

National Health Policy, 2019

1. Background

The constitution of Nepal has established basic health care as a fundamental right of its citizens. As the country has moved to federal governance system, it is the responsibility of the state to ensure the access of quality health services for all citizens based on contextual norms of federal system. This National Health Policy, 2019 has been formulated on the basis of the lists of exclusive and concurrent powers and functions of federal, state and local levels as per the constitution; the policies and programmes of the Government of Nepal; the international commitments made by Nepal at different times; and the problems, challenges, available resources and evidences in the health sector.

2. Review

With the establishment of Singhadarbar Vaidyakhana in the seventeenth century, Ayurvedic treatment system was initiated in Nepal. Institutional development of modern medical system started in Nepal with the establishment of Bir Hospital in 1889. The planned development in the health sector began with the start of periodic planning in 1956. The first 15-year long-term health plan was introduced in 1975 and the second 20-year long-term health plan, in 1997.

After the political change in 1990, to address the aspirations of people, the National Health Policy 1991 was introduced. Under this policy, sub-health posts in all erstwhile village development committees, health posts in all areas (the then Ilakas - administrative unit) and one primary health centre in each electoral constituency were established in order to expand primary health services to the village level. The policy also promoted structural development and expansion, and involvement of private sectors to invest in the health sector. Similarly, the National Health Policy, 2014 stressed on participatory free basic health services in line with the spirit of the interim constitution of Nepal, 2007.

Begun with the International Conference on Primary Health Care Alma-Ata in 1978, the global campaign on primary health services has been reinforced by the Millennium Development Goals and the Sustainable Development Goals. These international commitments have contributed to the development and expansion of Nepal's health system. Similarly, Nepal expressed its commitment to the global campaign of expanding people's access to quality primary health care in the Global Conference on Primary Health Care that took place in Astana, Kazakhstan in October 2018 to review the achievements of Alma-Ata Conference.

3. Current Situation

Local and state governments have also started delivering social services including health services after the implementation of federalism in Nepal. Although the central government expanded a network of primary health care throughout the country so far, there are still needs to enhance the quality of services, to classify services, to distribute skilled technical human resources, to add new service centres and to improve their quality as per the expectations of people. Most of the private sector hospitals are concentrated in urban areas and there is a need of collaboration in monitoring and regulating them. Human resources required for almost all levels of health care are being produced within the country with the investment of public and private sectors. However, there is again a need of quality assessment and regulation in the production of human resources since they are the foundation of quality health services. Around 40 percent of drugs required for the country is

being supplied internally. Since there is no difference between the price of domestically produced and imported drugs, it is necessary to technically regulate and scientifically monitor the production, distribution and management of drugs. Similarly, numerous super-specialized treatment facilities relating to eye, heart, kidney, neurology, orthopedic, organ transplant, plastic surgery and cancer have been established in Nepal. International partnership is essential for development and expansion of modern technology in diagnostic and laboratory services for those treatments.

Owing to effective continuation of public health activities, maternal and newborn tetanus, leprosy and trachoma have been eradicated. Similarly, the major health problems seen in the past such as kala ajar, filariasis, malaria, tuberculosis, HIV, measles, whooping cough, diphtheria, Japanese encephalitis, diarrhea, respiratory infections, typhoid are being controlled and the morbidity is decreasing. Public health activities need to be made more effective and sustained to improve maternal health, child and newborn health.

Several regulatory bodies (Medical Council, Nursing Council, Pharmacy Council, Health Professional Council, Ayurvedic Medical Council and National Health Research Council) have been active in ensuring quality of and regulating production of human resources, health services, and health researches. It is essential to develop such regulatory bodies and make them more effective.

With the increase in public awareness and expectations about health and treatment services, it is essential to make such services accountable to the people and develop and expand health institutions, hospitals and health science academies in a contemporary manner. For this, it is necessary to make partnerships with supporting countries, donor agencies and international organisations transparent and responsive to people.

Similarly, it is essential to collaborate and coordinate with concerned agencies to control and regulate environmental pollutions such as air pollution, sound pollution, food pollution, water pollution, which have been directly or indirectly affecting public health and causing chronic diseases like cancer. It is imperative to develop quality control methods to test, monitor and regulate the effects of agricultural produces, food grains and consumable goods on human health.

4. Problems, Challenges and Opportunities

4.1. Problems

Main problems in promoting and availing quality health services at all levels include: inability to ensure consistent access to quality health services as expected by the people; inability to develop services and human resources accountable to public health and services; no proportionate return from investment in the health services; unavailability of necessary modern equipment and specialized doctors in public health institutions; prevalence of health problems related to communicable and non-communicable diseases, malnutrition, accidents and disasters; and increase in the burden of non-communicable diseases and mental health problems generated from globalisation and changes in food habits and lifestyles.

