



National Health Policy- 2071

1. Background

The relationship between health of general population and overall development of country is intertwined. Progresses made in the health sector are considered the main indicators of development. Despite poverty and conflict in past decades, Nepal has achieved remarkable success in the health sector.

In the context of health as a fundamental right of the people established by Nepal's constitution, it is the responsibility of the nation to maintain the achievement made in controlling communicable diseases, to reduce infant and maternal mortality rate to the desired level, to control the ever increasing prevalence of non-communicable diseases and timely management of unpredictable health disasters, and to provide quality health services to senior citizens, physically and mentally impaired people, single women especially poor and marginalized and vulnerable communities.

This national health policy 2071, a complete revision of the national health policy 2048, has been introduced to promote, preserve, improve and rehabilitate the health of the people by preserving the earlier achievement, appropriately addressing the existing and newly emerging challenges and by optimally mobilizing all necessary resources through a publicly accountable efficient management.

2. Past Attempts

In Nepal, only limited people had access to ayurvedic and modern health care services at Singhadarbar Vaidyakhana established nearly 300 years ago, and Bir Hospital established in 1947; most ordinary people had to rely on traditional healers such as dhamijhakri, jharphuke, guvaju etc.

After the introduction of the periodic developmental plan in the country from B.S. 2013, a planned development process began also in the health sector. In this process the first 15 year long-term health plan and the second 20 year long-term health plan were introduced in B.S.2032 and 2054 respectively.

People actively and remarkably participated in health programs such as Smallpox Eradication, Malaria Control, Tuberculosis Control, Polio Eradication, Filariasis Elimination, Leprosy Elimination, as well as regular administration of vitamin 'A' to the children. Female Community Health Volunteer program started from B.S. 2045 in Nepal has been a model program for the whole world. Meanwhile, a policy for integrating vertical health programs from the perspective of cost effectiveness and ease of implementation was adopted and the integration of malaria, leprosy, tuberculosis, smallpox, and family planning / maternal child health programs was completed by B.S. 2047.

After the opening for private-sector investment in the health sector through the enactment of The National Health Policy 2048, Institutes for the study of health sciences as well as private health facilities were established in massive scale. The involvement of private sector in health has been mainly in curative services, production of medicines and equipment, and they are concentrated in urban areas. At the same time, Nepal Health Sector Program-1 (2060-2065) and Nepal Health Sector Program-2 (2066-2071) have been formulated and implemented in order to enhance the effectiveness of the investment of Government, Non-Government and Donor agencies.

3. Current Situation

Due to concerted efforts of past sixty years, significant achievements have been made in the health sector. Network of health facilities providing primary health care services have been accessible to all people. Though concentrated in urban centers and confined to curative services only, the participation of private sector has been increased. Human resources required for almost all levels of

health care are being produced within the country. Country is increasingly becoming capable to producing high and medium level human resources. About four dozens of pharmaceutical companies currently operating in the country have developed the capacity of producing 40 percent of medicine required by the country.

Likewise, though the services are not widely available, a number of specialized care facilities relating to eye, cancer, heart, kidney, neurology, orthopedic, and plastic surgery have been established under Government and Non-Government sector. Diagnostic centers and lab services have been strengthened and expanded. The major health problems of past decades that have been Malaria, Tuberculosis, Diarrhea, respiratory diseases, Typhoid, Chickenpox, Whooping Cough, Diphtheria, Tetanus, Filariasis, Kala Ajar, Trachoma, HIV, are in control and burden of these diseases are in descending trend. Smallpox has been eradicated and polio is down to zero in Nepal. Leprosy is in state of elimination. Maternal and neonatal tetanus has been eliminated and trachoma is in process of elimination. Campaign for control of filarial disease is ongoing.

Various regulatory bodies (Medical Council, Nursing Council, Pharmacy Council, Health Council, Ayurvedic Council, National Health Research Council) responsible for ensuring quality of production of human resource for health, health care, drug supply and researches, several institutions have been established and are operational.

Collaboration and partnership with health related international organizations, donor communities, and countries have been developed. Health awareness in general public has been increased. Considerable development in education, communication, agriculture, and food supply has contributed to the development of health.

