Progress of Health and Population Sector

2024/25 (2081/82)

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PREFACE

The Ministry of Health and Population is pleased to present this report on the annual progress of health and population sectors during the fiscal year 2024/25. It reviews the sector's performance over the past year and presents findings in alignment with the five strategic objectives of the Nepal Health Sector Strategic Plan (NHSSP), 2023-2030. The report provides the evidence base required to inform and guide the National Joint Annual Review (NJAR) 2025, a key platform for collective performance assessment, priority setting, and agreement on actions for the ongoing fiscal year (2025/26) as well as for planning budgeting for the next fiscal year 2026/27.

Two years into the Nepal Health Sector Strategic Plan and at the SDG midpoint, this review highlights Nepal's collective progress and future priorities in health. Built on strong collaboration between the government, development partners, and stakeholders, it showcases key achievements and charts the path forward: enhancing health system efficiency, addressing broader determinants of health, ensuring equitable access to quality services, strengthening sustainable financing, and strategically managing population and migration - all in support of Nepal's LDC graduation in 2026.

During the reporting period, the health sector achieved notable progress in service delivery, system strengthening, and the expansion of essential and specialized services. At the same time, persistent gaps in equity, quality of care, and resource optimization underscore the need for continued commitment and coordinated action.

The Ministry acknowledges the strong collaboration of line ministries, the National Planning Commission, health development partners, academia, the private sector, experts, and other stakeholders in advancing the implementation of the NHSSP. The Ministry extends sincere appreciation to departments, divisions, centers, provincial and local governments, and the dedicated health workforce nationwide for their professionalism, tireless service, and unwavering commitment, without which the progress achieved to date would not have been possible.

MoHP looks forward to deepening these partnerships in the years ahead, as collective action remains critical to achieving national health goals and improving population well-being. The Ministry also expresses its gratitude to all contributors to this report.

Executive Summary

Nepal's health sector operates through a collaborative model in which the Government, Health Development Partners, and other stakeholders jointly plan, implement, and monitor sector priorities. The National Joint Annual Review (NJAR) is the central platform for collective performance assessment, priority setting, and agreement on actions for the Annual Work Plan and Budget. This report offers the evidence base required to inform and guide the NJAR for FY 2024/25.

At the midpoint of the SDG era, the start of the 16th Periodic Plan, and two years into Nepal Health Sector Strategic Plan (2023-2030) implementation, this review provides strategic insights to support Nepal's planned graduation from LDC status by 2026. While the country has made important gains toward SDG 3, progress has been uneven across regions and population groups, prompting revisions to a few health-related SDG targets -including adjusting the MMR target from 70 to 110 per 100,000 live births and revising neonatal and under-five mortality targets from 12 to 15 and 20 to 25 per 1,000 live births, respectively, by 2030. Accordingly, Nepal has also updated its SDG financing and costing strategy to reflect these realities.

In fiscal year 2024/25, aiming to build an efficient, accountable, and people-centered health system, the sector recorded mixed progress across key reform areas. Advancements were made in strengthening health workforce management, promoting evidence-based planning, ensuring safe and resilient health infrastructure, expanding access to quality medicines and supplies, and improving governance and emergency preparedness – though progress varied across areas and provinces.

Strengthening and upgrading medical education is essential to meeting Nepal's evolving health workforce needs. The Medical Education Commission is advancing this agenda by expanding undergraduate and postgraduate training, developing national curricula, assuring quality through accreditation and monitoring, and promoting international recognition. In 2024/25, over 10,000 seats were allocated across 87 institutions, more than 36,000 students were verified across 107 institutions, and international scholarships were facilitated. Deployment of MDGP doctors with broad surgical and emergency skills continues to expand essential services and reduce preventable deaths in underserved areas amid persistent specialist shortages.

Enhancing and deploying biomedical equipment technicians has improved the functionality and reliability of medical devices nationwide, strengthening service delivery and patient safety, particularly in rural settings. Continuous capacity-building led by the National Health Training Center is improving workforce quality and system resilience, with 13,064 health workers trained in 2024/25—Bagmati contributing 21.7% and Koshi 10.7%. Recognition programs such as the Health Worker Award uplift frontline workers serving remote communities, reinforcing morale and retention. MoHP is further strengthening workforce capacity through higher-education appointments, U.S.-based postgraduate medical training tailored to Nepal's health needs, and the regulatory oversight of five professional councils, which continue to drive competence and accountability across the health sector.

MoHP continued maintaining and updating the Health Facility Registry, Health Workforce Registry, Integrated Health Management Information System, and Training Information Management System, among others, comprehensive digital platforms that function as centralized data repository allowing evidence-based decision making at different levels.

Amid growing uncertainties surrounding the next rounds of the Nepal Health Facility Survey and the Nepal Demographic and Health Survey—following the closure of USAID and shifts in U.S. Government

priorities—the MoHP, in collaboration with NHRC, has initiated plans for a domestically funded national health survey and is adapting the Multiple Indicator Cluster Survey to fill emerging data gaps and meet national evidence needs. Advancing the Nepal Digital Health Blueprint, the expansion and strengthening of electronic medical record systems remains a key priority at federal and provincial levels. Since 2022, Gandaki Province has pursued a broad digital health transformation through initiatives such as the electronic HMIS, Pregnancy Registration and Tracking System, Electronic Medical Record, and the Digital Family Health Profile.

Bridging science, climate, and health, the Nepal Health Research Council convened the 11th National Summit of Health and Population Scientists under the theme "Health, Climate, and Population Dynamics: Building Resilient Health Systems for a Sustainable and Equitable Future." The Council is also strengthening provincial research capacity through structured provincial workshops and advancing south-south collaboration to exchange good practices in health research.

The MoHP building at Ramshahpath—an iconic symbol of Nepal's architectural and institutional heritage—was severely damaged during the 2025 Gen-Z movement, leaving a profound impact on the health sector's collective identity. The Ministry is now working with relevant ministries and architects to restore the structure to its original form, preserving its cultural significance and ensuring a strong foundation for future reconstruction. The Basic Hospital Establishment Program remained a national priority, targeting all 657 local levels without hospitals. As of November 2025, 73 basic hospitals have been completed, and construction is ongoing in 427 locations. In 2024/25, funding was secured for 396 hospitals—241 with 15 beds, 107 with 10 beds, and 48 with 5 beds. Additionally, DUDBC completed 23 health buildings, while 83 infrastructure projects are still under construction. Operationalization of Sahid Dasharath Chand University of Health Sciences is expected to play a pivotal role in strengthening healthcare in far-west region and across Nepal.

Aligned with the national priority of strengthening domestic medicine production, Singha Durbar Vaidyakhana now produces 54 medicines and holds licenses for more than 75 additional formulations. Regulatory capacity at the DDA has been reinforced through updated GMP guidelines for Ayurvedic medicines, revision of the 2025 National Essential Medicines List (pending approval), and intensified actions against antimicrobial resistance. MoHP continued its collaboration with the National Innovation Center, advancing innovations such as the Nyano Nani baby warmer and biomedical equipment maintenance solutions.

Key efforts to strengthen governance, leadership, and accountability in Nepal's health sector include promoting rational and transparent prescribing practices, enhancing local health governance through evidence-based planning and budgeting, and leveraging global momentum to advance Ayurveda and alternative medical systems. These initiatives are supported by a suite of policies, strategies, guidelines, and work plans. A landmark step has been MoHP's enforcement of a minimum monthly salary of NRP 34,730 for nurses in private facilities—aligned with the government's 5th level pay scale—bolstering both wage regulation and professional recognition nationwide. Yet, with only 72% of health activities under the 2024/25 Policy and Program implemented, there remains significant scope to improve project execution and efficiency.

Nepal has significantly strengthened its public health emergency response, as evidenced by the rapid cholera response in Birgunj in July 2025 and the swift polio outbreak response in 2024, which successfully immunized over 300,000 children across three Kathmandu Valley districts within two weeks. These achievements reflect enhanced local and national outbreak preparedness. Ongoing priorities include

community empowerment for dengue prevention through multisectoral and youth-led initiatives, hospital disaster preparedness via HIS+, provincial health emergency strengthening, real-time disease surveillance through SORMAS toward an integrated IDSS, epidemic intelligence via EWARS, active infectious disease surveillance, and water quality monitoring—all reinforcing Nepal's capacity to prevent and respond effectively to public health emergencies.

Regular meetings of the high-level public health committee, its eight sub-committees, and intergovernmental coordination forums led by MoHP have been pivotal in addressing the broader determinants of health. Complementary initiatives—including community awareness through health facilities and schools, assessing health impacts of development projects, strengthening fiscal measures against harmful consumption, empowering communities for mental wellbeing and suicide prevention, multisectoral efforts to reduce road traffic injuries, and enhancing national response to antimicrobial resistance—have further mitigated adverse health effects. Nepal's submission of its Nationally Determined Contribution at the Sagarmatha Sambaad (16–18 May 2025), featuring ten quantified health-related targets, underscores the country's commitment to a low-carbon, climate-resilient, and healthier future.

To promote healthier lifestyles and responsible citizen behavior, MoHP has strengthened health systems and citizen engagement through multiple initiatives. The Nepal Health Conclave 2024 leveraged diaspora expertise, while the Swasthya Suchana digital platform, in partnership with Rakuten Viber, expanded public access to reliable health information. The Citizen Well-being Program (My Health, My Responsibility) established wellness centers in 411 local levels, formed 1,500 citizen wellness groups, and reached over 300,000 people with Ayurveda, yoga, and lifestyle services. Simultaneously, the government continues to regulate unhealthy products and promote healthier lifestyles in coordination with line agencies and stakeholders. Dhulikhel municipality has emerged as a model for the 'Healthy Municipality' initiative in Nepal, demonstrating how local governance can actively promote health and well-being. Additionally, MoHP and the Ministry of Education have committed to institutionalizing health education as a core mandatory subject through high school, bridging health and education for lifelong healthy practices. A concerning rise in mortality and injuries from road traffic accidents, suicidal deaths of around 19 per day, and increasing risks of climate-induced health hazards alarmingly suggest the need of evidence-informed initiatives toward addressing adverse impact of wider health determinants.

While absolute health sector allocations have grown fivefold over the past decade, their share of the national budget remains below recommended levels, signaling the need for sustained strategic investment to build a resilient and equitable health system. With a growing share of health resources allocated to provincial and local governments, strengthening their capacity to manage and utilize these funds effectively is essential for delivering equitable, efficient, and locally responsive health services across Nepal. While improving budget absorption remains a priority, MoHP continues to face challenges—from administrative delays to external shocks—that have caused fluctuations in recent years. Strengthening planning, procurement, and monitoring systems is key to maximizing the impact of health investments.

In FY 2024/25, the GoN funded 72% of the health sector budget, with development partners contributing 28%—mostly as concessional loans—highlighting a gradual shift toward shared fiscal responsibility where domestic resources lead and external support strategically complement national health priorities. Amid low public health financing, high out-of-pocket costs, limited budget absorption, and declining external aid, bolstering public investment and institutionalizing evidence-based priority setting are critical for Nepal's path to UHC ahead of its 2026 LDC graduation.

Revitalizing primary health care remains central to delivering basic health services in line with the Constitution and advancing universal health coverage. While health insurance is recognized as key to financial protection, persistent challenges—such as limited coverage, low renewal rates, delayed or inadequate provider reimbursements, and gaps in institutional structure and human resources—continue to constrain its impact. The MoHP and the Insurance Board are actively addressing these issues to strengthen the program.

The early elimination of Rubella in 2024 – two years ahead of original target – along with validation of maternal and neonatal tetanus elimination and over 94% HPV vaccination coverage, highlight the success of national immunization program and the health sector's progress toward equitable, high-quality services. Strengthening and scaling minimum service standards, coupled with lessons from maternal and perinatal death surveillance, near-miss reviews, and clinical audits, have further enhanced the quality of care at the point of delivery.

Nepal's expanding capacity for specialized and advanced medical care, as evidenced through recently successfully accomplished combined liver and kidney transplant from a brain-dead donor into a single recipient at a public hospital, is significantly reducing the need for patients to seek treatment abroad and narrowing longstanding inequities in access to quality health services. With the strengthening of transplant, cancer, cardiac, trauma and advanced diagnostic services at public and private hospitals across federal and provincial levels, life-saving care that was once available only to those who could afford foreign treatment is now increasingly available and accessible within the country. This progress marks a major step toward more equitable, self-reliant, and affordable health service delivery for all Nepalis.

Upgrading tertiary hospitals and provincial health science academies, introducing two-shift outpatient services in federal hospitals, expanding fetal and neonatal screening, geriatric and palliative care, and scaling programs like Nagarik Aarogya and Swarna Bindu Prashan have collectively enhanced access to quality health services.

Despite improvements in health access, persistent inequities—especially in child nutrition, maternal care, and service quality—remain. Stunting continues to disproportionately affect children from poor, rural, and larger households. Skilled birth attendance has expanded, yet women with low education, higher parity, and those in provinces like Karnali are still being left behind. And while most births occur in health facilities, only a fraction take place in settings equipped to deliver safe, high-quality care, underscoring the need for stronger service readiness and targeted investments to close the remaining gaps.

Nepal's shifting demographic landscape presents both challenges and opportunities, underscoring the need for stronger management of population dynamics, migration, and urbanization. The National Population Policy 2082 marks a shift from managing numbers to empowering people, while strengthened civil registration and vital statistics systems—and the piloting of mortality surveillance in Koshi Province—are enhancing health intelligence. Pre-departure health orientation and mandatory health check-ups for returnee migrants are helping safeguard migrant workers' health and rights. Evidence also shows that international migration indirectly improves access to health and education, even as many households remain reliant on foreign income for essential social spending. Nepal is steadily advancing toward more inclusive, safe, resilient, and sustainable settlement patterns.

Contents

List of Abbreviations

AAHW	Auxiliary Ayurveda Health Worker
AHA	Ayurveda Health Assistant
AMR	Antimicrobial Resistance
AWPB	Annual Work Plan and Budget
BAMMS	Bachelor of Ayurveda & Modern Medicine & Surgery
BAMS	Bachelor of Ayurveda Medicine & Surgery
BBC	Basic Burn Care
BCEPS	Bergen Centre for Ethics and Priority Setting
BEmONC	Basic Emergency Obstetric and Newborn Care
BHS	Basic Health Services
BMETs	Biomedical Equipment Technicians
CDC	Curriculum Development Center
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CFHR	Community First Health Responder
CRVS	Civil Registration and Vital Statistics
DCP	Development Cooperation Policy
DDA	Department of Drug Administration
DoNIDCR	Department of National ID and Civil Registration
DoEnv	Department of Environment
DoHS	Department of Health Services
DoM	Doctorate in Medicine
DoM	Doctorate in Medicine
DR TB	Drug Resistance -TB
DUDBC	Department of Urban Development and Building Construction
DWSS	Department of Water Supply and Sewerage
EHCP	Essential Health Care Package
EHIA	Environmental Health Impact Assessment
e-HMIS	Electronic Health Management Information System
EIA	Environmental Impact Assessments
EMR	Electronic Medical Record
EPA	Environment Protection Act
EPR	Environment Protection Rules
ESIA	Environmental and Social Impact Assessments
EVI	Environmental Vulnerability Index
FCDO	Foreign, Commonwealth and Development Office
FHP	Family Health Profile
FoM	Faculty of Medicine
FoM	Faculty of Medicine
FWD	Family Welfare Division
FY	Fiscal Year
GDC	German Development Cooperation
GoN	Government of Nepal
GSDP	Good Storage and Distribution Practices

HAI	Human Assets Index
HALE	Healthy Life Expectancy
HDI	Human Development Index
HDPRP	Hospital Disaster Preparedness and Response Plan
HDPs	Health Development Partners
HIA	Health Impact Assessments
HIV	Human Immunodeficiency Virus
HOTC	Human Organ Transplant Center
HP	Health Post
HSI	Hospital Safety Index
HSI+	Hospital Safety Index Plus
ICD	International Classification of Diseases
ICOPE	Integrated Care for Older People
IEE	Initial Environmental Examinations
IHR	International Health Regulation
IOM	International Organization for Migration
KU	Kathmandu University
LDC	Least Developed Country
MD	Master of Medicine
MDGP	Medical Doctors in General Practice
MMR	Maternal Mortality Ratio
MoEST	Ministry of Education, Science and Technology
MoF	Ministry of Finance
MoHA	Ministry of Home Affairs
MoHP	Ministry of Health and Population
MPDSR	Maternal and Perinatal Death Surveillance and Response
NAMC	Nepal Ayurveda Medical Council
NCD	Non-Communicable Disease
NDHS	Nepal Demographic and Health Survey
NHEA	Nepal Health Economics Association
NHEICC	National Health Education Information and Communication Center
NHFS	Nepal Health Facility Survey
NHPC	Nepal Health Professional Council
NHRC	Nepal Health Research Council
NHSSP	National Health Sector Strategic Plan
NHTC	National Health Training Center
NHWMIS	Nepal Health Workforce Management Information System
NIAC	National Immunization Advisory Committee
NIC	National Innovation Center
NIP	National Immunization Program
NJAR	National Joint Annual Review
NMR	Neonatal Mortality Rate
NNA	Nepal Nursing Association
NORAD	Norwegian Agency for Research and Development

NPC	National Planning Commission
NSI	Nick Simon Institute
OOP	Out-of-Pocket
OPD	Outpatient Department
PEPFAR	President's Emergency Plan for AIDS Relief
PHERP	Provincial Health Emergency Preparedness and Response Plans
PHTC	Provincial Health Training Center
PMD	Population Management Division
PMTCT	Prevention of Mother-to-Child Transmission
PMWH	Paropakar Maternity and Women's Hospital
PNC	Post Natal Care
PoAHS	Pokhara Academy of Health Sciences
PoAHS	Pokhara Academy of Health Sciences
PRTS	Pregnancy Registration and Tracking System
RF	Results Framework
RTA	Road Traffic Accident
SBAs	Skilled Birth Attendants
SDG	Sustainable Development Goals
SDI	Socio Demographic Index
SHP	Skilled Health Personnel
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infection
STS	Smooth Transition Strategy
SWAp	Sector Wide Approach
TIMS	Training Management Information System
TrACSS	Tracking AMR Country Self-Assessment Survey
TUTH	Tribhuvan University Teaching Hospital
U5MR	Under Five Mortality Rate
UHC	Universal Health Coverage
UiB	University of Bergen
UNCDP	United Nations Committee for Development Policy
USAID	United States Agency for International Development
VDPV3	Vaccine-Derived Poliovirus Type-3
VNR	Volunteer National Review
WHO	World Health Organization

1. Introduction

Nepal's health sector is characterized by a unique collaborative model, where the Government of Nepal (GoN), Ministry of Health and Population (MoHP) and Health Development Partners (HDPs) together with other stakeholders jointly develop, implement, monitor and evaluate the sectoral plan and strategy. As part of this joint accountability framework, the sector has institutionalized the National Joint Annual Review (NJAR) as a cornerstone mechanism for collective assessment, priority setting, and planning. The NJAR provides a platform for the GoN, HDPs and other stakeholders to jointly review sector performance, identify strategic priorities and challenges, and agree on key actions for inclusion in the upcoming Annual Work Plan and Budget (AWPB). This report serves as an evidence-informed analytical foundation for fulfilling the objectives of the NJAR for the FY 2024/25.

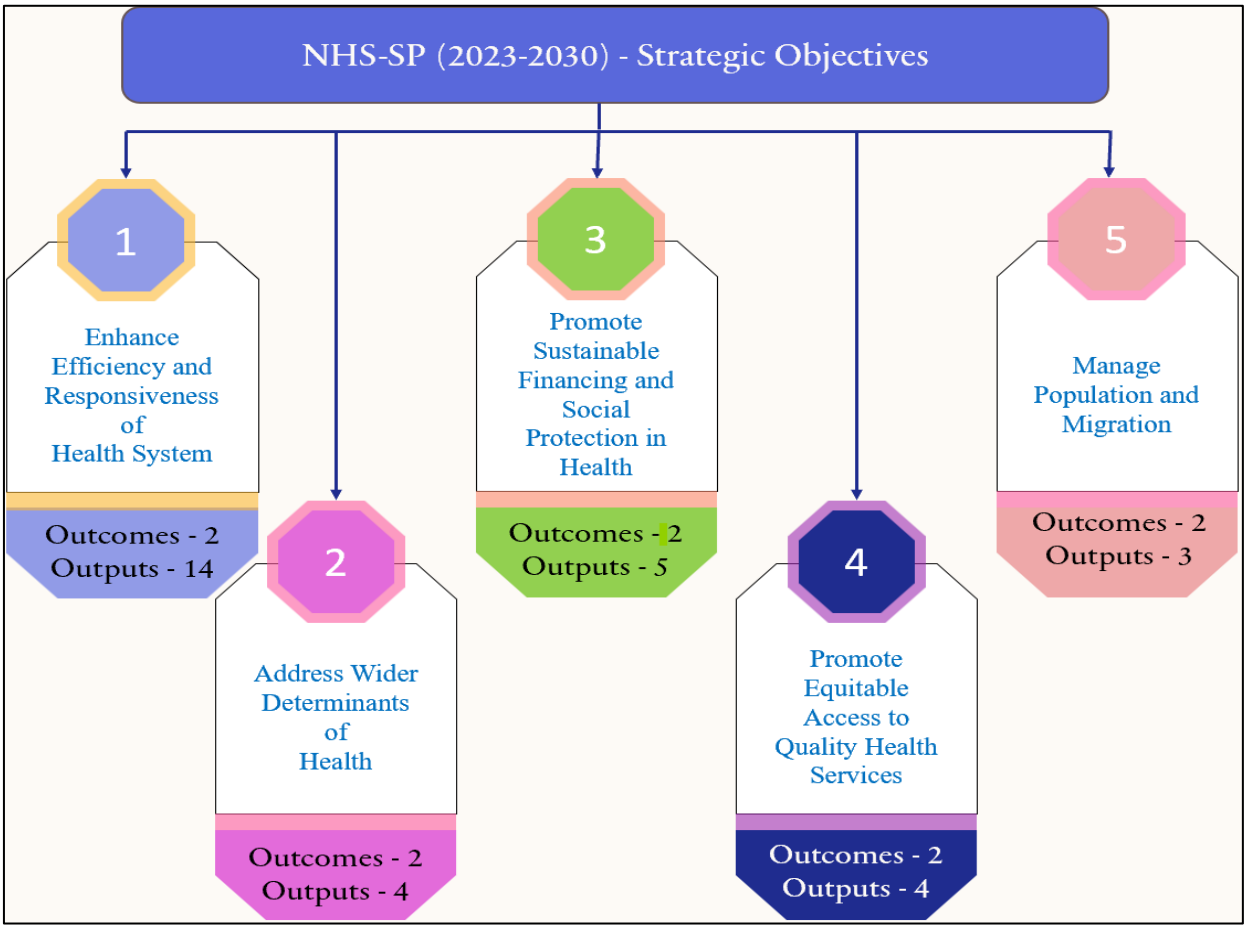
This chapter presents an overview of the NHSSP 2023-2030, setting the context for health sector priorities and strategies, and presents a snapshot of status of health sector. Chapter 2 highlights health sector readiness for LDC graduation, progress toward health and nutrition related SDGs, and implementation of key action points from the Policy and Program – Health for FY 2024/25. It also reviews the NJAR 2024 action points, and tracks progress against the NHSSP Results Framework (RF) goal-level indicators. Chapter 3 provides a detailed analysis of achievements under the five strategic objectives of the NHSSP. Chapter 4 outlines the key strategic priorities for the next fiscal year, while chapter 5 summarizes major provincial achievements based on presentations by provincial health authorities during the 2024/25 Provincial Annual Health Reviews.

1.1 NHSSP 2023-2030 at a Glance

As the first sector-wide strategy in Nepal's federal era, the National Health Sector Strategic Plan (NHSSP) 2023–2030 provides a transformative framework to sustain past gains, address emerging health challenges, guarantee citizen's constitutional right to free basic health services, accelerate progress toward Universal Health Coverage (UHC), and offers a unified direction for achieving the health-related Sustainable Development Goals (SDGs) by 2030. The Annual Work Plan and Budget (AWPB) serve as driving vehicles to achieve the NHSSP objectives. It emphasizes a strengthened Sector-Wide Approach (SWAp) by aligning domestic and international resources across all three tiers of government—federal, provincial, and local. It adopts a comprehensive health system perspective applicable across all services, guiding program design and implementation. It sets a foundation for coordination, collaboration, and coexistence among inter and intra- governments (federal, provincial and local levels), sectors, and stakeholders. Moreover, it offers a cohesive framework for Health Development Partners (HDPs) to align their support, thereby strengthening coordination and improving aid effectiveness.

Building on the collaborative approach of earlier sector strategies, the Government of Nepal (GoN) and HDPs co-developed the NHSSP and its Results Framework (RF), with shared responsibility for implementation, monitoring, and attainment of the sector's goals. The NHSSP articulates five strategic objectives, supported by 14 outcomes and 29 outputs, to drive measurable improvements in the health and well-being of every citizen (Annex 2) (1).

The NHSSP provided a foundation for shaping health priorities in the national 16th Periodic Plan (2081/82-2085/86), which reinforces and advances its vision through 13 transformative strategic directions. The strategy further outlines the sectoral pathway guiding Nepal's transition toward LDC graduation in 2026 and informs the development of the Nepal LDC Graduation Smooth Transition Strategy (STS) developed by the National Planning Commission (NPC) in 2024. Overall, anchored in the vision of UHC, the NHSSP 2023-2030 outlines strategic directions to strengthen health systems, ensure equitable access to quality health services, and advance progress toward the SDGs and LDC graduation goals.



1.2 Snapshot of Health Sector

Over the past three decades, Nepal has made remarkable strides in improving the health and well-being of its citizens. The Constitution of Nepal enshrines free basic health services and emergency care as fundamental rights, reaffirming the nation's commitment to equity, social justice, and good governance in health as core principles of Universal Health Coverage (UHC). The National Health Policy 2019, Nepal Health Sector Strategic Plan (2023–2030), and the 16th Periodic Plan collectively provide the strategic direction for sustainable health sector transformation.

Strong community-based programs, health system reforms, and multisectoral partnerships have driven measurable progress. The maternal mortality ratio declined from 539 per 100,000 live births in 1996 to

151 in 2021, while under-five mortality dropped from 118 to 33 and neonatal mortality from 50 to 21 per 1,000 live births. Life expectancy has risen to 71.3 years, with 94% of women receiving skilled antenatal care and four-fifths of mothers delivering with skilled providers. Immunization coverage remains robust, with 89% of children receiving DTP3 and 95% pentavalent vaccines, contributing to a sharp reduction in vaccine-preventable diseases.

Significant progress has also been made in controlling infectious diseases - including a 90% decline in kala-azar cases, a 50% reduction in new child leprosy cases, and the introduction of a shorter, all-oral regimen for drug-resistant TB in alignment with WHO guidelines. Fifty-three of 64 endemic districts have stopped mass drug administration for lymphatic filariasis following successful transmission interruption. Nepal has achieved elimination of trachoma, leprosy, and rubella and maintained polio-free status since 2014.

These achievements reflect the country's commitment to primary health care, immunization, nutrition, and community empowerment. However, non-communicable diseases (NCDs), climate-sensitive health risks, and inequities in service access and quality remain pressing challenges. High out-of-pocket expenditures, health financing gaps, and shortages of skilled health workers in remote areas continue to strain progress.

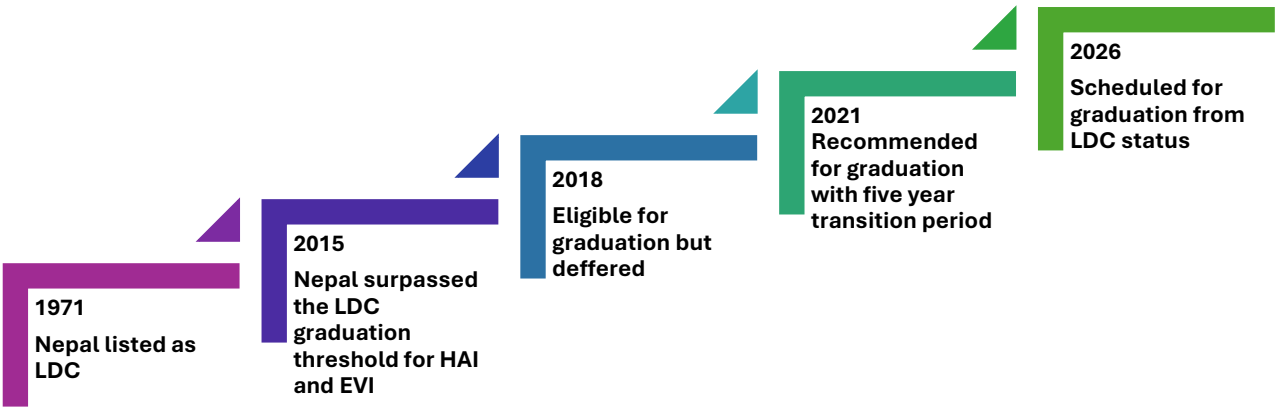
Looking ahead, Nepal's priority is to accelerate progress toward UHC through stronger governance, increased domestic financing, enhanced service quality, and digital innovation—ensuring that every Nepali, regardless of geography or socioeconomic status, can access equitable, affordable, and high-quality health services.

2. Progress Overview

2.1 Health Sector Readiness for LDC Graduation

Nepal is on course to graduate from the Least Developed Country (LDC) category by 24 November 2026, following its eligibility as recommended by the United Nations Committee for Development Policy (UNCDP). This graduation reflects Nepal's progress in three critical areas: Human Assets Index (HAI) – improvement in health, education and nutrition outcomes; Economic and Environmental Vulnerability Index (EVI) – greater resilience to economic and environmental shocks; and Gross National Income (GNI) per Capita – steady economic growth and poverty reduction. To qualify for graduation, a country must meet at least two of the three criteria in two consecutive triennial reviews by the UNCDP. Nepal has surpassed the graduation thresholds for both the HAI and the EVI in three successive reviews - 2015, 2018, and 2021.

Nepal became eligible for LDC graduation for the first time in 2018, but due to the recovery challenges following the 2015 earthquake, the Government requested a deferral of the process, which the UN CDP approved. In the 2021 triennial review, Nepal again met the graduation thresholds for the HAI and the EVI, prompting the CDP to recommend its graduation. However, considering the severe socio-economic impacts of the COVID-19 pandemic and the uncertainties ahead, the CDP granted Nepal an extended five-year preparatory period—two years longer than the standard transition period—to ensure a smooth and sustainable graduation.



Nepal's LDC graduation is partly a result of its performance on the HAI, which is a composite index of the Health Index and the Education Index. The Health Index comprises under-five mortality rate, prevalence of stunting, and maternal mortality ratio. In 2021, the year when Nepal was recommended for LDG graduation, Nepal's HAI score of 74.9 exceeded the required threshold of ≥ 66, underscoring continued improvements in human development and social outcomes (Table 2.1). Similarly, the EVI score of 24.7 was well below the graduation threshold of ≤ 32, reflecting significant progress in reducing economic and environmental vulnerability. However, the GNI per capita, at USD 1,027, remained marginally below the thresholds of USD 1,222.

Table 2.1: Nepal's performance in the CDP triennial reviews

Criteria	Graduation threshold	Performance in triennial reviews			
		2015	2018	2021	2024
Human Assets Index (HAI)	≥ 66	68.7	71.2	74.9	76.3
Economic and Environmental Vulnerability Index (EVI)	≤ 32	26.8	28.4	24.7	29.7
GNI per capita (USD)	≥ 1242 (2015) ≥ 1230 (2018) ≥ 1222 (2021) ≥ 1306 (2024)	659	745	1027	1300
Source: UN CDP Report 2015, 2018, 2021 and 2024					

In 2024, Nepal continued to demonstrate robust performance in the HAI, reaffirming steady progress in human development. The increase in the EVI criteria from 24.7 in 2021 to 29.7 in 2024, though still below the graduation threshold of ≤ 32, indicates a heightened exposure to economic and environmental shocks, underscoring Nepal's continued vulnerability to climate related risks, natural disasters, and external economic fluctuations. At the same time, the country narrowly missed the GNI per capita threshold of USD 1,306, achieving USD 1,300 (Table 2.1). This marginal shortfall highlights the persistent structural constraints hindering income growth and economic diversification. It reinforces the importance of sustained efforts to enhance productivity, stimulate private sector investment, and strengthen economic and climate resilience to ensure that Nepal's progress toward graduation remains both sustainable, inclusive, and irreversible.

A trend analysis of Health Index, comprising the under-five mortality rate, prevalence of stunting, and maternal mortality ratio under the HAI criteria, reveals that Nepal has achieved consistent and substantial progress across all three indicators over the past two triennial reviews (Table 2.2). The MMR declined sharply from 281 per 100,000 live births in 2015 to 142 in 2024; while the U5MR fell from 54 to 33 deaths per thousand live births during the same period. Similarly, the prevalence of stunting among children under five years decreased markedly from 41% in 2015 to 25% in 2024, reflecting significant gains in maternal and child health, nutrition, and access to basic health services (2) (3) (4) (5).

Table 2.2: Trends in health index indicators across triennial review years

Health index indicators	Triennial review years			
	2015	2018	2021	2024
Maternal mortality ratio (MMR)	281 (NDHS 2006)	239 (NDHS 2016)	151 (Census 2021)	142 (UN estimate 2023)
Under-five mortality rate (U5MR)	54 (NDHS 2011)	39 (NDHS 2016)	-	33 (NDHS 2022)
Prevalence of stunting	41 (NDHS 2011)	36 (NDHS 2016)	-	25 (NDHS 2022)
Note: Data sources shown in parenthesis				

While graduation underscores Nepal's development achievements, it also entails the gradual phasing out of concessional financing, trade preferences, and technical assistance, posing challenges for sustaining health sector gains achieved under the LDC framework. International cooperation is also crucial to Nepal's graduation process. Nepal is actively working to reduce aid dependency through its International Development Cooperation Policy (IDCP) introduced in 2019, which mobilizes foreign assistance to support LDC graduation and the achievement of the Sustainable Development Goals (SDGs).

Nepal's 16th Five-Year Plan (2024/25–2029/30) supports the LDC transition strategy by prioritizing good governance, resource management, and investment expertise, with the aim of becoming a high-middle-income country by 2043. Furthermore, to navigate the transition smoothly, the National Planning Commission (NPC) formulated the Nepal LDC Graduation Smooth Transition Strategy (STS) in February 2024, outlining a comprehensive roadmap (6). The strategy focuses on six key areas, including macroeconomic stability, trade, investment, economic transformation, climate change management, and social inclusion, emphasizing collaboration across various levels of government, development partners, the private sector, and civil society. The STS outlines 26 specific actions for the health and education sectors to enhance productive capacity. Under the working strategy - 'Strengthen and expand health and nutrition programs that can contribute to developing healthy citizens', the STS outlines following seven specific actions:

- Asses likely impact of LDC graduation in health sector and prepare a resource mobilization strategy within the first two years.
- Arrange human resources and other competencies of health system based on WHO standard for low middle income countries.
- Strengthen resilience capacity of health systems to respond to health emergencies.
- Increase health insurance coverage to 100 percent population by 2030.
- Increase health insurance coverage and free health service package to targeted population and reduce out of pocket health expenditure of people.
- Increase resource absorption capacity of health system.
- Consolidate and expand nutrition programs and reduce stunting rate among under 5-year-old children.

Within the framework of the LDC graduation Smooth Transition Strategy (STS), the health sector has critical opportunity to reduce out-of-pocket expenditure by consolidating health insurance schemes operated by different agencies. Expanding these schemes to ensure universal population coverage will be essential to sustaining past gains, safeguarding financial protection, and accelerating progress toward equitable and resilient health system.

2.2 Health and Nutrition Related SDGs

In 2015, Nepal, along with 192 United Nations member states, committed to the ambitious global vision of achieving the Sustainable Development Goals (SDGs) by 2030. As a signatory to this landmark agreement, Nepal has committed to achieving the established targets, integrating the SDGs comprehensively into national policies and programs across all levels of government. The 16th Plan (2024-29), implemented from July 2024, almost mid-point of the SDGs (2015-2030), includes several strategies

for structural transformation and achievement of SDGs. Building on the foundation laid so far, the implementation of the 16th periodic plan will play a pivotal role in accelerating progress toward the SDGs. SDG3, which aims to ensure healthy lives and promote wellbeing for all at all ages, is well captured in the NHSSP, 2023-2030.