The other problems include imbalance between the production and use of human resources in health services; humanitarian health problems stemmed from increased food insecurity and natural disasters; increase in the incidences of antimicrobial resistance due to inappropriate use of antibiotics; slow pace of decrease in maternal mortality ratio; absence of adequate nutrition in more than one-third of children of 0-5 age and women of reproductive age; and absence of reasonable partnership with and effective regulation of the private sector in community level health services.

4.2. Challenges

The challenges in health sector include ensuring equal access of all citizens to all health sectors; providing free, quality basic health services through all local levels; providing health services with priority to ultra-poor and vulnerable citizens; reducing the existing high level of out of pocket expenditure for health care; ensuring the required financial resources; establishing and operating health institutions in line with the federal system; effectively implementing health insurance policy; making the health sector responsible towards human health by transforming it from profit-orientation to service-orientation; managing skilled human resources with a blend of skills in health services and social responsibility in the health sector; becoming self-reliant on drugs production; solving health problems associated with climate change, urbanisation and changes in lifestyles; managing and regulating medicines and medical products effectively; increasing the use of data in monitoring, evaluation, review, policy making and decision making processes by making the health management information system more effective, integrated and technology-friendly to address the needs of all levels; developing a system to record the causes of deaths and continually conducting researches on them; and to maintain good governance in overall health and nutrition sectors by means of conforming quality health services and regulation.

4.3. Opportunities

The existing opportunities in health sector include sharing of responsibilities in health services among the federal, state and local levels as per the constitution; implementation of health insurance through policies and laws; operation of health programmes funded by state and local governments; increase in the availability of new information technologies, drugs and equipment; development of infrastructure and continuous increase in public awareness; expansion of health network up to the community level; stress of current health policies and programmes on management and quality; use of statistics in policy making and decision making processes and prioritisation of health services by all levels of the government.

5. Relevance, Guiding Principles, Vision, Mission, Goal and Objectives

5.1. Relevance

In order to address existing problems and challenges and to ensure the constitutional rights of citizens to quality health services, it is relevant to amend existing health policy, strategies and programmes and formulate a National Health Policy in accordance with the federal context. It is indispensable to continue existing health services and to sustain their achievements as well as to guide the development and expansion of health service infrastructure as per the federal context, given mandates and responsibilities. This policy is also imperative to address the national and international commitments made by Nepal and to achieve the Sustainable Development Goals while safeguarding the achievements of Millennium Development Goals.

5.2. Guiding Principles

In order to ensure constitutional rights of citizens to health services through a federal health system and to ensure universal access to quality health services, this policy has been formulated on the basis of the following guiding principles:

- a. Universal access to, continuous availability of, transparency and comprehensiveness in quality health services;

- b. Multi-sectoral involvement, collaboration and partnership in health system in accordance with the federal structure;
- c. Special health services targeted to ultra marginalised, Dalit and indigenous communities;
- d. Good health governance and assurance of adequate financial investments;
- e. Diversification of equitable health insurance;
- f. Restructuring in the health services;
- g. Health and multi-sectoral coordination and collaboration in all policies;
- h. Professionalism, honesty and occupational ethics in health service delivery.

5.3. Vision

Healthy, alert and conscious citizens oriented to happy life.

5.4. Mission

To ensure the fundamental health rights of citizens through optimum and effective use of resources, collaboration and partnerships.

5.5. Goal

To develop and expand a health system for all citizens in the federal structure based on social justice and good governance and ensure access to and utilisation of quality health services.

5.6. Objectives

- 5.6.1. To create opportunities for all citizens to use their constitutional rights to health;
- 5.6.2. To develop, expand and improve all types of health systems as per the federal structure;
- 5.6.3. To improve the quality of health services delivered by health institutions of all levels and to ensure easy access to those services;
- 5.6.4. To strengthen social health protection system by integrating the most marginalised sections;
- 5.6.5. To promote multi-sectoral partnership and collaboration between governmental, non-governmental and private sectors and to promote community involvement; and
- 5.6.6. To transform the health sector from profit-orientation to service-orientation.

6. Policies

- 6.1. Free basic health services shall be ensured from health institutions of all levels as specified;
- 6.2. Specialised services shall be made easily accessible through health insurance;
- 6.3. Access to basic emergency health services shall be ensured for all citizens;
- 6.4. Health system shall be restructured, improved, developed and expanded at federal, state and local levels as per the federal structure;

