective from consumer right protection point of view too. Minimum standardization of different health related behaviors are not done and proper communication of the few standardized behaviors also could not be done. There has not been effective provision to provide health message or information to people in immediate need.

There have not been sufficient efforts made about life skill health education in Nepal's education system to provide education as per age and need. The inter-related and important issues like Health, Population and Environment have not been well coordinated with health communication. Sufficient multi communication methods have not been applied in health communication campaigns. Due to some existing policy and legal obstacles, there have been difficulties in making use of government, non-government and private communication media to disseminate health messages or information in an equitable and proportionate manner.

There has not been sufficient communication made about the drugs and related substances that are not in the listing and are banned by Department of Drug Administration. This has deprived consumers from their right to information and in many instances; they became victimized from the use of drugs through unauthorized prescription. Similarly, health communication program has not been able to address Ayurveda, Yunani, Homeopathy, Alternate and Natural Medicine and Population programs adequately.

5. Need of New Policy

The Interim Constitution of Nepal, 2063 has ensured fundamental rights that every person shall have the right to live with a dignity, the right to free basic health services as provisioned in the law and the right to information on any matter of their own or public concern. Besides of this, Nepal is a party to Framework Convention on Tobacco Control and has made its commitment in international conferences related to population

and development and to attain Millennium Development Goals. It is necessary to formulate and issue transparent health communication policy for integrated, updated, organized and effective health communication activities conducted by all relevant organizations so as to effectively implement the commitments made before international communities and as provisioned in national and international laws.

The main reasons for formulating this policy are presented as follows:

- Assist to improve people's health status
- Assist in the implementation of national health policy
- Assist in the implementation of Nepal Health Sector Program and to achieve MDGs
- Assist in achieving health services and program goals and objectives
- Increase access and utilization of essential health services to mass people particularly people living in remote village with no access of health promotion and communication program and services, geographically, ethnicity and gender wise disadvantaged, poor and marginalized population.
- Prevent unauthorized dissemination and duplication through coordination and collaboration among different health related institutions and communication media
- Arrange to disseminate health message or information through all communication media in a proportionate manner
- Maintain quality, accuracy, reliability, uniformity and appropriateness in messages or information, materials and programs produced and disseminated from different health related institutions
- Increase human, financial and physical capacity related to health communication

6. Goal

The main goal of national health communication policy is to sustain healthy lifestyle of mass citizens by promoting health services, programs and healthy behavior; by preventing and

controlling disease and by increasing accessibility and utilization of health services.

7. Objectives

The objectives of health communication policy are as follows:

- 7.1. Mobilize and use modern and traditional communication multimedia and methods in an extensive and proportionate manner to raise health awareness, knowledge and promote healthy behavior of mass citizens,
- 7.2. Strengthen, expand and implement health communication programs at central, region, district and community level through clear and strengthened cooperation, coordination and collaboration among individual, community, relevant organizations and communication media.
- 7.3. Generate, collect and mobilize sufficient resources for the effective implementation of health communication programs at central, region, district and community level
- 7.4. Prevent unauthorized dissemination and duplication of health related messages or information and materials of different issues by maintaining quality, correctness, authorized, uniformity and appropriateness,
- 7.5. Enhance capacity on health communication in order to develop, produce and disseminate quality, correct, authorized, uniform and appropriate messages or information, materials and programs.
- 7.6. Provide quality health messages or information through appropriate media and method to the citizens, who have no access to health message or information.

8. Policy

Health Communication Policy will be implemented with priority to support tangibly in ensuring Nepalese people's

constitutional right to free basic health services and right to information on any matter of their own or public concern and in implementing national health policy. This policy will be centered in sustaining healthy lifestyle of Nepalese people by raising health awareness, promoting all health services and programs, preventing diseases, promoting health-seeking and healthy behavior; and by increasing active participation, access and utilization in health services and programs. Following shall be the basic matters of this policy:

- 8.1. Implement health communication programs in decentralized manner.
- 8.2. Provide continuity to working in planning and implementation of communication programs of all health services and programs in an integrated approach and through one-door system.
- 8.3. Allocate at least 2 percent budget annually of the total annual budget of Ministry of Health and Population annually for managing adequate financial resource to implement health communication related programs.
- 8.4. Promote participation, coordination and cooperation of relevant organizations and stakeholders for effective implementation of health communication programs.
- 8.5. Use extensively modern and traditional multimedia especially mass, interpersonal and social communication media and methods based on the appropriateness to disseminate health messages or information.
- 8.6. Make arrangement for the dissemination of health message or information based on need, approved standard and classification through all communication media and methods to reach all intended audiences by direct negotiated agreement in transparent and proportionate manner.
- 8.7. Disseminate health messages or information in an educative, artistic and entertaining manner in local language and in culturally appropriate manner.