As the result of above efforts, remarkable progress has been made in the health sector which is justified by the indicators in table below. Indicator	Decade of B.S. 2007 (A.D. 1950)	B.S. 2048 (A.D. 1991)	B.S. 2068 (A.D. 2011)	Source
a) Infant mortality rate (per thousand live births)	200	107	46	Nepal Health and Demographic Survey, 2011
b) Maternal mortality rate (Per 100,000 live births)	1800	850	170	Millennium Development Goal Progress Report, 2011
c) Average life expectancy (year)	32	53	68.8 (A.D. 2011)	Nepal Human Development Index Report, 2014
d) Under 5 children mortality (per thousand)	280	197	54	Nepal Health and Demographic Survey, 2011
e) Total fertility rate	7	5.8	2.6	Nepal Health and Demographic Survey, 2011
f) Fully immunized children (Percentage)	70	88/87		Nepal Health and Demographic Survey, 2011

4. Issues and Challenges

In spite of considerable achievement in the health sector and country progressing towards positive direction, there are still many problems and challenges that need to be addressed. Some major problems and challenges are as follows:

Major Issues:

- Citizens of all localities, levels, classes, groups and communities do not have yet easy and affordable access to health care as aspired by the constitution.
- Despite the continuous effort of the state, about a half of under 5 children and women of reproductive age are undernourished whereas the problem of obesity is growing among urban population.
- Health problems created by the situations like climate change, raising food insecurity and natural disasters are on the rise.
- Prevalence of cancer, hypertension, diabetes, and illnesses related to heart, kidneys, liver, lungs, along with other non communicable diseases like mental illnesses, dental problems are on the rise. Likewise, deaths due to road and injuries are increasing day after day.
- State has not been able to provide adequate priority on primary health care programs in urban areas, health of senior citizens, mental disorders, genetic and congenital diseases, environmental health, occupational hazard, sexual and reproductive health of adolescents and health promotion on school-age children, etc.
- Access to quality medicine for people, right use of medicine, production and distribution of essential drugs and medical equipments within the country are not effective and people oriented.
- Laboratory services and medical equipments are not yet up to the quality standard.
- The issues such as complexities seen in rational production of various skilled health professionals that take social responsibility, brain drain of health professionals, transfer of health and other personnel, continuous presence of health personnel in health facilities, security of health personnel, etc., have not yet been addressed in a planned way.
- Not been able to mobilize private-sector investment in health for the benefit of the people and divert their investment to appropriate areas.
- Not been able to effectively regulate health sector according to law and rules. There is a lack of sufficient harmony between the organizations producing health personnel and the organizations utilizing them.

Major Challenges:

- There is a need for appropriate implementation of a two way referral system in order to improve the quality standard of health care services.
- There is a need for immediate management of highly infectious diseases (like Bird-flu) or potential new diseases, controlling of epidemic, emergency preparedness for minimizing human casualty due to earthquake and other natural disasters and retrofitting of hospitals and other health institutions.
- In order to reduce new born, child and maternal mortality rate, there is a need for maximizing the effectiveness of controlling Diarrhea, acute respiratory infection, Malaria, Kala Azar, Encephalitis, Filariasis, Dengue, Tuberculosis, Leprosy, HIV, and other diseases that can be prevented through immunization.
- It has been difficult to control the spread of human and animal related diseases due to the open border with neighboring countries.

- There is a need for creating opportunities by strengthening health institutions down to the grass root level and establishment of a social health insurance system so that health services, health education and information are equally available for all citizens.
- There is a need for increasing state's investment to the health sector in proportion to population growth.
- There is a need for urgently addressing regional disparity in health indicators.
- There is a need for implementing health-related acts, rules, policies, strategies and action plan in a comprehensive and integrated manner. Likewise, country is committed to the international treaties and agreements, and therefore, it should continue actively participating for their successful implementation.
- The nation being a party to a convention on the Rights of Persons with Disabilities, it needs to increase investment for providing all necessary health services to the people with blindness, visual impairment, hearing impairment, mental impairment, and physical impairment.
- There is a need for empowering local government and holding them accountable for health services along with improving people participation in rural health programs.