- 6.5. In accordance with the concept of universal health coverage, promotional, preventive, curative, rehabilitative and palliative services shall be developed and expanded in an integrated manner;
- 6.6. Collaboration and partnerships among governmental, non-governmental and private sectors shall be promoted, managed and regulated in the health sector and private, internal and external investments in health education, services and researches shall be encouraged and protected;
- 6.7. Ayurveda, naturopathy, Yoga and homeopathy shall be developed and expanded in an integrated way;
- 6.8. In order to make health services accessible, effective and qualitative, skilled health human resources shall be developed and expanded according to the size of population, topography and federal structure, hence managing health services;
- 6.9. Structures of Health Professional Councils shall be developed, expanded and improved to make health services provided by individuals and institutions effective, accountable and qualitative;
- 6.10. Domestic production of quality drugs and technological health materials shall be promoted and their access and proper utilisation shall be ensured through regulation and management of efficient production, supply, storage and distribution;
- 6.11. Integrated preparedness and response measures shall be adopted to combat communicable diseases, insect-borne and animal-borne diseases, problems related with climate change, other diseases, epidemics and disasters;
- 6.12. Individuals, families, societies and concerned agencies shall be made responsible for prevention and control of non-communicable diseases and integrated health system shall be developed and expanded;
- 6.13. In order to improve nutritional situation, adulterated and harmful foods shall be discouraged and promotion, production, use and access to qualitative and healthy foods shall be expanded;
- 6.14. Health researches shall be made of international standards and the findings and facts of such reports shall be effectively used in policy formulation, planning and health system development;
- 6.15. The health management information system shall be made modern, qualitative and technology-friendly and integrated health information system shall be developed;
- 6.16. Right to information related to health and right of a beneficiary to know about the treatment shall be ensured;
- 6.17. Mental health, oral, eye, ENT (ear, nose and throat) health services shall be developed and expanded;
- 6.18. Quality of health services provided by all health institutions including hospitals shall be ensured;

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- 6.19. Good governance and improvement shall be ensured in policy-related, institutional and managerial structures in the health sector through timely amendments;
 - 6.20. In accordance with the concept of health across the lifecycle, health services around safe motherhood, child health, adolescence and reproductive health, adult and senior citizen shall be developed and expanded;
 - 6.21. Necessary financial resources and special fund shall be arranged for sustainable development of the health sector;
 - 6.22. Urbanisation, internal and external migration shall be managed and public health problems associated with such phenomena shall be resolved;
 - 6.23. Demographic statistics shall be managed, researched and analysed to link them with the policy decisions and programme designing;
 - 6.24. Antimicrobial resistance shall be reduced, one-door health policy shall be developed and expanded for the control and management of communicable diseases, environmental pollution such as air pollution, sound pollution and water pollution shall be scientifically regulated and controlled;
 - 6.25. Necessary arrangements shall be made to reduce the risks of immigration process on public health and to provide health protection to Nepalese staying abroad.

Strategies for each policy

- 6.1. **Free basic health services shall be ensured from health institutions of all levels as specified;**
 - 6.1.1. Basic health services shall be provided by health institutions free of cost.
 - 6.1.2. The government of Nepal shall arrange resources and provide basic health services to people through the local levels. The state and local governments may include additional services to the specified ones as per the need. However, expenditures for such additional services shall be borne by concerned governments.
 - 6.1.3. Necessary policy, legal and institutional arrangements shall be made by state and local governments to make basic health services effective.
- 6.2. **Specialized services shall be made easily accessible through health insurance;**
 - 6.2.1. Treatment services that are not included in the basic health services shall be strengthened and integrated into the insurance system.
 - 6.2.2. Based on the principles of social justice, poor and prioritised target groups shall be linked with the state-subsidised health insurance system.
 - 6.2.3. Formal sectors shall be compulsorily brought into the health insurance system and ultimately, all citizens shall be covered by the health insurance system.
 - 6.2.4. The access of poor people to special health services specified by the state shall be gradually ensured.

- 6.3. **Access to basic emergency health services shall be ensured for all citizens;**
- 6.3.1. Specified emergency health services shall be regularly provided through health institutions of all levels including basic health service centres and primary hospitals. Two-way referral system shall also be arranged.
- 6.3.2. Targeting possible road accidents in the main highways, trauma service centres shall be built and made operational for immediate treatment services.
- 6.3.3. At least one ambulance with minimum facilities shall be arranged for each local level and ambulance services with specified standards, classification and modern technologies shall be arranged.
- 6.3.4. **Air ambulance shall be arranged with specified norms to rescue people from ultra-remote areas with critical health conditions.**
- 6.3.5. Emergency treatment fund shall be arranged and mobilised as specified in the guidelines.
- 6.3.6. In order to make the quality of emergency treatment at par with the international standards, training for doctors, nurses and other health workers shall be given compulsory life support training.
- 6.4. Health system shall be restructured, improved, developed and expanded at federal, state and local levels as per the federal structure;
- 6.4.1. Existing structure of the health sector shall be amended as per the need and necessary structures shall be established including National Disease Control Centre for disease control, epidemic control and research.
- 6.4.2. Necessary legal and institutional arrangements shall be made to strengthen the health system in line with the federal structure.
- 6.4.3. Hospitals and health institutions, health services and human resources at the federal, state and local levels shall be developed and expanded in accordance with the demographic distribution, geographic situation and needs. Basic health service centres shall be established under each ward of the local levels, primary hospitals under each local level, secondary hospitals and provincial hospitals under the state level and super specialized hospitals under the federal level shall be established. Similarly, at least one tertiary hospital and one health science academy in each state under the federal government shall be established.
- 6.4.4. Two-way referral system from community level to the super specialized service providers shall be effectively implemented to make the treatment service more systematic.
- 6.4.5. E-health shall be institutionalized and modern technologies such as mobile health, telemedicine shall be developed, expanded and regulated. Health services, health education, medical services and health systems shall be digitalized.
- 6.4.6. Diagnostic services shall be made modern and technology-friendly and the national public health laboratory shall be strengthened to the international standards. A reference laboratory and a diagnostic centre shall be established in each state.