- 8.8. Prevent dissemination of health messages or information without taking pre-consent from Government of Nepal by making necessary arrangement for maintaining quality, correctness, authorized, uniformity and appropriateness, avoiding duplication and making policy-based of health messages or information.
- 8.9. Make arrangement to encourage communication media, institutions, health workers, journalist or health issue centered communication media, which have made significant contribution in disseminating health messages or information.
- 8.10. Encourage and facilitate dissemination of health messages or information or materials through different communication media and methods in public private partnerships under the corporate social responsibility.
- 8.11. Regulate, control and ban dissemination of any types of messages or information that can be adversely affected human health, exaggerated, misled nature and unauthorized.
- 8.12. Make transparent and informed by disseminating health services, programs, proper use of medicines and medicine and service charges provided to people by governmental, nongovernmental and private organizations.
- 8.13. Make arrangement to obtain health message or information or materials easily by physically and mentally disabled person and senior citizens.
- 8.14. Give priority to issues related to control lifestyle related diseases and encourage improving daily lifestyle of human from simple behavior of individual.
- 8.15. Ensure good governance and management of health services and institutions of all level for effective planning and implementation of health communication programs by building capacity of health promotion and communication.

- 8.16. Provide quality health messages or information to mass citizens particularly people living in remote village with no access and geographically, ethnicity and gender wise disadvantaged, poor and marginalized population in an appropriate time and from appropriate media and methods,.
- 8.17. Link health messages or information and programs with services and these health messages or information will be socially inclusive, gender friendly and right, fact and audience based.
- 8.18. Promote and use advanced modern communication technology for dissemination of health messages or information.
- 8.19. Emphasize quality health promotion and communication by developing and producing manpower related to health promotion and communication.
- 8.20. Develop and use monitoring and evaluation mechanism for the overall use of message and materials and the effectiveness of the programs related with health communication.

9. Strategy or Action Policy

The following strategies and action policies will be adopted for the implementation of National Health Communication Policy.

Policy	Strategy or Action Policy
9.1. Implement health communication programs in decentralized manner.	1. Health communication programs will be implemented through health structures at centre, region, district and community levels in decentralized manner.
	2. Coordination and collaboration will be made with local bodies and other stakeholders for implementing health communication programs in decentralized manner.
9.2. Provide	1. The policy of planning and

<p>continuity to working in planning and implementation of communication programs of all health services and programs in an integrated approach and through one-door system.</p>	<p>implementing health related communication programs of all health service and programs in one-door system and integrated approach will be implemented through Ministry of Health and Population, National Health Education, Information and Communication Centre.</p>
	<p>2. Advocacy, community mobilization and behavior change communication programs will be implemented at different levels by formulating subject wise health communication strategies of health services and programs in an integrated manner.</p>
	<p>3. Health communication programs of different health service and programs will be integrated while formulating annual programs and budget of Ministry of Health and Population and will be implemented through National Health Education, Information and Communication Centre.</p>
<p>9.3. Allocate at least 2 percent budget annually of the total annual budget of Ministry of Health and Population annually for managing</p>	<p>1. Budget will be allocated annually according to the policy for the implementation of health communication related programs while formulating annual program and budget.</p>
	<p>2. The bodies under UN and external development partners will be encouraged and facilitated to invest in health communication programs.</p>

adequate financial resource to implement health communication related programs.	3. Certain tax will be levied on any services or commodities used by general public and on behavior or commodities that adversely affect health. Some percent of the tax will be deposited in health messages or information dissemination management fund for utilizing to implement health promotion and communication programs.
	4. The practice of free distribution and use will be discouraged and managed by developing standards of health related communication messages or information, materials, equipments and services.
9.4. Promote participation, coordination and cooperation of relevant organizations and stakeholders for effective implementation of health communication programs.	1. Health Communication Coordination Committee will be formed comprising stakeholders to assist in the implementation of policy and decisions taken by high level health communication direction committee.
	2. Adolescents, youths, journalists, professionals, institution and various organizations will be mobilized for the promotion of healthy behavior, basic health services and programs in coordination and collaboration with different relevant ministries and institutions.
9.5. Use extensively modern and traditional multimedia	1. Modern electronic communication media such as radio, television, FM radio, website, telephone, mobile etc will also be used timely to