5. Need for new policy, guiding principles and vision

As the existing health policy 2048 is insufficient to ensure citizen's right to quality health care through appropriate response to the above problems and challenges, this new national health policy had to be promulgated. While preparing this policy, a few guiding principles were formulated and based on those guiding principles, policies, and strategies have been proposed. The National Health Policy 2071 will be implemented based on the guiding principles presented below:

- As a fundamental right of citizens, provision for obtaining quality health care will be ensured.
- Right to information related to the health services provisioned for citizens will be ensured.
- In order to ensure the health services provisioned by the state is accessible to poor, marginalized, and vulnerable communities; based on equality and social justice, programs will be designed and implemented accordingly.
- People will be participated in every kind and level of health services.
- Policies and programs related to health promotion, protection, improvement, and rehabilitation will be gradually incorporated into state's other policies.
- Participation of private sector will be promoted ensuring citizen's easy access to quality health services at fair price.
- Resources obtained from internal and external agencies will be mobilized for effective implementation of this policy and the programs formulated under this policy.
- All health services, provided by government or organized differently through a network of government and private sector, will be regulated.
- Flow of health services will be made fully accountable.

This policy has been deemed necessary for successful implementation of the above guiding principles.

5.1 Vision

All Nepalese citizens would be able to live productive and quality life; being physically, mentally, socially, and emotionally healthy.

5.2 Mission

Ensure the fundamental right of citizens to remain healthy through a strategic collaboration among service provider, beneficiaries, and stakeholders and optimum utilization of available resources.

5.3 Goal

To ensure health for all citizens as a fundamental human right by increasing access to quality health services through a provision of just and accountable health system.

5.4 Objectives

1. To make available free the basic health services that existed as citizen's fundamental right.
2. To establish an effective and accountable health system with required medicines, equipments, technologies and qualified health professional for easy access to acquire quality health services by each citizen.
3. To promote people's participation in extending health services. For this, promote ownership of the private and cooperative sector by augmenting and managing their involvement.

6. Policies

1. To make available in an effective manner the quality health services, established as a fundamental right, ensuring easy access within the reach of all citizens (universal health coverage) and provision of basic health services at free of cost.
2. To plan produce, acquire, develop, and utilize necessary human resources to make health services affordable and effective.
3. To develop the ayurvedic medicine system through the systematic management and utilization of available herbs in the country as well as safeguarding and systematic development of other existing complementary medicine systems.
4. To aim at becoming self-sufficient in quality medicine and medical equipment through effortless and effective importation and utilization with emphasis on internal production.
5. To utilize in policy formulation, program planning, medical and treatment system, the proven behaviors or practices obtained from researchers by enhancing the quality of research to international standard.
6. To promote public health by giving high priority to education, information, and communication programs for transforming into practice the access to information and messages about health as a right to information.
7. To reduce prevalence of malnutrition through promotion and usage of quality healthy foods.
8. To ensure availability of quality health services through competent and accountable mechanism and system for coordination, monitoring and regulation.
9. To ensure professional and quality service standard by making health related professional councils capable, professional, and accountable.
10. To mainstreaming health in every policy of state by reinforcing collaboration with health-related various stakeholders.
11. To ensure the right of citizens to live in healthy environment through effective control of environmental pollution for protection and promotion of health.

12. To maintain good governance in the health sector through necessary policy, structure and management for delivery of quality health services.
13. To promote public and private sectors partnership for systematic and quality development of health sector.
14. To increase the investment in the health sector by state to ensure quality and accessible health services and to provide financial security to citizens for medical cost and as well as effectively utilize and manage financial resources obtained from private and non government sector.

7. Strategies

1. **Following strategies (related to policy 1) will be adopted to make available in an effective manner the quality health services, established as a fundamental right, ensuring easy access within the reach of all citizens (universal health coverage) and provision of basic health services at free of cost.**
 - 1.1. Basic health service will be provided at free of cost by making acts relating to basic health service.
 - 1.2. As Nepal is the signatory of international convention on Rights of Persons with Disabilities, all necessary health services needed for people who are blinds, visually impaired, hearing impaired as well as mentally, cognitively and physically disabled will be included in urgent health service category.
 - 1.3. National health guidelines and protocols will be prepared and implemented to ensure all citizens have received standard quality health care by reforming basic health program of state for fulfilling basic health needs of citizens.
 - 1.4. Impartial service will be delivered on the basis of equality by strengthening programs delivering health services in rural areas as well as including marginalized groups in urban areas.
 - 1.5. Quality health treatment care of national standard will be catered by keeping priority on preventive and promotive service and by using proper medicine and technology.
 - 1.6. Nepal will be developed as regional hub for health tourism and medical science studies by confirming areas delivering highly specialized and international standard services and developing those areas.
 - 1.7. Integrated program of health service, care and support will be formulated and implemented according to the need of senior citizens.
 - 1.8. Current situation of managing infectious diseases will be modified and implemented under periodic plan on timely basis with essential additional immunization service. Respective services are implemented effectively on the basis of policies related to prevention and control of non communicable diseases, prevention and treatment of accidents and injury, and mental health.
 - 1.9. Affordable health services will be made available all over the country through telemedicine (ehealth).
 - 1.10. Arrangement of a doctor and a nurse along with other health technicians will be made available in every VDC and one nurse midwife in every ward according to population. Necessary number of health promotion and monitoring officer will be mobilized in every constituency to monitor quality of health service and make promotive health service available widely in local level.