- 6.4.7. In order to improve the quality of health services provided by all governmental, non-governmental, community and private health institutions, Nepal health infrastructure development standards and minimum service standards shall be implemented. Similarly, specified standards for non-governmental, community and private health institutions shall also be gradually implemented.
- 6.4.8. Partnership, collaboration between governmental and non-governmental sectors and community participation shall be promoted and blood transfusion services shall be institutionally developed and expanded to all state and primary hospitals.
- 6.4.9. With public-private partnership and through volunteer blood donors, availability of safe blood and blood-related items shall be ensured.
- 6.4.10. Human organ transplant, organ donation services and organ donation of brain-dead persons shall be managed, developed and expanded.
- 6.4.11. Medico-legal services shall be developed and expanded to all states and primary hospitals.
- 6.4.12. Home health service, school health service and health services provided by various institutions shall be managed and regulated.
- 6.4.13. Relevant modern technology shall be used or modernized to make health services qualitative and cost-effective
- 6.5. **In accordance with the concept of universal health coverage, promotional, preventive, curative, rehabilitative and palliative services shall be developed and expanded in an integrated manner;**
- 6.5.1. People's responsibility to keep themselves healthy and healthy lifestyle shall be promoted through health awareness programmes.
- 6.5.2. In coordination with the education sector, school health programme and health awareness campaigns shall be gradually expanded to higher secondary schools ensuring the availability of at least one health personnel in each school.
- 6.5.3. Contemporary vaccination services shall be adopted depending on prevalence of disease and cost-effectiveness. Right of target groups to receive vaccination shall be ensured and compulsory vaccination shall be implemented.
- 6.5.4. In order to promptly identify health hazards among various population groups, regular health check-ups shall be arranged.
- 6.5.5. Universal and equitable access to health services shall be ensured with priority to population of various age groups, genders, classes and regions.
- 6.5.6. Private and non-governmental organisations shall be promoted to establish rehabilitative and palliative service centres with physiotherapy services at federal, state and local levels.
- 6.5.7. In order to address local health needs and behaviours, the production, broadcasting and dissemination of health-related messages and materials shall be made scientific, managed, effective and regulated.

- 6.5.8. Surveillance system shall be implemented on environment, sanitation, drinking water and food items, etc. in coordination with concerned stakeholders.
- 6.5.9. Standards, mechanisms and level-wise mandates for public health impact assessment of specified industries, professions or projects shall be determined to identify, prevent and minimize their adverse effects on public health.
- 6.5.10. In order to address social determinants of health, multi-sectoral partnership and cooperation among various state mechanisms shall be made more effective. Inclusion of policies from other sectors in the health policies and plans shall be encouraged and advocated for.
- 6.6. Collaboration and partnerships among governmental, non-governmental and private sectors shall be promoted, managed and regulated in the health sector and private, internal and external investments in health education, services and researches shall be encouraged and protected;**
- 6.6.1. Partnerships with private and non-governmental organisations shall be done based on specified parameters to ensure health and treatment facilities for targeted groups and areas.
- 6.6.2. Professionalism, efficiency, entrepreneurship, technical skills and financial resources of the private sector shall be utilised for the development and expansion of health services, and social responsibility shall also be promoted.
- 6.6.3. Parameters for approval of hospitals shall be equal and practical for governmental non-governmental or private sectors. Similarly, private hospitals shall be encouraged to open outside the Kathmandu valley and in rural communities. Regular reports from hospitals and health institutions on their services shall be made mandatory and effective monitoring and regulation shall be put in place.
- 6.6.4. In order to ensure access of quality health services to all, fees shall be determined depending on the classified facilities of treatment and health services provided by all levels and types of hospitals and health institutions.
- 6.6.5. Health tourism shall be promoted by developing specialized and super-specialized health services and through partnership between the governmental, private and non-governmental sectors.
- 6.6.6. Volunteerism in health services shall be promoted and female health volunteers shall be mobilized and managed through local levels.
- 6.7. Ayurveda, naturopathy, Yoga and homeopathy shall be developed and expanded in an integrated way;**
- 6.7.1. In line with the federal structure, level-wise institutions related with Ayurvedic healthcare shall be systematically developed and expanded.
- 6.7.2. Other healthcare systems, such as Yoga and naturopathy, homeopathy, Unani, acupuncture shall be developed and expanded as per the federal structure.