<p>especially mass, interpersonal and social communication media and methods based on the appropriateness to disseminate health messages or information.</p>	<p>disseminate health messages. Arrangements will be made to include health message and its link in all governmental websites.</p>
	<p>2. Booklet, pamphlet, poster, calendar, dairy, signage, sticker, flipchart, wall chart, flyer, flash card, flex, bulletin hoarding board will be produced, published and displayed for effective dissemination of health message or information. Also health messages or information will be published and displayed through various means and materials like outer cover page of text and practical books, package and bags of various materials and food items, tickets, postal letters, T-shirts etc.</p>
	<p>3. Traditional and local folk art, culture and rituals like Maruni, Rodi, Dhan Nach, Shakewa Nach, Nautanki, Dohori Geet, Deuda, Ghatu, Dhami Jhankri, Gaine, Fine Art, Street Drama, Puppet Dance, Miking etc of powerful folk communication media and its related arts will be used timely to disseminate health related messages or information.</p>
	<p>4. Various carnivals, festivals, days, events, exhibitions will be organized to spread health message and information effectively up to the public community.</p>
	<p>5. Communication methods including</p>

	mobile radio can be used for the easy access of health messages in special conditions at local level.
	6. Innovative ideas of art especially articles, Radio and Television program, Interaction, Drama, Film, songs with message, dance, fine art, sculpture etc will be encouraged for raising health awareness. Other sectors will also be encouraged for conducting similar types of activities.
	7. Interpersonal communication programs will be promoted in the following ways by wider dissemination of health message or information up to the door steps of people.
	a. Interpersonal communication is a major and effective medium in disseminating health messages or information widely. Therefore, emphasis will be given to mobilize community people and groups like local organizations, intellectuals, teachers, students, peer groups, religious preacher, media, female community health volunteers, consumers' group, mothers' group, youth and other social and professional organizations in promoting such programs.
	b. Teachers, students, adolescents and youths will be mobilized as promoters of health messages or information and materials in promoting healthy behavior, basic

	health services and programs in coordination and collaboration with Ministry of Education.
	c. Necessary standards will be prepared to disseminate health messages or information effectively through interpersonal and social communication methods.
	d. School health education program will be strengthened and made effective by including the up to date health messages or information in educational curriculum and by improving them as appropriate.
	8. Health education program will be implemented in an effective manner by mobilizing teachers, students, female health volunteers, health workers and related other influential persons and organizations.
8.6. Make arrangement for the dissemination of health message or information based on need, approved standard and classification through all communication media and methods to reach all	1. Standards will be prepared and applied for disseminating health messages or information by providing in proportionate manner to mass communication media.
	2. Health messages or information will be provided to mass communication media in proportionate manner based on the classification done by Ministry of Information and Communication or Press Council and as per the need of the Ministry of Health and Population.
	3. Budget will be managed in an annual program under public and

intended audiences by direct negotiated agreement in transparent and proportionate manner.	private organization conditional grant heading for the program to disseminate health message or information.
	4. "Health Message or Information Dissemination Management Fund" will be established to produce necessary messages, materials and services related to health communication, disseminate produced message and materials or procure or produce such materials, undertake studies and researches, conduct public awareness programs, conduct motivational programs, collect resources and mobilize grant amount. Health message or information Dissemination Fund Operation Committee will be formed to implement this fund.
9.7. Disseminate health messages or information in an educative, artistic and entertaining manner in local language and in culturally appropriate manner.	1. Health messages or information will be developed, pretested and produced by following scientific communication process and will be disseminated through different media and methods.
	2. Health messages or information will be disseminated in local language as much as possible and in culturally appropriate way.
	3. Health messages or information will be developed and produced by using educative, artistic and entertaining methods.
9.8. Prevent dissemination	1. Health Communication Technical Committee will be formed