The 2024 Voluntary National Review of SDGs conducted by NPC reveals that by the midpoint of SDGs implementation, Nepal has achieved an average progress of 58.6% against the mid-term (2022) targets and 41.7% against the long-term (2030) targets, with overall progress expected to surpass 60% by 2030 (7). While some areas have shown remarkable advancement, many targets are progressing slowly or even regressing. Specifically, for Goal 3 – Good health and well-being, Nepal has achieved 48.7% progress toward 2022 targets and 41.5% toward the 2030 targets, with projected progress reaching 56.8% by 2030.

While assessing progress against the milestones set for 2022, the 2024 review relied on the most recent available data, which may not precisely represent the situation in 2022. The Voluntary National Review of SDGs found that, for monitoring progress against the 2022 targets under Goal 3 – Good health and well-being, data sources were available for only 36 out of 50 indicators (72%). The projected progress for 2030 was estimated based on observed trends between 2015 and 2022, using a geometric growth rate to forecast anticipated achievements by 2030.

Goal 3: Good health and wellbeing - ensuring healthy lives and promoting well-being for all: Nepal has made notable strides toward achieving SDG3: Good health and well-being. The proportion of women receiving four antenatal care visits as per protocol increased from 60% in 2015 to 80.5% in 2022, surpassing the 2022 target of 75% and skilled birth attendance rose from 55.6% in 2015 to 80.1% in 2022, exceeding the target of 73%. Nepal has recorded a 76% decline in new HIV infections between 2010 and 2024, with 87% of diagnosed PLHIV now on antiretroviral therapy. In 2024, Nepal met the Kala-azar elimination target in all 77 districts, while 56 of 64 Lymphatic Filariasis–endemic districts have halted Mass Drug Administration. Additionally, 556 of 753 municipalities have maintained zero child leprosy for five consecutive years. TB treatment coverage also improved from 54% in 2023 to 60% in 2024, narrowing the gap in missed TB cases.

However, progress has been uneven across other areas. Maternal mortality ratio, neonatal and under-five mortality rates remain above the 2022 targets and the suicide mortality rate climbed to 23.4 per 100,000 population, signaling a worrisome trend. The proportion of women with their family planning needs met by modern methods declined from 66% in 2015 to 55.1% in 2022, falling short of the 74% target. Similarly, malaria indigenous cases have increased. Although TB incidence and deaths declined by 15% between 2015-2024, progress remains far below WHO's 2025 targets of a 75% reduction in incidence and a 50% reduction in deaths. Moreover, 51% of TB patients face catastrophic costs due to the disease. Reversals were also observed in noncommunicable diseases and mental health outcomes.

Moreover, out-of-pocket expenditure rose from 53% in 2015 to 54.2% in 2022, reflecting growing financial pressure on households. Progress in health research, innovation, and financing also lags behind the 2022 targets, underscoring the need for renewed focus and investment.

Indicators / programs performing well: Efforts needed to sustain progress	Indicators/programs requiring additional effort to achieve targets	
▪ Antenatal care for mothers ▪ SBA delivery ▪ Institutional delivery ▪ Immunization for children ▪ HIV infections and antiretroviral therapy coverage	▪ Maternal mortality ▪ Under-five mortality ▪ Neonatal mortality ▪ Suicide mortality ▪ RTA mortality ▪ Nutrition (stunting, underweight) ▪ Satisfaction with modern family planning methos ▪ Dengue, malaria, leprosy ▪ Active trachoma cases	▪ OOP expenses for health services ▪ Tobacco and alcohol use ▪ Availability of essential medicines ▪ Health worker density and distribution ▪ Health expenditure as percentage of GDP
Categorization is based on progress against the SDG target 2022		

The VNR of the SDGs conducted by the NPC in 2024 - marking the mid-point of the 2030 Agenda - assessed progress against each goal in relation to the national priorities outlined in the Sixteenth Plan. The review identifies health and education as high priority sectors requiring focused action during the remaining implementation period of the SDGs. Health related indicators were grouped into three categories: The review classifies the health indicators into 3 groups: those where progress needs to be maintained, accelerated, and reversed to meet the targets.

Goal 3: Good health and wellbeing	
	3.1 Maternal mortality
	3.2 Child mortality
	3.3 Communicable diseases
	3.4 NCDs and mental health
	3.5 Substance abuse
	3.6 Road traffic accidents
	3.7 Sexual and reproductive health
	3.8 Universal health coverage
	3a Tobacco control
	3b R&D for health
	3c Health financing and workforce
	MAINTAIN progress to achieve target
	ACCELERATE progress to achieve target
	REVERSE trend to achieve target
Source: VNR of SDGs, 2024	

The review highlights several persistent challenges, including inequitable access to health care services, a high burden of communicable and non-communicable diseases, inadequate financing for health infrastructure, and a shortage and uneven distribution of skilled health personnel. To overcome these constraints, the report calls for transformative and systemic changes that enhance resilience and accelerate progress through a holistic, inclusive and multi-sectoral approach.

Revision of 2030 targets: While updating the costing and financing strategy in 2025, the NPC has revised the 2030 targets of some of the indicators based on the progress made by 2022 and the aspirational target set for 2030. Based on progress till date, the indicators that have achieved more than 60 percent of the 2030 targets have only been revised slightly, for reason that they could still be better achieved with some

additional efforts and accelerated actions. Targets for 2030 are substantially revised for some indicators whose progress to date is below 60 percent, as they are less likely to be fully achieved by 2030. Substantial revision is made in the targets for the indicators which are less likely to achieve even 50 percent of the 2030 target. The targets have been revised to make them more realistic and aligned with current trends and capacities (8).

The prevalence of undernourishment has been adjusted from 3 to 5 percent, underweight among children under five from 9 to 12 percent, and anemia among children under five from 10 to 15 percent by 2030 (Table 2.3). Likewise, the target for the maternal mortality ratio (MMR) has been revised from 70 to 110 per 100,000 live births, and neonatal and under-five mortality rates from 12 to 15 and from 20 to 25 per 1,000 live births, respectively. Similarly, the target for health care expenditure is updated from at least 7 percent to 5 percent of GDP. Targets for reducing new HIV, tuberculosis and malaria infections, controlling NTDs and water-borne diseases, and lowering premature NCD mortality remain unchanged.

Table 2.3: Revised 2030 targets for selected health and nutrition indicators

SDG	Indicator	2015 Baseline	2022 Target	2022 Status	2030 Initial Target	2030 Revised Target
2.1.1	Prevalence of undernourishment	36.1	20.6	5.4	3	5
2.2.2.1	Percent of children under 5 years of age who are underweight (weight for age <-2SD)	30.1	18	19	9	12
2.2.2.3	Prevalence of anemia among children under-five years	46	28	43	10	15
3.1.1	Maternal mortality ratio per 100,000 live births	258	116	151	70	110
3.2.1	Under-five mortality rate	38	27	33	20	25
3.2.2	Neonatal mortality rate	23	16	21	12	15
3c2	Total health expenditure as percent of GDP	5	6	5.3	7	5

Revision of SDG costing and financing strategy: In 2024/25, to respond to changing global and national contexts, the NPC updated the SDG costing and financing strategy, replacing the version developed in 2018. The revised document 'Nepal's Sustainable Development Goals: Needs Assessment, Costing and Financing Strategy: An Update, 2025,' estimates a total investment requirement of approximately NPR 30 trillion over seven years (2024-2030) to achieve the SDGs by 2030. The strategy identifies industry, innovation, infrastructure, clean energy, and poverty eradication as the sectors with the highest investment needs (8).

For health sector, the updated costing and financing strategy estimates that the annual average investment required by the spheres of government to implement health interventions for achieving SDG 3 is Rs 264.3 billion for 2024–2030 (Table 2.4). This investment is projected to account for 4.4% of GDP by 2030, up from 3.0% in 2023. The largest share of this investment is needed for the health workforce, which currently remains inadequate, followed by health service delivery and health infrastructure. Subnational governments are expected to contribute approximately 9.8% of the total investment requirement through own-source revenue (OSR).

Table 2.4: Interventions and investment requirement for SDG3 (Rs billion)

Intervention/Year	2023	2030	Total 2024-30	Annual Average (2024-30)
Health infrastructure	18.71	41.68	216.98	31.00
Health service delivery	43.18	96.19	500.73	71.53
Health workforce	50.38	112.22	584.19	83.46
Medical products	14.39	32.06	166.91	23.84
Health finance	7.20	16.03	83.46	11.92
Leadership and governance	5.76	12.83	66.76	9.54
Information management	4.32	9.62	50.07	7.15
Province program (OSR)	1.43	2.44	13.74	1.96
Local level program (OSR)	17.34	29.72	167.12	23.87
Total	162.71	352.81	1849.97	264.28
Source: Nepal's Sustainable Development Goals: Needs Assessment, Costing and Financing Strategy: An Update, 2025				

2.3 Policy and Program – Health, 2024/25 (2081/82)

Of the 49 health-related activities outlined in the Government of Nepal's Policy and Program for 2024/25, 72% have been completed, 16% are ongoing, and 12% could not be initiated due to various constraints (Figure 2.1). Table 2.5 provides a consolidated summary of these priority action points, along with progress to date and references to the relevant sections of this report for detailed analysis and updates. The activities are organized according to the five strategic objectives of the NHSSP 2023–2030.

Figure 2.1: Implenetaton status of Policy and Program 2024/25 (N=49)

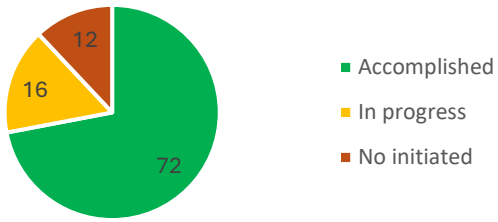


Table 2.5: Progress on action points from Policy and Program 2024/25 (2081/82)

SN	Policy and program 2024/25 priority actions	Status 2025	Section reference
A	Enhancing efficiency and responsiveness of health system		
	▪ Commence undergraduate classes under the Faculty of Medicine at Pokhara University of Health Sciences. ▪ Strengthen Shahid Gangalal National Heart Center to enable the production of cardiovascular disease specialists.	▪ PoAHS, FoM, commenced the undergraduate classes with 50 seats. ▪ Shahid Gangalal National Heart Center's capacity enhanced.	3.1.1
	▪ Digitalize health records and service delivery in federal and provincial hospitals. ▪ Implement unified electronic medical record system	▪ EMR is being scaled up under the Nepal Digital Health Blueprint, with special initiatives in Gandaki Province.	3.1.2
	▪ Operationalize a 300-bed medical college and initiate academic programs at Sahid Dasharath Chand University of Health Sciences. ▪ Expediate the completion of basic hospitals currently under construction.	▪ Inpatient services with 5 department started at SDCHSU. ▪ Construction of basic hospitals underway at 427 local levels.	3.1.3
	▪ Strengthen the quality testing and regulatory systems for medicines, medical supplies, health devices, cosmetics, and nutraceuticals. ▪ Enhance the capacity of the National Medicine Laboratory to conduct comprehensive and reliable quality testing of medicines.	▪ MoHP has contributed to formulation of the Public Health Sensitive Patent Provisions in Nepal's Industrial Property Bill. ▪ DDA's regulatory functions have been enhanced.	3.1.4
	▪ Strengthen the public health surveillance system to enhance pandemic prevention, control, and emergency preparedness and response.	▪ Several initiatives have been undertaken to strengthen public health surveillance systems.	3.1.6
B	Addressing wider determinants of health		

SN	Policy and program 2024/25 priority actions	Status 2025	Section reference
	▪ Establish institutional mechanisms to promote the rational use of medicines and ensure safe food consumption and arrangements for the prevention and control of NCDs. ▪ Implement the One Health approach to reduce adverse impacts on human health arising from animals, plants, and the environment.	▪ Institutional arrangements have been made. ▪ Several initiatives have been taken to implement one health approach.	3.2.1
C	Promoting health financing and social protection in health		
	▪ Ensure mandatory enrollment of all organized sectors, including government and non-government institutions in health insurance nationwide.	▪ Advocacy and collaboration in progress	3.3.2
D	Promoting equitable access to quality health services		
	▪ Expand free cervical cancer screening and HPV vaccination for girls aged 10-14 years to district hospitals. ▪ Introduce fetal and neonatal screening services at Paropakar Maternity and Women's Hospital to detect congenital anomalies other abnormal conditions. ▪ Establish geriatric wards in all hospitals to ensure accessible and age-friendly health services for senior citizens.	▪ Free cervical cancer screening and HPV vaccination have been expanded to district hospitals. ▪ Fetal and neonatal screening services have been started at Paropakar Maternity and Women's Hospital. ▪ Geriatric services are being expanded to public hospitals.	3.4.2

2.4 NJAR 2024 (2081) Action Points

The National Joint Annual Review (NJAR) for 2023/24 (2080/81) was convened on 28-29 November 2024. The review identified key action points under the five strategic objectives of the NHSSP, which significantly informed the priority setting for the fiscal year 2024/25. Table 2.6 presents a consolidated overview of key action points from NJAR 2024 (2023/24), highlighting the progress made to date and directing readers to the respective sections of this report for detailed analysis and updates. The priority action points are categorized under the five strategic objectives of the NHSSP 2023-2030.

Table 2.6: Progress on action points NJAR 2024 (2023/24)

SN	NJAR 2024 priority actions	Status 2025	Section reference
A	Enhancing efficiency and responsiveness of health system		
1	Accelerate the construction and operationalization of basic hospitals effectively mobilizing existing human resources, including scholarship graduates.	Construction underway at 427 local levels, operationalization is in high priority	Section 3.1.3 Section 3.3.2
2	Enhance the resource absorption capacity of the health sector through the implementation of a periodic execution plan	Initiatives underway	Section 3.3.1

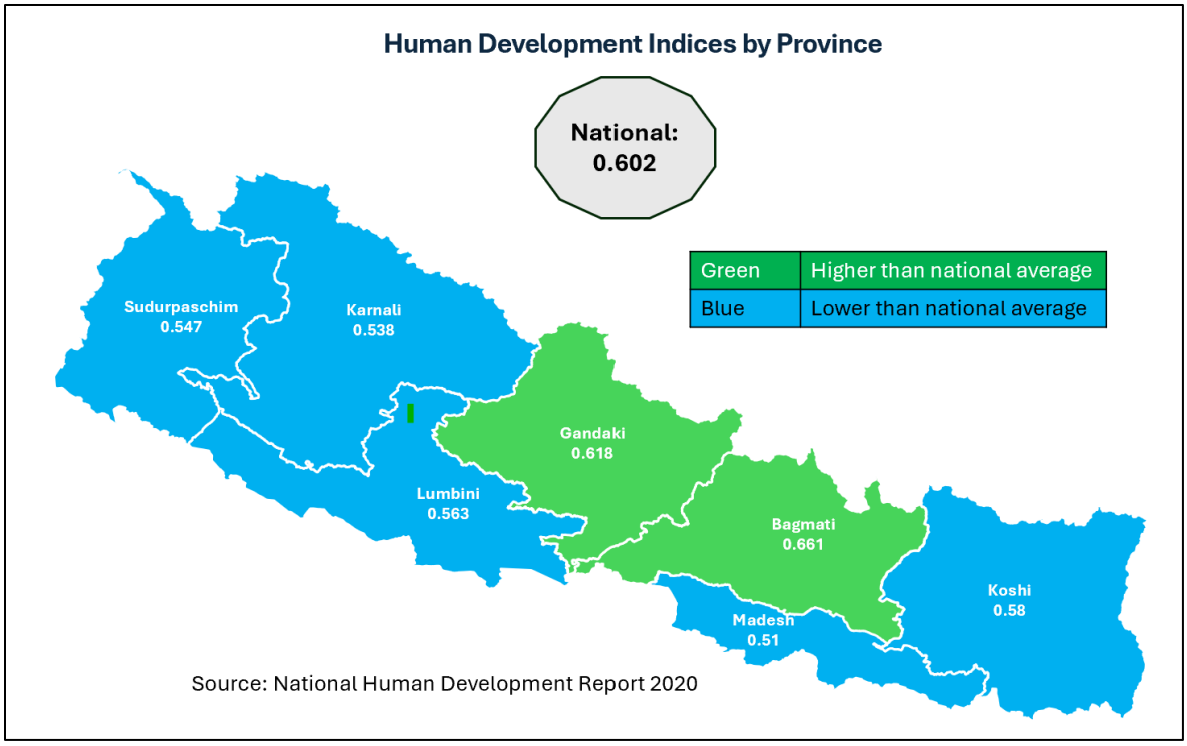
SN	NJAR 2024 priority actions	Status 2025	Section reference
3	Develop and implement a Coordination Framework to strengthen collaboration across all three tiers of government during the formulation and implementation of AWPB.	Series of inter-governmental and inter-sectoral meetings held	Section 3.2.1
4	Prepare action plans at all levels of government – in collaboration with HDPs – to accelerate progress on severely off-track SDG indicators.	Initiatives underway	Section 2.2
B	Addressing wider determinants of health		
5	Accelerate the function of National Public Health Committee and Sub-committees for multisectoral health agenda	Committee and sub-committees are functioning actively	Section 3.2.1
6	Speed up collaboration with stakeholders for improving 'Health Literacy' among citizens for promotional and preventive measures	Several initiatives in action	Section 3.2.1 Section 3.2.2
C	Promoting health financing and social protection in health		
7	▪ Foster a shared understanding among key stakeholders (MoF, NPC, MoLESS, and others) on the modality, operation, and sustainability of the national health insurance system. ▪ Integrate and streamline BHS, health insurance, and specialized service delivery to ensure coherence and efficiency. ▪ Review and revise the benefit package and premium structure and promote ethical practices in full compliance with established SOPs. ▪ Leverage advanced digital tools and technologies to enhance operational efficiency, monitoring, and accountability of the health insurance system.	Advocacy and collaboration in progress Benefit package and premium structure revised Several initiatives are in operation leveraging digital tools	Section 3.3.2
	▪ Facilitate local governments to ensure the provision of free BHS by replicating and scaling up proven best practices. ▪ Promote policy dialogue and advocacy to institutionalize free BHS across all levels and sectors. ▪ Integrate basic Ayurveda services within existing 5-, 10-, 15-bedded basic hospitals.	Several initiative in progress, including the minister-led discussion held with elected leaders of local governments	Section 3.3.2
D	Promoting equitable access to quality health services		
8	▪ Strengthen provincial capacity for effective maintenance and management of biomedical equipment in hospitals.	Initiatives underway through National Innovation Center	Section 3.1.4
9	▪ Leverage digital technology for integrated awareness, reaching the unreached, and improving quality.	Several initiatives in progress	Section 3.1.2 Section 3.4.1
E	Managing population and migration		

SN	NJAR 2024 priority actions	Status 2025	Section reference
10	▪ Accelerate the revision of the population policy in close collaboration with relevant line ministries for its effective implementation.	National Population Policy 2082 endorsed	Section 3.5.1
	▪ Establish a systematic mechanism for comprehensive health screening of returnee migrants. ▪ Revamp existing pre-departure health screening and orientation mechanism	Mandatory health checkup guidelines are being developed. Pre-departure health orientation package is being revised.	Section 3.5.2

2.5 NHSSP 2023-2030 Goal Level Indicators

Advancing equitable human development across provinces: The NHSSP sets an ambitious target to enhance Nepal's Human Development Index (HDI) from 0.602 in 2019 to 0.62 by 2025, 0.65 by 2027, and 0.68 by 2030, reflecting the nation's commitment to sustained human development and equitable progress. The Nepal Human Development Report 2020 underscores significant provincial disparities in human development outcomes (Figure 2.1). Bagmati Province leads with the highest HDI of 0.661, followed by Gandaki and Sudurpaschim, both scoring above the national average. In contrast, Madhesh Province records the lowest HDI at 0.51, with four provinces remaining below the national mean of 0.602. These variations highlight the need for targeted investments and policies to promote balanced human development across all provinces.

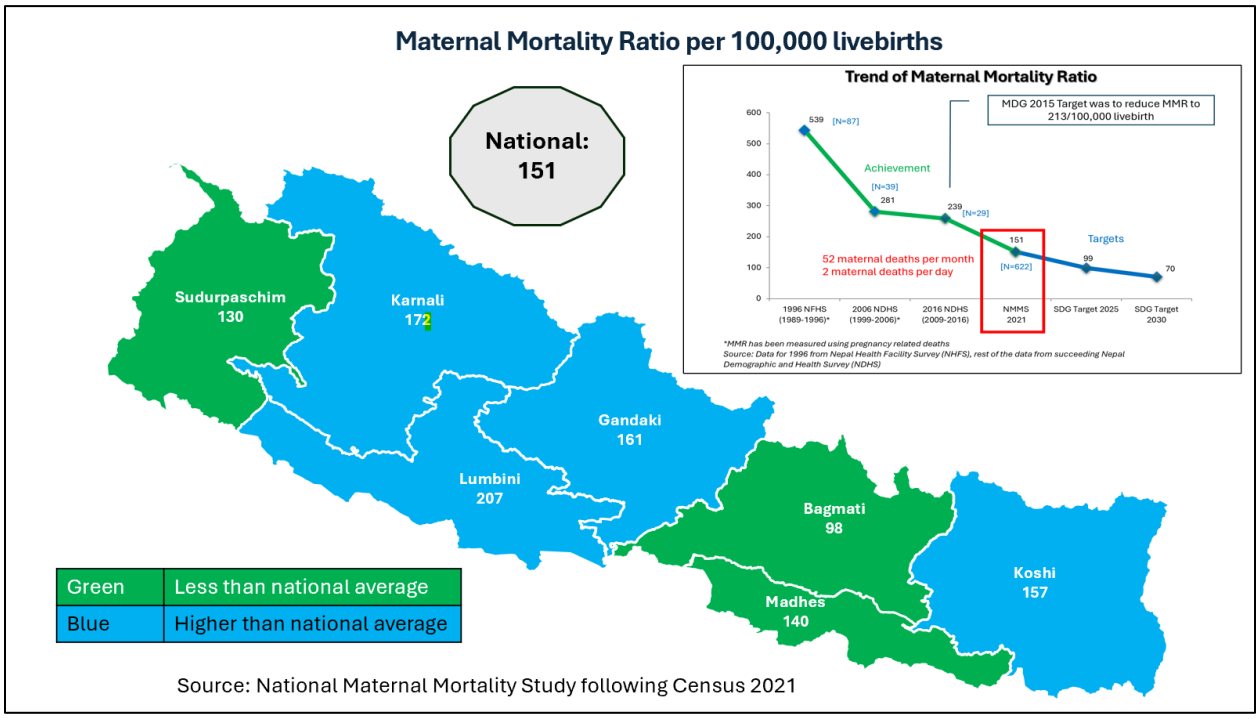
Figure 2.1: Human development indices by province



Steady gains in healthy life expectancy: The NHSSP targets a steady rise in Nepal's Healthy Life Expectancy (HALE)—the average number of years a person is expected to live in good health—from 61.5 years in 2019 to 65.8 years by 2025, 68.8 years by 2027, and 70.8 years by 2030. According to the Nepal Burden of Disease Study 2019, Nepal's Healthy Life Expectancy (61.5 years) is about 10 years lower than overall life expectancy yet reflects an impressive gain of 11.1 years since 1990 (9). In 2019, women had a slightly higher HALE (62.2 years) compared to men (60.9 years), indicating gradual progress toward longer and healthier lives.

Addressing gaps to end preventable maternal deaths: Nepal's Maternal Mortality Ratio (MMR) is estimated at 151 deaths per 100,000 live births, reflecting continued progress but also highlighting persistent regional and demographic disparities (10). Lumbini (207) and Karnali (172) provinces report the highest MMRs, while Bagmati Province records the lowest at 98 per 100,000 live births (Figure 2.2). Nearly half of all maternal deaths (47%) occur in Lumbini and Madhesh Provinces, indicating the need for targeted interventions in these provinces. Most maternal deaths happen in the postpartum period (61%), followed by pregnancy (33%) and delivery (6%), with adolescent mothers accounting for one in ten deaths. Notably, 57% of maternal deaths occur in health facilities, while 26% take place at home, underscoring critical gaps in the quality and timeliness of maternal care even within service delivery settings. The MoHP, together with development partners and other stakeholders, is dedicated to ending all preventable maternal deaths by implementing focused and evidence-based actions in high-burden areas.

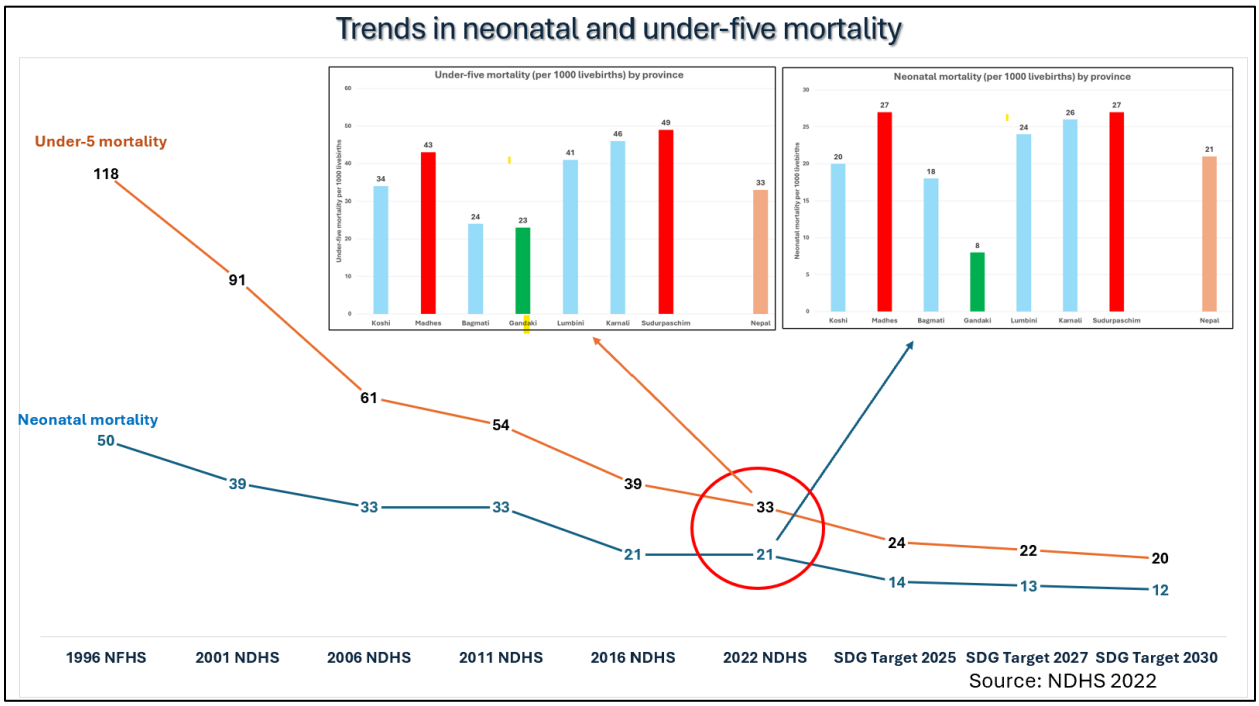
Figure 2.2: Maternal mortality ratio by province



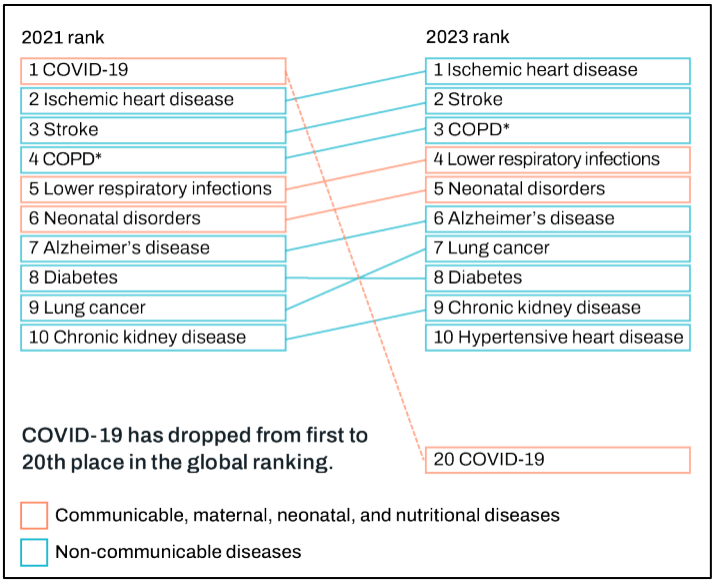
Saving children, closing the inequity gaps: Over the past two decades, Nepal has achieved notable progress in reducing child mortality, particularly the under-five mortality rate (U5MR). While U5MR has shown a steady decline, the reduction in neonatal mortality rate (NMR) has lagged during certain periods, notably between 2006–2011 and 2016–2022, resulting in a persistent NMR of 21 per 1,000 live births since 2016. In contrast, U5MR has continued to improve, decreasing from 39 in 2016 to 33 in 2022 (Figure 2.3). Despite these overall gains, disparities across provinces remain evident: Sudhurpaschim Province records the highest U5MR at 49 per 1,000 live births, whereas Gandaki Province has the lowest at 23 per 1,000 live births, highlighting the need for targeted interventions to address regional inequities.

A recent analysis of neonatal mortality trends and newborn care readiness in Nepal underscores the persistent equity gaps between socioeconomically disadvantaged and privileged groups (11). While the NMR on the first day of life showed improvement in 2022 compared to 2016, the overall NMR remained stagnant between 2016 and 2021, despite increased utilization of maternal and neonatal health services. Disparities are most pronounced among mothers with limited or no education and those who marry at a young age, who continue to face higher NMR. Conversely, deliveries assisted by skilled birth attendants (SBAs) and timely postnatal care (PNC) for newborns are strongly linked to reduced NMR, highlighting the importance of quality service coverage. Women's decision-making autonomy also emerges as a protective factor associated with lower neonatal deaths. Although health facility readiness for newborn care has generally improved since 2015, significant gaps persist across provinces, facility types, and ecological regions, emphasizing the need for targeted strategies to ensure equitable access to life-saving care.

Figure 2.3: Trends in neonatal and under five mortality



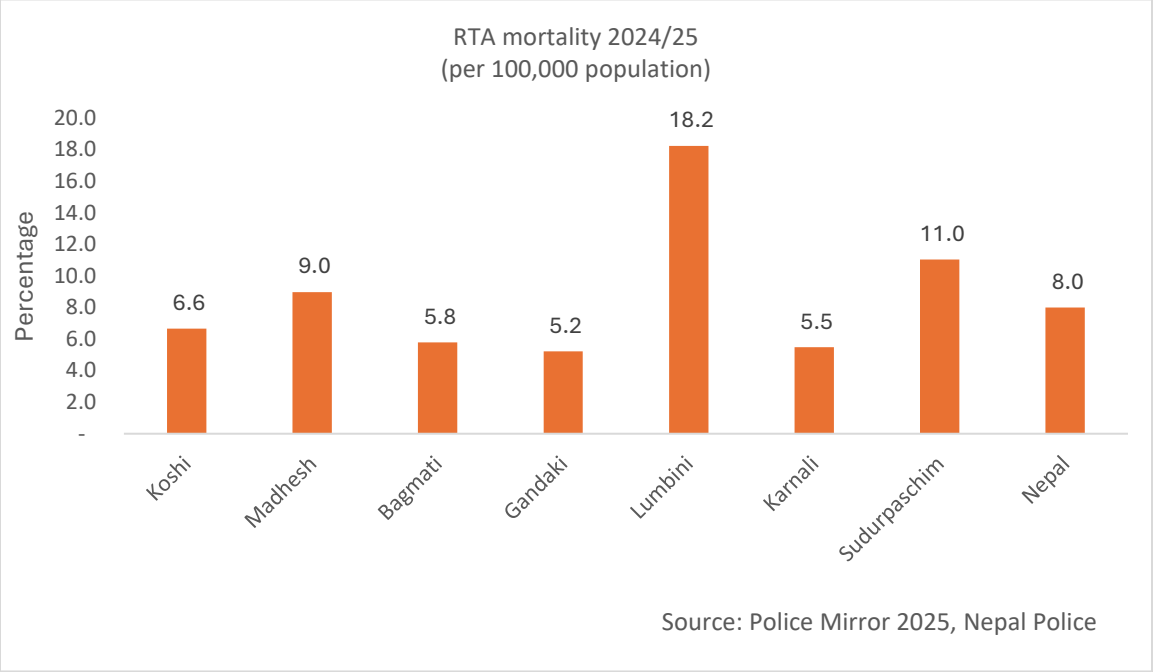
Protecting gains, confronting NCDs: The Global Burden of Disease Study 2023 shows that non-communicable diseases (NCDs) remain a growing global health challenge (12). COVID-19, which caused 18 million deaths, has fallen from the leading cause of death in 2021 to 20th in 2023. While NCD-related deaths are declining in high Socio-demographic Index (SDI) countries, they remain alarmingly high in low-SDI regions. Diabetes, mental health disorders, drug use, violence, and heat waves are among the fastest-rising threats to health. Today, half of the top ten causes of early death and disability worldwide are NCDs, with diabetes and anxiety and depression showing the fastest growth. High blood pressure, air pollution, and smoking are the leading risk factors driving premature death and disability globally. Many low-resource countries still face significant gaps in access to prevention, treatment, and care for NCDs, underscoring the urgent need for stronger health interventions. The report calls for urgent action: expanding prevention and treatment, reducing key risk factors, and strengthening health systems to address NCDs while sustaining gains in infectious disease control and newborn survival.



Road traffic accidents - a critical public health challenge: Road traffic accidents (RTA) are a major public health concern, contributing to a substantial loss of life and injury worldwide. In Nepal, the rapid growth of vehicles, combined with inadequate road infrastructure and safety measures, has driven a concerning

rise in RTA-related fatalities and serious injuries. The NHSSP targets to reduce the RTA mortality rate to 4.96 per 100,000 population by 2030. However, in 2024/25 data from Nepal Police indicate an alarming situation, with national RTA mortality rate of 8 per 100,000 population, equivalent to seven preventable deaths per day (Figure 3.4) (13). Among provinces, Lumbini reports the highest rate at 18.2, while Gandaki records the lowest at 5.2.

Figure 3.4: RTA mortality by province



Suicide: The NHSSP aims to reduce the suicide mortality rate to 4.7 by 2030. However, Nepal Police data for 2024/25 report 6,852 suicide deaths, reflecting a mortality rate of 23 per 100,000 population (14). A closer review of the trend data reveals year-to-year fluctuations, with reported suicide deaths ranging from 6,241 in 2019/20 to 7,399 in 2023/24 (Figure 3.5). Alarmingly, the current figure translates to average of 19 suicide deaths per day in Nepal.

Table 2.7 presents status of the NHSSP RF goal level indicators.

Figure 3.5: Trend of suicide deaths

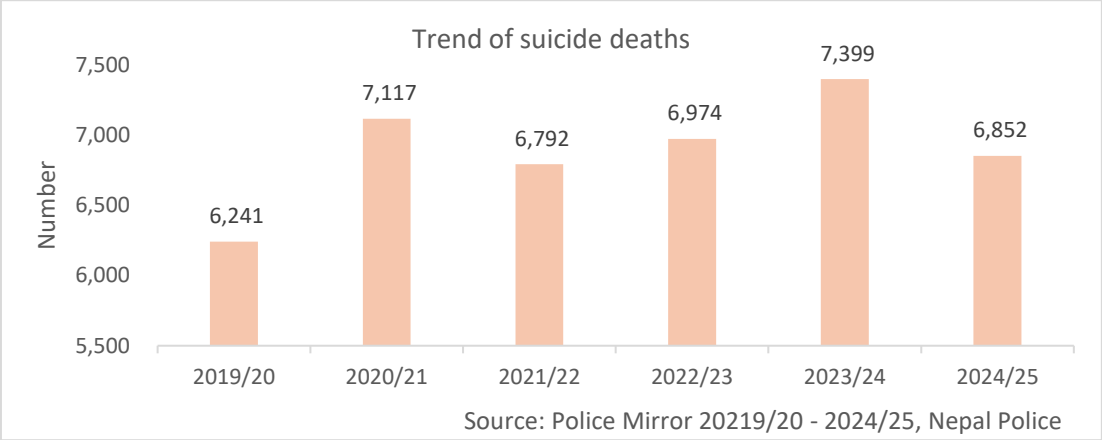


Table 2.7: Progress on the NHSSP RF goal level 11 indicators								
Indicators		**Baselines**	**Sources**	**2025 Status**	**Sources**	**2025 Milestones**	**2027 Milestones**	**2030 Targets**
IM1	Human Development Index	0.602	NHDR 2020	0.602	NHDR 2020	0.62	0.65	0.68
IM2	Healthy Life expectancy	61.5	NBoD 2019	61.5	NBoD 2019	65.8	68.8	70.8
IM3	Maternal mortality ratio	151	Census 2021	151	Census 2021	99	85	70
IM4	Neonatal mortality rate	21	NDHS 2022	21	NDHS 2022	14	13	12
IM5	Under-five mortality rate	33	NDHS 2022	33	NDHS 2022	24	22	20
IM6	Prevalence of stunting among children under 5 years of age	25	NMICS 2019	25	NDHS 2022	20	16.6	12
IM7	Mortality between 30 and 70 years of age from Cardiovascular disease, Cancer, Diabetes or Chronic respiratory disease	2.8	NBoD 2019	2.8	NBoD 2019	2.15	2.10	1.96
IM8	Suicide mortality ratio	23.4	Nepal Police 2021	18.1	Census 2021	7.8	6.2	4.7
IM9	Life lost due to road traffic accidents	9.5	Nepal Police 2021	13.1	Census 2021	7.45	6.20	4.96
IM10	Incidence of impoverishment due to OOP expenditure in health	1.7	NHA 2019	1.7	NHA 2019	1	0.6	0
IM11	Total fertility rate	2.1	NDHS 2022	2.1	NDHS 2022	2.1	2.1	2.1

3. Progress by NHSSP Strategic Objectives and Outcomes

This chapter presents a summary of the health sector's progress in line with the NHSSP, the Government of Nepal's Policy and Program 2024/25, and the 16^{tih} periodic plan. The section is structured around the five strategic objectives and corresponding outcomes of the NHSSP. The five strategic objectives of the NHSSP are:

1. Enhance efficiency and responsiveness of health system
2. Address wider determinants of health
3. Promote sustainable financing and social protection in health
4. Promote equitable access to quality health services
5. Manage population and migration

3.1 Efficiency and Responsiveness of Health System

This objective aims to build an efficient, accountable, and people-centered health system. It emphasizes strengthening health workforce management, promoting evidence-based planning, ensuring safe and resilient health infrastructure, improving access to quality medicines, and enhancing governance and emergency preparedness.