- 6.7.3. Locally available medicinal herbs, minerals and animal substances shall be identified, conserved, collected and promoted. Those items shall be used in scientific researches on Ayurvedic healthcare and self-reliance shall be promoted.
- 6.7.4. Existing and traditional healthcare systems shall be enlisted, managed and regulated as per specified parameters.
- 6.7.5. A national Ayurveda, Yoga and Panchakarma Centre with specialized services such as Ayurveda, Panchakarma, Yoga and naturopathy shall be established to support health tourism and such initiatives shall be gradually expanded as per the federal structure.
- 6.7.6. Ayurveda health science academy and Ayurveda university shall be established and studies, treatment and researches shall be carried out on Ayurveda science and naturopathy system.
- 6.8. **In order to make health services accessible, effective and qualitative, skilled health human resources shall be developed and expanded according to the size of population, topography and federal structure, hence managing health services;**
- 6.8.1. Necessary health human resources shall be obtained, developed and utilised based on short-term and long-term plans for the federal structure.
- 6.8.2. In collaboration with concerned agencies, integrated national curriculum shall be developed to produce necessary health human resources at all levels.
- 6.8.3. The concept of 'one doctor/health professional - one health institution', in which a doctor or a health professional stays only in one government health institution, shall be gradually implemented in all government health institutions. In order to make it more effective and to expand access to health services, extended hospital services shall be implemented in government hospitals with financial and other incentives.
- 6.8.4. In order to ensure availability of basic health services in all basic health centres at all wards, integrated treatment services shall be implemented which shall include primary treatment for emergencies, primary lab services and other basic services.
- 6.8.5. An MDGP doctor and necessary posts shall be created and arranged for emergency treatment, lab, pharmacy, nursing and public health services shall be availed at the primary hospitals of all local levels.
- 6.8.6. Clear pathways and opportunities for the professional growth of health human resources through higher education, in-service training, continuous professional training, professional development shall be put in place and professional researches shall be encouraged and promoted.
- 6.8.7. Arrangements shall be made for the production of specialized human resources required for contemporary genres of quality health services (e.g. midwife, hospital management, medical leadership, health economics, etc.).
- 6.8.8. An umbrella act shall be formulated and implemented for the development and expansion of health science academies. The concept of teaching district shall be implemented throughout the country.

- 6.8.9. Information technology-friendly documentation of health institutions and human resources of all levels and types shall be maintained and updated.
- 6.9. **Structures of Health Professional Councils shall be developed, expanded and improved to make health services provided by individuals and institutions effective, accountable and qualitative;**
- 6.9.1. An integrated umbrella act for health-related professional councils shall be implemented and expanded to the state levels.
- 6.9.2. Institutional and technical capacity of health-related councils shall be increased.
- 6.9.3. Code of conduct shall be enforced to make the service providers professional and accountable to the health of beneficiaries.
- 6.9.4. Performance based pay and incentives shall be arranged to make the health professionals responsible to their work and services.
- 6.10. **Domestic production of quality drugs and technological health materials shall be promoted and their access and proper utilisation shall be ensured through regulation and management of efficient production, supply, storage and distribution;**
- 6.10.1. Mechanisms shall be developed as per the federal structure to determine price and quality of drugs, equipment and technological health materials and to regulate them. Generic prescription and hospital pharmacies with skilled technicians shall be implemented.
- 6.10.2. National production of essential drugs and technological health materials shall be encouraged and self-reliance shall be increased.
- 6.10.3. Medicines and food items management divisions shall be set up at the federal Health Ministry and the Ministry of Social Development at the state level as per the food security policy and drugs quality and price control policy. National standards for domestically produced and imported drugs and medical supplies shall be prepared to ensure their quality.
- 6.10.4. Procurement, transportation, quality storage and distribution system shall be made more effective and systematic by preparing specifications of drugs and medical supplies.
- 6.10.5. Guidelines and standards shall be developed to receive and utilise medicines, equipment, medical supplies as per the need from international, national and local government, non-government and private entities.
- 6.10.6. National medical surveillance shall be extended to all levels and made effective to manage import and export of drugs.
- 6.10.7. Surveillance and research shall be strengthened to address antimicrobial resistance and preventive and control measures shall be applied in coordination with livestock, agriculture and food sectors.
- 6.10.8. Effective regulation shall be put in place to ensure quality of Ayurvedic medicines and herbal products.