<p>of health messages or information without taking pre-consent from Government of Nepal by making necessary arrangement for maintaining quality, correctness, authorized, uniformity and appropriateness, avoiding duplication and making policy-based of health messages or information.</p>	<p>involving stakeholders including experts at various levels to recommend for providing consent to disseminate health messages or information or materials through all governmental, private, non-governmental organizations, UN bodies, external development partners and media.</p>
	<p>2. All concerned bodies will be well informed for not to disseminate health message or information or materials that is harmful to health or in an unauthorized way or without prior consent. Otherwise such type of dissemination will be banned.</p>
	<p>3. Logo or name of such organizations will be mentioned for their identity of governmental, private, nongovernmental organizations, media who have contributed for the development or production or dissemination of health messages or information or materials.</p>
	<p>4. Encouragement will be made to produce and disseminate health messages or information or materials keeping logo or name as courtesy of such organizations, which have contributed in re-production or dissemination of health messages or information or materials already developed or produced by Ministry of Health and Population.</p>
	<p>5. Health communication program that are conducted by relevant</p>

	<p>nongovernmental organizations, external development partners organizations and UN bodies will be encouraged to conduct through a relevant mechanism or institutions in a coordinated manner to support government efforts.</p>
	<p>6. Encouragement will be made to formulate and implement joint action plan in coordination and collaboration with concerned government organizations.</p>
	<p>7. Messages will be prepared based on the technical contents of health communication prepared in coordination and collaboration with relevant government organizations.</p>
<p>9.9. Make arrangement to encourage communication media, institutions, health workers, journalist or health issue centered communication media, which have made significant contribution in disseminating health messages or information.</p>	<p>1. Arrangement will be made to honor, award and encourage annually to media, media personnel, health personnel, health message and information producer, artists and organizations by evaluating their contributions in health communication sector.</p>
	<p>2. Various orientation, trainings, workshops, interaction programs will be organized as per need to increase knowledge and skill of health workers and health journalists on health communication.</p>
	<p>3. Health journalists will be participated to observe, collect information and disseminate developments and programs occurred in national and</p>

	international health sector.
	4. Necessary process will be made to arrange encouraging media and media personnel centered on health issues.
	5. A system will be developed to align messages or information or news or articles with the policy that are disseminated by health journalists.
9.10. Encourage and facilitate dissemination of health messages or information or materials through different communication media and methods in public private partnerships under the corporate social responsibility.	1. Necessary process will be made to encourage public private partner organizations to work in health communication sector in promoting public health and sanitation.
	2. Efforts will be made to plan for joint programs with public private partner organizations.
	3. Joint investment will be encouraged by identifying communication areas of public health and sanitation promotion.
	4. Necessary mechanism will be developed to encourage dissemination of health message or information by bringing corporate social responsibility under the public private partnership.
9.11. Regulate, control and ban dissemination of any types of messages or information that can be adversely affected human	1. Individual or social behavior, use of drugs, treatment procedure, consuming products, communication programs, information or advertisement and any types of unauthorized dissemination that are adverse or harmful effect to health will be banned, controlled, regulated.

<p>health, exaggerated, misled nature and unauthorized.</p>	<p>2. Necessary health communication programs will be conducted in favor of consumer's health right and to aware consumers about the practice and behavior, goods and consuming products that are harmful to health.</p>
<p>9.12. Make transparent and informed by disseminating health services, programs, proper use of medicines and medicine and service charges provided to people by governmental, nongovernmental and private organizations.</p>	<p>1. Public will be well informed about citizen's right to information on health services, drugs and their cost through communication media and methods.</p>
	<p>2. Arrangements will be made to inform citizens well about the services, drugs and their costs by service providing organizations.</p>
	<p>3. Monitoring will be made effective to make sure if people are well informed about the services, drugs and their costs by service providing organizations,.</p>
<p>9.13. Make arrangement to obtain health message or information or materials easily by physically and mentally disabled person and senior citizens.</p>	<p>1. Advocacy programs will be conducted to provide disabled-friendly services and care and for stigma mitigation.</p>
	<p>2. Advocacy programs will be conducted to provide elder friendly services and care.</p>
	<p>3. Arrangements will be made to disseminate messages or information through media and methods by identifying appropriate media method for disabled and elderly people.</p>