3.1.1 Human resources for health

Strengthening medical education to meet the health workforce needs: The Medical Education Commission, an autonomous body established under the National Medical Education Act (2075 BS), performs critical functions in medical education, including formulating national policies and standards, approving the establishment of medical educational institutions and determining fees, conducting a unified entrance examination, accrediting and assuring quality, and developing human resource projections to meet the country's health workforce needs. In 2024/25, the Commission allocated 8,070 undergraduate seats for 87 institutions, including the Faculty of Medicine at Pokhara University of Health Sciences. Additionally, 2,066 seats were allocated for postgraduate programs. The Commission has prioritized the development of national curriculum frameworks for both undergraduate and postgraduate programs. Draft frameworks have been prepared for 22 of 55 postgraduate subjects. Similarly, work is progressing on development of curriculum frameworks for B.Sc. Midwifery, advance diploma, and general nursing programs.

The Commission has continued the development and utilization of the Medical Education Management Information System. In 2024/25, the system was further expanded with the addition of modules for grant disbursement and seat calculation. During this period, the Commission also verified 36,233 students across 107 teaching institutions, ensuring proper utilization of grants. In accordance with the National Medical Education Act, 2075, the Commission has established minimum/accreditation standards for all levels and streams of medical education. As part of this process, minimum standards for 14 undergraduate programs, including MBBS and BDS, have been approved. These standards define program specific competencies, maximum seat capacity, and required physical, academic, and technical infrastructure for each program.

In 2024/25, the Commission issued eligibility letters for foreign study to 1,903 students, including 1,504 undergraduate students, 373 postgraduate students and 6 DM/MSCH students, and 20 fellowship students. During the same period, the Commission also conducted on-site monitoring of 90 teaching institutions.

To gain global recognition for Nepal's MBBS program, the Commission applied to the World Federation for Medical Education (WFME). A WFME team conducted on-site evaluation and submitted its report, identifying areas requiring improvement. Accordingly, the Commission has decided to seek additional time for a second assessment. The Commission's participation in the WFME World Conference 2025 further strengthened Nepal's international collaboration and visibility in medical education quality assurance.

For the 2025/26 academic session, a total of 6,597 students were admitted to various teaching institutions through multiple phases of the matching process from among 23,286 eligible undergraduate candidates. For the postgraduate unified entrance examination, 9,602 applications were received, and 1,747 candidates were admitted out of 4,436 eligible candidates, with the highest number (1,084) enrolled in MD/MS programs. Similarly, in the DM, MCh, and NBMSS-SS levels, 85 students were admitted from 138 eligible candidates out of 310 applicants. A total of 67 residents – 43 in specialty programs and 24 in sub-specialty programs – were enrolled under the National Board of Medical Specialties. Among them, 6 specialty-level residents have successfully completed their programs.

This year the Commission also managed scholarships received from various countries. A total of 20 seats were offered by the Government of Pakistan for MBBS and BDS programs; 3 MBBS seats by the Government of China; 22 MBBS and BDS seats by the Government of Bangladesh; 1 MBBS seat by the Government of Cuba; and 2 postgraduate (MD/MS) seats by the Government of Egypt.

The GoN is also prioritizing the strengthening of programs for the training and production of medical specialists. As part of this effort, special initiatives have been undertaken to enhance the capacity of Shahid Gangalal National Heart Center, recognized by National Academy of Medical Sciences (NAMS), to serve as Nepal's premier cardiac training institution. The center plays key role in producing cardiologists and cardiovascular surgeons in the country. It offers Doctorate in Medicine (DoM) and Fellowship programs in various cardiovascular specialties such as DM in Cardiology, DM in Cardiothoracic and Vascular Surgery, DM in Cardiac Anesthesiology, and Fellowship in Interventional Cardiology, Echocardiography, and other subspecialties.

MDGP - bridging gaps in rural and primary health care: Since its inception in 1979, Nepal has made remarkable progress in the development of Medical Doctors in General Practice (MDGP). This three-year postgraduate program, undertaken after the five-year MBBS course, equips doctors with comprehensive training in general practice and emergency medicine. MDGP graduates provide context-appropriate, high-quality care, particularly in rural and underserved areas, bridging critical service gaps and expanding access to healthcare nationwide. These family physicians have been instrumental in strengthening primary and emergency care, taking on expanded roles in surgery, anesthesia, and non-communicable disease management, thereby reducing morbidity and mortality and improving life expectancy in Nepal.

Since 2007, the MoHP has been partnering with Nick Simons Institute (NSI) in strengthening rural health services through the training and mobilization of MDGP doctors. In coordination with the MoHP and academic institutions, NSI supports competency-based training in emergency, surgical, and maternal health care. The Institute provides scholarships, clinical mentoring, and continuing professional development for MDGPs, and facilitates their placement in rural hospitals. Between 2007 and 2015, a total of 65 doctors successfully graduated from the MDGP program. Following its relaunch in 2024, 9 doctors are currently enrolled in the program. These efforts have contributed to enhancing the availability and quality of essential health services in remote areas, thereby supporting the government's goal of equitable access to healthcare across the country.

The rising burden of non-communicable diseases, persistent reproductive health issues, slow reduction of communicable diseases, and increasing mortality from injuries and accidents are placing significant strain on Nepal's health system. On the other hand, limited availability of specialist surgeons, anaesthesiologists, and obstetricians, particularly in rural areas, further necessitates reliance on generalist surgical teams. The deployment of general practitioners in rural health facilities has strengthened the provision of continuous emergency obstetric care, major orthopedic surgeries, appendectomies, tubal ligations, and vasectomies, contributing to higher emergency department utilization, increased inpatient admissions, and improved institutional birth rates within hospital catchment areas (15). Despite its critical role, the MDGP program faces challenges such as limited career pathways, inadequate rural infrastructure, high workload, and retention difficulties, which constrain its impact on rural healthcare delivery. The MoHP is actively collaborating with stakeholders to address these challenges and strengthen the program's effectiveness.

BMETs - pillars of resilient health system: Biomedical Equipment Technicians (BMETs) are vital for ensuring the safe, reliable, and continuous functioning of medical equipment across health facilities. Their responsibilities include installation, maintenance, calibration, troubleshooting, and repair of diagnostic, therapeutic, and laboratory equipment. Skilled BMETs are particularly critical in rural and underserved areas, where equipment failure can disrupt essential services such as emergency care, maternal health, and surgery.

The MoHP, in partnership with the NSI, has been strengthening BMET capacity through scholarships, competency-based training, mentorship, and ongoing professional development. The program trains mid-level technicians to ensure that essential medical devices are properly installed, maintained, and repaired – thereby reducing equipment downtime and improving service delivery. To date, with NSI's support and collaboration with the National Health Training Centre, Teku, 348 have been trained since 2006. This partnership has enhanced service reliability, reduced equipment downtime, and improved patient care across the country.

Evidence shows that hospitals with BMETs have significantly fewer non-functional medical devices compared to those without. Only 7% of devices were found non-functional in hospitals with BMETs, compared to 14% in facilities lacking them (16). This improvement was consistent across general care, laboratories, surgical departments, and operating theaters. Furthermore, qualitative findings indicate that the present of on-site BMET is far more effective than relying on infrequent visits from central maintenance teams. By ensuring the functionality of medical equipment at all levels of care, BMETs play a pivotal role in maintaining service quality and strengthening Nepal's health system, particularly in rural settings.

NHTC - striving to enhance the capacity of health workforce: Enhancing the skills of health workers is vital to improving the quality, efficiency, and equality of health services. Regular capacity-building and skill enhancement training ensure that health professionals remain competent, confident, and adaptive to evolving health needs and technologies. The National Health Training Centre (NHTC) plays a pivotal role in this process by developing training curricula, coordinating capacity-building initiatives, and standardizing training across all levels of the health system. Through continuous professional development, NHTC strengthens the health workforce's ability to deliver quality care, thereby contributing to better health outcomes and the overall resilience of Nepal's health system.

In FY 2024/25, NHTC developed the following new training materials:

a. Skilled Health Personnel and Skilled Birth Attendant (SHP/SBA) Modular Training
b. Basic And Refresher Training on Malaria Microscopy for Laboratory Personnel
c. Mortuary Assistance Training for Health Workers
d. Basic Emergency Care Training
e. Community First Health Responder (CFHR) Training
f. Advanced Cardiovascular Life Support Training
g. Basic Burn Care (BBC) Training

Besides these, this year NHTC updated/revised the following training packages:

1. Comprehensive Newborn Care – Level II – SNCU Training
2. Prevention of Antimicrobial Resistance (AMR) Training
3. Operation Theatre Techniques and Management
4. Hemodialysis Training for Doctors and Nursing Staff

The NHTC has also undertaken the standardization of training materials developed by various centers and divisions (Table 3.1).

Table 3.1: Standardization of training materials for divisions and centers

Center/Division	Training
National Centre for AIDS and STD Control (NCASC)	▪ PMTCT Training ▪ STI Management Training ▪ HIV CMT Training
National Tuberculosis Control Centre (NTCC)	▪ Basic TB Modular Training ▪ Clinical Management Training on Tuberculosis for Medical Doctors
Nursing and Social Security Division (NSSD)	▪ Peritoneal Hemodialysis Training ▪ Mental Health Training for School Health Nurses

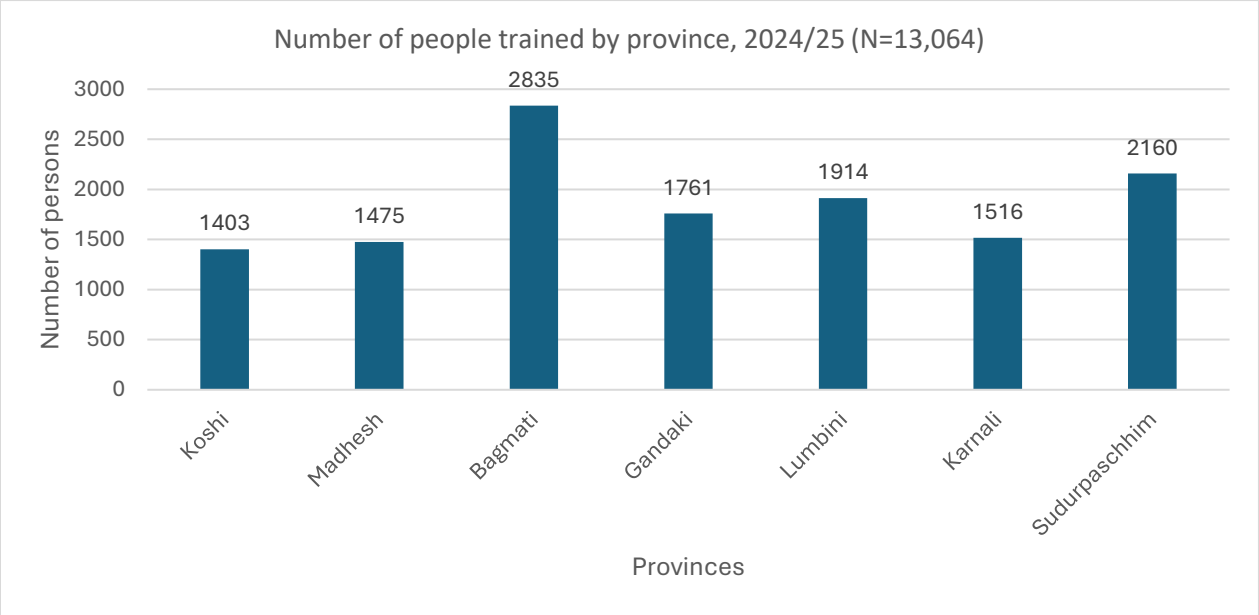
Strategic roadmap for field epidemiology: The NHTC developed a Strategic Roadmap for the Field Epidemiology Training Program (FETP). The draft roadmap was reviewed and validated during a two-day workshop attended by around 25 representatives from government agencies, academia, and development partners, including WHO. Participants aligned the document with insights from previous consultations, confirming its structure and reaching consensus on the strategic vision, objectives, and targets to be

achieved by 2030. This roadmap sets a clear direction for strengthening Nepal's field epidemiology capacity and workforce development over the coming decade.

In June 2025, the MoHP hosted the National Conference on Field Epidemiology, supported by the Pandemic Fund and themed "Uniting for Resilient Health: Field Epidemiology, Surveillance, and Policy Interventions." The two-day event convened leading epidemiologists, public health professionals, researchers, and policymakers for strategic dialogue on strengthening outbreak preparedness and response. The conference fostered cross-sectoral collaboration and knowledge sharing to address challenges posed by Nepal's diverse geography, rapid urbanization, climate risks, and health system constraints. It also highlighted the achievement of the FETP, launched in 2022, which has significantly strengthened the nation's capacity to detect, investigate, and manage disease outbreaks.

Skill Development: In FY 2024/25, the NHTC, in collaboration with Provincial Health Training Centers, and development partners, trained a total of 13,064 health workers across all seven provinces. Bagmati province accounted for the highest share (21.7%), while Koshi province represented the lowest (10.7%) (Figure 3.1).

Figure 3.1: Number of people trained by provinces, 2024/25



Of the total 13,064 trained health personnel, 1,943 received training funded through the NHTC budget. Table 3.2 shows the number of persons trained under some of the major training programs.

Table 3.2: Major training courses conducted during the year

Training	Participants
ToT for Ambulance Drivers	80
Comprehensive Newborn Care (CNBC) for Nurses/MOs/Paramedics	186

Training	Participants
Hemodialysis Training for Nurses	78
Medico-Legal Training	120
Various Mental Health Training Modules	526
Primary Burn Care Training	77
Psychosocial Counselling for OCMC Health Workers	55
Operation Theater Training for Nurses	99

In addition, under the Field Epidemiology Training Program (FETP-Frontline), three batches have been completed, producing 185 graduates who are currently serving in their respective workplaces.

Training Accreditation and Regulation: This year, the Madan Bhandari Academy of Health Sciences, Hetauda Hospital was accredited as new SBA training site. In addition, several existing clinical sites received accreditation for new training programs, bringing the total of accredited clinical sites to 66 by the end of the last fiscal year.

- Provincial Hospital Dhaulagiri, Baglung – ROUSG Training
- Seti Provincial Hospital, Dhangadhi – Medico-Legal Training
- Nepalgunj Medical College – ECCT Training
- Pokhara Academy of Health Sciences – SNCU Training

Honoring Rural Health Heroes: Rural health workers play a critical role in Nepal's healthcare system, often serving in remote and hard-to-reach areas with limited resources. Their dedication ensures that essential health services, including maternity and childcare, immunization, and disease prevention, reach communities that would otherwise have little access to care. Honoring these professionals not only acknowledges their extraordinary commitment and sacrifices but also motivates others in the health sector to strive for excellence. Recognition programs, such as the Rural Health Worker Award, highlight their contributions, strengthen workforce morale, and emphasize the importance of sustaining quality healthcare services across Nepal's diverse and challenging terrains.

PHI Rabin Thapa, Dhola Health Post, Dhading Receiving the Nick Simons Award 2024

The Nick Simons Institute (NSI), in collaboration with the MoHP and the NHTC, annually presents the Nick Simons Award to recognize exceptional rural healthcare workers across Nepal. The award honors individuals for their outstanding dedication and services in rural settings, highlighting the vital role of frontline health workers in ensuring equitable access to quality care. Symbolic of many unsung heroes serving in similar conditions nationwide, the Award includes a cash prize and a token of appreciation as a gesture of respect and gratitude. Through this collaboration, NSI and MoHP continue to strengthen the healthcare workforce

in Nepal, ensuring that dedicated professionals receive the recognition and support they deserve for their invaluable contributions to public health.

Capacitating healthcare workers in the DR-TB centers: The National Tuberculosis Control Centre, supported by WHO, has developed the Clinical Handbook of TB Management Protocols and the DR-TB Training Manual for Medical Doctors. Healthcare workers at DR-TB Centers have been trained in these updated guidelines to strengthen their capacity in managing both drug-sensitive and drug-resistant tuberculosis.

Enhancing staff capacity through higher education appointments: In 2024/25, the Ministry received 143 applications for undergraduate and postgraduate studies. Of these, 132 employees were recommended and appointed by the selection committee, including 84 for undergraduate programs and 48 for postgraduate programs.

Facilitating postgraduate medical training in the U.S. aligned with national health needs: For Nepali medical graduates seeking postgraduate clinical training (residency/fellowship) in the United States under the J-1 Exchange Visitor Visa, obtaining a Statement of Need from the MoHP is mandatory to ensure that the training aligns with the national healthcare priorities. The requirement is a prerequisite set by the Educational Commission for Foreign Medical Graduates (ECFMG), USA. In 2024/25, the Ministry issued Statements of Need for 277 medical doctors pursuing postgraduate clinical training in the United States under J-1 visa program. Of these, 56% were male, and a large proportion (43%) sought specialties in internal medicine (Table 3.3).

Table 3.3: Number of Statement of Need issued by specialties (2024/25)

Specialty	Statement of Need Issued	%
Internal Medicine	124	43.1
Pediatrics	48	16.7
Family Medicine	34	11.8
Obstetrics & Gynecology	9	3.1
Radiology	8	2.8
Surgery	8	2.8
Endocrinology	7	2.4
Infectious disease	6	2.1
Emergency medicine	6	2.1
Pathology	5	1.7
Cardiology	5	1.7
Hematology	4	1.4
Neonatal perinatal medicine	4	1.4
Anesthesiology	3	1.0
Psychiatry	3	1.0
Neurology	3	1.0
Others	11	3.8
Total	277	

Facilitating legal deployment of foreign health specialists: In 2024/25, the MoHP facilitated the provisional registration and licensure of 151 foreign doctors and health professionals through relevant regulatory bodies, including Nepal Medical Council, Health Professional Council, and Nepal Nursing Council. Candidates were assessed based on qualifications, experience, and required documentation, enabling them to legally serve in health institutions across Nepal. This initiative has expanded specialist services, improved access in remote areas, and contributed to overall improvements in health service quality.

Additionally, the Ministry completed the necessary processes for 257 foreign doctors and health professionals wishing to serve in Nepalese hospitals, providing recommendations for visa issuance, work agreements, and labor approval. Candidates were evaluated based on qualifications, experience, service area, and hospital demand, ensuring legal deployment and strengthening the specialist workforce in health institutions.

Professional councils driving competence and accountability in health: Under the MoHP, five professional councils have been established to regulate and strengthen health education and practice in Nepal. These councils include Nepal Medical Council (NMC), Health Professional Council (HPC), Nepal Nursing Council (NNC), Nepal Pharmacy Council (NPC), and Nepal Ayurveda Medical Council (NAMC). These councils aim to ensure quality, professionalism, and ethical standards across their respective health sectors, safeguard public health, and facilitate the development competent health workforce. By overseeing licensing, accreditation, curriculum standards, and continuous professional development, the councils help maintain high standards of health services while supporting the country's broader goal of accessible, safe, and equitable health care for all. The section below outlines the significant milestones achieved by these professional councils in 2024/25.

A. Nepal Nursing Council (NNC): The NMC initially registered nursing professionals in two categories: Auxiliary Nurse Midwives (ANMs) and Registered Nurses, based solely on submitted application. From 11 May 2012, registration required passing an examination, applicable to both B.Sc. and PCL nurses.

Special Registration started in 2021 through application and moved to computer-based exams from July 2023. Nursing licenses are valid for six years, meaning renewal and re-registration records will only become available after this period. Similarly, separate B.Sc. and PCL Nursing examinations started in December 2022, so their renewal and re-registration records will also be accessible after six years.

In 2024/25, a total of 2,772 nurses across various categories were registered with the NNC, bringing the cumulative total to 47,165 (Table 3.4). Among those registered this year, the majority belonged to the PCL nursing category.

Table 3.4: Registration of nurses by category, 2024/25

Nursing category	New registered in 2024/25	Cumulative till 2024/25	Re-registration/renewal till 2024/25
ANM	243	37,454	36,334

Nursing category	New registered in 2024/25	Cumulative till 2024/25	Re-registration/renewal till 2024/25
PCL Nursing	1,689	5,704	---
B.Sc. Nursing	623	2,004	---
Bachelor of Midwifery Science (BMS)	42	133	---
Specialist Nurses	175	1,870	---
Total Registered Nurse	2,772	47,165	36,334
Source: Nepal Nursing Council, Annual Report 2024/25			

B. Nepal Pharmacy Council (NPC): The Nepal Pharmacy Council has four active committees: the Continuing Professional Development (CPD) Committee, the Professional Conduct and Health Committee, the Name Registration and Examination Committee, and the Technology Committee. In 2024/25, kye CDP activities included sessions on nutraceuticals and their health impact, antimicrobial resistance, hospital pharmacy guidelines, along with four annual CPD programs conducted across all provinces. Through these initiatives, 300 pharmacists and pharmacist assistants in each province received training.

During the same year, the Council issued 240 good standing certificates for pharmacists and pharmacist assistants pursuing abroad studies, employment, or professional advancement within Nepal. Data from the past four years show a steady rise in the issuance of good standing certificates – from 82 in 2022 to 151 in 2023, 280 in 2024, and 256 in 2025.

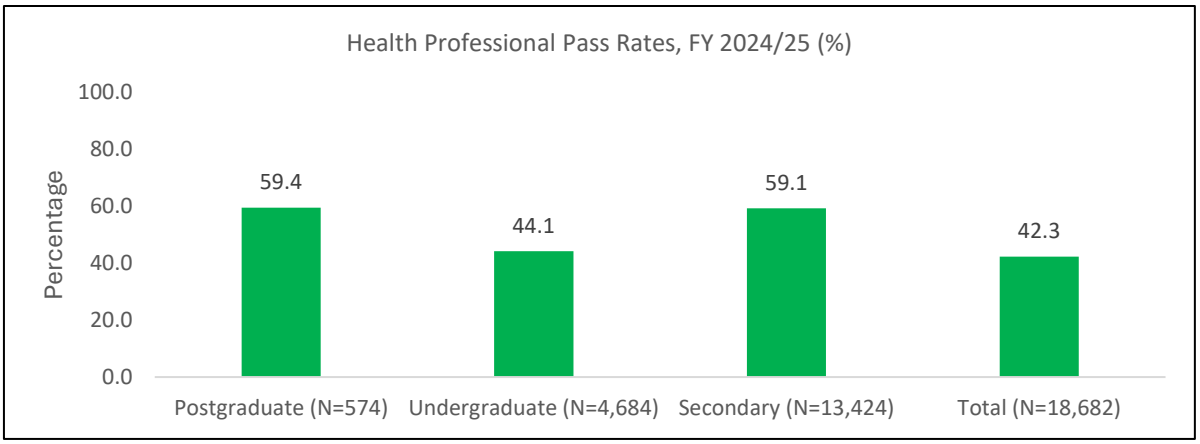
The council has strengthened its digital services by introducing online systems for issuing good standing letters and no-objection certificates, developing an online CPD training module, and digitizing the registration and renewal processes. With these improvements, individuals who pass the registration examination no longer need to visit the Council in person. The Council has also prepared an annual activity calendar, and in coordination with the MoHP, issued a directive to enforce a standard dress code for pharmacists and pharmacist assistants.

In 2024/25, the Council cancelled 30 registrations – including cases of deceased registrants, individuals convicted by the court, and applicants with unverified documents. Additionally, 16 expatriate pharmacists were registered, and the membership of three individuals was withheld for 90 days.

By November 2025, a total of 8,052 pharmacists and 15,951 pharmacist assistants had been registered with the Council. All services have been fully digitized, and the practice of accepting written application has been discontinued. The Council now responds all applications within four days and has introduced an online complaint registration system on its website.

C. Nepal Health Professional Council (NHPC): In 2024/25, the NHPC conducted five examination rounds (10^{th} – 14^{th}), with 18,682 health professionals appearing and an overall pass rate of 42 percentage. Pass rates were 59% for postgraduate candidates, 44% for undergraduate level, and 59% at the secondary level (Figure 3.2). That year, the NHPC issued 697 certificates for third-level categories. Additionally, 192 postgraduate, 904 undergraduate, 3,231 secondary-level, and 6,141 third-level professionals renewed their certificate. The council also issued 629 good standing and verification certificates.

Figure 3.2: Health professionals pass out rates, FY 2024/25



D. Nepal Ayurveda Medical Council (NAMC): As of November 2025, a total of 6,703 Ayurveda health professionals are registered with the NAMC. Among them, four hold Ph.D. degrees; 187 have MD/MS/PG qualifications; 1,125 possess BAMS or equivalent degrees; 12 hold Ayurveda B. Pharmacy degrees; 1,982 are AHE or equivalent; 3,374 are AAHW/TSLC; and 19 are traditional healers. In terms of Ayurveda education, the NAMC records one postgraduate institution (Tribhuvan University, IOM, Ayurveda Campus, Kirtipur); three bachelor level programs (BAMS); and eight institutions offering certificate level (AHA) programs across the country.

In 2024/25, the NAMC conducted biannual licensing examinations for undergraduates (BAMS) certify Ayurveda Doctors. The Council also regularly carried out registration and renewal of other Ayurveda professionals, ensuring professional accountability and service quality. Additionally, the Licensing Examination Guideline for other categories of Ayurveda health workers is currently under development, aiming to standardize certification across all levels of Ayurveda practice. The Council is advocating for and planning amendments to the existing Act and Regulations to address emerging needs in the field, including the integration and regulation of other forms of alternative medicines within the national health system.

3.1.2 Evidence-and equity-based planning leveraging technology

The NHSSP outcome of 'evidence-and equity-based planning' is pursued through strengthening the generation, analysis, and use of evidence at all levels by leveraging technology; and fostering high-quality health research focused on national priority areas.

The NHSSP Results Framework (RF) provides a strong foundation for monitoring health sector performance, with 111 indicators across impact, outcome, and output levels. Drawing on routine systems, national surveys, and health reports, each indicator is mapped with baselines, targets, and verification methods. While some data sources can be further strengthened, the RF effectively supports evidence-based planning, informed decision-making, and continuous sectoral improvement. MoHP, in collaboration with HDPs, reviewed the data sources for each indicator in the RF, focusing on quality and identifying gaps, and outlined key actions needed to address these issues. This exercise defines each indicator with

rationale, assesses the data systems associated with them - focusing on quality and identifying gaps - and recommends specific actions for enhancing existing data systems and developing new ones as needed. The MoHP is working in close collaboration with stakeholders to address the gaps identified by the review.

In 2024/25, the MoHP continued maintaining and updating the Health Facility Registry, which is an interactive, web-based analytical platform that hosts a Master Inventory of all health facilities in Nepal, each with a unique identification code, location, type, level, and service details. The registry serves as a vital resource for both the government and the public to access comprehensive and up-to-date facility information[1]. All local governments and hospitals in seven provinces were trained on the updated forms and their administration. A total of 11,318 health facilities including 8,881 public and 2,437 non-public facilities, have been registered in the registry. In 2024/25 the MoHP updated the data entry form for the national health facility registry (NHFR), oriented all Palikas and hospitals in all seven provinces on the updated forms.

Health Workforce Registry: The Nepal Health Workforce Management Information System (NHWMIS) is a comprehensive digital platform that functions as a centralized repository for recording, tracking, and analyzing data on health professionals across all levels of the health system, supporting effective management and evidence-based planning of the national health workforce[2]. Local governments and hospital staff have been oriented on use of the registry. The NHWMIS is being progressively expanded and institutionalized across provinces and local levels. Initial implementation has improved workforce data accuracy and availability, supporting equitable distribution and better human resource planning within the federal health system.

Training Information Management System (TIMS): The Training Information Management System (TIMS) has been updated to enable online registration. Through this system, all training conducted by the National Health Training Center (NHTC) and the Provincial Health Training Centers (PHTCs) are recorded under a one-door system, making it easier to plan training programs and eliminate duplication. The NHTC and PHTCs have been promoting HDPs and other stakeholders in using TIMS data to strengthen training planning and improve effectiveness.

Navigating NDHS and NHFS data gaps: The Nepal Demographic and Health Survey (NDHS) - a population-based survey - and the Nepal Health Facility Survey (NHFS) - health facility-based survey - conducted every five years with support from USAID, have been pivotal sources of data enabling international, national, and sub-national comparisons of health sector data in Nepal. However, the implementation of third NHFS, scheduled for 2025, and the seventh NDHS, planned for 2026, remains uncertain following the closure of USAID and a major shift in U.S Government development priorities since early 2025. The MoHP, in collaboration with NHRC, has initiated the planning of a national level health survey to meet the national data needs using domestic resources.

Multiple Indicator Cluster Survey: The Multiple Indicator Cluster Survey (MICS), a household survey developed and supported by UNICEF globally, is designed to generate estimates of key indicators to assess

1 https://nhfr.mohp.gov.np/

2 http://nhwr.mohp.gov.np/

the situation of children and women. Over the past three decades, MICS has evolved to respond to changing data needs, expanding from 28 indicators in its first round to over 250 indicators in the current seventh round, providing crucial data for Sustainable Development Goals (SDG) monitoring and reporting. In Nepal, MICS has been conducted in 2010, 2014, and 2019. The seventh round of Nepal MICS (NMICS) is being implemented under the leadership of the National Statistical Office (NSO) in close collaboration with UNICEF, starting from mid-2024 and expected to be completed by 2026. The survey encompasses around 12,960 households nationwide, with 540 clusters serving as the primary sampling units across seven provinces. Updating the NMICS has become essential to bridge critical data gaps, especially in light of the uncertainties surrounding the future implementation of NDHS.

Mapping soil transmitted helminthiasis for targeted actions: The MoHP, with WHO support, conducted the nationwide survey on soil transmitted helminthiasis to estimate national and subnational prevalence of the three major STH species: Ascaris lumbricoides, hookworm (Necator americanus / Ancylostoma duodenale), and Trichuris trichiura – including moderate and heavy intensity infections, key indicators for monitoring program impact. The findings will guide Nepal's deworming program by informing treatment frequency and coverage. Previous data, such as the 2016 National Micronutrient Status Survey, reported 12% prevalence in children and 19% in non-pregnant women, with Ascaris lumbricoides most common type. This new survey addresses data gaps and considers sanitation and ecological factors to strengthen future STH control, with dissemination planned soon.

Understanding the economic burden of TB in Nepal - Insights from the National TB Patient Cost Survey: In 2024, the National Tuberculosis Control Centre, with technical support from WHO, conducted Nepal's first National Tuberculosis Patient Cost Survey to assess the economic burden faced by TB-affected households across all provinces. The findings revealed that over half (51%) of TB-affected households experienced catastrophic costs, rising to 75% among drug-resistant TB (DR-TB) patients (17). Despite free diagnosis and treatment, non-medical and indirect costs – mainly transport, nutrition, and lost income - account for over 80% of total expenses. The costs particularly impact poorer families, undermining treatment adherence and health outcomes. The evidence is guiding the ministry to strengthen social protection measures, such as travel and nutrition support, and to integrate financial risk protection into TB programs. The survey provides critical insights to achieve the End TB Strategy goal of eliminating catastrophic costs for all TB-affected households.

Coordination with provinces and local levels for SDG monitoring and planning: The Health Coordination Division of the MoHP convened two coordination meetings with provincial and local authorities to review progress toward the SDGs and to outline future strategic directions. The meetings were held in Dhandgadi, Sudurpaschhim Province, and Butwal, Lumbini Province.

Strengthening and expanding Electronic Medical Record (EMR) System: The MoHP endorsed the Integrated Electronic Medical Record System Operation and Management Directives 2081 to standardize the operation and governance of EMR and telemedicine services. The directives provide a unified framework for data networking, security, privacy, and safe storage and use of health information. They also support the integration of patient data from public and private health facilities into a single digital platform, enhancing data accessibility and ensuring interoperability across the health system. All health institutions are required to register their EMR systems within 12 months of the directive's approval. In

parallel, with support from HDPs including WHO and GDC, the MoHP has established Standards and Interoperability Laboratory (SIL) and developed a metadata directory for EMR and HMIS.

Implementation of EMRs has been a high priority across all three levels of government in recent years. While an increasing number of facilities now operate partial or full scale EMR systems, obtaining an up-to-date national figure of public and private health facilities using EMRs remains challenging. Adoption has progressed through a mix of federal, provincial, and local rollouts, along with pilot implementations and sample studies, resulting in fragmented reporting across the system.

The MoHP, in collaboration with HDPs, has been leading the strengthening and scale-up of EMR systems in federal health facilities and facilitating adoption at provincial and local levels. WHO supported EMR rollout at Gulmi Hospital (Lumbini), KAHS (Karnali), the Infectious Disease Hospital and G.P. Koirala National Center for Respiratory Diseases (Gandaki), and Armed Polic Hospital (Kathmandu, Bagmati). Gandaki Province has implemented EMR in 12 provincial hospitals and is expanding to additional facilities, while Bagmati reports EMR implementation in its provincial hospitals. Koshi Province has introduced EMR in eight hospitals. Earlier initiatives include NSI's piloting of EHR in four government hospitals (Doti, Gulmi, Salyan, Taplejung) and NIC's implementation of an OpenMRS-based system in Trishuli, Dhulikhel, Dhading District Hospital, and the Chitwan aged care center. A 2025 study on ICT adoption at health facilities in Nepal reported that 60% of sampled public facilities and 80% of sampled private facilities had adopted EMR systems (18).

The incremental data on EMR implementation highlights the urgent need for a robust mechanism to monitor progress and harmonize efforts in line with the Digital Nepal Framework (2019) and the forthcoming Nepal Digital Health Blueprint. Full and effective implementation of EMRs under these frameworks will enhance early detection of public health threats, strengthen IHR 2005 core capacities, and provide policymakers with a unified evidence base for timely, informed decisions. By integrating epidemiological, clinical, and laboratory data, EMRs will strengthen national public health intelligence, while comprehensive patient records will ensure continuity of care and improve clinical outcomes across the health system.

Advancing health through the Digital Health Blueprint: The MoHP is developing the Nepal Digital Health Blueprint (NDHB) to guide the digital transformation of the health sector. This strategic framework aims to create a unified, interoperable, and secure digital health ecosystem that enhances health system performance, improves service delivery, and strengthen evidence-based decision-making across all levels of government. The NDHB provides detailed guidance for implementing electronic health records (EHR/EMR), health management information systems (HMIS), telemedicine, and digital health governance mechanisms.

As part of this initiative, a high-level delegation from MoHP, the Health Insurance Board, Ministry of Finance, and Provincial Health Directorates of Sudurpaschim, Lumbini, Koshi, and Gandaki visited South Korea from 26 June to 1 July 2025 to learn from its advanced digital health infrastructure and experience. The visit was jointly supported by GIZ and the World Bank under the P4H Network, reflecting a shared commitment to strengthening health systems and financing.

The NDHB is in the final stages of review and is expected to be formally endorsed by the government. It aligns with the Digital Nepal Framework and international commitments, including the International Health Regulations (IHR 2005), promoting interoperability, data security, privacy, and standardized health information exchange.