6.11. Integrated preparedness and response measures shall be adopted to combat communicable diseases, insect-borne and animal-borne diseases, problems related with climate change, other diseases, epidemics and disasters;

6.11.1. Effective programmes shall be implemented for study, researches, surveillance, prevention, control, elimination and eradication of communicable diseases including tuberculosis, HIV/AIDS and malaria.

6.11.2. Notification system for classified diseases shall be developed and implemented.

6.11.3. Capacity and mechanisms shall be developed at federal, state and local levels to gradually prevent, eliminate and eradicate diseases as per the International Health Regulations, 2005.

6.11.4. Environment and health-friendly technologies shall be encouraged; state and local levels shall be made responsible for proper management, regulation and continuous monitoring of waste and medical garbage produced by hospitals, health institutions and laboratories.

6.11.5. Coordination and advocacy shall be done to promote domestic and community waste management and environment cleanliness.

6.11.6. Programmes to minimize climate change-induced health problems shall be revised and developed in collaboration and coordination with stakeholders.

6.11.7. Mechanisms shall be set up at all levels to immediately address disasters and epidemics; their capacity development, response plans, preparedness and mobile hospital services shall be arranged.

6.11.8. Citizen and community participation and contribution in overall health services including in disaster management, risk reduction and health promotion shall be encouraged.

6.12. Individuals, families, societies and concerned agencies shall be made responsible for prevention and control of non-communicable diseases and integrated health system shall be developed and expanded;

6.12.1. Programmes to promote healthy life style shall be developed and extended through health institutions of all levels.

6.12.2. Multi-sectoral coordination with institutions related with drinking water, environmental cleanliness, food security, education and so on shall be strengthened to promote health.

6.12.3. Multi-sectoral partnership shall be implemented and necessary standards shall be developed and implemented to reduce adverse effects and risks caused from enterprises and to make workplace secure and healthy.

6.12.4. Proper systems shall be developed to prevent and treat hereditary diseases.

6.12.5. Processed and readymade food items that are harmful to human health shall be discouraged and use of hazardous chemicals, pesticides, adulteration during the production, storage, processing and sales shall be controlled and regulated.

6.12.6. Use of stimulating drugs and alcohol shall be discouraged through multi-sectoral

- coordination and sales, spread and use of tobacco products shall be effectively regulated.
- 6.12.7. Promotional programmes and structural arrangements shall be implemented to prevent road accidents and other disasters (fire, lightning strike, etc.).
- 6.12.8. Coordination and advocacy with concerned stakeholders shall be done for construction of cycle lane, public parks, etc. to promote healthy lifestyle and to reduce adverse effects of environmental pollutions and development works on public health.
- 6.13. **In order to improve nutritional situation, adulterated and harmful foods shall be discouraged and promotion, production, use and access to qualitative and healthy foods shall be expanded;**
- 6.13.1. Multi-sectoral nutrition policy and programmes including food security shall be updated and implemented with priority.
- 6.13.2. In order to improve micronutrient situation of women, children and people of different age groups, food diversification and balanced diet shall be emphasised and short-term, medium-term and long-term measures at all levels shall be adopted.
- 6.13.3. School health programme and nutrition education programmes shall be strengthened, developed and implemented.
- 6.13.4. Consumption of nutritious and healthy food items shall be promoted and domestic production shall be encouraged.
- 6.14. **Health researches shall be made of international standards and the findings and facts of such reports shall be effectively used in policy formulation, planning and health system development;**
- 6.14.1. Institutional structure, capacity and scope of Nepal Health Research Council shall be updated, developed and expanded to federal structures and made as per international standards.
- 6.14.2. Capacity of all levels shall be developed in health researches; and health researchers and technical human resources shall be motivated to researches in coordination with academic and educational institutions.
- 6.14.3. Results of health research conducted by all sectors and entities shall be integrated and those facts, reports and conclusions shall be used in formulation of policies and plans and health system development and expansion.
- 6.14.4. Books, knowledge, skills on indigenous medicinal herbs, minerals, animal substances, Ayurveda and traditional healthcare shall be researched and recorded, protected and promoted as intellectual property.
- 6.15. **The health management information system shall be made modern, qualitative and technology-friendly and integrated health information system shall be developed;**
- 6.15.1. Health management information systems of all levels as per federal structure shall be developed and managed in an integrated manner.