<p>9.14. Give priority to issues related to control lifestyle related diseases and encourage improving daily lifestyle of human from simple behavior of individual.</p>	<p>1. Formulation of tobacco product control program strategic plan along with communication programs will be implemented.</p>
	<p>2. Formulation of necessary policy and law of health sector for controlling harmful use of alcohol along with communication programs will be implemented.</p>
	<p>3. Communication programs will be conducted that will promote healthy diet and home-based nutritious food and discourage food adulteration.</p>
	<p>4. Physical exercise, yoga, natural therapy and such other issues will be prioritized in health communication programs to promote these issues.</p>
	<p>5. Environmental health and sanitation, public health service and program, and healthy behavior promotion that encourage to improving daily lives will be given priority in health communication programs.</p>
<p>9.15. Ensure good governance and management of health services and institutions of all level for effective planning and implementation of health communication programs by</p>	<p>1. Human capacity will be developed on health communication to health communication personnel through orientation programs, workshops, observation visits, academic and professional trainings and program etc.</p>
	<p>2. Physical and technical capacity will be enhanced through sufficient arrangement of basic physical materials, advanced techniques and equipments.</p>

<p>building capacity of health promotion and communication.</p>	<p>3. Additional human and technical resources required for health education and communication at central, region, district and community level will be managed. Abolished position of Health Education Technicians/Officers at Regional Health Directorate and District Health/Public Health Office will be revived.</p>
<p>9.16. Provide quality health messages or information to mass citizens particularly people living in remote village with no access and geographically, ethnicity and gender wise disadvantaged, poor and marginalized population in an appropriate time and from appropriate media and methods,.</p>	<p>1. Organized library including resource centre will be developed, established and strengthened at various levels in order to collect, preserve, modern management, study, distribution and dissemination of health messages or information and materials.</p>
	<p>2. Various influential persons, networks and organizations will be used and mobilized in a coordinated way for effective distribution of health related message or information and materials to the intended audiences.</p>
	<p>3. Health communication programs will be planned and implemented focusing on people with no access to health message or information.</p>
	<p>4. Nongovernmental organizations, external development partner organizations and UN bodies working in health communication sector will be encouraged to conduct health communication programs in poor, remote and</p>

	backward areas deprived from access of services.
	5. Health messages or information will be disseminated through all media (including those which are not in classification) and methods on the basis of need of health sector, access and capacity of communication media.
	6. Access of intended audiences in health message or information will be increased by mobilizing teachers, students, female health volunteers, health workers and concerned other influential persons and organizations.
9.17. Link health messages or information and programs with services and these health messages or information will be socially inclusive, gender friendly and right, fact and audience based.	1. Dissemination of health message or information and materials will be managed by producing them in socially inclusive and gender friendly way.
	2. Need of health communication messages or information, materials and programs will be identified.
	3. Program plan will be formulated by updating information from studies and researches on health related messages or information, materials and programs.
	4. Access of health messages or information and materials will be expanded by identifying intended audience on the basis of media perception study.
	5. Studies and researches will be conducted in coordination and

	<p>collaboration with Nepal Health Research Council, research organizations and academic institutions.</p>
	<p>6. Mechanism will be developed to coordinate with health service and programs, act as bridge between service and intended audiences and receive message in desired time.</p>
<p>9.18. Promote and use advanced modern communication technology for dissemination of health messages or information.</p>	<p>1. New communication technologies will be identified for dissemination of health messages or information.</p>
	<p>2. Use in communication technology will be widened on the basis of concept of intended audiences and media selection.</p>
<p>9.19. Emphasize quality health promotion and communication by developing and producing manpower related to health promotion and communication.</p>	<p>1. Programs will be conducted in coordination with academic institutions for academic and professional development and production of health promotion, education and communication.</p>
	<p>2. Programs will be conducted in coordination with academic institutions for pre-orientation of messages of health services and programs.</p>
<p>9.20. Develop and use monitoring and evaluation mechanism for the overall use of message and materials and</p>	<p>1. A high level health communication policy directive committee will be formed comprising stakeholders to monitor, review and direct of national health communication policy.</p>

<p>the effectiveness of the programs related with health communication.</p>	<p>2. Monitoring and evaluation of effectiveness of national health community policy will be done regularly and periodically.</p>
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10. Institutional Structure