Gandaki province embarks on digital health transformation: Guided by the National e-Health Strategy in 2017 and the Digital Nepal Framework in 2019, Gandaki province has, since 2022, embarked on a series of digital health initiatives as part of its broader provincial digital health transformation agenda. These interventions include the electronic Health Management Information System (e-HMIS), Pregnancy Registration and Tracking System (PRTS), Electronic Medical Record (EMR), and Digital Family Health Profile (FHP). Collectively, these initiatives aim to strengthen health service delivery by enhancing data accuracy, streamlining workflows, and promoting evidence-based decision making across all levels of the health system.

The **e-HMIS**, built on the DHIS2 platform, facilitates monthly reporting of routine health service data from health facilities to provincial and national levels. With rollout in early 2023, it has digitized previously paper-based registers and reports covering key service areas such as outpatient care, immunization, and maternal health.

The **PRTS**, introduced in mid-2023, is a mobile and a web-based application that allows health facilities and FCHVs to register pregnancies, monitor antenatal care visits, and flag defaulters for timely follow-up. It creates a nominal registry of pregnant women, ensuring continuity of maternal health services.

The **EMR** system, built on the OpenMRS/Bahmni platform, is implemented in selected hospitals, capturing patient registration, clinical notes, laboratory results, and discharge summaries. It gradually replaces paper records in both inpatient and outpatient departments, streamlining clinical workflows and supporting evidence-based decision making.

The **FHP**, rolled out in late 2022 in select municipalities, is a community-level digital registry compiling household-wise health information, including demographics, chronic conditions, and immunization status. Data are collected via tablet-based household surveys and synced to a central server, maintaining up-to-date family folders to facilitate targeted public health interventions and referrals.

Within 12 months of implementation, the digital health interventions in Gandaki province have shown notable improvements. Routine reporting through **e-HMIS** increased in completeness from 68% to 90%; while on-time submissions rose from 55% to 81%. Health offices attributed these gains to automated reminders and easier submission via e-HMIS. The **PRTS** led to a 30% increase in monthly new pregnancy registrations and improved antenatal care coverage, with women completing ≥ 4 visits rising from 45% to 62%, suggesting enhanced follow up of defaulters. In the pilot hospital, the **EMR** system achieved 100% digital recording of inpatient and outpatient encounters, significantly reducing manual tallying from three days to essentially one clicks with the EMR, though patient visit volumes remained unchanged. The digital **FHP** registered approximately 60% of households in pilot areas within the first year. The FHP enabled health facilities to identify households with priority needs, such as those missing child immunizations or with persons with chronic illness, thereby supporting targeted public health interventions. These early results indicate that FHP may contribute to improved coverage of multiple services.

Provincial leadership and the perceived advantages of digital interventions were attributed as drivers of this digital transformation. However, several challenges were encountered, including unreliable internet and power supply in rural municipalities, limited digital literacy among health workers, and insufficient on-site technical support. Many frontline staff initially found data entry burdensome, ongoing training and peer support gradually built confidence. Experience underscored the importance of continuous capacity building, infrastructure investment, and alignment of digital tools with local workflows to ensure sustainable implementation and maximize impact.

These results demonstrate improved data accuracy, enhanced service delivery, and better tracking of maternal and family health. These findings provide valuable insights for scaling up digital health solutions and offer lessons for other provinces aiming to advance their own digital health initiatives. By enabling more efficient, equitable, and evidence-informed healthcare delivery, these interventions contribute to the broader goal of resilient, high-performing health systems across Nepal.

Bridging science, climate and health: Continuing its annual tradition since 2015, the Nepal Health Research Council (NHRC) - the apex body for regulating and promoting health research in Nepal - organized the 11th National Summit of Health and Population Scientists from April 10–12, 2025. This year, the summit was held under the theme 'Health, Climate, and Population Dynamics: Building Resilient Health Systems for a Sustainable and Equitable Future.'

The summit served as a national platform for researchers, policymakers, and practitioners to exchange evidence and innovations addressing the complex interplay between health, climate change, and demographic shifts. It emphasized the importance of building resilient, sustainable, and equitable health systems capable of responding to emerging global health challenges. Through knowledge sharing and policy dialogue, the summit reaffirmed Nepal's commitment to evidence-based decision-making, research excellence, and innovation for a healthier and more sustainable future.

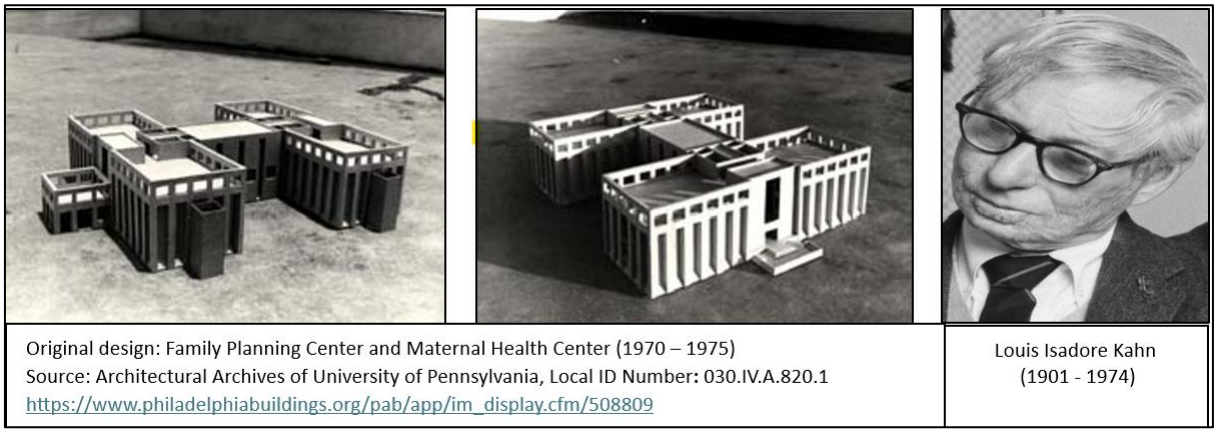
Strengthening provincial research capacity: The NHRC has taken an initiative to strengthen provincial research capacity through a structured series of health research workshops in provinces. The objective of workshop is to build the research capacity of upcoming health researchers across all seven provinces through a three-phase workshop model, enabling them to conduct locally relevant research and contribute to the national evidence base. The three phases include: Health research proposal development workshop, Data management and analysis workshop, and Report writing and scientific publication workshop. As a part of the initiative, phase I workshop was conducted in Pokhara, Gandaki province on 7 September 2025.

Strengthening south-south collaboration in health research: In August 2025, the Nepal Health Research Council (NHRC) advanced South–South collaboration in health research and innovation by participating in the international meeting "Health Research and Innovations in Public Health: Exchange of Good Practices across the RESEARCH Platform," convened by the Indian Council of Medical Research (ICMR) in New Delhi, India. Nepal highlighted its priorities in maternal and child health, nutrition, communicable and non-communicable diseases, while countries identified AMR, cancer registries, One Health, digital health, and health technology innovation as key areas for joint action. The meeting reaffirmed a shared commitment to translate collaborative research into effective regional health policies and programs.

3.1.3 Health infrastructure

MoHP building: An iconic and irreplaceable masterpiece of architectural heritage: The MoHP building at Ramshahpath, Kathmandu, is not just a building, it's an iconic and irreplaceable masterpiece of architectural heritage designed by the American legendary architect Louis Isadore Kahn back in 1965 AD. The building was constructed originally to serve as the central office for the Family Planning and Maternal and Child Welfare Project, at a cost of 4.7 million rupees, supported by USAID. The structure stands as an iconic masterpiece of modern architecture and a symbol of Nepal's early partnership in global public health advancement. Construction of the building got completed and came into operation in 2075 (BS 2032). At that time, the ground floor of this building was used for conducting family planning–related surgical procedures and training activities. It was only later that the Ministry of Health moved into this grand building.

Originally designed as two isometric brick blocks forming the shape of the capital letter 'H', only one block of the structure was ultimately built due to some technical constraints. The building, distinguished by its deep vertical window recesses and rooftop parapet with sky-framing apertures, stands as country's one of the few architectural masterpieces. Employing a wall-based structural system instead of the conventional pillar framework, it achieves both exceptional strength and a distinctive aesthetic form. The three-story building features spacious, well-lit rooms on each floor, thoughtfully designed to optimize natural light and ventilation – making it a remarkable example of architectural innovation and excellence.



Original design: Family Planning Center and Maternal Health Center (1970 – 1975)
Source: Architectural Archives of University of Pennsylvania, Local ID Number: 030.IV.A.820.1
https://www.philadelphiabuildings.org/pab/app/im_display.cfm/508809

Louis Isadore Kahn
(1901 - 1974)

In late 1990s, the government installed an additional roof on the top floor to address the workspace limitations. Architecture students from renowned universities used to visit this site to study Kahn's designs until a few years ago. The building - once a proud symbol of Nepal's architectural legacy and institutional dignity – had withstood the mega earthquakes of 1988 and 2015 and survived unscathed through numerous upheavals - including the 1979 student movement, the 1990 people's movement, and the Maoist insurgency. Yet, it has suffered severe damage in the aftermath of the Gen-Z movement - originally set for peaceful protest against corruption, and for good governance.

On 8 September 2025, as protesters attempted to enter the Parliament complex in New Baneshwor, chaos erupted, resulting in the deaths of 19 protesters that day. The tole continued to rise, exceeding 70 by end of September. On 9 September, widespread arson engulfed key national institutions—the Parliament House, Singha Durbar, the Supreme Court, official residences of the Hon. President and Prime Minister, police offices, the Ministry of Health and Population (MoHP), private business houses, and individual's residents. The fire that consumed the MoHP building not only destroyed an iconic landmark but also left an indelible scar on the collective spirit, dedication, and identity of thousands of health workers, erasing

a historic emblem of partnership between the Government of Nepal and its health development partners. Currently, the MoHP has relocated its daily operations to the newly constructed building of the Nepal Health Research Council (NHRC) within its premises.

MoHP is in the process of collaborating with line ministries and Architects to restore the building to its original form, honoring Kahn's vision and Nepal's architectural legacy and dignity. This will serve as a vital foundation for future restoration or reconstruction efforts, ensuring that this cultural treasure is never lost to time or neglect.

Construction of basic hospitals: The 15th Plan (2018/19 – 2023/24) and the GoN's Annual Policy and Program 2018/19 set a target to establish 5, 10, or 15-bed 'Basic Hospital' in each local level to strengthen primary healthcare delivery under federalism. The MoHP launched the Basic Hospital Establishment Program to construct basic hospitals in the 657 local levels identified as lacking one, providing budget allocations and standard designs to ensure equitable access to basic health services across all 753 local levels. On 30 November 2020, foundation stones were laid for over 250 hospitals in a single day. As of

November 2025, construction of 73 basic hospitals has been completed, while construction continues at 427 local levels nationwide.

In FY 2024/25, funds were secured for the construction of 396 basic hospitals: 241 with 15-beds, 107 with 10-beds, and 48 with 5-beds (Table 3.5).

Table 3.5: Province-wise details of 15-, 10-, and 5-bed basic hospitals with secured funding in FY 2024/25

Province	15 bed	10 bed	5 bed	Total
Koshi	47	14	26	87
Madhesh	38	15	-	53
Bagmati	24	19	7	50
Gandaki	27	14	11	52
Lumbini	52	5	3	60
Karnali	29	10	1	40
Sudurpaschhim	24	30	-	54
Total	241	107	48	396

Advancing health infrastructure construction projects: In FY 2024/25, the Department of Urban Development and Building Construction (DUDBC) completed the construction of 23 buildings, while 83 health infrastructure projects remain under construction (Table 3.6). In FY 2024/25, the DUDBC completed and handed over the following health infrastructure projects:

- Completion of the remaining works of the Primary Health Center building in Avalching, Surkhet, following the termination of the previous contract.
- Construction of a new 30-bed building for Kalikot District Hospital in Kalikot.
- Construction of the Health Post building at Chhapra Health Facility in Kalikot.

Table 3.6: Highlights of health infrastructure construction status by districts, 2024/25

Province	Districts	Construction status	
		Completed	Running
Koshi	Dhankuta	6	8
	Okhaldhunga	1	4
	Jhapa	1	1
	Morang	-	2
Madhesh	Saptari	1	3
	Dhanusha	-	3
	Parsa	-	10
Bagmati	Chitwan	1	4
	Kathmandu	1	6
Gandaki	Kaski	1	6
	Baglung	1	6

Province	Districts	Construction status	
		Completed	Running
Karnali	Jumla	2	8
	Surkhet	1	11
Sudurpaschhim	Doti	3	4
	Kailali	4	5
Total	15	23	81

Strengthening maternal and child health infrastructure with GDC support: The German Development Cooperation (GDC), through KfW Development Bank, supports the MoHP in strengthening health infrastructure, focusing on maternal and child health and post-disaster reconstruction. Earthquake recovery support includes rebuilding health facilities in Jhaukhel (Bhaktapur), Sankhu (Kathmandu), Dolakha, and Melbisauni (Bajhang) to restore essential services. Rural maternal and childcare support includes construction of a Maternal and Perinatal Centre in Dadeldhura and Health Posts in Bagarkot (Dadeldhura), Chhatiwan (Doti), Kotila (Baitadi), and Malladehi (Baitadi). In urban areas, maternal and childcare support focuses on constructing satellite hospitals in Chandragiri and Mahalaxmi Municipalities under the Paropakar Maternity and Women's Hospital (PMWH) brand to decongest central hospitals and enhance the quality of care.

Operationalization of Sahid Dasharath Chand University of Health Sciences: Sahid Dasharath Chand Health Sciences University (SDCHSU), located in Geta, Kailali district, Sudurpashchim Province has been proposed as Nepal's first specialized health-science university. The initiative aims to address regional disparity in health education and services by establishing a university that integrates teaching, research, and a teaching hospital in the under-served far-western Nepal. The SDCHSU Bill (2081 B.S.) was passed by the House of Representatives in May 2025, providing the legal framework for its establishment. Infrastructure development is underway, including the construction of a large campus and 600-bed hospital complex, though it is not yet fully operational. While the foundational structures are in place, the appointment of university leadership and the initiation of academic programs got delayed. In 2024/25, inpatient services began initially with five specialized departments. Once fully operational, SDCHSU is expected to play a pivotal role in producing health professionals and specialists to strengthen healthcare in far-west region and across Nepal.

3.1.4 Medicines and Supplies

The NHSSP aims to ensure the uninterrupted availability of quality medicines and supplies by prioritizing domestic production of medicines, diagnostics and health products, and by strengthening the procurement and supply chain management systems.

Nepal's existing industrial property law — the Patent, Design and Trademark Act, 1965 — is over 60 years old and does not fully align with modern international standards. The draft Bill seeks to modernize and consolidate protections for patents, trademarks, industrial designs, trade secrets and geographical indications. Its enactment is expected to enhance investor confidence, curb counterfeit goods, and foster innovation in Nepal. Currently under Parliamentary review, the Bill represents a major step forward in Nepal's intellectual property reform. It also carries public health implications – while it may encourage innovation and local pharmaceutical production, stronger patent protections could affect the affordability and accessibility of essential medicines, making it vital to balance IP rights with public health priorities.

On 29-30 August 2025, the Department of Drug Administration (DDA), in collaboration with the WHO, convened a two-day national workshop on Public Health Sensitive Patent Provisions in Nepal's Industrial Property Bill. The workshop aimed to provide inputs and recommendations to ensure the draft bill appropriately balances intellectual property protection with public health needs. The event brought together key policymakers, experts, and stakeholders to discuss the implications of the draft Intellectual Property Bill for public health and access to medicines in Nepal.

Workshop on Public Health Sensitive Patent Provisions in Nepal's Industrial Property Bill, 29-30 August 2025

Biomedical Equipment Maintenance: In FY 2024/25, the Central Biomedical Equipment Maintenance Workshop operated by NHTC repaired and maintained 91 malfunctioning medical devices received from various hospitals across the country. The repaired equipment included semi-automatic analyzers, autoclaves, X-ray machines, oxygen concentrators, ultrasound machines, and other essential medical devices.

Nyano Nani (Baby Warmer) - Enhancing healthcare solutions with innovation: Many rural health facilities in Nepal continue to face challenges in providing adequate neonatal care due to the lack of proper equipment and trained personnel. Studies indicate that 35 out of every 1,000 live births do not survive beyond the first few months, with hypothermia being a major contributing factor. In resource-limited

settings, traditional warming methods—such as electric heaters, filament bulbs, and burning coals - often pose serious risks, including infection, electric shock, and air pollution.

To address this gap, the National Innovation Center (NIC) - a nonprofit organization established in 2012 to foster research, technology, and innovation in Nepal - has developed Nyano Nani, the first indigenously designed and produced infant warmer in the country. This cost-effective and user-friendly biomedical device provides essential warmth to newborns immediately after birth, preventing hypothermia and reducing neonatal mortality. Specifically designed for rural birthing centers, Nyano Nani is supported by a nationwide network of local engineers and technicians, ensuring timely maintenance and reliable service delivery.

Nyano Nani (Baby Warmer) developed by NIC. https://nicnepal.org/project/healthcare/nyano-nani

In addition to Nyano Nani, the NIC has been advancing several other innovative and affordable healthcare solutions, including the Oxygen Mini Plant, New Gen Mask, and various indigenous innovations in digital health. These initiatives are fully aligned with the NHSSP priorities, which emphasize domestic production of medicines, diagnostics, and health products to strengthen national health self-reliance. The MoHP and NIC are working under a Memorandum of Understanding (MoU) to repair, maintain, and operate medical equipment in federally managed hospitals. The Ministry envisions continued collaboration with the Center to further promote the development and utilization of indigenous healthcare innovations.

Promoting domestic production of medicines: In alignment with the NHSSP priority of promoting domestic production of medicines, Singha Durbar Vaidyakhana produces 54 types of medicines and has obtained production licenses for more than 75 additional formulations.

Enhancing regulatory functions of DDA: The Department of Drug Administration (DDA) is Nepal's principal regulatory authority ensuring the quality, safety, and efficacy of medicines and medical products through

licensing, inspection, and compliance monitoring. The DDA continues to face key regulatory challenges, particularly due to the outdated legislation such as the Drug Act (1978), and Drug Policy (1995). The DDA has advanced its regulatory systems through targeted interventions. Key achievements include implementation of the WHO-based Institutional Development Plan to strengthen regulatory maturity, revision of the 2025 National Essential Medicines List (pending approval), and endorsement of Good Manufacturing Practice guidelines for Ayurvedic medicines. Regulatory actions addressing antimicrobial resistance were intensified, including annual reporting to the WHO GLASS-AMU platform, redline labeling, restriction of reserve antibiotics in retail pharmacies, and banning WHO non-recommended antibiotics. Patent law reforms were initiated to align with TRIPS while safeguarding public health ahead of LDC graduation in 2026. DDA also maintained active engagement in regional collaboration through the South-East Asia Regulatory Network (SEARN), reinforcing Nepal's commitment to robust, evidence-based pharmaceutical governance.

The DDA will continue implementing the WHO-based Institutional Development Plan (IDP), including a five-year strategic plan and targeted capacity building for regulatory officials. Key focus areas include strengthening Good Storage and Distribution Practices (GSDP), risk-based GMP inspections, pharmacovigilance, streamlined medicine registration, regulation of medical devices, and enhancing quality assurance through laboratory capacity development.

3.1.5 Governance, Leadership, and Accountability

The NHSSP emphasizes strong governance, leadership, and accountability to enhance the efficiency and responsiveness of the health system. To achieve this, the plan prioritizes strengthening governance and leadership capacity at all levels, institutionalizing citizen engagement platforms, promoting ethical health practices and the rational use of services, and improving public financial management for greater transparency and effectiveness.

Enforcing minimum wage regulations for health professionals: In December 2024, the MoHP issued a directive mandating that all health institutions—including government hospitals, medical colleges, community, and private hospitals—provide minimum wages and benefits to nurses and other healthcare workers, in accordance with government standards. Despite this statutory directive, some private hospitals were found not complying with the minimum wage requirements for nursing staff, and this led to protests by nurses demanding salaries as per the MoHP's directive.

Following series of negotiations between the MoHP formed high-level committee and the Nepal Nursing Association (NNA), a final agreement has been reached on 2 November 2025. As per the agreement, private hospitals and medical colleges committed to paying nurses a minimum monthly salary of NRP 34,730/- equivalent to the government's 5th level pay scale retrospective to the month of Kartik 2082 BS (October/November 2025). This agreement marked a significant milestone in aligning salaries and benefits of nurses in private hospitals with government standards establishing professional recognition of nurses across the country.

The Government of Nepal is committed to promptly addressing issues in the nursing profession, emphasizing the importance of retaining skilled healthcare professionals and addressing potential migration risks due to low wages. The MoHP has reiterated that institutions must process salaries through

the banking system, issue experience certificates, and avoid withholding original academic documents. A task force has been formed to oversee the implementation of the agreement and ensure compliance by all private health institutions.

Promoting rational and transparent prescribing practices: Aligning with the Public Health Service Act and the MoHP policy as reflected in the NHSSP to promote rational use of medicines and reduce patient costs, Tribhuvan University Teaching Hospital (TUTH) has issued a directive requiring all doctors to prescribe medicines using generic names instead of brand names. The directive seeks to ensure transparency, minimize the influence of pharmaceutical branding, and improve equitable access to affordable and quality-assured medicines. To facilitate smooth implementation, TUTH has initiated monitoring mechanisms to ensure compliance among prescribers. This initiative represents a significant step toward strengthening ethical, evidence-based, and patient-centered prescribing practices across health institutions.

Strengthening local health governance through evidence-based planning and budgeting: Aligned with the NHSSP priority of strengthening local health governance, MoHP has undertaken several initiatives to support local levels in promoting evidence-based planning and budgeting (EBPB) while enhancing citizen engagement and social accountability. In 2024/25, as a part of this effort, the MoHP, with support from the German Development Cooperation (GDC), trained 120 municipal officers, including elected representatives, from six municipalities of Lumbini and Sudurpaschhim provinces on EBPB. The training aimed to facilitate informed decision-making and participatory planning, thereby fostering a more responsive and accountable local health system.

Capitalizing global momentum to strengthen Ayurveda and alternative medical systems in Nepal: The growing global recognition of traditional medicine presents a critical opportunity for Nepal to strengthen and expand its Ayurveda and alternative medical systems. During the State Visit of the Rt. Hon. Prime Minister to China in December 2024, a Joint Statement between Nepal and the People's Republic of China reaffirmed cooperation in promoting traditional medicine, including Ayurveda and Traditional Chinese Medicine (TCM). Similarly, global momentum has accelerated through recent international developments. At the 78th World Health Assembly (19–27 May 2025), traditional medicine took center stage, with the WHO Global Traditional Medicine Strategy 2025–2034 endorsed by Member States to advance evidence-based practices of Traditional, Complementary, and Integrative Medicine (TCIM). High-level events—such as the WHO forum on "Improving Universal Health Coverage through the Implementation of the WHO Traditional Medicine Strategy" (20 May 2025) and India's side event on "Traditional Medicine: From Traditional Knowledge to Frontier Science, for Health for All" (23 May 2025)—highlighted the sector's growing global policy relevance.

Nepal can leverage this international momentum to enhance policy coherence, strengthen research and regulatory frameworks, and integrate Ayurveda into its national health system—ensuring the preservation of indigenous knowledge while contributing to global efforts for equitable and sustainable healthcare.

Policies, Strategies, Guidelines, and Scope of Works, and Work plans developed in 2024/25: To facilitate effective implementation of the NHSSP, the MoHP developed the following Policies, Strategies, Standards, Guidelines, Procedures, and Action plans developed in FY 2024/25:

- Basic Hospital Service Standards, 2024
- Bhaktapur Cancer Hospital Development Committee Formation First Amendment Order, 2024
- Directive on Public Health Emergency Management (PHEM)
- Emergency Medical Team Deployment Procedure, 2024
- Guideline on Rapid Risk Assessment (RRA) at Municipal Level (Draft)
- Guidelines for Printing and Marking Health Messages and Images on Tobacco Product Boxes, Packets, Wrappers, Cartons, and Parcel Packaging, 2024
- Guidelines for the Integrated Management of Severe Acute Malnutrition
- Guidelines on Nutrition in Emergencies (Revised)
- HAI Surveillance Standard Operating Procedure
- Integrated Electronic Medical Record System Operation and Management Directives, 2024
- Learning Resource Package for Community First Health Responders (CFHR)
- Multisectoral Plan for Dengue Prevention and Control (2025–2030)
- Multisectoral Plan for Dengue Prevention and Control (2025–2030) (Draft)
- National Action Plan on Antimicrobial Resistance (AMR) (NAP-AMR)
- National Alert and Response Framework (ARF) (Draft)
- National Guideline for Implementation of Antimicrobial Stewardship (AMS) Program in Healthcare Facilities
- National Guideline on Community-Based Surveillance (Draft)
- National Malaria Elimination Strategic Plan
- National Malaria Surveillance Guidelines (Revision)
- National Oral Health Strategy, 2024–2030
- National Oxygen Roadmap (under development)
- National Pandemic Preparedness and Response Plan (NPPRP) (being updated)
- National Patient Referral Guidelines, 2024
- National Patient Safety Action Plan
- National Population Policy, 2082
- Nepal Palliative Care National Strategy, 2025–2035
- Newborn Hearing Screening Guidelines, 2024
- Operational Procedure for the Medical Treatment Program for the Injured of Armed Conflict, People's Movement, Madhesh/Terai Movement, Conflict-Affected Individuals, and Earthquake Victims, 2024
- Public Health Emergency Management Guidelines, 2025
- Roadmap and National Strategic Plan for kala-Azar Elimination 2024-2030
- Sample Collection and Transportation during Acute Public Health Events
- School Health and Nursing Service Guidelines, 2024
- Standard Operating Procedure (SOP) for the EDCD Call Center (1115)
- Standard Operating Procedures for the Deployment of Emergency Medical Teams (EMT)
- Standard Operating Procedures of Health Emergency Operation Centers (HEOC)
- Strategic Roadmap and Action Plan for Elimination of Lymphatic Filariasis
- Strategic Roadmap and Action Plan for Rabies

3.1.6 Public Health Emergencies

Nepal's IHR 2024 – from assessment to action: The MoHP, following extensive multisectoral consultations at central and provincial levels, completed the International Health Regulations (IHR) State Party Annual Report (SPAR) 2024. The report shows an average IHR core capacity of 49%, below the regional (66%) and global (64%) averages, highlighting ongoing challenges in fully implementing the IHR (2005) framework to prevent, detect, and respond to public health threats[3].

Nepal demonstrates strengths in emergency preparedness (73%) and zoonotic disease management (70%), reflecting effective planning and cross-sector collaboration. However, critical gaps remain in surveillance (30%), human resources for IHR (53%); trained surge capacity (20%), risk communication (40%), and radiation emergency preparedness (20%). Points of Entry capacities are moderate (60%) but coverage is limited.

The 2024 SPAR report underscores the urgent need to strengthen early warning systems, enhance event-based surveillance, expand and train the public health workforce, enhance risk communication, and build cross-sectoral capacity for radiological and other specialized emergencies. Strategic investment and coordination, including initiatives like the SPEED project, will be pivotal to advancing Nepal's health security and IHR compliance.

Cholera outbreak – Birgunj in Action: In August 2025, a cholera outbreak was reported in Birgunj Metropolitan City, Parsa district prompting an immediate response primarily from the Metropolitan City with support from the MoHP in coordination with the Epidemiology and Disease Control Division (EDCD), Department of Health Services, and provincial authorities. Rapid response teams were deployed to affected areas for case investigation, surveillance, and contact tracing. Temporary treatment and rehydration centers were established in key health facilities to manage patients and prevent further transmission. Water quality testing and chlorination were conducted in collaboration with the Department of Water Supply and local bodies to ensure safe drinking water. Public awareness campaigns on hygiene and sanitation were intensified through local media and community health volunteers.

A total of 1,685 confirmed cases were reported during the outbreak. The coordinated response-bringing together local levels, health facilities, local, province and federal level, and HDPs – was instrumental in rapidly containing the spread. This joint effort reflected significant improvements in inter-agency coordination, timely surveillance, and the overall capacity of local health systems to manage public emergencies.

In response to the cholera outbreak in Birgunj and surrounding areas, a large-scale oral cholera vaccination (OCV) campaign was launched in Parsa and Bara districts in October 2025. The MoHP, with support from WHO and UNICEF, received over 1 million doses of OCV to protect high-risk populations. The campaign began in Parsa on 12 October and extended to six municipalities in Bara from 15 October, targeting all individuals aged one year and above. As of mid-October, 723,836 people—about 71% of the target population of 1,001,860—had been vaccinated. The campaign was implemented through strong

[3] https://extranet.who.int/sph/spar-nepal-submitted2024?utm

coordination between local governments, provincial health authorities, and partners, mobilizing over 1,000 government health workers and 2,200 Female Community Health Volunteers (FCHVs). The vaccination effort was complemented by intensive risk communication, water, sanitation, and hygiene (WASH) interventions to contain transmission and prevent future outbreaks.

Rapid response to polio outbreak: On 13 July 2024, National Immunization Program (NIP) was alerted to the detection of Vaccine-Derived Poliovirus Type-3 (VDPV3) in an environmental sample by the WHO Polio Regional Reference Laboratory in Bangkok. The NIP responded swiftly, notifying the incident under the International Health Regulations (IHR) and convening high-level, multi-stakeholder coordination meetings. Guided by a comprehensive risk assessment conducted by WHO and the recommendations of the National Immunization Advisory Committee (NIAC), the Government of Nepal launched a preventive rapid response vaccination campaign.

The campaign targeted children under five years with bivalent oral polio vaccine (bOPV) and successfully immunized over 300,000 children across three districts of the Kathmandu Valley within two weeks of the initial detection. This rapid, coordinated response highlights Nepal's robust outbreak preparedness and response capacity, demonstrating strong government leadership, effective inter-agency coordination, and meaningful collaboration with development partners. It underscores the nation's continued commitment to polio eradication and safeguarding public health through proactive surveillance and timely interventions.

Empowering communities for Dengue prevention - a multisectoral and youth-led approach: The Ministry of Health and Population (MoHP) continued to strengthen Nepal's dengue prevention and control efforts through enhanced surveillance, outbreak preparedness, and multi-sectoral collaboration. As part of this initiative, the *Multisectoral Plan for Dengue Prevention and Control (2025–2030)* has been developed to guide a coordinated national response. The Epidemiology and Disease Control Division (EDCD) maintained routine dengue surveillance, case forecasting, and timely situation reporting—providing critical data for informed decision-making and rapid public health action.

To foster broader engagement, EDCD organized a series of events in June 2025, including: (i) an orientation for over 30 clinicians and health workers on dengue case management, (ii) a multi-stakeholder sensitization workshop on dengue prevention and response, and (iii) a youth orientation session involving over 100 trained volunteers to strengthen community-level preparedness and advocacy.

In July 2025, EDCD, in collaboration with WHO Nepal and NYMAT Nepal, launched the *National Youth-Led Dengue Prevention Campaign*, mobilizing over 1,000 young leaders across the country. Between July and September, youth volunteers conducted more than 400 household visits, 170 school health sessions reaching over 7,000 children, and 800 community clean-up drives to eliminate mosquito breeding sites. The campaign also generated over 5,000 social media posts, amplifying public awareness and engagement.

This innovative initiative showcased the strength of youth networks in driving community-based action, reinforcing that sustained, inclusive participation is key to preventing dengue and safeguarding public health

Strengthening hospital disaster preparedness and resilience through HSI+: The Hospital Safety Index Plus (HSI+) is an innovative digital application that integrates structural, non-structural, and emergency/disaster management assessments of health-care facilities. It builds upon the traditional Hospital Safety Index (HSI) and includes modules for hospital and hazard profiling, incident command systems, safety checklists, and development of Hospital Disaster Preparedness and Response Plans (HDPRP).

Through HSI+, hospitals and health administrators can systematically identify vulnerabilities—ranging from building integrity and fire safety to emergency coordination—and generate actionable preparedness and response plans. This ensures the continuity of essential health services during disasters, reinforcing Nepal's commitments to health security and disaster risk reduction.

Between December 2024 and January 2025, seven hub hospitals (one in each province) completed field assessments using the customized HSI+ tool, identifying critical safety gaps and developing tailored improvement plans. Additionally, 122 hospitals nationwide have developed HDRRPs using the HIS+ tool, including 25 hob hospitals and 97 satellite hospitals. Currently, over 50 hospitals across Nepal are actively using HSI+ to assess and enhance their disaster preparedness. The growing adoption of this tool is a significant step toward building safer, more resilient health-care systems capable of sustaining services during emergencies and safeguarding public health.

Hospital Safety Assessments were carried out in seven hub hospitals across all provinces using the Nepal-Customized Hospital Safety Index (HSI) Tool to identify key vulnerabilities and strengthen hospital resilience and service continuity during emergencies. The findings were shared with the respective hospitals and relevant authorities for action. The 2025 assessment shows that most hospitals maintain moderate safety levels with essential services functional but limited resilience for major emergencies. Key gaps were noted in structural integrity of older buildings, non-structural safety elements such as electrical and oxygen systems, and the quality of disaster preparedness planning (19). Surge capacity, critical care readiness, and backup systems also require strengthening. Moving forward, priority actions include targeted retrofitting, systematic non-structural improvements, regular simulation exercises, strengthened emergency supply and backup systems, and institutionalizing NCHSI for routine monitoring and investment planning.

Strengthening provincial health emergency preparedness: The Epidemiology and Disease Control Division (EDCD), in collaboration with WHO Nepal and with funding support from the Pandemic Fund, organized multisectoral provincial workshops in Koshi and Gandaki for the development of Provincial Health Emergency Preparedness and Response Plans (PHEPRP). The workshops brought together key stakeholders—including security agencies, health authorities, and development partners—to strengthen coordination and collective response capacity. Participants included representatives from EDCD, the Ministry of Health and Population, Provincial Health Directorates, PHLMC, PPHL, District Hospitals, Health Offices, and hub and satellite hospitals. These workshops represented a key milestone in institutionalizing health emergency readiness at the provincial level and aligning Nepal's preparedness efforts with the core capacities of the International Health Regulations (IHR).

The sessions focused on aligning preparedness frameworks, contextualizing the PHEPRP drafts to provincial realities, and building consensus on mechanisms for activation, deactivation, and post-response review. These efforts underscore Nepal's commitment to proactive, multisectoral, and institutionalized planning for resilient and effective health emergency response systems. Furthermore, a capacity-building

workshop was conducted for federal and provincial Health Emergency Operation Centers (HEOCs), bringing together more than 50 healthcare workers to strengthen their skills in emergency coordination, information management, and operational response.

Ensuring health service continuity in disaster affected districts: A functionality assessment of 78 health facilities across Koshi, Madhesh, and Bagmati Provinces was conducted using the Health Resources and Services Availability Monitoring System (HeRAMS) in districts affected by floods and landslides. The assessment evaluated the operational status of facilities, availability of critical resources, and capacity to maintain essential health services during emergencies. Findings from this exercise provide crucial evidence to guide targeted resource allocation, strengthen health system resilience, and inform disaster preparedness and response planning, ensuring uninterrupted delivery of health services to affected populations.

Strengthening real-time health emergency coordination: To enhance health emergency preparedness through timely, accurate, and coordinated information, the MoHP, with technical support from WHO Nepal and financial backing from the European Union (EU), conducted a series of regional workshops on "Strengthening Cross-Sectoral Information Management and Coordination" in Surkhet (Karnali Province), Dhangadi (Sudurpaschim Province), and Nepalgunj (Lumbini Province). Additionally, the Provincial Health Emergency Operation Centers (PHEOCs) in these provinces received upgraded IT infrastructure, funded by the EU, to bolster real-time emergency monitoring and coordination.

Scaling up real-time disease surveillance for faster outbreak detection: The Surveillance Outbreak Response Management and Analysis System (SORMAS) is a digital platform developed to enhance real-time surveillance, outbreak detection, and response coordination. In Nepal, SORMAS has been introduced to integrate health data across national, provincial, and local levels, enabling rapid identification and management of communicable disease threats. The system facilitates case reporting, contact tracing, laboratory data management, and visualization of outbreak trends. By linking health facilities, laboratories, and public health authorities, SORMAS enhances timely decision-making, supports evidence-based interventions, and strengthens the country's capacity for effective epidemic preparedness and response.

In 2024, the SORMAS was piloted in Gandaki and Sudurpaschim provinces. Building on this progress, the Epidemiology and Disease Control Division (EDCD), in collaboration with WHO Nepal and with funding support from the Pandemic Fund, conducted an advocacy workshop and a Training of Trainers (ToT) program for district-level data focal points in Karnali Province in 2025. The same year, SORMAS implementation was further expanded to Koshi Province, bringing the total number of implementing provinces to four, collectively covering 429 local levels across Nepal.