- 6.15.2. Health management information system shall be made integrated, technology-friendly, contemporary and regular and capacity of all levels shall be enhanced to use the information.
- 6.15.3. The facts and information obtained from health management information system, researches, surveys and surveillance shall be used in monitoring, evaluation, policy formulation, programme development and decision making processes at various levels.
- 6.15.4. Security of health information shall be ensured and health information of beneficiaries shall be maintained in e-recording system.
- 6.15.5. Existing surveillance system in the health sector shall be strengthened and an integrated surveillance system shall be developed and implemented.
- 6.16. **Right to information related to health and right of a beneficiary to know about the treatment shall be ensured;**
- 6.16.1. The service providers shall be made responsible in health information flow, health institutions shall be developed as information-friendly and the rights of beneficiaries to informed consent, privacy and information shall be ensured.
- 6.16.2. Communication materials that may directly or indirectly have adverse effects on people's health and on society shall be discouraged and regulated.
- 6.17. **Mental health, oral, eye, ENT (ear, nose and throat) health services shall be developed and expanded;**
- 6.17.1. Primary treatment of eyes shall be integrated into basic health services.
- 6.17.2. Eye health services shall be developed and expanded with public-private partnership and an eye health unit shall be set up in the federal Ministry of Health for coordination, partnership and regulation.
- 6.17.3. Oral health services and control and treatment of dental diseases shall be developed and expanded at all levels including basic health centres.
- 6.17.4. Ear, nose, throat treatment services shall be developed and expanded to all levels.
- 6.17.5. People's access to mental health and psychosocial services shall be ensured through primary hospitals by promoting transfer of knowledge and skills, service-oriented skills and special training.
- 6.17.6. Other specialized health services shall be developed and expanded as per needs.
- 6.18. **Quality of health services provided by all health institutions including hospitals shall be ensured;**
- 6.18.1. In order to ensure quality of health services, a regulatory mechanism (accreditation entity) shall be established and developed at the federal level.
- 6.18.2. Minimum service standards for health institutions of all levels shall be developed and

- implemented after necessary amendments.
- 6.18.3. Guidelines, quality standards and standard treatment (treatment protocol) shall be developed and amended for the provision of quality health services.
- 6.18.4. Quality testing guidelines for health materials including vaccines, medicines, medical equipment, biological reagents and health products from production to distribution shall be developed, updated and implemented.
- 6.18.5. Medical and managerial audit of health institutions shall be carried out and the quality of services and institutional capacity shall be strengthened.
- 6.18.6. Necessary standards for effective management of health services that use radiation shall be prepared and implemented.
- 6.19. **Good governance and improvement shall be ensured in policy-related, institutional and managerial structures in the health sector through timely amendments;**
- 6.19.1. Health governance procedures shall be developed and implemented to make health services transparent, accountable and responsive.
- 6.19.2. Necessary mechanisms shall be developed and used to address grievances, complaints and suggestions of beneficiaries.
- 6.19.3. Provisions of existing laws shall be amended and implemented for the security of health service providing individuals and institutions.
- 6.19.4. Integrated monitoring and evaluation framework shall be developed, updated and implemented to assess the health services and management of health institutions of all levels.
- 6.19.5. Public hearing and social audits shall be arranged about the health services provided by all health institutions.
- 6.19.6. Institutional capacity shall be improved for effective management of health services at all levels.
- 6.19.7. In view of community cultures, the health services shall be made beneficiary-friendly and consumer rights shall be ensured.
- 6.20. **In accordance with the concept of health across the lifecycle, health services around safe motherhood, child health, adolescence and reproductive health, adult and senior citizen shall be developed and expanded;**
- 6.20.1. Safe motherhood and reproductive health services shall be made of good quality, affordable and accessible.
- 6.20.2. Health services targeted to vulnerable age groups such as maternal-infant health, child health, adolescent health, adult health and geriatric health shall be strengthened and professional midwifery and nursing services shall be expanded.

- 6.20.3. In view of social determinants that affect women's health, special programmes shall be implemented in coordination with concerned stakeholders.
- 6.20.4. In order to strengthen safer motherhood and reproductive health, skilled birth attendants shall be arranged in all wards.
- 6.20.5. Abortion services shall be made qualitative and effective as per the law.
- 6.20.6. Health services related with infertility shall be gradually extended to the state levels.
- 6.21. **Necessary financial resources and special fund shall be arranged for sustainable development of the health sector;**
- 6.21.1. Integrated health finance strategy shall be formulated and implemented to ensure equitable access of all to health services, to reduce out of pocket expenditure on health and to mobilise financial resources in the health sector in a cost-effective manner.
- 6.21.2. State expenditure on health shall be gradually increased and the burden of expenditure for individuals shall be reduced.
- 6.21.3. National health accounts with analytical details of overall income, expenditure, distribution and use of resources in the health sector shall be annually published and used in the preparation of policies, programmes and plans.
- 6.21.4. Maximum portion of revenue generated from tobacco and alcohol products shall be used in public health promotion programmes.
- 6.21.5. Economic support received from international development partners shall be mobilised based on results, priority and with avoidance of duplication.
- 6.21.6. Federal Ministry of Health shall arrange a special fund for remote, rural and marginalized communities. State and local governments shall add some amounts in the fund and conduct outreach clinics and integrated basic health mobile services.
- 6.22. **Urbanisation, internal and external migration shall be managed and public health problems associated with such phenomena shall be resolved;**
- 6.22.1. Demographic information shall be analysed to prepare plans for overall development, to formulate projects and to develop programmes.
- 6.22.2. A system to examine the cause of deaths shall be developed and linked with the vital registration system.
- 6.22.3. External and internal migration and urbanisation shall be effectively managed. Measures to minimise the effects of such phenomena in public health shall be adopted.
- 6.22.4. Guidelines shall be prepared and implemented to ensure health security of citizens going for foreign employment.
- 6.23. **Demographic statistics shall be managed, researched and analysed to link them with the policy decisions and programme designing;**