This policy will be the prime policy of other health issue related all health communication policies and strategies. National Health Education, Information and Communication Center will be the central organization of Ministry of health and population to implement this policy in a coordinated way. Regional health directorate at regional level, district health/public health offices at district level and primary health centre or health posts or sub-health posts at village level will be the permanent government bodies to implement this policy. Implementation of this policy will be made effective by constituting health communication high level coordination and technical committees as needed at central, regional, district and local level as given below:

- 10.1. There will be a high level health communication policy direction committee under the chairmanship of respected Secretary of Ministry of Health and Population involving government and non-government organizations, Federation of Nepalese Journalists, representatives from relevant communication organizations, UN bodies, external development partners and related experts to support in effective implementation of national health communication policy. This committee will monitor, review and direct on implementation of national health communication policy.
- 10.2. Health communication coordination committee will be formed under the chairmanship of Director, National Health Education, Information and Communication Centre at central level and under the leadership of Chief

of concerned health institution at region, district and local level as needed involving stakeholders including relevant experts to support in implementing policy and decisions made by high level health communication direction committee.

- 10.3. Health Communication Technical Committee will be formed under the chairmanship of Director, National Health Education, Information and Communication Centre involving stakeholders including relevant experts to recommend for providing consent to disseminate health messages or information or materials that will be disseminated from all government, private, non government, UN bodies, external development partners and media. Health Communication Technical Committees can be formed considering the need, capacity and expertise under the leadership of Chief of concerned health institution at regional, district and local level in coordination with the centre.

11. Economic Aspect

Budget received from Government of Nepal's annual program will be the main financial resource to implement National Health Communication Policy and related programs from central to the local level. Budget that is required to conduct programs that are planned to implement this policy will be mobilized through National Health Education, Information and Communication Centre. The local government bodies will also be encouraged to initiate conducting programs by coordinating with Ministry of Health and Population by allocating budget in health communication sector. In addition to this, sufficient financial resources will be managed and mobilized to conduct programs by arranging and generating financial resource from all stakeholders including all private, community, national and international NGOs, UN bodies and external development partner organizations working in health sector.

12. Legal Provision

Law and directives required to implement this policy will be formulated and issued in order to discourage the behavior of disseminating health messages or information haphazardly in public including behavior and products which are harmful to health, to organized dissemination process of health messages or information and for health promotion and communication. Subject wise and sector wise action plan will be formulated and implemented in coordination with all concerned bodies to implement this policy. If this policy is contradicted with any act, rule and policy, amendment process will be initiated. Amendment process will be initiated if this policy conflicts with any act, regulation and policy. Ministry of Health and Population can review, revise and improve such strategies and action plan as per need, which arise difficulties in the implementation of strategies and action plan under this policy.

13. Monitoring and Evaluation

Monitoring and evaluation of health communication programs will be a mandatory part of health communication policy. For this, Ministry of Health and Population will monitor and evaluate implementation of this policy by developing a necessary mechanism and mobilizing bodies under it in a coordinated way. The activities related to monitoring and evaluation will be as follows:

- 13.1. Health communication programs will be improved as necessary based on the results of planned monitoring, advice collection and analysis of each activities of health messages or information dissemination.
- 13.2. Orientation program necessary to monitor health communication program will be conducted to health communication workers at Government's central, region, district and local level. Recording, monitoring and reporting system of centre, region, district and local level will be improved as appropriate
- 13.3. Study and research will be conducted to develop health

communication program, to identify health related knowledge, attitude and behavior and to evaluate the effectiveness of programs. Health communication surveillance program will be conducted with priority to make monitoring and evaluation of health communication program more effective.

- 13.4. Mechanism of monitoring and evaluation of health communication programs from public level will be developed to make it more effective and transparent.

14. Risk

Risk that could be faced during the implementation of policy is presented as follows:

- 14.1. Controlling dissemination of health messages and information that are being disseminated without coordination, in non-transparent and unauthorized manner by various organizations.
- 14.2. Increasing general public interest and concern in health communication.
- 14.3. Maintain quality in health messages or information and materials and ensure access of intended audience on it.
- 14.4. Enhance capacity and availability of resource and materials
- 14.5. Undertaking monitoring and evaluation effectively
- 14.6. Availability of health communication workers to the intended audiences
- 14.7. Maintain regular expectations of necessary cooperation of concerned partner organizations to make inter-sectoral coordination effective