Toward an Integrated Disease Surveillance System (IDSS) - Strengthening early detection and response: The MoHP has initiated the development of an Integrated Disease Surveillance System (IDSS) to strengthen the timely detection, reporting, and response to diseases. The IDSS aims to integrate multiple vertical surveillance systems into a unified framework, enabling comprehensive data flow from community to national levels. Once operational, it will enhance evidence-based public health decision-making, improve resource allocation, and support early outbreak prevention.

Currently, the IDSS remains in the development phase. Existing systems—such as the Early Warning and Reporting System (EWARS) with 134 sentinel hospitals, and web-based reporting platforms—are being

linked under this integrated approach. Ongoing efforts focus on strengthening local capacity for disease reporting and response to achieve a fully functional national surveillance system.

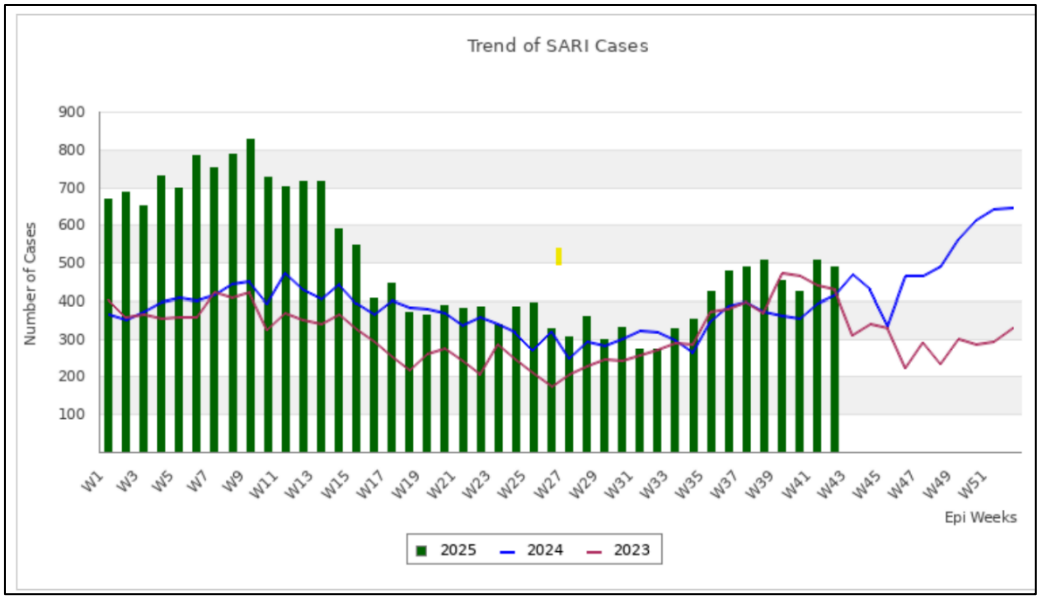
Nepal has identified 52 priority infectious diseases and syndromes for surveillance. In 2024, the Epidemiology and Disease Control Division (EDCD), with support from WHO, conducted a national workshop to develop standardized surveillance case definitions—a major milestone toward the effective operationalization of the IDSS, ensuring uniform and comparable disease reporting across time, locations, and institutions.

Real-Time Epidemic Intelligence for Rapid Response: Event-based surveillance for public health threats has been strengthened using the Epidemic Intelligence from Open Sources (EIOS) platform, which systematically collects and analyzes information from diverse online and open sources to detect potential outbreaks and public health events. All event notifications generated through EIOS are verified and managed by the EDCD Call Center (1115), ensuring timely validation and response. The process is fully integrated with the Surveillance Outbreak Response Management and Analysis System (SORMAS), which facilitates real-time data management, analysis, and coordination of response actions across national and provincial levels. This approach enhances the country's capacity for early detection, rapid verification, and timely response to emerging public health threats, strengthening overall epidemic preparedness and health security.

Strengthening epidemic intelligence through Early Warning and Reporting System (EWARS): The Early Warning and Reporting System (EWARS) serves as Nepal's cornerstone hospital-based sentinel surveillance mechanism, currently operational in 134 hospitals across all districts. EWARS complements the national Health Management Information System (HMIS) by enabling timely detection and response to priority communicable diseases with outbreak potential.

The system ensures weekly reporting of case-based and mortality data (including "zero" reports) for six priority diseases and syndromes—Malaria, Kala-azar, Dengue, Acute Gastroenteritis (AGE), Cholera, and Severe Acute Respiratory Infection (SARI)—alongside other epidemic-prone conditions such as enteric fever, leptospirosis, hydrophobia, and chikungunya. Figure 3.3 presents the reporting of SARI cases up to the 42nd epidemiological week of 2025, alongside the comparative trend observed over the previous two years.

Figure 3.3: Trend of SARI cases

EWARS 

also emphasizes immediate reporting within 24 hours for critical events, including single confirmed cases of Cholera, Kala-azar, severe or complicated Malaria, suspected or clinical cases of Dengue, and clusters of five or more AGE or SARI cases occurring in the same locality within a week.

Each week, the EWARS Bulletin is disseminated nationwide—reaching health facilities, provincial and district health authorities, rapid response teams, and key national stakeholders including the MoHP, DoHS, EDCD, WHO, and Global Fund partners—and is publicly accessible via the EDCD website. This routine dissemination supports rapid decision-making, coordinated response, and evidence-based action for epidemic preparedness and control across all levels of health system.

Active surveillance of infectious diseases: EDCD conducts active surveillance of infectious diseases whenever an outbreak occurs or is suspected, to closely monitor the number of cases. Designated officers actively track priority diseases using standardized case definitions for notifiable conditions and coordinate with relevant sections to ensure timely response and implementation of control measures.

Strengthening water quality surveillance for safer health: The Epidemiology and Disease Control Division (EDCD) serves as the secretariat of the Water Quality Surveillance Committee, with the Director of EDCD acting as the committee's coordinator. The committee plays a crucial role in ensuring safe drinking water and preventing waterborne diseases across Nepal. It oversees regular monitoring of drinking water quality from multiple sources and distribution points and conducts continuous surveillance of waterborne diseases in coordination with relevant stakeholders. The committee also focuses on strengthening human resource capacity through trainings, meetings, and other programs to enhance district-level water quality surveillance. During any outbreak of waterborne disease, it facilitates prompt water quality testing in the affected areas to identify and mitigate risks. Additionally, the committee maintains a national database of drinking water distribution systems using Geographical Information System (GIS) mapping and provides feedback to responsible agencies to support evidence-based decision-making and improve water safety standards.

Strategic actions advancing LF validation: Aligned with the Global Program to Eliminate Lymphatic Filariasis (LF), the MoHP conducted a targeted mass drug administration (MDA) campaign in four municipalities of one endemic district after the Ivermectin, Diethylcarbamazine, and Albendazole (IDA) impact survey did not meet WHO thresholds. The Ministry also reviewed morbidity management and disability prevention (MMDP) services across 29 Care and Support Centers in 28 districts and completed LF morbidity mapping, generating district-wise estimates of lymphedema and hydrocele cases essential for preparing the national validation dossier.

Targeted actions to advance Kala-azar elimination: To advance Kala-azar elimination, the MoHP developed Roadmap and National Strategic Plan for kala-Azar Elimination 2024-2030. This year, Kala-azar surveillance and case management were strategically reinforced through systematic cross-data verification, follow-up of treatment outcomes and post Kala-azar dermal leishmaniasis (PKDL) cases, and comprehensive GPS mapping of all index cases and households. Targeted active case detection and indoor residual spraying (ACD–IRS) operations, skin camps, and cluster-based spraying were deployed to interrupt transmission, complemented by community engagement to sustain awareness. Capacities of all EWARS sentinel sites were enhanced for Kala-azar and other communicable disease surveillance, alongside provincial training on case management, entomological response, and IRS/field entomology. Concurrently, advocacy efforts focused on mobilizing greater subnational investment to safeguard and advance Kala-azar elimination gains.

Eliminating leprosy – from evidence to action: The MoHP, with support from the Sasakawa Health Foundation and key partners, successfully organized the First National Leprosy Conference, issuing key recommendations to guide ongoing elimination efforts and inform the development of the National Leprosy Strategic Plan 2025–2030. At the subnational level, leprosy surveillance and data quality have been strengthened through comprehensive case validation, data verification, onsite coaching on recording and reporting, municipal-level advocacy, and enhanced local program capacity, ensuring more accurate monitoring and targeted interventions. The expansion of Leprosy Post-Exposure Prophylaxis (LPEP) with single-dose rifampicin (SDR) across all provinces, combined with active case detection, aims to reduce disease burden, stigma, and disability. Capacity-building initiatives for dermatologists and frontline health workers further support early diagnosis and effective case management. These measures collectively reinforce Nepal's commitment to leprosy elimination and provide a robust evidence-based foundation for policy, planning, and resource allocation.

3.2 Wider Determinants of Health

Health is shaped not only by medical care but also by a wide range of social, economic, environmental, and behavioral determinants. Factors such as income, education, employment, housing, sanitation, and lifestyle choices profoundly influence people's well-being. Adverse social and environmental conditions—poverty, pollution, poor nutrition, and unsafe behaviors - can exacerbate disease risks and widen health inequities. The influence of these determinants on the evolving disease burden has become increasingly apparent, as non-communicable diseases now lead as the primary causes of premature death, accompanied by a growing number of fatalities from suicide and road traffic accidents. Addressing wider

determinants of health go beyond the scope of the health systems and demand multi-stakeholders' collaboration. While government policies and systems play a crucial role in addressing these determinants, citizens also share responsibility by adopting healthy practices, supporting community initiatives, and promoting environmental and social well-being. A collective commitment to healthier environments and lifestyles is essential for achieving sustainable public health outcomes. The NHSSP addresses the wider determinants of health by mitigating their adverse impacts and promoting citizens' responsibility for their own, family, and community well-being.

3.2.1 Mitigating adverse effects of wider determinants of health

The MoHP has a well-established policy framework and tools to mitigate the adverse effects of broader determinants of health. Key guiding frameworks include the Multi-sector Nutrition Plan, Multi-sector Plan of Action to Prevent and Control NCDs, Health National Adaptation Plan, Social and Behavior Change Communication Strategy (2018), Disaster Risk Reduction National Strategic Plan of Action (2018–2030), National Action Plan for Antimicrobial Resistance (2023–2027), National Action Plan for One Health (2026–2030) (draft), and the Framework Convention on Tobacco Control Strategy (2017).

Public health committee – driving cross sector impact: The Public Health Service Act 2018 envisions and provides the legal foundation for a multi-sectoral Public Health Committee at the federal level, serving as an institutional mechanism to address the broader determinants of health. The committee's primary mandate is to tackle comprehensive social determinants that affect human well-being and to provide policy recommendations for integrating public health considerations into national policies and programs. Chaired by the Minister of Health, the committee includes senior representatives from the National Planning Commission, Academies of Health and Sciences, secretaries of ministries related to industries, finance, agriculture, water and sanitation, home affairs, infrastructure and transport, women, children and senior citizens, forest and environment, education, labor, employment and social security, and health, as well as relevant subject-matter experts.

Translating the legal provision into action, on 11 September 2024, the MoHP convened the committee meeting, and established eight sub-committees, clearly defining their structures, composition, roles, and responsibilities. MoHP is facilitating and coordinating with stakeholders for functionalizing the committee and its sub-committees as envisioned by Public Health Service Act.

Public Health Sub Committees

1. Epidemic, Health Security, and Emergency Management Subcommittee
2. Mental Health, Substance Abuse, and Addiction Control Subcommittee
3. Nutrition, Food Security, and Poison Control Subcommittee
4. Climate Adaptation, Environment, Water Supply, and Sanitation Subcommittee
5. Road Accident Reduction and Pre-Hospital Management Subcommittee
6. Medicine and Technological Health Supplies Management Subcommittee
7. Medicinal Plant Development and Sustainable Use Subcommittee
8. Population, Labor Migration, and Health Subcommittee

Inter-governmental coordination: In accordance with the Federation, Province and Local Level (Coordination and Inter-relation) Act, 2020 (2077), the MoHP, has constituted a thematic committee on health, chaired by the Honorable Minister for Health and Population. This year, the MoHP convened four

meeting of the committee to strengthen coordination, policy dialogue, and collaboration among the three spheres of government on health-related matters. The decisions made by the thematic committee were communicated to the relevant agencies for implementation. Matters that could not be implemented were referred to the National Coordination Council, chaired by the Honorable Prime Minister, for further consideration.

This year, the MoHP also organized an interaction session on health sector reforms with the participation of mayors, deputy mayors, and officials of the metropolitan and municipalities within the Kathmandu valley, along with other stakeholders. The session provided a platform for sharing experiences, identifying challenges, and fostering collaborative solutions, aimed at strengthening local health governance, improving service delivery, and enhancing coordination between municipal authorities and the health sector.

Community awareness through health facilities and schools: In Nepal, health promotion is actively implemented through health facilities and schools to improve community well-being and prevent disease. Health facilities conduct awareness campaigns, counseling, and outreach programs on maternal and child health, nutrition, hygiene, immunization, and non-communicable diseases. Schools serve as entry points and platforms for health education, handwashing initiatives, menstrual hygiene management, and mental health awareness. Notable examples include the School Health and Nutrition Program, which integrates nutrition and hygiene education into the curriculum, and community immunization drives led by primary health centers, reaching remote populations. These coordinated efforts strengthen health literacy, encourage healthy behaviors, and foster partnerships between communities and the health system.

Research indicates that these programs have significantly improved health literacy, preventive behaviors, and overall community health. Community-based health education and home visits have been found effective in managing blood pressure among hypertensive patients in Nepal (20). School health and nutrition program led to improved students' health and education outcomes, a better school environment, and increased community awareness (21). Majority of community health workers have a good level of awareness and a positive attitude toward NCD prevention (22). The studies underscore the effectiveness of community awareness programs implemented through health facilities and schools in Nepal. These initiatives have led to improved health literacy, better health outcomes, and enhanced community engagement in health-promoting behaviors. The involvement of community health workers, such as FCHVs, plays a pivotal role in the success of these programs. Continued investment in these strategies is essential for sustaining and expanding their impact on public health in Nepal.

Assessing and addressing public health impact of development projects: Public health impacts of development projects and industries are assessed and managed through a robust framework of Environmental and Social Impact Assessments (ESIAs) and Health Impact Assessments (HIAs) mandated by national regulations and international standards.

The Environment Protection Act (EPA) 2019 and the Environment Protection Rules (EPR) 2020 mandate that development projects undergo Environmental Impact Assessments (EIA) or Initial Environmental Examinations (IEE) based on their scope and potential environmental impacts. These assessments are crucial for identifying and mitigating adverse effects on air, water, and soil quality, as well as on public health. For health-specific evaluations, the National Environmental Health Impact Assessment (EHIA) Guidelines 2002, developed by the Nepal Health Research Council (NHRC), provide a structured approach to assess health risks associated with environmental changes due to development activities. These

guidelines emphasize the integration of health considerations into environmental assessments to ensure comprehensive risk management.

Ministries, including Health, Environment, and Industry, collaborate to identify potential health risks such as air and water pollution, occupational hazards, and vector-borne disease proliferation. For example, hydropower and road construction projects undergo HIAs to mitigate adverse effects on nearby communities, while industrial zones implement occupational safety protocols and pollution management measures, balancing development with environmental and community health protection. Various strategies are employed to monitor and mitigate air and water pollution resulting from industrial and developmental activities:

- Air Quality Monitoring: The Department of Environment (DoEnv) monitors air quality through a network of monitoring stations across urban areas. Data collected informs regulatory actions and public health advisories.
- Water Quality Surveillance: The Department of Water Supply and Sewerage (DWSS) conducts regular water quality testing to detect contaminants. Findings lead to corrective measures, including the treatment of affected water sources.
- Industrial Effluent Regulation: Industries are required to treat wastewater before discharge, as per the standards set by the Ministry of Industry and the Department of Environment. Non-compliance can result in penalties or shutdowns.

Strengthening fiscal measures to curb health harmful consumption: Over the past three years, Nepal has progressively strengthened its fiscal measures to discourage the use of health-harmful commodities such as tobacco, alcohol, and carbonated or energy drinks. The government increased excise and health-risk taxes on cigarettes, beer, spirits, and energy drinks through consecutive budgets, expanding the scope of taxation beyond tobacco to include other harmful products. The 2024/25 budget, for instance, raised excise duties on energy drinks and non-alcoholic beer, while the 2025/26 budget further hiked customs duties on alcohol, beer, and tobacco. These adjustments reflect a growing policy commitment to curb unhealthy consumption patterns, reduce public health risks, and align with WHO recommendations on fiscal measures for health promotion. However, the increases have largely been incremental, underscoring the need for stronger, evidence-based tax design and enforcement to maximize health impact and ensure that additional revenues are effectively utilized for health sector development.

Empowering communities for mental wellbeing and suicide prevention: Mental health is an integral component of overall well-being—closely linked with physical health, social stability, and economic productivity. It goes beyond the absence of illness, encompassing emotional resilience, social connectedness, and the capacity to cope with life's challenges. Despite its importance, investment in mental health has historically lagged behind physical health.

To address this gap, the MoHP, with support from WHO Nepal and other stakeholders, is developing a national guideline on Suicide Risk Assessment and Management applicable across health facilities and communities. Pilots of a suicide registry at Mahakali Hospital, Kanchanpur, and Ilam Hospital, Ilam, are generating critical data to guide preventive actions. Lessons from these pilots are informing the refinement of the registry and the development of a complementary Standard Operating Procedure for nationwide implementation. Simultaneously, MoHP is working with the National Planning Commission to finalize the National Action Plan on Suicide Prevention, establishing a coordinated, multisectoral framework for early

intervention, risk reduction, and community-based support. These efforts underscore Nepal's commitment to proactive mental health care, ensuring evidence-based strategies and strengthened systems to protect citizens' well-being.

The MoHP has also advanced the National Mental Health Strategy and Action Plan through targeted reforms and innovations. Initiatives include integrating mental health into district-level health systems, implementing the Model Municipality Toolkit, and expanding suicide prevention and registry mechanisms. A national helpline for suicide prevention is operational, and, with WHO support, MoHP is piloting a suicide registry to strengthen evidence-based interventions. Currently, suicide-related data is recorded and analyzed by the Nepal Police as part of crime statistics. To strengthen health-sector monitoring, the MoHP has initiated upgrades to the Health Management Information System (HMIS) to systematically collect and analyze suicide-related data from health facilities nationwide.

In 2024/25, the MoHP, in collaboration with WHO Nepal, established a national framework to integrate mental health into maternal and neonatal care. As part of this initiative, targeted mental health services for pregnant and postpartum women have been launched at Paropakar Maternity and Women's Hospital, Kathmandu. Comprehensive standard operating procedures and educational materials have been developed, and 195 doctors and nurses trained to identify and manage maternal mental health conditions, including depression, anxiety, and psychosis. This initiative reflects a strong commitment by the government and development partners to provide holistic maternal health care, ensuring that mental well-being is recognized as an essential component of maternal and neonatal health.

Additionally, this year, school-based mental health programs have been developed and implemented as entry points for delivering mental health services to children and adolescents. Forty-one school nurses have been trained to facilitate social-emotional learning, conduct initial assessments of mental health needs, and lead school-based initiatives for promotion, early identification, management, and referral of mental health concerns among children and adolescents.

These efforts have been instrumental in bridging the gap between communities and dedicated mental health services. There is growing openness to discussing mental health issues and seeking help. Stigma and discrimination are gradually decreasing.

Multisectoral collaboration for reducing RTA injuries and mortality: Globally, road traffic injuries remain the leading cause of death among children and young adults aged 5–29 years, with low- and middle-income countries, which own about 60% of the world's vehicles, accounting for over 90% of global road fatalities[4]. In Nepal, analysis of the past five years of Nepal Police data indicates that around 2,469 lives are lost each year due to road traffic accidents (RTA) in Nepal—equivalent to nearly seven preventable deaths every day.

Further analysis of RTA data from the Housing and Population Census 2021 reveals striking inequalities. While late adolescents and adults account for the highest number of RTA deaths, the mortality rate is disproportionately higher among older populations. Males are at greater risk of fatal crashes than females.

[4] https://www.who.int/news-room/fact-sheets/detail/road-traffic-injuries

Regionally, the Terai records the highest RTA mortality rate (15 deaths per 100,000 population per year), followed by the Hills (12) and Mountains (9), with urban areas showing slightly higher death rates than rural ones (23).

Despite their toll, road traffic injuries and fatalities are largely preventable. Global evidence demonstrates that enforcing speed limits, promoting helmets, seatbelts, and child restraints, improving road and vehicle safety standards, and strengthening post-crash care can significantly reduce deaths and disabilities. With coordinated action, effective legislation, safer infrastructure, and community engagement, Nepal can substantially lower the burden of road traffic injuries - transforming avoidable loss into safer roads and protected lives.

Preventing road traffic injuries demands strong multisectoral collaboration - engaging the transport, police, health, and education sectors, alongside the private sector and civil society organizations. It calls for coordinated actions that ensure the safety of roads, vehicles, and all road users. In this direction, the MoHP, in collaboration with WHO Nepal, is supporting the National Road Safety Council in developing an implementation plan for comprehensive helmet use. A plan to enforce legal provisions on helmet use has been formulated and is under review for endorsement.

To further advance advocacy, the MoHP and WHO jointly organized an interaction with 30 health journalists on 16 May 2025 during Global Road Safety Week to mobilize media support and promote public awareness on road safety and helmet use.

Strengthening national response to antimicrobial resistance: Antimicrobial resistance (AMR) has emerged as one of the most critical global health threats, jeopardizing decades of modern medicine and public health gains. Recognizing its far-reaching implications, the Government of Nepal has elevated AMR control as a national priority, embedding it across key policy frameworks including the National Health Policy, National Animal Health Policy (2078), Sixteenth Five-Year Plan, and the Nepal Health Sector Strategic Plan (2023–2030).

In 2024, the MoHP developed the National Action Plan on AMR (2024–2028) under a One Health approach, marking a major step toward coordinated action across human, animal, and environmental health sectors. Guided by the National Action Plan, the MoHP, with support from WHO, developed the AMR Learning Resource Package (LRP) - a standardized training toolkit that includes modular learning materials on principles of antimicrobial use, mechanisms of resistance, surveillance and reporting, infection prevention and control (IPC), rational prescribing, and antimicrobial stewardship practices. It also contains case studies, facilitator manuals, and evaluation tools to support interactive, competency-based learning in both in-person and digital formats.

Implementation of the AMR LRP is currently underway, led by the Quality Standards and Regulation Division (QSRD), MoHP. A training of trainers (ToT) program has been completed, and rollout has begun in selected hospitals and medical institutions across provinces. Plans are in place to integrate the package into pre-service and in-service curricula of medical, nursing, and pharmacy education. In parallel, a national guideline for implementation of the AMS program has been developed. Together, these initiatives mark a significant milestone in institutionalizing AMR education, standardizing training across human and animal health sectors, and strengthening Nepal's collective capacity to mitigate the growing threat of antimicrobial resistance.

The National Public Health Laboratory (NPHL) is expanding AMR surveillance among priority pathogens, while the DDA monitors antimicrobial consumption trends. The National Antimicrobial Treatment Guideline promotes rational prescribing, supported by point prevalence surveys in hospitals. The NHEICC continues to raise awareness through targeted communication, advocacy, and behavior change campaigns.

This year, the NHTC, with support from WHO Nepal, organized a multisectoral consultation to review and refine the Antimicrobial Resistance (AMR) Learning Resource Package (LRP) for health workers. Nearly 40 experts representing health, agriculture, and regulatory sectors contributed valuable insights to strengthen the package, ensuring its alignment with national priorities and global strategies for AMR containment.

The Government of Nepal has also undertaken key policy measures—mandating red-line marking on antibiotic packaging, banning the import and sale of antibiotics not aligned with WHO recommendations, prohibiting antibiotic use as poultry feed supplements, and integrating antimicrobial stewardship into hospital minimum service standards. Multistakeholder consultations have advanced the inclusion of AMR topics in school and university curricula, and initiatives such as World AMR Awareness Week observance and the "Youth against AMR" campaign have mobilized young advocates for responsible action.

The Quality Standards and Regulation Division (QSRD), MoHP, with support from WHO Nepal, organized a multisectoral workshop to review Nepal's progress on antimicrobial resistance (AMR) through the Tracking AMR Country Self-Assessment Survey (TrACSS), developed by the Quadripartite organizations (WHO, FAO, UNEP, and WOAH). Thirty representatives from the health, agriculture, environment, education, food, and planning sectors jointly reviewed and finalized Nepal's official TrACSS submission. The annual assessment of AMR efforts through TrACSS helps identify gaps, guide national policy actions, and advance progress toward the UNGA target of achieving over 95% country reporting by 2030.

In parallel, the MoHP, in collaboration with WHO, is working with the Department of Food Technology and Quality Control, within the Ministry of Agriculture and Livestock Development, to implement the REPLACE package - a WHO-led initiative aimed at eliminating the use of antibiotics as growth promoters in animals and promoting responsible antimicrobial use – safeguarding public health, promoting healthier, sustainable food practices. This initiative supports the reduction of trans fats and harmful processed foods that contribute to noncommunicable diseases, while fostering better nutrition, longer life expectancy, and reduced health-care costs. Together, these multisectoral efforts reflect Nepal's strong commitment to safeguarding public health and ensuring the effective use of life-saving antimicrobials.

Sagarmatha Sambaad - Building a healthier, climate-resilient future: Nepal, though contributing negligibly to global greenhouse gas (GHG) emissions, remains among the most climate-vulnerable countries. Its extensive forest cover plays a vital role in carbon sequestration, while the Himalayan snow-capped mountains provide crucial ecosystem services for the region. Under the Paris Agreement, Nepal submitted its Nationally Determined Contribution (NDC) 3.0 (2025–2035) during the Sagarmatha Sambaad held in Kathmandu from 16–18 May 2025, where global leaders and experts convened to address the shared challenges of mountain nations and strengthen regional collaboration based on science, resilience, and trust.

Photo: Sagarmatha Sambaad Secretariat

The NDC 3.0 outlines fair and ambitious mitigation and adaptation commitments, including ten quantified health-related targets, reflecting Nepal's dedication to developing a low-carbon, climate-resilient health system. The NDC 3.0 health-related targets include:

- Manage healthcare waste using non-burn healthcare technologies in 1400 health facilities by 2030 and 2,800 health facilities by 2035 (158 HFs using nonburn technologies in 2024).
- Expand Institutional Solar Photovoltaic System (IPVS) in 2800 health facilities by 2035.
- Develop and enforce occupational health and safety standards and guidelines for the waste sector by 2030.
- Upgrade 140 health facilities by 2030 and 280 facilities by 2035 to become low-carbon and climate-resilient, including the use of solar PV back-ups.
- Developing and implementing a national action plan for a low-carbon health system by 2030.
- Replacing 75% of high-GHG anesthetic gases with low-emission alternatives by 2035.
- Training 5,000 health professionals on climate change and health by 2035.
- Updating the Health National Adaptation Plan (HNAP) by 2030.
- Promoting renewable energy and electric mobility in health, education, cremation, construction, and other related sectors.

The MoHP actively contributed to the high-level discussions at Sagarmatha Sambaad and is collaborating with national and international stakeholders to operationalize these commitments. Implementation of Nepal's NDC 3.0 will, however, require robust international support in climate financing, technology transfer, and capacity building, ensuring that Nepal continues to lead by example in aligning public health with global climate action.

Air pollution and its impact on life expectancy: The Constitution guarantees every citizen's right to live in a clean and healthy environment, supported by robust legal and policy frameworks aimed at realizing this constitutional provision. However, despite these mechanisms, air pollution – especially fine particulate matter (PM2.5) – continues to pose a serious threat to public health across the country. These particles penetrate deep into the lungs and bloodstream, causing respiratory and cardiovascular diseases and contributing to an estimated 42,000 deaths annually—with 19% among children under five and 27% among the elderly. The Air Quality Life Index 2025 identifies particulate pollution as the leading environmental risk, reducing life expectancy by 3.3 years, compared to 1.9 years from tobacco. In 2023, Nepal's average PM2.5 concentration reached 38.3 µg/m³, nearly eight times the WHO guideline (above 5µg/m3 is hazardous to health) and 74% higher than 1998 levels[5]. The highest losses in life expectancy are seen in Madhesh Province (up to 5.3 years), followed by Koshi and Lumbini, while Karnali remains the cleanest. These findings underscore the urgent need for stronger air quality management to safeguard public health and improve national life expectancy.

3.2.2 Citizens' responsibility

Nepal Health Conclave 2024: Leveraging the diaspora's expertise to strengthen health system

The Ministry of Health and Population (MoHP) successfully organized the Nepal Health Conclave 2024 on 26–27 December 2024 (Poush 11–12, 2081) in Kathmandu. Organized under the theme 'Connecting Diaspora for Healthcare Strengthening', the conference brought together Nepali health professionals and experts from around the world to promote partnership, knowledge exchange, and collaboration for strengthening Nepal's health system. The

[5] AQLI, Nepal Factsheet, 2025, https://aqli.epic.uchicago.edu/files/Nepal%20FactSheet_2025.pdf

two-day event served as an important platform for dialogue on global practices of diaspora engagement, digital health innovations, long-term policy frameworks, and promotion of research, education, and innovation in the health sector.

The conclave served as a powerful platform bringing together the Nepali diaspora and the in-country participants to reflect on the value of mutual understanding – acknowledging each other's strengths, limitations, and shared responsibilities both within families and across health systems. The conclave concluded with some joint commitments guided towards building collaboration between Nepal's health sector and its global diaspora:

- Establishing a Research and Diaspora Engagement Unit under the Ministry of Health, supported by an advisory group.
- Integrating diaspora activities into the National Joint Annual Review (NJAR).
- Developing an idea/project bank to promote healthcare investments and start-ups.
- Updating and mapping diaspora data for better collaboration.
- Creating a virtual knowledge-sharing platform for continuous education and capacity building.
- Allocating grants for diaspora-led research on underrepresented health issues.
- Exploring the diaspora's role in addressing health problems faced by Nepali migrant workers.
- Testing new diagnostic and critical care services through diaspora engagement.
- Launching a Rural Health Fellowship Program for diaspora members.
- Conducting policy analysis to identify legal and regulatory requirements for healthcare investments.

The Ministry extends its appreciation to all diaspora health experts, national stakeholders, and development partners for their active participation and valuable contributions. The conference has laid a strong foundation for enhanced collaboration between the Nepali diaspora community and the national health system in addressing future health challenges and achieving sustainable health sector development. Ministry has already begun taking steps to address the issues raised during the conclave and to implement the agreed action points.

Digital health information initiative: The NHSSP places a high priority in collaboration with mass media and stakeholders to expand the use of social media, digital technologies and other innovative approaches for behavior change of society. In line with this priority, in 2020, the MoHP launched the Swasthya Suchana initiative in partnership with Rakuten Viber to enhance public access to reliable health information through a dedicated Viber community. The platform effectively delivers official health updates, including advisories, vaccination drives, and disease prevention measures, while sharing infographics, videos, and other educational content to improve public understanding.

The initiative has enabled timely dissemination of health policies, guidelines, and campaigns, fostering interactive communication between the MoHP and the public and promoting transparency. It has also ensured that health information reaches a wide audience, including remote communities. As of October 2025, the community has grown to over 366,500 members, establishing it as a significant tool for public health communication.

Swasthya Suchana has proven especially vital during public health emergencies, such as the COVID-19 pandemic and natural disasters, empowering citizens with knowledge, supporting informed decision-making, and cultivating a culture of health awareness across Nepal. For more information or to join the community, visit: Swasthya Suchana on Viber.

Citizen Well-being Program - My Health, My Responsibility: The NHSSP strives to scale up health promotions interventions, such as Nagarik Aarogya program, to the ward and settlement levels through coordination with institutions, cooperatives and communities. In line with this priority, the Department of Ayurveda and Alternative Medicine has advanced its flagship citizen well-being initiative, the Nagarik Arogya Karyakram (Citizen Well-being Program) – aimed at promoting healthy lifestyles and preventive health practices across the country. Guidelines for local-level implementation - spanning yoga, meditation, healthy dietary practices, and lifestyle modification - have been issued with the slogan "My Health, My Responsibility." Citizen wellness centers have been established at 411 local levels across the country to deliver awareness and preventive services for non-communicable diseases. Additionally, more than 1500 citizen wellness groups have been formed in over 150 areas, and some 300,000 citizens received services through Ayurveda, yoga and lifestyle-management activities. While the campaign has achieved notable outreach and structural expansion, full roll-out at all local levels remains in progress and monitoring mechanisms are being strengthened to ensure sustained behavioral change.

Regulating unhealthy products and promoting healthier lifestyles: Aligned with the NHSSP 2023–2030, the MoHP has prioritized regulating the marketing, availability, and consumption of unhealthy products—including sugar-sweetened beverages, trans-fat–rich and ultra-processed foods, alcohol, and tobacco—to reduce the growing burden of NCDs and foster healthier dietary and lifestyle practices. In coordination with the Department of Food Technology and Quality Control, the Department of Drug Administration, and other sectoral agencies, the Ministry is strengthening regulatory frameworks on product quality, labeling, advertising restrictions (especially for children and adolescents), and trans-fat limits. Initiatives include mandatory front-of-package nutrition labeling, public awareness campaigns, and intersectoral collaboration with the Ministries of Finance, Industry, and Education to adopt fiscal measures such as taxation on harmful products and restrictions on marketing.

To support tobacco cessation, MoHP launched a free counselling helpline (1132) on World No Tobacco Day 2025, offering personalized guidance and follow-up in local languages. Under the Public Health Service Act (2018) and the Tobacco Product (Control and Regulation) Act (2011), strict regulations govern the sale, promotion, and advertising of tobacco and alcohol, complemented by health taxes on these products as well as sugary and ultra-processed foods. Revenue from these taxes supports the Health Tax Fund, financing preventive and promotive health programs, including NCD prevention, awareness campaigns, and health system strengthening.

These combined regulatory, fiscal, and awareness-based measures not only mitigate health risks from harmful products but also generate resources for health promotion, promote healthy lifestyles, regulate school food environments, and strengthen Nepal's commitment to universal health coverage.

Dhulikhel municipality - a model of healthier urban living: In line with the NHSSP's aspirations for accelerating health promoting initiatives such as healthy municipality, healthy tole, health-promoting schools and healthy workplace to promote wellness and health - Dhulikhel Municipality, located in Kavrepalanchok district, Bagmati Province, has emerged as a model for the 'Healthy Municipality' initiative in Nepal, demonstrating how local governance can actively promote health and well-being. The municipality has prioritized safe water and sanitation, ensuring access to clean drinking water, proper waste management, and regular hygiene awareness campaigns. Public spaces and parks have been

Dhulikhel

developed to encourage physical activity and social interaction, while roads and pathways have been made pedestrian friendly. Local schools and health centers collaborate to implement nutrition programs, health education, and regular medical check-ups, focusing particularly on children, adolescents, and vulnerable groups.

Dhulikhel has also taken steps to reduce non-communicable disease risks by promoting smoke-free zones, regulating food vendors, and encouraging healthy dietary choices. Community engagement is central to these efforts, with citizens actively participating in health committees, awareness campaigns, and municipal planning decisions.

The municipality leverages partnerships with provincial authorities, NGOs, and private stakeholders to enhance service delivery and ensure sustainability of health programs. These interventions have led to measurable improvements in health indicators, including reduced incidence of communicable diseases, increased immunization coverage, and heightened public awareness on lifestyle-related health risks. Dhulikhel's approach serves as a model for other municipalities aiming to integrate health into urban planning and development. Recognizing its achievements, Dhulikhel Municipality was officially declared Nepal's first "Healthy City" by the WHO on August 27, 2024.

Bridging health and education – Ensuring every student learns for healthy life: The Constitution of Nepal enshrines education and health as fundamental rights, ensuring compulsory and free education up to grade 8 and free education through grade 12, alongside free basic health services and emergency care for

all citizens. These constitutional guarantees underline the need to strengthen health literacy from an early age. Integrating a mandatory health subject in high school offers a cost-effective and sustainable way to build lifelong health awareness, empowering students to become advocates for healthier communities.

Recognizing this, the National Health Education, Information and Communication Center (NHEICC), in collaboration with the Curriculum Development Center (CDC) of the Ministry of Education, Science and Technology (MoEST), has reviewed and provided technical feedback on the existing school health curriculum. The revision aligns with current health policies, legal frameworks, and national priority programs, ensuring that content is relevant, evidence-based, and responsive to emerging health challenges.

In 2024/25, the Ministers of Health and Population and Education, Science and Technology reached a common understanding and affirmed their joint commitment to institutionalize health education as a core mandatory subject up to the high school level. The MoHP is now working closely with the MoEST to operationalize this decision—marking a significant step toward nurturing a health-literate generation and advancing Nepal's journey toward Universal Health Coverage (UHC).