- 6.23.1. Actual demographic data with age distribution shall be updated through the ward level health institutions and targeted health programmes shall be designed for age-specific groups.
- 6.23.2. Based on the concept of health across the lifecycle, demographic data management, researches and analyses shall be done to link with the decision making process and programme designing.
- 6.23.3. In order to ensure access of handicapped and people with disability to health services, disability-friendly structures and mechanisms shall be ensured at all levels.
- 6.23.4. Coordination shall be made with concerned agencies to establish senior citizen care centres with public-private partnership.
- 6.24. **Antimicrobial resistance shall be reduced, one-door health policy shall be developed and expanded for the control and management of communicable diseases, environmental pollution such as air pollution, sound pollution and water pollution shall be scientifically regulated and controlled;**
- 6.24.1. Concrete scientific plans and programmes shall be developed and implemented in partnership with concerned authorities to minimise adverse effects of environmental pollution including air pollution, sound pollution, water pollution and chemical pollution on public health.
- 6.24.2. A plan of action shall be developed and implemented to regulate and control food pollution and adulteration.
- 6.24.3. In order to reduce antimicrobial resistance, necessary plan of action shall be developed and implemented to effectively regulate and control the misuse of antibiotics.
- 6.25. **Necessary arrangements shall be made to reduce the risks of immigration process on public health and to provide health protection to Nepalese staying abroad.**
- 6.25.1. Necessary arrangements shall be made to ensure pre-departure, in-destination-country and post-return health check-up, to promote access to and use of health services.
- 6.25.2. Necessary mechanisms and procedures shall be developed and used to promote and ensure access to and use of health services for Nepalese abroad.
- 6.25.3. Health examination for foreign nationals before entering Nepal shall be made compulsory.
- 6.25.4. Migration Health Management Information System shall be developed and implemented to manage the migration health information

7. Institutional Arrangement

The following arrangements shall be made for the implementation of this national health policy.

- 7.1. This policy shall remain as a guiding policy for the state and local governments to develop their respective policies within their mandates for operation of health activities and flow of services.

- 7.2. For effective implementation of this policy, the present structure of health institutions in federal, state and local levels and other health-related institutions shall be reviewed, improved, revised and reformed to discharge responsibilities as defined by the constitution.
- 7.3. Act, regulations, standards, guidelines, procedures and protocols shall be developed and implemented as envisioned by this policy.
- 7.4. Institutional capacity shall be strengthened by creating necessary staff posts as per the federal structure.
- 7.5. Existing theme-wise policies in the health sector shall be developed and amended as thematic comprehensive strategies, as needed.
- 7.6. State and Local levels shall develop and expand structures in respective levels as per this National Health Policy, 2019.
- 7.7. A detailed plan of action for this policy shall be prepared and implemented.

8. Financial Resources

Government budget allocated by federal, state and local levels, foreign loan and grant, investment from private and non-governmental sectors shall be the financial resources to implement this policy.

9. Monitoring and Evaluation

- 9.1. Appropriate mechanism shall be managed and devised to regularly monitor and evaluate the health programmes implemented at various levels of the state.
- 9.2. Results-based monitoring and evaluation framework developed and used by the National Planning Commission and the monitoring and evaluation system used by the Ministry of Federal Affairs and General Administration shall be taken into account while developing a monitoring and evaluation system for this policy.
- 9.3. Health management information system shall be updated, monitoring and evaluation system shall be made easier and regular with the use of electronic system.

10. Risks

- 10.1. Although this National Health Policy, 2019 has been formulated based on the constitution that guarantees basic health services for all citizens as a fundamental right and the policy and programmes of the Government of Nepal that envision equitable access to quality health services through the federal structure, unavailability of adequate budget may pose difficulty in the implementation of this policy and strategies.
- 10.2. Health services may be affected due to complexities associated with the development of health infrastructure, organisational reforms and the management of health human resources.

11. Repeal and Saving

The National Health Policy, 2014 has been repealed. Existing theme-wise policies of health sector shall be repealed once concerned thematic strategies are formulated.