Operationalizing One Health for AMR Control: Nepal has embarked on a significant milestone in safeguarding public health with the launch of the National Action Plan on Antimicrobial Resistance (2024–2028), grounded in a One Health approach that recognizes the interconnection between human, animal, and environmental health. Developed through broad-based consultations and active engagement of stakeholders across sectors, the plan outlines a comprehensive five-year roadmap to contain and mitigate the growing threat of AMR. It aims to strengthen multisectoral coordination, surveillance, stewardship, and awareness, while ensuring that national efforts remain fully aligned with the Global Action Plan on AMR and international best practices.

3.3 Sustainable Financing and Social Protection in Health

3.3.1 Public investment in health sector

NHSSP emphasizes improving public investment in health sector through increasing domestic financing and efficiency, and by improving management of development cooperation in health sector. The National Health Financing Strategy, 2023-2030, sets a comprehensive roadmap for achieving equitable, efficient, and sustainable health financing in pursuit of UHC. The strategy emphasizes increasing domestic public financing for health, expanding health insurance coverage—particularly for the poor and informal sector workers—and reducing out-of-pocket and catastrophic health expenditures. It prioritizes efficient and accountable use of resources, equitable allocation across all levels of government and population groups, and the integration of fragmented financing schemes. The strategy also promotes innovative financing mechanisms, such as earmarked taxes and public–private partnerships, to diversify funding sources and gradually reduce dependence on external aid.

The government aims to allocate at least 10 percent of its total budget to health, yet this target remains distant. Although some progress has been observed by FY 2024/25, key health financing indicators continue to fall short of the milestones set by the National Health Financing Strategy 2023-2030 (Table 3.7). The UHC service coverage index stands at 53.7% against a 65% target set for 2023/24, while per capita government health spending remains at US$22.2, below the US$36 goal. Health's share in the national budget is only 5.87% (target 9.15%), and budget utilization is modest at 72% (target 85%). On the financial protection front, out-of-pocket spending still accounts for 54.2% of total health expenditure (target 40%), with 10.7% of households incurring catastrophic expenses (target 6%). Meanwhile, only 8.32% of the poor are enrolled in health insurance, far from the 50% milestone set for 2023/24. Together, these figures underscore the urgent need for greater public investment, enhanced financial protection, and broader access to essential health services to accelerate Nepal's progress toward universal health coverage.

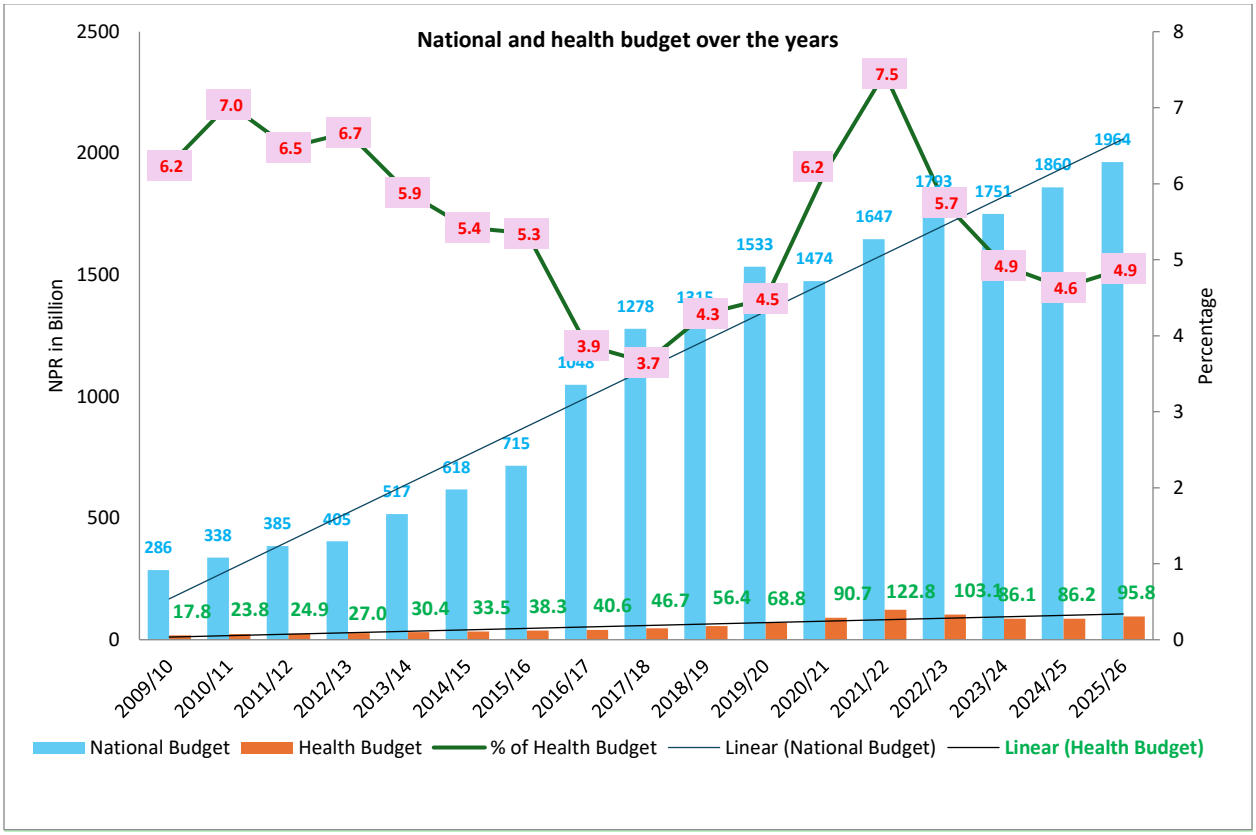
Table 3.7: Health financing status

Indicators	Status 2024/25	Milestone 2023/24	Milestone 2027/28	Target 2033/34
UHC service coverage index (Essential services) - %	53.7	65.0	85	100
Per capita government health expenditure - US$	22.2	36.0	49	86
Proportion of health budget on government budget - %	5.87	9.15	10	10
Annual health budget expenditure - %	72.0	85.0	90	95
Out-of-pocket health expenditure - %	54.2	40.0	30	25
Catastrophic health expenditure (>10% of household expenditure)	10.7	6.0	4	2
Proportion of poor population enrolled in health insurance - %	8.32	50.0	100	100
Source: National Health Financing Strategy 2023-2033				

Heath's share in the national budget: An analysis of national and health budget trend shows a more than fivefold increase in the health sector budget, from NPR 23.8 billion in FY 2011/12 to NPR 122.8 billion in

FY 2021/22 and slight decline to 95.8 billion in 2025/26. Up to FY 2019/20, the share of the health sector against the national budget remained slightly below or above 5%, peaked at 7.5% in 2021/22, during response to COVID-19, and came down to less than 5% (4.9%) in 2023/24, and even lower (4.6%) in 2024/25 (Figure 3.4). In the current fiscal year (2025/26) it is at 4.9%.

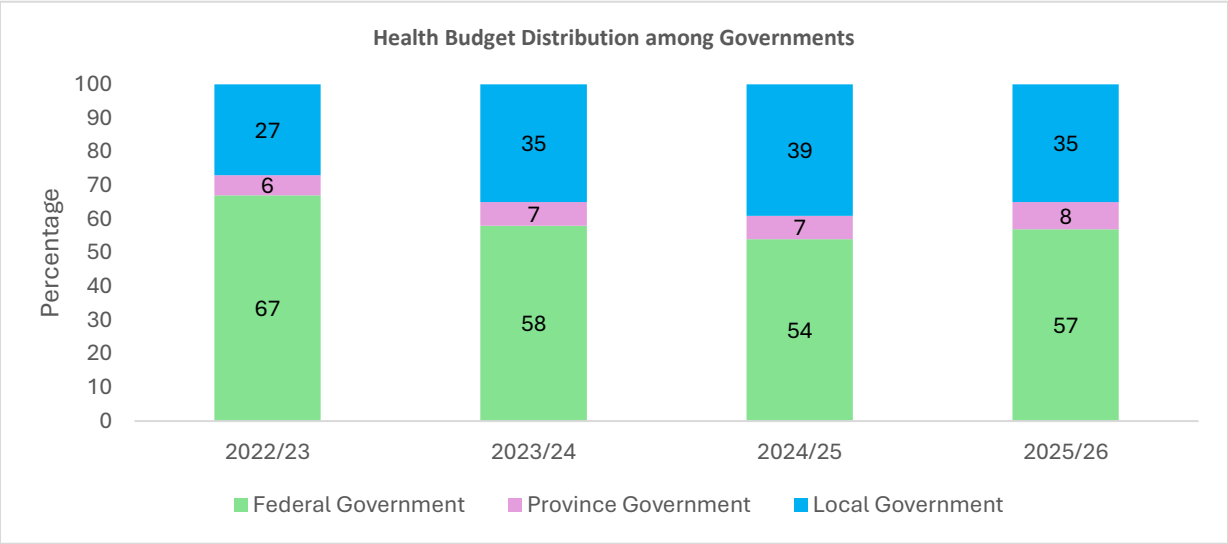
Figure 3.4: National health budget over three years



Despite a more than fivefold increase in absolute health sector allocations over the past decade, the share of health investment relative to the national budget has remained below the recommended threshold, peaking during the COVID-19 response and declining thereafter. This highlights the need for sustained prioritization and strategic investment to ensure resilient, equitable, and quality health services for all citizens.

Fiscal shares across government: In recent years, provincial and local governments have been receiving an increasing portion of the health sector budget. While the federal MoHP has historically accounted for the largest share, this share has been declining over time. An analysis of the budget from the last four years shows a decrease in the federal MoHP's allocation, dropping from 67% in 2022/23 to 54% in 2024/25, and slight increase to 57% in 2025/26 (Figure 3.5). Likewise, the budget share for local governments has risen from 27% in 2022/23 to 39% in 2024/25 and slightly declined to 35% in 2025/26. The share of provincial governments has increased from 6% in 2022/23 to 8% in 2025/26.

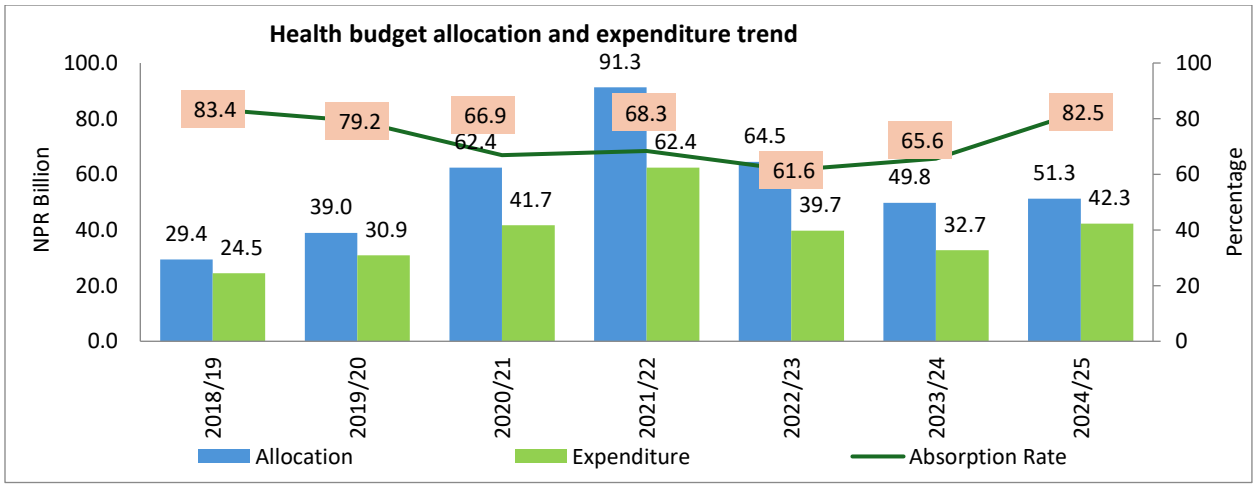
Figure 3.5: Health budget distribution among governments



The gradual shift of health sector resources from the federal MoHP to provincial and local governments reflects the ongoing decentralization of health governance. Strengthening the capacity of subnational governments to plan, manage, and utilize these increasing allocations effectively is critical to ensure equitable, efficient, and locally responsive health service delivery across Nepal.

Health budget absorption: Improving the budget absorption rate has always been a priority for the MoHP. However, the rate declined from 83.4% in 2018/19 to 61.6% in 2022/23, rose slightly to 65.6% in 2023/24, and to 82.5% in 2024/25 (Figure 3.6). This fluctuation in budget absorption is multi-factorial, involving administrative delays, procurement challenges, human resource shortages, shifts in policies or priorities, weak monitoring systems, and external shocks such as natural disasters and political instability. The MoHP is working closely with HDPs to address these challenges and strengthen overall absorption capacity.

Figure 3.6: Health budget allocation and expenditure trend



External funding share: In FY 2024/25, the GoN financed 72% of the total health sector budget and the remaining 28% was contributed by HDPs, reflecting the continued importance of external support in advancing national health priorities (Figure 3.7). Within the HDP contribution, 56% came as loans, signaling a rising reliance on concessional financing for health-sector investments, while 44% was provided as grants, supporting priority programs and technical assistance (Figure 3.8). This financing profile illustrates a gradual transition toward shared fiscal responsibility, where domestic funding drives the health agenda and external assistance strategically complements system strengthening and service delivery.

Figure 3.7: Proportion of government and donor budget over decades

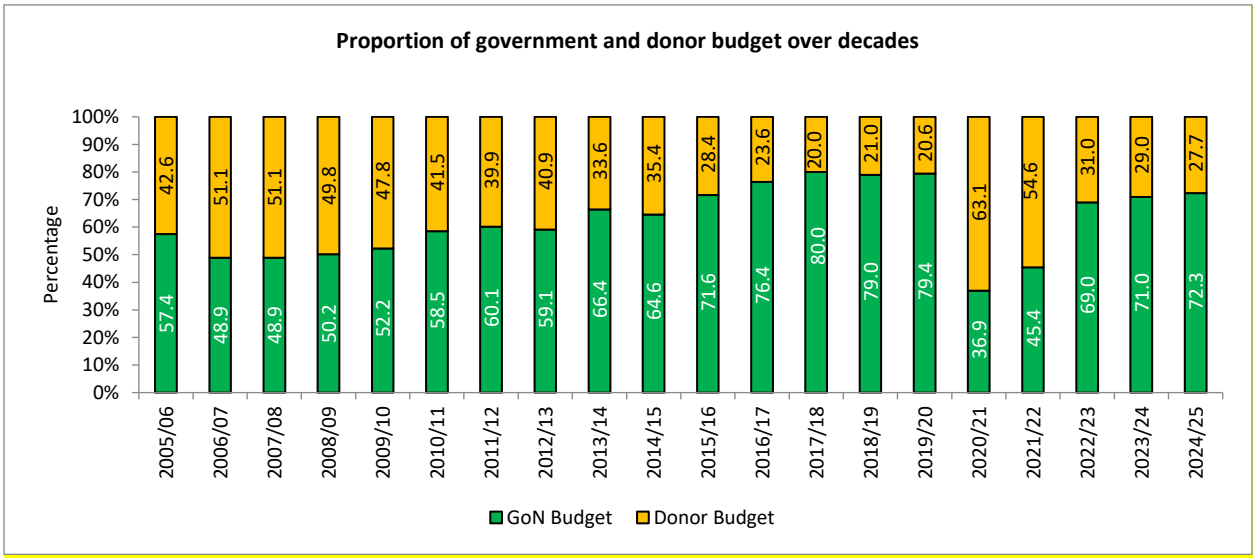
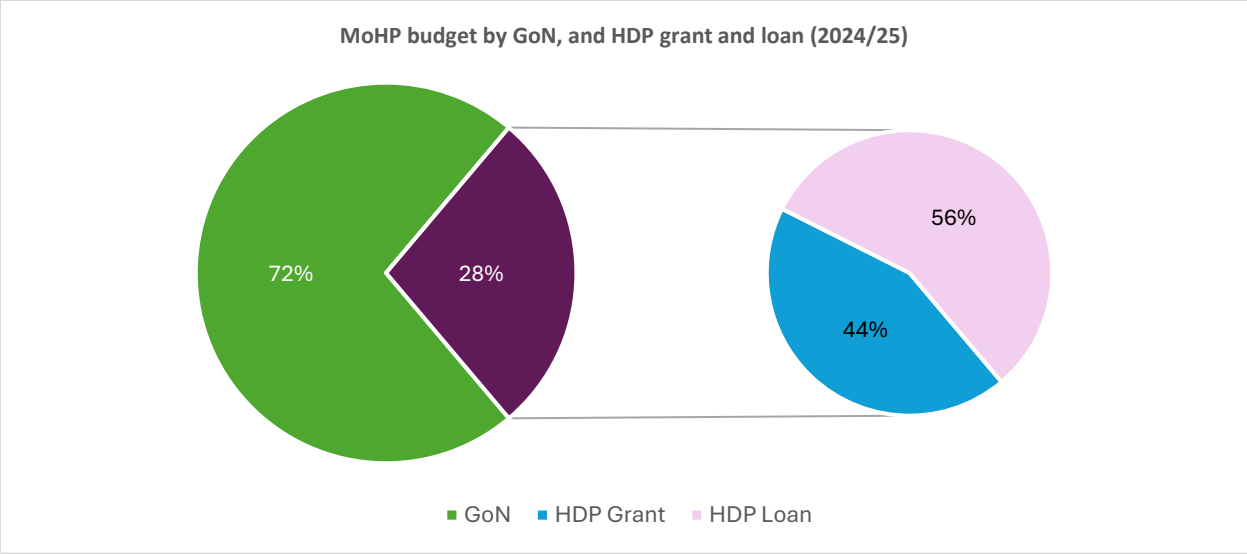


Figure 3.8: MoHP budget by GoN, and HDP grant and loan (2024/25)



Strengthening health financing through evidence-based priority setting: Amidst low public financing in health, high OOP health expenditures, limited budget absorption, declining external funding, and the country's preparation for LDC graduation by 2026, strengthening public investment and institutionalizing evidence-based priority setting remain central to Nepal's journey toward UHC.

In 2024/25, the MoHP, in collaboration with the Bergen Centre for Ethics and Priority Setting in Health (BCEPS), University of Bergen (UiB), and national partners - the Nepal Health Economics Association (NHEA) and Kathmandu University (KU) - with support from Norwegian Agency for Research and Development (Norad), initiated a strategic effort to align health sector priorities with available resources. Guided by the NHFS, the initiative aims to redefine the Essential Health Care Package (EHCP) through a systemic priority setting-approach.

The process involves mapping existing interventions, evaluating cost-effectiveness and applying multi-criteria analysis – health maximization, disease severity, feasibility, equity, policy relevance, and social impact by engaging stakeholders at national and subnational levels. The final EHCP, expected by December 2025, will outline nationally prioritized interventions across major health domains—non-communicable and communicable diseases, and reproductive, maternal, neonatal, child, and adolescent health and nutrition.

To complement these efforts and support effective implementation, institutional capacity building in health economics and priority setting has been given high priority. A key achievement was the launch of a nine-month executive 'Fellowship on Health Economics for Policy, supported by BCEPS, UiB; NHEA; KU; World Health Organization (WHO) and the World Bank, involving 35 fellows from federal and provincial health systems and academia in the first cohort. Additionally, KU has also integrated health economics training into its public health curriculum to ensure sustained institutional capacity.

These initiatives mark a strategic shift toward rational, evidence-informed resource allocation, aiming to improve efficiency, equity, and financial risk protection – advancing Nepal's commitment to achieving UHC.

Development cooperation in health sector: Since its adoption in 2004 the Sector-Wide Approach (SWAp) has been instrumental in aligning external support with national priorities. Within this framework, financial assistance remains the primary aid modality, complemented by technical assistance (TA) that strengthens institutional capacity, knowledge transfer, and system resilience. In line with the Foreign Aid Policy 2002, the aid modalities have evolved to reflect Nepal's federal governance and subnational structures. The NHSSP continues to embed the SWAp as a cornerstone partnership framework, fostering joint accountability between the government and development partners in advancing Nepal's health sector reforms and achieving health sector goals.

Shift in development health assistance of two major partners: This year Nepal's health sector witnessed a fundamental shift in the assistance provided by its two major health development partners, USAID and UKaid. Both partners have historically played a crucial role in supporting health systems and programs across the country. The current shift marks a significant change in the way external support is being structured, coordinated, and delivered within the national health sector framework.

USAID Assistance: For over six decades, the U.S. Agency for International Development (USAID) has been one of Nepal's largest health sector partners, supporting programs in maternal and child health, family planning, nutrition, infectious disease control, health systems strengthening, and emergency response. The suspension and subsequent closure of USAID operations in early 2025 have disrupted several activities and funding streams, posing immediate and medium-term challenges to Nepal's health system. The termination of financial and technical support to key health programs risks reversing hard-won public health gains. Likewise, the suspension of USAID-supported health surveys and monitoring systems (including the health facility survey, demographic and health survey, and nutrition survey) will create critical data gaps for planning, resource allocation, and performance tracking.

However, several priority health programs have continued with U.S. government funding channeled through alternative mechanisms and implementing partners, including support for tuberculosis, HIV/AIDS, malaria, and routine immunization. These programs, largely financed through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. President's Malaria Initiative (PMI), have ensured continuity of essential services while broader system-level support remains paused. With proactive planning, diversified financing, and strengthened domestic ownership, the MoHP is taking measures to safeguard these achievements and sustain progress toward equitable, quality health services for all.

UK aid Assistance: UK aid (through the British Government, now under the Foreign, Commonwealth and Development Office – FCDO) has been supporting Nepal's health sector for over six decades, beginning in early 1960s. UK aid has played a crucial role supporting the government in expanding access to quality health services, improving governance, and advancing health equity-particularly for women, children, and marginalized populations. Since 2004, FCDO's flagship programs – the Support to Safe Motherhood Program (SSMP, 2004-2010) and the Nepal Health Sector Support Program (NHSSP 2010-2023)- have provided sustained technical assistance to the MoHP in implementing successive national health sector strategies. The NHSSP supported critical areas including evidence-based policy formulation, health financing, quality of care, infrastructure improvement, gender equality and social inclusion (GESI), human resource management, and federal health system strengthening. Its contribution has been pivotal in operationalizing the National Health Sector Strategies (NHSS 2004–2010, 2010–2015, and 2015–2020) and

the ongoing Nepal Health Sector Strategic Plan 2023–2030, aligning with Nepal's federal governance and universal health coverage goals.

In December 2023, FCDO launched *Samartha* – Enhancing Gender Outcomes through Social Services System Strengthening (December 2023 – March 2030), with the total budget of GBP 33.8 million[6]. The program strengthens the systems and capacities of local governments to deliver social services, with a focus on improving access to quality health and education for women, girls and marginalized groups. Complementing this, *Samartha* provides national policy support to ensure health and education policies, and resource allocations promote responsive, resilient, and equitable systems. Building on the legacy of SSMP and NHSSP, Samartha aims to deepen institutional capacity across all three tiers of government. Through this transition from SSMP to NHSSP, and most recently *Samartha*, FCDO remains a trusted partner in Nepal's journey toward resilient, self-reliant, and accountable health systems, aligned with the NHSSP 2023-2030 vision and UHC goals.

3.3.2 Social protection in health

Revitalizing PHC for BHS compliance and UHC: The Constitution of Nepal defines Basic Health Services (BHS) and emergency health services as a fundamental rights of citizens, mandating the state to provide BHS free of cost, and assigns its delivery as an exclusive function of local levels. To operationalize this constitutional mandate, the Public Health Service Act (2018) defines BHS as free and accessible services encompassing health promotion, prevention, diagnosis, treatment, and rehabilitation, organized into nine core components. While the federal government bears the primary responsibility for financing BHS, the Act allows provincial and local governments to expand upon the federally defined package through their own investments. It also enables local governments to collaborate with federal and provincial authorities, as well as with health institutions, as needed. Furthermore, the Act includes provisions for fines and compensation to ensure compliance and accountability with delivery of BHS.

The Public Health Service Regulation (2020) further elaborates on the BHS defined by the Act by outlining a structured package of minimum set of services aligned with the national disease burden and the

[6]https://devtracker.fcdo.gov.uk/programme/GB-GOV-1-301596/summary

country's delivery capacity - including finance, human resource, infrastructure, supplies, and equipment - ensuring universal implementation nationwide. The Regulation also designates specific health facilities for the delivery of these services: basic health service centers and basic hospitals under local governments, general and specialized hospitals under provincial governments, and general, specialized (for related services) and teaching hospitals under federal government. Although the overall healthcare delivery system includes both public and private providers, the Regulation currently designates only public health facilities to offer BHS free of charge to Nepali citizens. To support effective implementation, the Ministry developed the 'Basic Health Service Standard Treatment Protocol (BHS STP) in 2021, followed by the BHS Operation Guidelines in 2022, and the BHS Monitoring and Evaluation Framework in 2023. At the federal level, the Basic and Emergency Service Section under the Curative Service Division of the DoHS functions as the institutional lead, ensuring effective implementation in coordination with provincial and local governments.

<table>
<tr><th colspan="2">Basic health services and public health facilities designated for service delivery</th></tr>
<tr><td>Services</td><td>Service providers</td></tr>
<tr><td>Promotional, preventive, diagnostic, curative, and rehabilitative health services</td><td rowspan="12">▪ Basic hospital
▪ PHCC, HP, UHC, BHSC
▪ General hospital
▪ Specialized hospital
▪ Medical college</td></tr>
<tr><td>1 Immunization services</td></tr>
<tr><td>2 Integrated management of newborn and childhood illnesses; nutrition services; pregnancy, labor, and delivery services; maternal, newborn, and child health services, such as family planning, abortion, and reproductive health</td></tr>
<tr><td>3 Services related to infectious diseases</td></tr>
<tr><td>4 Services related to noncommunicable diseases (NCDs) and physical disability</td></tr>
<tr><td>5 Services related to mental health conditions</td></tr>
<tr><td>6 Services related to elderly citizen's health</td></tr>
<tr><td>7 General emergency service</td></tr>
<tr><td>8 Health promotion service</td></tr>
<tr><td>9 Ayurveda and other accredited alternative health service</td></tr>
<tr><td>10 Other services prescribed by the government by a notification in the Nepal Gazette</td></tr>
<tr><td>Source: Public Health Service Act (2018)</td><td>Public Health Service Regulation (2020)</td></tr>
</table>

The National Health Financing Strategy (2021) stipulates that the federal government shall allocate funding for BHS on a per capita basis, considering population size and geographical distribution. It further designates provincial governments to oversee and monitor the implementation and performance of BHS to ensure equitable access and effective service delivery nationwide. An analysis of budget allocation and absorption across all three spheres of government over the past five years reveals that, on one hand, budgets have not been aligned with the National Health Financing Strategy, accounting for slightly below or above 5% of the national budget; on the other, even the allocated funds have remained underutilized. with an absorption rate of around 66 percent.

To minimize out-of-pocket health expenditures and move toward UHC, the Government of Nepal has implemented a range of health financing schemes, such as the Aama Program, free selected services for senior citizens, and free or subsidized services for targeted population groups - such as subsidies for eight chronic diseases, FCHVs, and free cancer treatment for children under age 14, and the national health insurance scheme. In principle, all citizens are entitled to receive the services under the BHS package free of cost; access additional services either free or at subsidized rates in line with national policy; benefit from the health insurance package; and pay out-of-pocket only for services not covered by these schemes. It implies that all basic health services are free, but not all free services fall under the basic health service package. The BHS therefore serves as the foundational platform through which citizens enter and access advanced and specialized health services beyond the basic package.

Health service packages, beneficiaries, and financing modalities			
Health service packages		Beneficiary	Payment type
Service category	Specific service components		
BHS	BHS Package	▪ All citizens	Free
Specific services beyond BHS	▪ Surgical contraception and long-acting reversible contraceptive (LARC) services ▪ HIV, TB, Malaria, Snake bite, dog bite ▪ Cancer treatment for children under 14	▪ All citizens ▪ Under 14 cancer patients	Free
	▪ 8 chronic diseases	▪ Senior citizens ▪ Underprivileged citizens	Subsidized
Health insurance	▪ Insurance package	▪ Insured citizens	Insurance
Advance/specialized services	▪ Services beyond the above-mentioned schemes	▪ All citizens	Out-of-pocket payment

To enhance access to health services, the government's policy envisions establishing at least one basic hospital with a capacity of 5, 10, or 15 beds in each local level, a health post or basic health service center in every ward, and urban or rural health centers at the community level. As of September 2025, approximately 100 basic hospitals are operational, while 427 are under construction across the country. Some local levels have introduced specialized services like ultrasound and dialysis, even before fully ensuring the availability of all services under the BHS package. However, local governments have increasingly realized that operating a hospital at every local level poses significant challenges, particularly in ensuring adequate numbers of qualified health workers, medical supplies, equipment, infrastructure, and financial resources. Consequently, the current policy approach focuses on establishing well-functioning basic hospitals at strategic locations - based on population density, geography, and disease burden – to serve as shared facilities for two or more local levels within a defined catchment area.

According to the Public Health Service Regulation (2020), tertiary and specialized hospitals are also mandated to provide BHS at free of cost. Since the Constitution designates the delivery of BHS as an exclusive function of local levels, this provision highlights the need for strong collaboration among local, provincial and federal levels to ensure effective implementation. Furthermore, the limited capacity of local-level health facilities to manage general cases has led many citizens to seek care at tertiary hospitals, even for minor ailments that could have been treated locally. This has resulted in severe overcrowding at tertiary hospitals, with a large proportion of patients utilizing services that should have been managed at lower levels of care. Consequently, this overcrowding has adversely affected the quality of services provided.

Congestion at tertiary hospital billing counter

To address this, referral guidelines have been developed to standardize and facilitate the referral process from lower to higher-level health facilities. Integrated Ambulance Service is being implemented nationwide, with 53% ambulances enrolled in the system. Nonetheless, tertiary and specialized hospitals have yet to implement a fast-track system for referred cases, leading to both referred and walk-in outpatients waiting in the same queues for consultation – undermining the intent of the referral mechanism.

Despite the existence of robust legal, policy, programmatic, and financial frameworks – as well as institutional mechanisms - effective implementation of BHS continue to face significant challenges. These include duplication of services among BHS, social security programs, and the health insurance scheme; limited readiness of local level health facilities due to inadequate human resources; irregular supply of medicines, medical equipment, and logistics; insufficient financial resources; and poor infrastructure. There also appears to be limited awareness and a need to build a common understanding among citizens, service providers, managers, and policymakers regarding the constitutional mandates, provisions, and overall intent underpinning BHS.

Moving forward, the priority should be to eliminate duplication across BHS and other social security programs, and to strengthen lower-level health facilities by ensuring adequate human resources, equipment, infrastructure, supplies, and financial support to deliver the full BHS package. Deploying general practitioners (MDGPs) at basic hospitals would help ensure the provision of quality and comprehensive BHS, while adherence to referral guidelines would facilitate appropriate referral of cases to higher-level facilities. Managing only referred and complex cases at tertiary hospitals would enable these institutions to concentrate on improving service quality and expanding specialized care tailored to

population needs. To enhance awareness at all levels, long-term and sustainable investments for BHS compliance include collaboration with the Ministry of Education to integrate information on BHS, along with citizen's rights and responsibilities, into school and medical education curricula. Additionally, regular policy dialogues on BHS through public forums, social media, and community-level awareness campaigns are essential to strengthen public understanding and engagement.

The concept of BHS and the services included in the BHS package are rooted in the framework of comprehensive primary health care, as articulated in the 1978 Alma-Ata Declaration and its subsequent evolution over time, and are designed to align health service delivery with Nepal's goal of achieving UHC. There is increasing recognition that achieving full compliance with BHS, in line with the spirit of the Constitution, is possible only through strengthening of PHC at all levels.

In May 2025, the MoHP, with support from WHO, convened a policy and advocacy dialogue on basic and emergency health services in Madhesh Province. The event fostered a shared understanding of basic health services and basic emergency health services, review progress, identified challenges, and discussed further directions with participation from mayors, municipal health coordinators, district health chiefs, provincial health authorities, and journalists. The provincial director emphasized continued engagement and announced plans to include the 'Mayor Sanga Swasthya Nirdesak' program in the next annual work plan. As follow up, the Curative Service Division organized a media session on the right to health, government initiatives, and media's role in health advocacy.

The MoHP, with support from WHO, organized a high-level policy dialogue titled 'Reimagining primary health care for universal health coverage' on 19 June 2025. The event successfully brought together a wide range of stakeholders – including representatives from the government, civil society, development partners, and academia – to engage in an open and forward-looking discussion on the challenges and opportunities within Nepal's primary health care systems. This dialogue marks the beginning of a series of policy forums to identify and address critical policy gaps, reinforcing the national commitment to achieving health for all.

Integration of Ayurveda services: Basic Hospital Operation Standards 2081 provision provisions for the integration of modern and Ayurveda services, promoting a complementary approach to healthcare delivery within hospital setting. To expand access to basic Ayurveda services and strengthen prevention and control of NCDs along with health promotion, Citizen Wellness Service Centers have been established in 411 local levels where Ayurveda health facilities were previously unavailable.

Health insurance at the core of financial protection in healthcare: Financial protection remains a cornerstone of social protection in health and a fundamental pillar for achieving Universal Health Coverage (UHC). Nepal continues to strengthen mechanisms that reduce out-of-pocket (OOP) expenditure and improve access to quality care. Building on lessons from earlier voluntary health insurance schemes, the Social Health Insurance (SHI), launched in 2016, represents a major step forward in risk pooling and prepayment for health. By fiscal year 2024/25, around 27 percent of the population was enrolled, reflecting gradual expansion and growing awareness of the scheme's benefits. The Government is prioritizing reforms to enhance enrollment, retention, and service quality through digital innovations, improved benefit packages, and stronger coordination among federal, provincial, and local levels. With continued investment, the SHI is expected to expand its reach and contribute significantly to reducing OOP

spending—currently between 50–60 percent—toward the national target of 25 percent by 2030, ensuring equitable financial protection for all.

The Health Insurance Board (HIB), in collaboration with the MoHP and stakeholders, has undertaken several strategic reforms to strengthen the Social Health Insurance program. Copayments have been introduced to promote responsible use of services, reduce unnecessary claims, and enhance the financial sustainability of the health insurance scheme. They also help minimize fraud and support better targeting of subsidies for those who need them most. Copayment system is applicable for outpatient services, inpatient services, diagnostic services, curative services, surgeries, physiotherapy, and rehabilitative services, while it is not applicable for the services included in government's free health service program, free diagnostic and curative services, promotive services like Yoga and behavior change, emergency services, and medicines and procedures within the BHS package. Likewise, copayment is not applicable at public hospitals operating at less than 15-bed capacity, and for the targeted groups. Copayment of 10% is applicable at public hospitals above 15-beds, while it is 20% at hospitals other than public.

Additional provisions introduced this year include:

- Provision of up to 3 months of medication for insured individuals on regular medication.
- Allowing patients who have already been referred once to visit for follow-up care for the same condition without requiring a new referral slip.
- Revision and updating of the benefit package to align with current needs.
- Designation of focal units to strengthen coordination with contracted hospitals and enhance service quality: the Curative Services Division of the Department of Health Services at the federal level, the Hospital Oversight Division at the provincial level, and the health section at the local level.
- Implementing a single service line for both insured and uninsured clients.
- Establishing a separate refill counter and Tuesday Clinic at service-providing facilities.
- Enabling real-time claim submission by health facilities through API integration.
- Allowing service providers to offer services to insured clients through digital insurance cards.
- Signing an agreement with the National ID and Registration Department to facilitate online enrollment into the insurance program.
- Initiating online renewal, with provisions underway to enable new registrations online as well.
- Allowing insured members to view their insurance details through the Nagarik App or the HIB Profile App.

The HIB has received technical and financial support from various HDPs, including GDC, to advance the implementation of the National Health Insurance Strategic Roadmap. The roadmap focuses on policy and process improvement, actuarial and operational strengthening, and enhanced coordination among social health protection schemes. In 2024/25, 642 enrollment assistants (470 women) and 58 enrollment officers from Sudurpaschhim and Lumbini provinces were trained to promote inclusive outreach through GESI-based community mobilization.

3.4 Equitable access to quality health services

The NHSSP maintains its strong commitment to ensuring equitable access to quality health services, with a renewed and strengthened focus. This objective is advanced through the reinforcement of quality assurance mechanisms to improve care at the point of service delivery and by addressing the underlying factors contributing to inequalities in access to quality health care.

3.4.1 Quality assurance mechanisms

Minimum Service Standard (MSS): Since 2014, the MoHP has been implementing Minimum Service Standards (MSS) - a self-assessment tool to evaluate and enhance the readiness of health facilities to deliver quality services. MSS tools are applied across all facility levels, from health posts to super-specialized hospitals. Implementation is shared among the three tiers of government: local governments manage MSS at local facilities, provincial governments oversee provincial facilities, and the federal government manages federal health facilities. The federal and provincial governments also provide supportive supervision and technical assistance to ensure consistency and quality across the health system.

A trend analysis of MSS performance of 16 federal level hospitals from 2019/20 shows that Bharatpur Hospital achieved the highest MSS score in 2024/25, securing position in green zone with 88 score, which reflects its commitment to improving service quality, management capacity, and continuous advancement (Table 3.8). In contrast, Narayani Hospital and Gajendra Narayan Singh Hospital recorded relatively lower MSS scores in fiscal year 2024/25, suggesting that these facilities are still at the early stages of readiness to deliver quality health services. MSS assessments were not conducted in several hospitals. The MoHP is working with these facilities to ensure that MSS implementation continues without interruption.

The MoHP began implementing MSS in specialized hospitals from fiscal year 2024/25. Early assessments show some hospitals demonstrating progressive trends in their MSS scores but still require substantial efforts to fully meet the established standards, highlighting the need for continued support and quality improvement initiatives.

Table 3.8: MSS performance of federal hospitals over time

Federal Hospitals	Trends in MSS scores by year (%)					
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
General Hospitals						
Bheri Hospital	35	61	67	75	80	83
Koshi Hospital	47	48	44	49	54	63
Bharatpur Hospital	50	52	62	64	77	88
Narayani Hospital	26	33	44	47	62	56
Gajendra Narayan Singh Hospital	39	28	30	NA	32	36
Bir Hospital	41	NA	55	NA	60	67
Dadeldhura Hospital	30	NA	52	NA	65	73
Health Academies						
Rapti Academy of Health Sciences	36	39	50	64	69	71
Pokhara Academy of Health Sciences	46	NA	52	59	69	NA

Federal Hospitals	Trends in MSS scores by year (%)					
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Karnali Academy of Health Sciences	NA	NA	49	NA	NA	NA
BP Koirala Institute of Health Sciences	NA	NA	53	66	NA	75
Patan Academy of Health Sciences	NA	NA	66	74	NA	79
Specialized Hospitals						
Paropakar Maternity Hospital	NA	NA	NA	59	NA	64
Kanti Children Hospital	NA	NA	NA	45	NA	NA
Shukraraj Tropical Infectious Disease Hospital	NA	NA	NA	43	NA	59
Mental Hospital	NA	NA	NA	28	34	32

Note: Color coding as per MSS scores

0-49	50-69	70-84	85-100	Not Available
White	Yellow	Blue	Green	Gray
Very poor, requires urgent action	Improving, requires focus	Satisfactory requires specific action	Near optimal, needs continuity	

In 2024/25, the Department of Health Services, Curative Service Division, undertook an innovative assessment of the Emergency Department and Inpatient Departments of selected health facilities, evaluating both Clinical Audit—a systematic review of care against standards to enhance quality and patient outcomes—and their MSS performance. The findings were concerning - despite achieving high MSS scores (above 85% in both Departments), the clinical audit results for all assessed cases fell below the minimum acceptable standard (Table 3.9). While the Minimum Service Standards (MSS) ensure the foundational readiness of health facilities in terms of infrastructure, resources, and service availability, the clinical audit complements it by assessing the actual quality of care delivered. Together, they provide a comprehensive view of performance-MSS focusing on readiness, and clinical audit on quality and outcomes. Therefore, health facilities are encouraged to institutionalize regular clinical audits alongside MSS implementation to foster continuous improvement in service quality and health outcomes.

Table 3.9: Comparison of MSS and clinical audit performance of health facilities

Health Facility	Emergency Department		Inpatient Department	
	MSS	Clinical Audit	MSS	Clinical Audit
A	87	40	89	38
B	85	24	86	52

Improving maternal health: Lessons from MPDSR and near-miss case reviews: With over three decades of continued effort since 1990, Nepal has made substantial progress in establishing the Maternal and Perinatal Death Surveillance and Response (MPDSR) system. By FY 2024/25, hospital-based MPDSR has been implemented in 121 hospitals, and community-based maternal death surveillance and response in 52 districts. Through several phases of restructuring, the system has evolved into its current form, helping to institutionalize the principles of “every death counts” and *“no woman should die in childbirth.”* It has significantly improved the availability and use of data on maternal and perinatal mortality and enabled

identification of leading causes such as postpartum hemorrhage, hypertensive disorders, prematurity, and birth asphyxia.

MPDSR implementation has also prompted many hospitals to revise management protocols and introduce preventive measures based on case reviews. However, effectiveness remains constrained by incomplete coverage, inconsistent review practices, weak feedback loops from review to action, and limited local resources. The absence of mandatory reporting regulations has diluted accountability and hindered comprehensive death identification. While the adoption of ICD-MM and ICD-PM classifications is commendable, their use is not yet optimal (24).

Overall, MPDSR has laid a strong foundation for evidence-based maternal and perinatal mortality reduction. Realizing its full potential now requires strengthening implementation consistency, ensuring accountability through mandatory reporting, improving review-to-action linkages, and expanding full-scale application across the country.

The near-miss case review practice serves as a critical component of maternal and newborn quality-of-care improvement. It focuses on systematically identifying and analyzing cases where women experienced severe, life-threatening complications during pregnancy, childbirth, or within 42 days postpartum but survived - often due to timely and effective medical intervention. Introduced as part of broader maternal health quality initiatives, near-miss reviews complement the MPDSR system by providing insights into factors that prevent maternal deaths. Several tertiary and provincial hospitals in Nepal have been practicing near-miss case reviews, integrating them into regular quality improvement meetings. The reviews help identify clinical gaps, delays in care, and systemic weaknesses, and promote corrective actions to strengthen emergency obstetric and newborn care. While implementation remains inconsistent across facilities, scaling up and standardizing near-miss reviews nationwide can significantly contribute to reducing preventable maternal morbidity and mortality.

Enhancing quality and efficiency in DR-TB management: Nepal is among the 30 countries with the highest burden of drug-resistant tuberculosis (DR-TB). Until 2023, DR-TB treatment relied on long injectable regimens lasting 9–18 months, with a treatment success rate of 74%. Following WHO recommendations, the National TB Program, with WHO support, has introduced a new six-month all-oral treatment regimen using Bedaquiline, Pretomanid, Linezolid, and Moxifloxacin (BPaL/M). The updated national guidelines mark a major step toward safer, shorter, and more effective treatment.

Furthermore, TB control efforts have been strengthened through targeted active case finding using digital X-rays with AI, focusing on high-risk populations, including flood-affected communities, prisons, and migrants at border checkpoints. These interventions, combined with the roll-out of all-oral shorter regimens for drug-resistant TB, have improved treatment outcomes and saved lives through a patient-centered approach, supported by updated DR TB Management Guidelines, the Clinical Handbook of TB Management, capacity-building for health workers, and enhanced laboratory diagnostics and quality control at the supranational level. The TB Free Initiative has been expanded from 100 local levels in 2024 to an additional 50 in 2025, accompanied by provincial assessments and reviews, strengthening decentralized TB services, the cascade of care, and local managerial capacities. Completion and dissemination of Drug-Resistant TB and TB Patient Cost Surveys provide critical evidence to guide future

policy and resource allocation. Collectively, these measures reinforce Nepal's commitment to equitable, evidence-based TB control and accelerate progress toward national elimination targets.

Strengthening diagnostics for quality and equity: In May 2025, the National Public Health Laboratory (NPHL) launched the National Essential In-Vitro Diagnostics List (NEIDL), making Nepal the third country globally to adopt such a list in alignment with the WHO Essential Diagnostics List. The NEIDL defines a standardized set of essential diagnostic tests for communicable and noncommunicable diseases, aimed at reducing out-of-pocket expenditure and ensuring consistent, quality diagnostic services across all public health facilities. This landmark initiative marks a major step toward equitable access to timely, reliable, and affordable diagnostics, reinforcing Nepal's commitment under the Public Health Service Act (2075) and the National Health Policy (2076) while accelerating progress toward UHC.

The laboratory quality system has been further strengthened through comprehensive capacity-building initiatives aligned with ISO 15189:2022. The NPHL's technical capacity has been enhanced by developing a robust pool of 50 certified internal auditors and 19 certified lead assessors, who are now positioned to support the effective implementation, monitoring, and continual improvement of laboratory quality standards nationwide. Together, these advancements are driving more reliable diagnostic services and, ultimately, improving access to quality health care for the population.

Laboratory and entomological capacities have been strengthened across all seven provinces, enhancing the ability to detect and monitor vector-borne diseases effectively. Integrated Vector Surveillance (IVS) was implemented in high-priority areas of four provinces, generating critical entomological evidence to guide targeted interventions for priority vector-borne diseases. In addition, a joint institutional capacity assessment of the Vector-Borne Diseases Training and Research Center (VBDRTC) was conducted, resulting in a short-, medium-, and long-term strategic plan to systematically develop VBDRTC into a national center of excellence for research, training, and technical guidance in vector-borne disease control. Collectively, these initiatives strengthen evidence-based decision-making and capacity, ultimately contributing to improved quality of care and health outcomes for the population.

Validation of Maternal and Neonatal Tetanus (MNT) Elimination Status: Nepal achieved Maternal and Neonatal Tetanus (MNT) elimination status in 2005, reaching an incidence of less than 1 per 1000 live births. In December 2024, the Government of Nepal, with support from WHO Nepal, conducted a post-validation assessment, which confirmed the sustainability of MNT across the country. The findings align with the South-East Asia Regional Vaccine Implementation Plan 2022–2026 and the recommendations of the National Immunization Advisory Committee (NIAC) and South-East Asia Regional Immunization Technical Advisory Group (SEAR-ITAG), reinforcing Nepal's continued commitment to maintaining high immunization coverage and safe maternal and neonatal practices.

3.4.2 Equity in quality health service

Improving access to super-specialized services: Nepal's expanding capacity for specialized and advanced medical care is significantly reducing the need for patients to seek treatment abroad and narrowing longstanding inequities in access to quality health services. With the strengthening of transplant, cancer, cardiac, trauma and advanced diagnostic services at public and private hospitals across federal and

provincial levels, life-saving care that was once available only to those who could afford foreign treatment is now increasingly available and accessible within the country. This progress marks a major step toward more equitable, self-reliant, and affordable health service delivery for all Nepalis.

The MoHP has prioritized strengthening of the Human Organ Transplant Center (HOTC) in Kathmandu and expand the services to other provinces to improve equitable access to specialized healthcare. Currently the center is being upgraded with modern operation theaters, intensive care units, post-transplant facilities, and support services including tissue typing, organ matching, dialysis, and immunology labs. HOTC is also collaborating with hospitals across Kathmandu and other provinces to strengthen transplantation services nationwide.

On 12 January 2024, a fully Nepalese team at TUTH performed Nepal's first independent living donor liver transplant, with the donor discharged on day 10 and the recipient on day 20. This landmark achievement highlights Nepal's growing ability to provide high-quality, life-saving tertiary care while improving access to advanced organ transplant services across the country.

On 1 May 2025, the Shahid Dharmabhakta National Transplant Centre (SDNTC), Bhaktapur, achieved a landmark milestone by successfully performing Nepal's first **combined liver and kidney transplant from a brain-dead donor** into a single recipient. The organs—donated by an 18-year-old boy declared brain-dead after a fatal accident—were retrieved from Kathmandu Medical College and transplanted under strict time constraints by an entirely Nepali surgical team. The procedure saved the life of a 54-year-old patient suffering from simultaneous liver and kidney failure and marked a major advancement in the country's multi-organ transplant capability. One of his kidneys and liver was transplanted into a man and the other kidney into a 42-year-old woman. This was SDNTC's 12th kidney and 4th liver transplant from brain-dead donors, reflecting growing national competence and reduced reliance on foreign expertise. Government provisions that provided financial support to the donor's family and the facilitating hospital played an enabling role.

This milestone underscores the need to further strengthen the deceased-organ-donation system, including public awareness, hospital readiness for brain-death identification, streamlined consent procedures, and sustained government incentives. Scaling these efforts can significantly expand access to life-saving transplant services and advance Nepal's progress toward a self-reliant, equitable tertiary care system.

In alignment with the government's policy to expand specialized and super-specialized health services to provincial level, comprehensive cancer care services have now been established across all seven provinces. Similarly, advanced cardiac care services, including diagnostic and treatment capacities, have been expanded to Madhesh and Gandaki provinces, thereby strengthening provincial-level access to essential tertiary care services.

Gradual upgradation of tertiary hospitals and provincial health science academies: Better-equipped tertiary level hospitals in provinces can provide a wide range of specialized and advanced care, reducing the need for patients to travel to Kathmandu or other major cities for treatment. Currently, federal public hospitals such as TUTH and Bir Hospital in Bagmati Province, Pokhara Academy of Health Sciences in Gandaki province, and BP Koirala Institute of Health Sciences in Koshi province operate with more than 500 beds. Public hospitals in the remaining four provinces are yet to reach this capacity.

In line with the Government of Nepal's Policy and Program for FY 2024/25, the MoHP has initiated gradual upgrading of federal hospitals and health science academies in the provinces to 500 plus bed facilities. This strategic effort aims to expand equitable access to quality health services across the country and reduce regional disparities, ensuring that citizens in all provinces benefit from comparable levels of service.

Additionally, in line with the government's policy to expand specialized and super-specialized services to provincial level, cancer care services have now been extended to all seven provinces. Similarly, heart disease treatment services have been expanded to Madhesh and Gandaki provinces.

Furthermore, enhanced infrastructure and service capacity will enable integrated clinical care, teaching, and research, thereby strengthen the overall health system and support the production of skilled health professionals. These upgrades will also improve preparedness for health emergencies and mass casualty management, ensuring that essential diagnostic, surgical, and intensive care services are available closer to communities. Overall, this initiative is a significant step toward achieving UHC and realizing the constitutional right to quality healthcare for all citizens.

Two-shift outpatient services in federal hospitals: To improve equitable access to quality health services, the MoHP has introduced two-shift outpatient department (OPD) services in 19 federal hospitals with adequate human resources, such as National Trauma Center, Kanti Children's Hospital, Pokhara Academy of Health Sciences, and Gangalal Heart Center. This year, Bir hospital began conducting surgeries in two shifts for high-demand departments, including ENT, dentistry, urology, and general surgery, with plans to extend the system to additional services.

The rationale behind this initiative is to increase service availability and reduce patient overcrowding during regular hours, ensuring that working individuals and those traveling from distant areas can access care at convenient times. By extending service hours, hospitals can better manage high patient volumes, reduce waiting times, and enhance patient satisfaction without significant additional infrastructure investment. The implementation of two-shift OPD services marks a step forward in MoHP's effort to expand equitable, people-centered, and responsive healthcare across the federal hospital network.

Rubella eliminated earlier than planned: Rubella (German measles), a highly contagious viral disease that poses serious risks during pregnancy, including miscarriage, stillbirth, and lifelong congenital disabilities, is entirely preventable through safe, effective, and affordable vaccination. Nepal rolled out the rubella-containing vaccine in 2012 through a nationwide campaign targeting children aged 9 months to 15 years and incorporated a second routine dose into its immunization schedule in 2016.

Although the regional target for rubella elimination was set for 2026, Nepal achieved this milestone ahead of schedule in 2024, demonstrating the effectiveness of its immunization and surveillance programs. This success was made possible through high routine immunization coverage, comprehensive supplementary immunization campaigns, and strengthened measles-rubella surveillance systems across the country. Rubella elimination momentum was sustained through four nationwide vaccination campaigns in 2012, 2016, 2020, and 2024, expanding access even amid major emergencies such as COVID-19 and the 2015 and 2023 earthquakes. By 2024, coverage for at least one dose surpassed 95%. Complementary innovations—including Immunization Month, targeted outreach to missed children, and district-level incentives for "fully immunized" status—further accelerated progress. The accelerated achievement reflects strong government commitment, efficient coordination with health development partners, and

active community engagement, positioning Nepal as a regional exemplar in controlling vaccine-preventable diseases.

Accelerating cervical cancer elimination through HPV vaccination and screening: Cervical cancer is the second most common cancer and the leading cause of cancer-related deaths among women in Nepal, with an estimated four women dying daily. Limited access to screening and preventive services has worsened this public health burden. To address this, Nepal aims to vaccinate 90% of girls aged 10–14 years with the Human papillomavirus (HPV) vaccine and ensure at least 90% of women aged 30–49 years are screened by 2030.

In line with these targets, the MoHP launched a nationwide HPV vaccination campaign targets girls aged 10–14 years under the multi-age cohort (MAC) approach from 4–18 February 2025, coinciding with World Cancer Day (4 February). The campaign, supported by Gavi, WHO, and UNICEF, vaccinated 1.56 million girls—both in-school and out-of-school—with 94% coverage. This year, free cervical cancer screening and HPV vaccination were expanded to all district hospitals, providing visual inspection with acetic acid (VIA) and Pap smear services for early detection. This year, over 252,000 women were screened for cervical cancer.

Students at public school in Kapilvastu, Lumbini Province, celebrate after receiving the HPV vaccine. Photo credit: WHO Nepal/A. Maharjan

The HPV vaccine has now been integrated into the National Immunization Program, ensuring routine annual vaccination for grade 6 girls and out-of-school girls aged 10. Expanding these services improves access to preventive care in rural and underserved areas, empowers communities, reduces travel burdens,

and strengthens progress toward UHC. This milestone is a significant step toward achieving the 2030 global targets for cervical cancer elimination, ensuring equitable access to life-saving preventive healthcare nationwide.

Fetal and neonatal screening for early detection and management of congenital anomalies other abnormal conditions: Early detection of congenital anomalies and abnormal conditions is critical for improving neonatal survival and long-term health outcomes. Timely identification enables appropriate interventions, referrals, and counseling, reducing morbidity and mortality among newborns while supporting maternal health.

In 2024/25, Paropakar Maternity and Women's Hospital (PMWH), a leading tertiary institution in Nepal, established comprehensive fetal and neonatal screening services. These include prenatal ultrasounds, biochemical screening, genetic testing, and neonatal examinations, aimed at identifying structural anomalies, metabolic disorders, and other health risks in fetuses and newborns. The services are integrated with maternal care programs to ensure continuity of care from pregnancy to the neonatal period. As of November 2025, the PMWH screened a total of 4000 newborns, out of which 33 were diagnosed positive for structural anomalies.

Additionally, PMWH has initiated an OPD for mental health services for pregnant and postpartum women. Since the launch, hundreds of pregnancies and newborns have been screened, enabling early intervention and improving clinical outcomes. High-risk cases receive counseling and referral, with coordination for and specialized pediatric and surgical services as needed.

By providing these advanced services within a public tertiary hospital, PMWH reduces the need for families to travel long distances or seek private care, enhancing equitable access to quality neonatal health services. The program strengthens maternal and child health systems in Nepal and supports national priorities for early detection and treatment of congenital conditions.

Strengthening and expansion of geriatric health services: Increasing life expectancy and the aging population structure reflect progress in human development but also bring humanitarian, social, and health challenges. In Nepal, many elderly individuals face health risks due to shifting family dynamics, as youth migration abroad and rapid urbanization have left older adults living alone without adequate family or community support. This isolation, coupled with age-related decline, has led to rising cases of chronic diseases such as hypertension, diabetes, arthritis, and cardiovascular disorders.

The Constitution of Nepal guarantees senior citizens the right to special protection and social security. In alignment, the MoHP formulated the Geriatric Health Service Strategy (2021–2030) to ensure lifelong health promotion and protection for older persons, strengthen an inclusive and accountable service delivery system, and promote multisectoral collaboration for effective geriatric care.

Older adults often face challenges related to polypharmacy, poor compliance with prescriptions, unsafe self-medication, and improper drug storage and disposal—raising the risk of adverse reactions and complications. Limited mobility and access to care further hinder routine monitoring of vital signs such as blood pressure and blood sugar.

To address these issues, the MoHP is expanding geriatric health services through the establishment of geriatric wards in all public hospitals—special wards in hospitals with more than 100 beds and dedicated rooms in those with over 50 beds. These facilities include age-friendly infrastructure, accessible diagnostic and treatment services, and trained personnel in elderly care.

Community health workers and Female Community Health Volunteers (FCHVs) are being mobilized for home-based care, health education, adherence support, and early referral. Strengthening such community-level care ensures equitable access, promotes healthy aging, and enhances the quality of life of senior citizens.

In FY 2024/25, the Nursing Division trained over 400 health workers using the WHO-developed *Integrated Care for Older People (ICOPE)* framework. A basic training package for doctors, nurses, and paramedics has also been developed to build capacity in providing age-friendly health services nationwide.

Strengthening palliative care: The growing prevalence of chronic and life-limiting illnesses, coupled with limited access to specialized care and end-of-life services, underscores the urgent need for palliative care - a compassionate, holistic approach that relieves pain, upholds dignity, and enhances the quality of life for individuals and families facing life-limiting illnesses. While palliative care services for cancer patients exist in Nepal, similar support remains limited for those with other life-limiting illnesses, leaving many to endure significant suffering without appropriate care.

Strengthening palliative care within the health system is therefore critical to alleviate suffering, promote dignity, and ensure equitable access to compassionate services for all in need. In 2024/25, the MoHP developed, endorsed, and initiated the implementation of the National Palliative Care Strategy 2025–2035, which underscores the importance of providing comprehensive care for patients with complex and untreatable conditions, along with essential support for their families. The strategy prioritizes building the capacity of health institutions across all levels by developing skilled human resources, ensuring the availability of essential medicines, and standardizing quality service delivery.

Through its effective implementation, families, communities, and the state will be better equipped to respond to the growing challenges of chronic illness and end-of-life care. The MoHP, in collaboration with partners and stakeholders, is committed to translating this strategy into action and ensuring that every citizen receives care that is compassionate, dignified, and just.

GESI orientation to local levels: Promoting gender equality and social inclusion (GESI) is a key priority in strengthening local health governance and ensuring equitable access to quality health services. As part of broader initiatives, the MoHP, with provincial authorities and GDC, conducted orientation sessions for 129 municipal focal persons and chiefs of Women Sections across Lumbini and Sudurpaschhim provinces to strengthen their understanding and application of GESI principles in local health planning and service delivery.

Nagarik Aarogya Karyakram: The *Nagarik Aarogya Karyakram* -a Citizen Well-being Program - is being implemented nationwide, reaching the grassroots (Tole level) to build a healthy population and, ultimately, a healthy society. The program envisions promoting and maintaining health at home through regular practice of Ayurveda, yoga, meditation, and a balanced lifestyle, contributing to the national goal of *'Prosperous Nepal, Happy Nepali'.* It aims to raise public awareness, inspire positive lifestyle changes, and

encourage individuals to embrace the commitment of 'My Health My Responsibility'. To ensure effective implementation, the Department of Ayurveda and Alternative Medicine has issued the *Nagarik Aarogya Karyakram Guidelines.*

***Swarna Bindu Prashan* Program:** In accordance with Ayurvedic scriptures and classical doctrines, the Ministry of Health and Population has been implementing the Swarna Bindu Prashan (composed of gold ash + honey + ghee in the form of drops) program with the objective of promoting the physical and mental development of children and enhancing their immunity. Practice has roots in classical texts (e.g., Kashyapa Samhita) and has been historically used to support child health and has been administered to thousands of children without reported adverse effects so far. The program targets children aged 6 months to 5 years of age.

Children receiving Swarna Bindu Prasan at Dhaulagiri Ayurved Hospital,

To ensure the systematic and effective implementation of this program, the Ministry of Health and Population, pursuant to the authority conferred by Section 64 of the Public Health Service Act, 2075, has promulgated and brought into effect the Swarna Bindu Prashan Program Implementation Guidelines, 2082.

Expansion of free medicines: This year MoHP has expanded the list of free Ayurved medicines from 25 to 35 medicines. These medicines are available at all health facilities offering Ayurved health services.

नेपाल सरकार
स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय
रामशाहपथ, काठमाडौं

नेपाल सरकारबाट नि:शुल्क वितरण हुने ३५ प्रकारका आयुर्वेदका अत्यावश्यक औषधिहरुको सुची

क्र.सं.	औषधिको नाम	क्र.सं.	औषधिको नाम	क्र.सं.	औषधिको नाम
१	अश्वगन्धा चूर्ण	१३	महा सुदर्शन चूर्ण	२५	अर्शकुठार रस
२	योगराज गुग्गुलु	१४	महायोगराज गुग्गुलु	२६	आमलकी चूर्ण
३	अविपत्तिकर चूर्ण	१५	महानारायण तैल	२७	त्रिकटु चूर्ण
४	सिरप बालामृत	१६	महाशङ्ख वटी	२८	रोहित्क्यादी चूर्ण
५	बिल्वादी चूर्ण	१७	मृगमदासव	२९	दशमूल तेल
६	सर्पगन्धाघन वटी	१८	निम्बादी चुर्ण	३०	शतावारी चूर्ण
७	चन्द्रप्रभा वटी	१९	पुष्यानुग चुर्ण	३१	काञ्चनार गुग्गुलु
८	गन्धक रसायन	२०	षडबिन्दु तेल	३२	रजः प्रवर्तनी वटी
९	हिङ्वाष्टक चूर्ण	२१	सितोपलादी चुर्ण	३३	ल्वांग तेल
१०	जात्यादि तैल	२२	टङ्कण भष्म	३४	श्वेत पर्पटि
११	कैशोर गुग्गुलु	२३	त्रिफला चुर्ण	३५	आरोग्यवर्धिनी वटी
१२	खदिरादि वटी	२४	नारदीय लक्ष्मिविलास रस		

यी औषधिहरु सबै आधारभूत आयुर्वेद सेवा प्रदायक स्वास्थ्य संस्थामा नि: शुल्क उपलब्ध छ ।

Free cancer treatment to children under 14 years: MoHP has arranged to provide free cancer treatment for children under 14 years of age at Bhaktapur Cancer Hospital, Bhaktapur; Kanti Children's Hospital, Kathmandu; and BP Koirala Memorial Cancer Hospital, Bharatpur, effective from the month of Mangsir 2081 (November 2024).

The program has had a significant impact in reducing the financial burden on families of children with cancer. This initiative ensures that families no longer face catastrophic health expenditures for their children's cancer treatment, helping to improve access to essential care. It is complemented by Nepal's participation in the Global Platform for Access to Childhood Cancer Medicines, which provides 35 types of lifesaving childhood cancer medicines free of cost for four years, further enhancing treatment accessibility and quality. Together, these efforts aim to improve treatment coverage, reduce mortality, and alleviate economic hardship for affected families, addressing a critical health challenge where only about one-third of childhood cancer cases used to receive treatment due to resource constraints.

FCHVs honored for advancing equitable access to quality health services: The Female Community Health Volunteers (FCHVs) have been at the heart of Nepal's community-based health system since their inception in 1988. They have been instrumental in advancing equitable access to basic health services across Nepal. By serving as trusted intermediaries between communities and the formal health system, they have helped ensure that even the most remote and marginalized populations receive timely information regarding health literacy, preventive care, and referrals. Their sustained engagement has strengthened community ownership, empowered women, and brought health services closure to households that would otherwise remain unreached.

FCHVs engaging in different activities. Source: FWD Web page

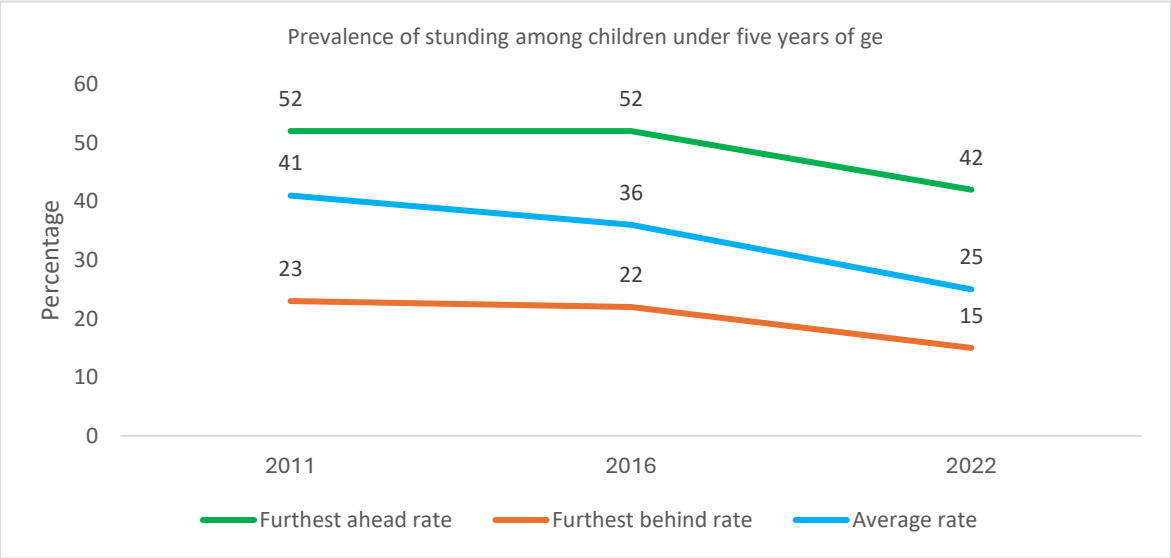
Through their contributions to maternal and child health, immunization, nutrition, family planning, and disease prevention and response, FCHVs have significantly contributed to narrowing disparities in health outcomes. Their efforts have been central to the decline in maternal mortality ratio from 539 per 100,000 live births in 1996 (NFHS 1996) to 151 in 2021 (Census 2021), and under-five mortality rate from 118 deaths per 1000 live births in 1996 (NFHS 1996) to 33 in 2022 (NDHS 2022). Today, over 50,000 FCHVs operate across all 753 local governments, symbolizing Nepal's success in scaling a low-cost, high-impact model of community-led, gender responsive, and equity oriented primary health care. In recognition of their transformative role in advancing equitable access to quality health services, the FCHVs were honored as the winners of the Public Health Champion Award by the WHO South-East Asia Region on 22 September 2025. Every year on 5 December, Nepal honors FCHVs by celebrating FCHV Day, recognizing their vital contributions to public health.

Health access improves, but inequities persist: Leave No One Behind (LNOB) is the central, transformative commitment of the 2030 Agenda for Sustainable Development, aiming not only to reach the poorest but

to address all forms of inequality, discrimination, and exclusion. Nepal's National Framework and Action Plan for LNOB (2022) guides the implementation of SDGs by using disaggregated data to identify and prioritize the furthest behind groups. The framework classifies the population along an inclusion–exclusion spectrum. Those furthest behind face overlapping disadvantages in income, access to basic services, geographic remoteness, social identity–based discrimination (gender, caste, ethnicity, disability, or sexual orientation), weak governance, and vulnerability to shocks or fragility (25). Conversely, the furthest ahead consistently enjoy access to opportunities, resources, and decision-making power across these dimensions. LNOB calls for progress assessment beyond national averages to capture the intersectionality of multiple deprivations and ensure equitable development outcomes for all.

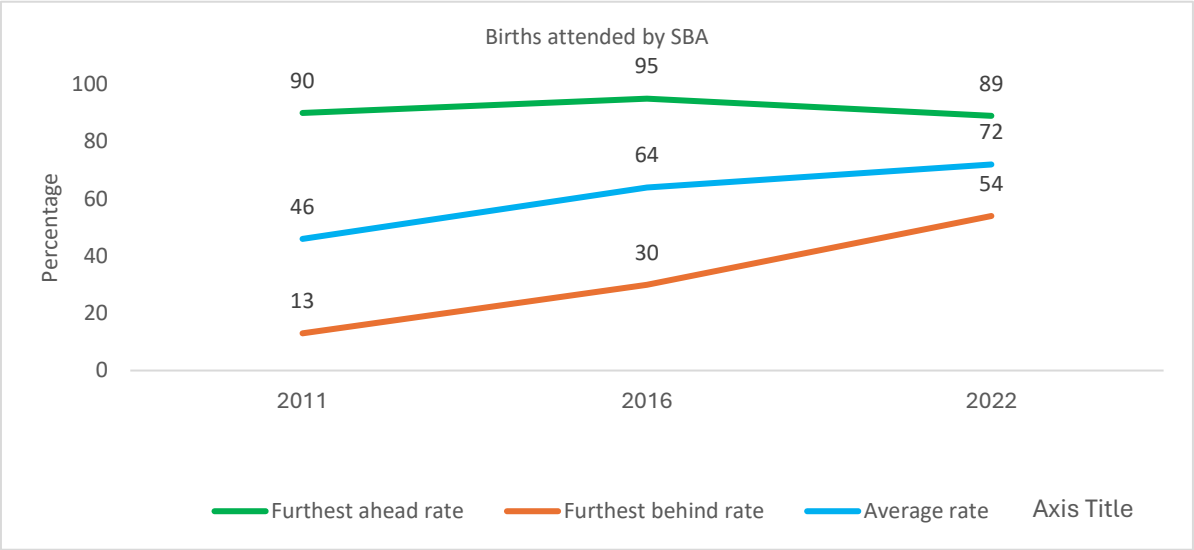
Stunting among children under five remains a major concern. In 2011, 52 percent of children from the furthest behind groups were stunted (7). Notable progress was made between 2016 and 2022, with the prevalence declining to 42 percent. During the same period, the disparity in stunting rates between the furthest behind and furthest ahead groups narrowed slightly (Figure 3.9). As of 2022, children most affected by stunting are those living in poor, rural households, particularly where there is at least one other sibling under the age of five.

Figure 3.9: Prevalence of stunting among children under five years of age



Substantial progress has been made in improving access to skilled birth attendance (SDG 3.1.1). Among the women who were previously the most disadvantaged, access rose from 13% in 2011 to 54% in 2022. As a result, the gap between the national average and this group narrowed from 33 to 18 percentage points, showing reduced inequality (7). In 2022, the women left furthest behind were mainly those with low education who had given birth to three or more children, making up 20% of women aged 15–49 who delivered in the past five years (Figure 3.10). At the provincial level, Karnali had the lowest overall access (61%) and the largest gap—only 30% of disadvantaged women received skilled care, compared to 82% among the most advantaged.

Figure 3.10: Births attend by SBA



From a quality perspective, crude coverage indicators, such as the percentage of facility-based deliveries, do not reflect the actual standard of care provided. Effective coverage, which considers both service readiness and quality, provides a more accurate measure of maternal health service performance. A cross-sectional analysis combining NDHS 2022 and NFHS 2021 data highlights a substantial gap between crude and effective coverage of institutional deliveries (26). While approximately 80% of births occurred in health facilities nationwide, this proportion dropped to 18.5% when considering only facilities equipped for routine childbirth. Coverage further declined to 12.9% for Basic Emergency Obstetric and Newborn Care (BEmONC) and 12.2% for Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facilities. The difference between crude and effective coverage varied by facility type: 36.8–13.5% in government hospitals and 16.1–4.7% in private hospitals. Notably, although 20.1% of births took place in health posts, none of these facilities had the minimum environment required for routine childbirth.

These findings underscore the urgent need to shift from measuring coverage alone to ensuring that every childbirth takes place in a facility that is fully equipped and staffed to provide safe, high-quality care. Going forward, strengthening service readiness, upgrading critical infrastructure, ensuring skilled staffing, and expanding the availability of routine and emergency obstetric services at appropriate levels of care must be prioritized. By aligning investments with effective coverage rather than crude coverage, Nepal can more accurately target gaps, enhance quality, and accelerate progress toward safer motherhood for all women.

3.5 Population and Migration

Nepal's population landscape is shaped by complex demographic trends, including natural growth, internal migration, and cross-border movement. Key challenges in population management include the rising proportion of an ageing population and the strategic harnessing of the demographic dividend. Strengthening population and migration management is crucial for promoting equitable development, optimizing resource allocation, and ensuring social stability, ultimately advancing the nation's vision of 'Prosperous Nepal Happy Nepali'. The NHSSP aims to effectively manage migration and urbanization and harness the demographic dividend to drive development. To achieve these goals, it focusses on optimizing the demographic dividend, managing demographic transitions within the development process, and promoting systematic migration and planned settlement.

3.5.1 Demographic dividend and demographic transitions

The NHSSP seeks to harness the demographic dividend and effectively manage demographic transitions by strengthening population information management system and research, and by fostering an enabling environment that supports demographic transition and its benefits.

National Population Policy 2082 – strategic shift from managing numbers to empowering people: In 2024/25, the Population Management Division within MoHP, in collaboration with stakeholders including line ministries and health development partners, formulated the National Population Policy 2082 – a forward-looking framework to steer Nepal's demographic future. The policy emphasizes empowering people through improved health, quality education, entrepreneurship, and productivity, positioning the population as a catalyst for national transformation. Its holistic vision ensures that population growth, structure, and distribution are effectively aligned with Nepal's broader developmental goals and aspirations (27).

Anchored in the principle of maximizing demographic dividend, the policy seeks to optimize human capital and channel it toward sustainable economic growth. It promotes population sensitive governance, embedding demographic considerations into all levels of planning and policy making to foster responsive and accountable institutions. By envisioning inclusive and equitable society, the policy upholds social justice, reproductive rights, and meaningful participation of all groups in national development. Further, it calls for strengthening institutional capacity through robust data systems, research, and coordination mechanisms to ensure effective, and evidence-based population management.

Grounded in evidence from the Housing and Population Census 2021 and the Nepal Living Standard Survey 2022/23, the policy builds on the foundations laid by earlier national frameworks such Population Perspective Plan 2010–2031, Sustainable Development Goals (SDGs) 2030, Nepal Health Sector Strategic Plan (2023-2030), Population Policy 2071 BS, and the National Gender Equality Policy 2077 BS. It also reaffirms Nepal's commitments to global frameworks, including the International Conference on Population and Development (ICPD) 1994 and the Beijing Platform for Action (1995), aligning national efforts with international principles of reproductive health, gender equity, and sustainable development.

The policy outlines ambitious quantitative, measurable, and time-bound targets aimed at building healthy, educated, and entrepreneurial population. It seeks to drive economic growth through productive human

capital; foster social inclusion and equity, uphold reproductive health rights, and contribute to Nepal's sustainable development in alignment with the SDGs. These targets provide strategic direction for federal, provincial, and local governments to harmonize development planning with the nation's demographic realities.

Amid a growing youth population, rapid urbanization, and evolving family structures, the policy establishes a solid foundation for future investments in education, health, employment, and urban development. It addresses gender disparities, reproductive health needs; regional imbalances while promoting orderly internal migration. By empowering young people with skills and opportunities and ensuring care and protection for the elderly, the policy envisions a balanced and inclusive demographic transition. Ultimately, it marks a decisive step toward steering Nepal's population dynamics with sustainability, equity, human development at the center of national progress.

Overall, the new policy redefines the population as a catalyst for transformation rather than a challenge to be managed. It moves beyond the notion of controlling numbers to empowering people – emphasizing human potential, equitable participation, and evidence-based governance as the drivers of sustainable growth. By strategically aligning demographic trends with social, economic, and environmental policies, the policy envisions a resilient, adaptive, and opportunity-driven Nepal where population dynamics are harnessed to accelerate inclusive and lasting progress.

Strengthening CRVS: The MoHP collaborates closely with the National Statistics Office (NSO), and the Department of National ID and Civil Registration (DoNIDCR) under the Ministry of Home Affairs (MoHA), which oversees the operational management of civil registration, including births, deaths, marriages, migration, and divorces. Through this coordinated effort online event registration is in operation in 6,619 of 6,743 local registrar's offices across the country. Over 19 million paper-based records from 697 local levels have been digitized, with the remaining 56 under progress. The CRVS system is increasingly integrated with other platforms, such as social security, consular service, citizenship, National ID, health facilities, Department of Immigration, and NSO, while integration with the Election Commission and education sector is in progress.

The MoHP is collaborating with the DoNIDCR to implement API integration between CRVS and health facilities using different systems and SMS notification from FCHVs. Together with HDPs, the MoHP is working to link the birth registration management system with the CRVS, enabling seamless data exchange between health facilities and Ward Offices at the local level. In 2025/26, with support from GDC, this integrated system will be expanded to six municipalities in Lumbini and Sudurpaschhim provinces, strengthening the population information management system and improving the timeliness and accuracy of vital event data.

Scaling up mortality surveillance for better health intelligence: The Population Management Division (PMD), MoHP, in collaboration with the Ministry of Health, Koshi Province, and with support from WHO, has been implementing mortality surveillance in Biratnagar Metropolitan City and Budiganga Gau Palika in Morang district, Koshi province. The system generates timely and reliable evidence on deaths occurring in both health facilities and communities by actively engaging local governments, health facilities and workers, and community networks.

FCHVs notify every community death to the designated local health facility, where each notification is entered into an online database. A trained team of nurses conducts verbal autopsies (VA) on a sample of the notified deaths using Tablets, while a team of doctors at BP Koirala Institute of Health Sciences reviews both the completed community VA forms and the hospital-based cause of death assignment forms completed by trained hospital doctors to determine cause and circumstances of death. WHO is supporting the system during its first year of implementation (January to December 2025). From FY 2025/26 onwards, the PMD and the provincial ministry have secured funding to strengthen and expand the system.

By establishing a functional linkage with the national CRVS system, the surveillance is expected to enhance the completeness of death reporting and strengthen understanding of causes and circumstances of mortality. The insights generated will support early detection of public health risks, guide targeted interventions, inform policy decisions, and ultimately enhance health system responsiveness and reduce preventable deaths.

3.5.2 Migration and settlement

The National Population Policy 2025 underscores the need to address both internal and international migration and their far-reaching implications for health, labor markets, and social protection. Over the past four decades, Nepal's absentee population has risen more than fivefold, reaching 1.19 million (7.4% of the total population) in 2021. This persistent growth of international migration reflects the entrenched role of international migration in shaping Nepal's demographic and economic landscape. Annual labor approval surged from 3,605 in 1993/94 to 741,297 in 2023/24, marking a steep upward trajectory despite temporary downturns caused by the 2015 earthquake, Malaysia's work permit suspension, and the COVID-19 pandemic (28). Each recovery underscores migration's structural importance as a livelihood strategy for Nepali families. Most workers continue to migrate to GCC countries (over 70%), followed by Malaysia (15%) and other destinations (14%).

However, the health toll of labor migration remains alarming. Over the past three years, more than 1,000 Nepali migrants' deaths have reported annually, reaching 1,395 in 2021/22 and 1,355 in 2023/24. The death toll among migrant workers peaked in 2021/22 at 1,395, driven mainly by cardiac arrest (43.4%), heart attack (15.4%), suicide (14.8%), and road traffic accidents (9.3%), with additional fatalities linked to workplace incidents, COVID-19, and other causes (28). In addition to the high mortality figures, the steady rise in reported injuries and illnesses further reinforces concerns about unsafe working conditions and inadequate health safeguards at destination countries. These facts call for robust-pre-departure health screening, stronger occupational safety oversight, and comprehensive post-return medical support to safeguard the health, rights, and productivity of Nepali migrant workers.

Pre-departure health orientation package: The MoHP, together with the Ministry of Labor Employment and Social Security and the Foreign Employment Board, is revising the pre-departure health orientation package to comprehensively address the physical, mental, and occupational health needs of labor migrants. The updated package will feature modules on mental health, communicable and non-communicable diseases, occupational safety, and climate-related health risks.

Mandatory health check-up for returnee migrants: The MoHP is preparing to develop guidelines for mandatory health check-ups for migrants returning from overseas employment after six months or more. The initiative aims to ensure early detection and management of potential health issues – ranging from communicable diseases to occupational and mental health conditions – that returning workers may face. By establishing standard procedures for screening, diagnosis, referral, the guideline seeks to protect health of the migrants and the broader public, while also providing evidence to inform health policies and interventions targeted at the migrant population.

Remittance boosts healthcare access: Studies consistently demonstrate a strong positive correlation between remittance inflows from family members abroad and household spending on healthcare and education. Evidence from the Nepal Living Standard Survey (NLSS) 2010/11 and 2022/23 and analytical reports by the Nepal Rastra Bank (2023) and World Bank (2022) indicate that remittance-receiving households allocate a significantly higher share of their income to human capital investment compared to non-remittance households (29). This pattern suggests that international migration indirectly contributes to improved access to healthcare and educational opportunities, even as it underscores the structural dependence of many households on foreign earnings for essential social expenditures.

Migration and health security: The MoHP, in collaboration with the International Organization for Migration (IOM), conducted a two-day Health, Border and Mobility Management (HBMM) Training for officials from federal ministries, provincial health authorities, and security agencies. The training aimed to enhance the capacity of national and sub-national stakeholders to address migration and mobility as critical determinants of health while strengthening health security and pandemic preparedness. Participants were trained to integrate mobility data into national surveillance systems, improve cross-border coordination, institutionalize health desks at Points of Entry, and develop standard operating procedures for preparedness and response. The workshop promoted multisectoral collaboration and highlighted the importance of continuous capacity building, digital surveillance tools, and migrant-inclusive risk communication to strengthen resilience across Nepal's mobility continuum.

Move toward inclusive, safe, resilient, and sustainable settlement: Nepal is experiencing rapid urbanization, with 66 percent of the population residing within urban municipalities, as reported by the National Housing and Population Census of 2021. However, when considering the extensive geographic boundaries of municipalities, only 27.07 percent of the population is classified as truly urban – up from 22.3% in 2011. This modest increase highlights the urgent need for systematic, qualitative, and well-planned urban development. In comparison, the global urban population reached 57.7% in 2024, placing Nepal significantly below the global average[7].

Acknowledging these disparities, the Government's Policy and Program for 2024/25 places strong emphasis on relocating population from geographically remote, scattered, and disaster-prone areas to safe integrated settlements. It also prioritizes the upgrading of unmanaged and slum settlements, particularly those inhabited by poor, marginalized, and vulnerable communities, into well-managed and resilient urban areas. Furthermore, the plan commits to strengthening organized settlements by developing and expanding essential infrastructure along key corridors, including the Hulaki highway, to support balanced and sustainable growth.

[7] World Bank collection of development indicators – tradingeconomics.com

The Census 2021 highlighted a rapid increase in rural-to-urban migration, creating growing demand for housing, utilities, and urban services. In response, the Government has launched several strategic initiatives to improve human settlements, emphasizing land management reform, sustainable urban development, resilient housing, and basic service provision for vulnerable populations. In 2024/25, the Government endorsed the National Urban Policy 2081, replacing the 17-year-old framework to reflect evolving urban realities. The new policy envisions a comprehensive national urban system, promoting resilient infrastructure, green investment, and digital land management for efficient and inclusive urban growth. It sets an ambitious target to raise Nepal's Urban Infrastructure Index to at least 50% by 2036 and ensures clear delineation of roles across federal, provincial and local governments. Complementing this, the Government has also initiated the formulation of National Settlement Development Policy, aimed at promoting planned, organized, and climate resilient settlements that support equitable and sustainable urbanization.

4. Strategic Priorities for Current (2025/26) and Upcoming Fiscal Years

Building on the key issues and insights highlighted in the preceding chapters, this chapter outlines the strategic priorities for the current and upcoming fiscal years, aligned with the five strategic objectives of the NHSSP 2023–2030. The priorities listed below will be further elaborated and deliberated during the NJAR 2025 event and will serve as the foundation for developing the Annual Work Plan and Budget (AWPB) for the subsequent fiscal years. Following the review, the MoHP, in collaboration with HDPs, will formulate a detailed action plan to implement the agreed priorities, ensuring joint execution and monitoring to achieve the targeted outputs and outcomes.

A. Enhancing efficiency and responsiveness of health system

- Enact and operationalize the Federal Health Service Act and National Accreditation Authority Act.
- Accelerate completion and full operation of ongoing health infrastructure projects, ensuring adequate staffing, essential equipment, efficient supply chain management, and robust operation and maintenance plans to enhance the availability, accessibility, and quality of healthcare services nationwide.
- Upgrade and expand the general nursing program to ensure an adequate supply of skilled nurses for health sector.
- Enhance and integrate the 'Citizen App' to link all government hospitals through a single digital service platform.
- Promote and scale up domestic production of basic and essential medicines.
- Develop and enforce an integrated law regarding medicines and supplies.
- Establish and operationalize Bidushi Yogamaya Ayurveda University as an Academy of Ayurveda Studies to strengthen Ayurveda services and promote alternative medicines.
- Develop and implement standard ToR for NHSSP review modalities.
- Form a specialized expert team to validate methods and verify results for NHSSP and produce evidence-brief annually.
- Strengthen EWARS-based disease surveillance and expand SORMAS implementation to three provinces (Madhesh, Lumbini, and Karnali).
- Develop case definitions for 52 prioritized diseases and prepare outbreak investigation Forms for 15 major diseases.
- Provide free medicines for the treatment of sickle cell anemia through the 20 designated hospitals, in line with the National Guideline for Hemoglobinopathies, 2081.

- Implement and monitor targeted initiatives to accelerate progress toward robust health security and IHR adherence.

B. Addressing wider determinants of health

- Advance the Healthy Nepal campaign by integrating preventive and curative interventions and scaling the Citizen Wellness Program across all local levels.
- Enhance intergovernmental coordination among federal, provincial, and local levels to deliver quality basic health services to all citizens.
- Strengthen the public health surveillance system to prevent, detect, and respond effectively to infectious diseases and outbreaks.
- Establish and operationalize a Climate Health Resilient Unit within the MoHP to address emerging health risks associated with climate change.

C. Promoting sustainable financing and social protection in health

- Integrate all health-related free and subsidy programs into health insurance schemes and restructure the health insurance program to operate sustainably.
- Revise the health benefit package to include treatment for critical diseases under health insurance.

D. Promoting equitable access to quality health services

- Expand intensive burn treatment services at BP Koirala Institute of Health Science, Pokhara Academy of Health Sciences, Narayani, Kirtipur, Bheri, and Seti hospitals.
- Scale up cancer treatment, kidney transplantation, and advanced cardiac care services to all provincial levels.
- Establish a state-of-the-art National Neuroscience Center in Kathmandu to provide specialized care for brain, spinal cord, mental, and neurological disorders.
- Administer a single-dose HPV vaccination to Grade 6 schoolgirls and an additional 250,000 out-of-school girls aged 10 years.
- Breast cancer screening for an additional 40,000 women aged 30 years and above.
- Screening of an additional 50,000 women for pelvic organ prolapse.

E. Managing population and migration

- Effectively implement the recently formulated National Population Policy 2082 in collaboration and coordination with stakeholders at all three spheres of government.
- Formulate and enforce robust policies, regulations, and programs to advance sustainable urbanization and planned human settlements; preserve and safeguard cultural and natural heritage; and develop inclusive, green, and safe public spaces that prioritize the needs of women, children, older persons, and persons with disabilities.

Annexes

Annex 1: Provincial Highlights, 2024/25

This section highlights key provincial achievements based on presentations by provincial health authorities during their Annual Health Reviews. It covers provinces that completed their annual reviews prior to the publication of this report, that is, prior to the National Joint Annul Review (NJAR) conducted by the federal MoHP.

Karnali Province

- The Provincial Annual Health Review for FY 2024/25 was held from 15-17 October 2025 (29-31 Ashoj 2082) in Birendra Nagar, Surkhet.

- **Vaccination**: The province was declared *Fully Immunized* on 20 Bhadra 2082. However, vaccine wastage rates for all antigens remained above the acceptable threshold. The DPT1–MR2 dropout rate was maintained below 10% across all districts. During the year, outbreaks of vaccine-preventable diseases (VPDs) were reported, including 94 cases of Acute Encephalitis Syndrome (AES), 27 cases of Acute Flaccid Paralysis (AFP), and 283 cases of Measles/Rubella.

- Districts reported stock out of Iron.
- In 2024/25, 17 maternal deaths were reported. In the last 8 years, the highest number of deaths (22) was reported in 2023/24.
- Rabies immunoglobulin was reported to be out-of-stock.
- There is no dedicated snakebite treatment center equipped with trained health workers in the province.
- Emergence of indigenous malaria, kala-azar, and other vector-borne diseases in previously unaffected areas.
- DMC 33, GXP and AI rooted X-Ray method available for diagnosis of TB.
- 303 suicide deaths were reported. In the last five years, the highest number of deaths (361) were reported in 2077/78.

- **Implementation of minimum service standards (MSM)**: The provincial average score for the MSS was reported at 71%, compared to the national average of 68%. MSS implementation reached 95% - the highest level in the past four years - rising from 32% in FY 2077/78, the inaugural year.

- **Health emergency preparedness and response**: Hospital Disaster Preparedness and Response Plan was developed for 14 hub and satellite hospitals. Rapid Response Committees (RRCs) and Rapid Response Teams (RRTs) were formed at provincial, district, and local levels to enhance readiness and timely action. Capacity-building initiatives included a workshop on epidemiological surveillance and outbreak management, along with simulation exercises and drills to test and improve response mechanisms. Additionally, hazard mapping was conducted using the STAR tool to identify and address potential risks systematically.

Lumbini Province

- The Provincial Annual Health Review for FY 2024/25 was held from 4-6 November 2025 (18-20 Kartik 2082), in Rapti Rural Municipality, Masuriya, Deukhuri Dang, Lumbini Province.

- **Declining trend of MNH continuum of care**: Although the overall performance remains satisfactory, ANC, institutional delivery and PNC have shown a declining trend over the past three years. The proportion of women completing four ANC visits as per protocol decreased from 89% in FY 2079/80 to 82% in FY 2081/82; institutional deliveries dropped from 96% to 87% during the same period; and three PNC visits as per protocol declined slightly from 68% to 66%.

- **Underutilization of birthing centers**: Overall, one-third (33%) of birthing centers in the province remain underutilized. In contrast, 48 out of 109 local levels in the province reported zero home delivery.

- **Maternal mortality**: In 2024/25, Lumbini province recorded a total of 75 maternal deaths. By **place of death**, 64% occurred at health facilities, 22% at home, and 14% on the way to facility. Banke and Kapilvastu districts each reported the highest number of deaths (16), followed by Rupandehi with 13 and Dang with 8. By **maternity period**, 36% of deaths occurred during the antenatal period, 5% during the intrapartum, and 59% during the postpartum period. Notably, while private health facilities accounted for only 18% of institutional deliveries, they represented 50% of the total maternal deaths.

- **Cervical cancer screening**: Among women aged 30–49 years, 8% were screened for cervical cancer. At the district level, Palpa reported the highest screening rate at 26%, while Kapilvastu recorded the lowest at 2%. Similarly, at the municipal level, Tansen Municipality reported the highest coverage at 41%.

- **Minimum service standards (MSM)**: Among the 18 hospitals implementing the MSM, 9 scored between 85-100%, one between 75-85% (79%), 7 between 50-70%, and one below 50% (39%). Bardiya hospital achieved the highest score (97%), while Bhalubang hospital had the lowest (39%). By hospital category, the top performing primary hospital in Lumbini province ranked 16th nationally; the highest ranked secondary A hospital in the province also secured the top position nationally; the leading secondary B hospital in the province ranked second nationally; and the top tertiary level hospital in the province likewise stood second at the national level. Hospitals have been equipped with medical instruments and equipment as per MSS standards, with around 3,700 items currently deployed.

- **Ayurveda health services**: A total of 60 health facilities in the province provided Ayurveda health services, serving 539,900 clients over the year—an average of 25 clients per facility per day. This reflects an increasing trend compared to the past three years. Similarly, *Panchakarma Sewa*, a component of the Basic Health Services (BHS) package, was delivered to 89,622 clients, averaging 21 clients per facility per day.

- **Home services for senior citizens and disabled**: Home-based health services have been delivered to senior citizens aged 80 and above, as well as to persons with disabilities in categories A and B. Out of a target population of 41,588, an impressive 40,732 individuals have been reached, achieving a coverage rate of 98%, with 89% of the allocated budget utilized (NPR 16 million budgeted, NPR 13.2 million spent).

- **NCD screening**: A total of 95,500 people were reached for NCD screening, including 93,561 for blood pressure monitoring, 93,529 for diabetes, and 76,898 for kidney diseases. Among these screened, 42%

were diagnosed with hypertension and 22% with diabetes. Three percent of the screened individuals were diagnosed with all these conditions - hypertension, diabetes and kidney disease. Among the total beneficiaries, 42% were illiterate, and 74% were involved in farming/agriculture.

Koshi Province

- The Provincial Annual Health Review for FY 2024/25 was held from 14-16 November 2025 (28-30 Kartik 2082), in Biratnagar, Morang, Koshi Province.

- **Provincial public health laboratory upgraded to reference laboratory**: The Provincial Public Health Laboratory (PPHL), recently upgraded as the provincial reference laboratory, operates through an integrated clinical laboratory setup and has emerged as a key institution for advanced diagnostic and regulatory services in the province. Service utilization has increased significantly, with annual client numbers rising from 7,881 in FY 2079/80 to 12,510 in FY 2080/81, and further to 27,582 in FY 2081/82. During the reporting year, the PPHL also performed 1,475 HPV DNA tests, of which 150 (10%) were positive.

  As the designated regulatory authority for laboratory services, the PPHL registered 16 new laboratories and renewed 24 in FY 2081/82, bringing the total number of registered laboratories to 79. One laboratory was penalized for noncompliance. To strengthen diagnostic capacity across the province, microbiology training was provided to laboratory staff from all 14 district hospitals. Furthermore, Sunsari, Ilam and Udayapur District Hospitals; Madan Bhandari Hospital; Rangeli Hospital; and Pathari Sanishchare Hospital were supported to establish and operate bacteriology laboratories. For standardization and quality improvement, the PPHL developed hematology and sputum microscopy manuals to support consistent service delivery across hospital laboratories.

  To expand access to specialized testing, the PPHL formalized sample referral agreements with hospitals within the province. Under this mechanism, tests that cannot be performed in hospital laboratories are referred to the PPHL through a courier service, with quarterly revenue settlements. Last fiscal year, the provincial laboratory received 1,300 such referred samples. Similarly, a referral arrangement with the National Public Health Laboratory (NPHL), Kathmandu enabled 60 samples—beyond provincial testing capacity—to be sent for analysis.

  Revenue generation began in FY 2080/81, following years of free service provision. The PPHL collected NPR 7,112,257 in FY 2080/81 and NPR 16,108,222 in FY 2081/82, reflecting increased service uptake and expanded test menus. It has also introduced digital payment services through dynamic QR codes.

  Looking ahead, the Provincial Public Health Laboratory is preparing for ISO 15189:2022 accreditation and is developing guidelines for establishing and registering laboratories within the province—further strengthening its role as a reference and regulatory institution.

- **Health insurance:** Health insurance coverage rose from 49% in 2023/24 to 54% in 2024/25, with a renewal rate of 79%, and two-thirds of insured clients utilized the services during the period. In accordance with Rule 25 of the Health Insurance Regulation, 2018, the Provincial Health Insurance Coordination Committee has been constituted, and preparations are underway to convene its first

meeting. Local Health Insurance Coordination Committees have been established in 59 local levels, while the remaining 78 are in the process of formation.

In FY 2024/25, all Female Community Health Volunteers (FCHVs) across the province were enrolled in the health insurance scheme through a contribution of NPR 1,750 per person facilitated by respective Health Offices. Additionally, the Health Directorate extended health insurance coverage to residents of old-age homes, orphanages, child correction homes, and protection shelters. In FY 2025/26, the Provincial Government has allocated a budget to provide health insurance for families affected by eight categories of chronic and impoverishing diseases, expanding protection for vulnerable populations.

Local initiatives have further strengthened coverage: Mai Municipality, Ilam, has ensured health insurance for families sending their children to government schools, several wards have declared themselves fully insured, and some local levels provide monthly salaries to registration assistants to support enrollment and administration. This coordinated approach demonstrates the province's commitment to universal health coverage, equitable access, and financial protection for all citizens.

- **Social audit**: In FY 2024/25, district hospitals: Pachthar, Sunsari, Udayapur, Bhojpur, Khotang, Terhathum, Sankhuwasabha, Okhaldhunga, Solukhumbu, and Katari hospital did social audit.

- **Clinical audit:** Only district hospital Sunsari did the clinical audit.

Gandaki Province

A comprehensive set of forty short-term, fifty medium-term, and ten long-term plans has been formulated for the overall improvement of the health sector, most of which are already under implementation. In parallel, health insurance coverage has been expanded, enrolling a total of 6,850 families, including families of martyrs and missing persons, individuals injured in various popular movements, persons with Category "Kha" disabilities, and patients regularly receiving dialysis for kidney disease.

Maternal and child health interventions have been strengthened, including the provision of air lifting services for pregnant and postpartum women with complications, benefiting 69 women to date, and the provision of meals for mothers of infants admitted to the NICU at the Western Regional Hospital. These efforts have contributed to a decline in maternal and neonatal mortality, with 14 maternal deaths and 76 neonatal deaths reported.

Emergency and critical care services have also been expanded, including the free provision of 25,000 pints of blood and blood products in Gandaki Province in FY 2024/25. Cancer treatment support has been enhanced, with the province providing approximately NPR 100,000 per patient for treatment at B.P. Koirala Memorial Cancer Hospital, Patan Academy of Health Sciences, Bhaktapur Cancer Hospital, and Bir and Nijamati Hospitals, benefiting 1,120 patients with total financial support of NPR 49.5 million. The Cancer Treatment Assistance Operational Procedure, 2082, and the Hospital Management Committee Financial Procedure, 2082, have also been approved.

Ayurveda services have been expanded, with inpatient services initiated at Dhaulagiri and Gandaki Ayurveda Hospitals, and Ksharsutra surgery and acupuncture services broadened across Ayurveda hospitals. Meanwhile, hospital biomedical equipment profiles have been developed, and distribution and redistribution of medical devices is now being carried out based on the need and utilization.

Disease prevention and surveillance programs have been strengthened, including tuberculosis screening for 23,810 individuals (identifying 346 new TB patients) and non-communicable disease screening for 4,200 individuals. Psychiatrists and psychosocial counselors have been deployed in five hospitals to provide psychosocial support services.

Gandaki province has taken several **digital health initiatives** with some tangible outcomes in evidence-based planning and decision-making at different levels. Some of the initiatives include:

- eHMIS: The electronic Health Management Information System (eHMIS) has been implemented in 825 health facilities, covering 78 out of 85 local levels. The system currently maintains digital records for over 10,000 patients and is actively used by 4,060 health workers, enabling real-time data entry, reporting, and monitoring. By consolidating patient and facility-level information, eHMIS supports evidence-based decision-making, enhances service delivery, and strengthens the overall health information infrastructure across the province.

- Family health profile: The family health profile system includes a unique health ID generator that creates digital identifiers (DPIs) for everyone, ensuring accurate tracking across health services. The system is fully integrated via API connections with eHMIS and EMR platforms, enabling seamless data exchange, real-time updates, and comprehensive health record management. This facilitates coordinated care, supports evidence-based planning, and strengthens continuity of services at both family and community levels.

- Pregnancy registration and tracking: The pregnancy registration and tracking system actively monitors expectant mothers by integrating with eHMIS via API. As part of the program, 7,116 mothers are currently under surveillance, receiving automated reminder SMS messages for antenatal care visits, vaccination schedules, and other essential maternal health services. This digital linkage ensures timely follow-up, improves service utilization, and strengthens maternal and child health outcomes.

- Integrated health dashboard: The system enables comprehensive five-year trend analysis and monitoring of monthly variations, providing seamless access to data from over ten information systems. It ensures interoperability through APIs with platforms such as DHIS-2, EWARS, and AHMIS, while supporting offline data import for non-connected systems. Locally designed, it is built for long-term sustainability and usability.

Issues with HMIS target population: Gandaki Province has successfully maintained immunization dropout rates below 5% across all local levels. Twenty-three local levels are classified as Category 1, reflecting low dropout and high coverage (dropout rate below 10% and coverage above 90%), while 62 local levels are in Category 3, with low dropout and scope to further improve coverage. Monitoring health service data is being strengthened, as there is a discrepancy between HMIS target populations and the 2078 Census figures, which reported 27,965 children under one year, compared to an HMIS target of 34,149 for the same period.

The second periodic plan of Gandaki province (2081/82-2085/86) identifies the following **priority health interventions**:

- Expansion of specialized and expert services
- Improving access to basic and emergency health service

- Promotion of quality health services
- Mitigating adverse impact of wider health determinants
- Promotion of Ayurveda, Yoga, and Alternative health services
- Development of resilient health systems
- Nutritional behavior and lifestyle change

Bagmati Province

- The Provincial Annual Health Review for FY 2024/25 was held from 16-18 November 2025 (30 Kartik – 02 Mangsir 2082), in Hetauda, Makwanpur, Bagmati Province.

- The province has taken several initiatives in strengthening its health and population management systems. A draft Provincial Population Policy has been prepared to effectively manage population dynamics and harness demographic dividends, while the Provincial Health Sector Strategic Plan is currently under development to guide future health interventions. At the district level, coordination committees have been established to advocate for the prevention and control of non-communicable diseases and the promotion of mental health, ensuring local engagement and oversight.

- Capacity-building efforts have been prioritized, with 122 health workers from four districts and provincial hospitals trained in paramedical health services in collaboration with Patan Academy of Health Sciences. Mental health services have been expanded, with dedicated wards now operational at Chautara and Hetauda hospitals, and specialist mental health services available across all 13 provincial hospitals. Furthermore, Bhaktapur Hospital has initiated services specifically for Alzheimer's care, reflecting the province's commitment to addressing diverse health needs through comprehensive and specialized care.

Provincial model health facility initiative: The model health facility program aims to establish health facilities that fully meet national standards, serving as benchmarks for quality, efficiency, and patient-centered care. Each model facility is designed to provide a comprehensive package of services encompassing promotive, preventive, curative, and rehabilitative care. These facilities are equipped with adequate infrastructure, skilled human resources, and technology-enabled systems to support effective health service delivery.

Key features include robust information management systems, proper biomedical and general waste management, and citizen-friendly services to enhance patient experience. Model facilities also function as learning centers for health staff and actively engage communities to promote health awareness and utilization of services. Strong referral systems ensure continuity of care and linkage across health service levels.

In line with integrated and holistic care, these facilities incorporate Ayurveda, nutrition, mental health, and wellness services, providing a one-stop solution for diverse health needs. The program envisions at least one model health facility in each local level, ensuring equitable access to high-quality, standardized health services across the province.

Incentives for specialized doctors: To ensure high-quality, affordable, and accessible specialized healthcare across Bagmati Province, the initiative addresses the growing demand for services amid rising non-communicable diseases, maternal and child health challenges, mental health conditions, and complex

cases. By expanding specialist services beyond the Kathmandu Valley, strengthening hospital capacity, and enforcing service standards, the program aims to reduce case complexity, mortality, and unnecessary referrals while lowering out-of-pocket expenses. It also supports training and capacity-building for local health workers and fosters public trust in government health institutions, building a more resilient and equitable health system.

Strengthening Community Health through Health Volunteers: Facing a rising burden of non-communicable and lifestyle-related diseases, the province has mobilized health volunteers as frontline actors in community outreach. They deliver preventive and promotive services through household visits, screenings, referrals, and awareness campaigns, reaching even remote populations. Health volunteers also drive integrated public health initiatives, support data collection for evidence-based planning, and strengthen community engagement, building a resilient, decentralized health system capable of tackling emerging health challenges.

Community level screening for NCDs: Bagmati provinces faces a growing burden of non-communicable diseases, including hypertension, diabetes, heart disease, and cancer. These conditions often remain asymptomatic in the early stages, and delayed detection increases complications and treatment costs. Rising unhealthy lifestyles further exacerbate the problem, making regular community-based screening the most effective strategy for early detection and intervention, especially in rural and remote areas. To ensure that every citizen in Bagmati Province can access timely and universal NCD screening services within their communities, the province has launched community-level screening initiatives.

In coordination with local governments, health workers, school nurses, health volunteers, and female community health volunteers are deployed to conduct at least an annual basic health screening campaign. The initiative also engages partner agencies to expand reach and impact. Community-level assessments provide counseling and services across promotive, preventive, curative, rehabilitative, and paramedical care, including referral support, all under the supervision of the Public Health Office.

Early identification of high-risk individuals reduces complications, hospitalizations, and mortality. By promoting healthier lifestyles at the community level, risk factors are lowered, while digital reporting facilitates evidence-based planning. A regular follow-up system is also established for high-risk groups, ensuring continuity of care and a more resilient, responsive health system.

Annex 2: NHSSP 2023-2030 Results Framework

Nepal Health Sector Strategic Plan (NHSSP) 2023 – 2030						
Output		**Outcome**		**Strategic Objective**		**Goal**
OP1.1.1	Competent human resources for health produced based on projections	OC1.1	Skill-mixed human resources for health produced and mobilized	OBJ1	Enhance efficiency and responsiveness of health system	Improved health status of every citizen
OP1.1.2	Human resources for health mobilized effectively					
OP1.2.1	Evidence generated, analysed and used at all levels leveraging technology	OC1.2	Evidence- and equity-based planning			
OP1.2.2	Promoted high-quality health research in priority areas					
OP1.3.1	Physical infrastructure of health institutions strengthened	OC1.3	Safe and people friendly health infrastructures			
OP1.3.2	Health facilities equipped with bio-medical and other equipment, and regularly repaired and maintained					
OP1.4.1	Domestic production of medicines, diagnostic and health products promoted and regulated	OC1.4	Ensured uninterrupted availability of quality medicine and supplies			
OP1.4.2	Procurement and supply chain management of medicines and supplies strengthened					
OP1.5.1	Governance and leadership performance improved at all levels	OC1.5	Improved governance, leadership and accountability			
OP1.5.2	Citizen engagement platforms enhanced and institutionalized					
OP1.5.3	Ethical health practice and rational use of services promoted					
OP1.5.4	Improved public financial management					
OP1.6.1	Strengthened preparedness for public health emergencies	OC1.6	Public health emergencies managed effectively			
OP1.6.1	Public health emergencies responded effectively and timely					
OP2.1.1	Institutional and policy arrangements governing wider determinants developed and/or reformed	OC2.1	Reduced adverse effects of wider determinants on health	OBJ2	Address wider determinants of health	
OP2.1.2	Operationalized multi-sectoral collaboration by establishing institutional mechanism					
OP2.2.1	Modified behaviour of citizens for a healthier lifestyle	OC2.2	Citizens responsible for their own, family and community health			
OP3.1.1	Increased domestic financing and efficiency in health sector	OC3.1	Improved public investment in health sector	OBJ3	Promote sustainable financing and social protection in health	
OP3.1.2	Improved management of development cooperation in health sector					
OP3.2.1	Free basic health services ensured in urban and rural settings	OC3.2	Improved social protection in health			
OP3.2.2	Reformed health insurance system					
OP3.2.3	Streamlined social health protection schemes					
OP4.1.1	Quality assurance mechanism for health services strengthened	OC4.1	Quality of health services improved	OBJ4	Promote equitable access to quality health services	
OP4.1.2	Quality of care improved at the point of delivery					
OP4.2.1	Improved access to quality health services	OC4.2	Reduced inequity in health services			
OP4.2.2	Drivers of inequities in health services addressed					
OP5.1.1	Strengthened population information management system and research	OC5.1	Maximized demographic dividend and managed demographic transitions in development process	OBJ5	Manage population and migration	
OP5.1.2	Enabling environment created for demographic dividend and transition management					
OP5.2.1	Safe migration and planned settlement promoted	OC5.2	Systematic migration and planned settlement practiced			

Annex 3: Alignment of Nepali Fiscal Years with Gregorian Calendar Years

Nepali Fiscal Year	Gregorian Calendar Year	Nepali Fiscal Year	Gregorian Calendar Year
2060/61	2003/04	2074/75	2017/18
2061/62	2004/05	2075/76	2018/19
2062/63	2005/06	2076/77	2019/20
2063/64	2006/07	2077/78	2020/21
2064/65	2007/08	2078/79	2021/22
2065/66	2008/09	2079/80	2022/23
2066/67	2009/10	2080/81	2023/24
2067/68	2010/11	2081/82	2024/25
2068/69	2011/12	2082/83	2025/26
2069/70	2012/13	2083/84	2026/27
2070/71	2013/14	2084/85	2027/28
2071/72	2014/15	2085/86	2028/29
2072/73	2015/16	2086/87	2029/30
2073/74	2016/17	2087/88	2030/31

Annex 4: National and International Health-Related Days

Day	Celebration
January 26	World Leprosy Day
February 4	World Cancer Day
15 Feb – 15 Mar	NCD Screening month (Falgun)
March 1	World Protein Day
March 10	National Doctor's Day
April 7	World Health Day
May 5	International Hand Hygiene Day
May 12	International Nurses Day
May 19	National Immunization Day
May 31	World No Tobacco Day
May 28	Safe Menstruation Day
June 14	World Blood Donor Day
June 29	National Public Health Day
July 28	World Hepatitis Day
August 1-7	Breastfeeding Promotion Week
September 16	World Ozone Day
September 26	National Safe Abortion Service Day
October 9	World Sight Day (2nd Thursday of October (9 Oct 2025)
October 10	World Mental Health Day
October 16	World Food Day
October 19-25	International Lead Poisoning Prevention Week
October 24	World Polio Day
November 12	World Pneumonia Day
November 14	World Diabetes Day
November 18-24	Anti-Microbial Resistance (AMR) Awareness Week
December 1	World AIDS Day
December 5	Female Community Health Volunteer (FCHV) Day

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