- 1.11. Laboratory and x-ray service will be expanded respectively in VDC level health institutions.
- 1.12. Blood transfusion service will be made systematic in coordination with non-government sector by regulating through government sector.
- 1.13. Institutions providing specialized and highly specialized service will be established and expanded gradually for providing services accessible to the residents of all regions in country. Intensive care facility with specialists will be expanded to district level hospitals gradually on the basis of criteria. Effective two-way communication system will be arranged between health institutions at community level to highly specialized service providers to make treatment service systematic.
- 1.14. Arrangements will be made to provide pharmacy service owned itself by hospital and to distribute medicines to patients through qualified pharmacy personnel.
- 1.15. Periodic health related programs and action plans will be implemented by stating target based on important health and development indicators such as maternal mortality rate, infant mortality rate, under-five child mortality rate, average age. Reports from health institutions will be made more scientific, timely, reliable and periodic.
- 1.16. Primary Health care service will be decentralized gradually by making local government authorized and accountable for health services by increasing technical capability of local government.
- 1.17. Arrangement will be made to contact ambulance service using one symbol number throughout the country. Arrangement of service with essential medicines, oxygen, and skilled health personnel will be ensured in ambulance. Air ambulance service will be operated by making certain criteria for providing medical care by rescuing those in crisis.
- 1.18. Network of health personnel capable of making first aid treatment with essential drugs and equipment will be arranged within the distance of one hour maximum in major highways for treating injured people quickly.
- 1.19. At least one-village-one-health-institution will be established in the distance of 30 minutes maximum on the basis of geographical location and population ratio. Programs in periodic plans will be included to establish one primary health care center in every 20 thousand population and one 25-bed-hospital for every one hundred thousand population. Likewise one primary health care center will be established in every industrial area.
- 1.20. Mental health care service from the level of community to hospitals providing specialized service will be implemented gradually by including in periodic plan.
- 1.21. Family planning including sexual and reproductive health will be included as integrated form of service. Concept of Youth and adolescent friendly health service will be incorporated in all organizations delivering health services. Reproductive health act will be introduced.
- 1.22. Integrated child health program managing diseases relating to child will be implemented continuously through strengthening on timely basis.
- 1.23. Flow of health service related to oral, eye and ear care will be actively implemented throughout the country.
- 1.24. Establishment of referral hospitals on various subjects of medicines including dental and ear, nose, throat will be done.

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- 1.25. Development of international standard referral laboratory will be done by increasing capacity of national public health laboratory and national drug laboratory.
 - 1.26. Country being signatory to International treaty, agreements and commitments including treaty related to controlling tobacco will be implemented actively.
- 2. Following strategies (related to policy 2) will be adopted to plan, produce, acquire, develop, and utilize necessary human resources to make health services affordable and effective.**
- 2.1 Master plan will be implemented for managing and developing human resources in health sector along with projection of necessary workforce required within and outside the country. Expenditure in human resources will be considered an investment.
 - 2.2 Minimum integrated national curriculum will be implemented to produce human resources of various kinds at various levels in health sector having appropriate skills and knowledge capable of taking social responsibility according to national need. Educational institutions operating under private and government investment will be supported and regulated by creating high level mechanism with authority for monitoring educational institutions and quality of human resources produced there.
 - 2.3 Active and continuous presence of human resource in health sector will be ensured by creating an environment to make them work compulsorily in assigned duty. Special facility and opportunity will be created for health workers and their dependent families working in remote areas.
 - 2.4 Quality health services will be ensured by creating new positions of human resources by having skills mixed on the basis of population.
 - 2.5 Arrangement of one doctor along with 23 health workers will be ensured for every 10 thousand population gradually. Special arrangement will be made for remote and mountainous areas.
 - 2.6 Arrangements for encouragement of health workers including doctor will be done for enhancing their capacity by creating opportunity of higher education, in-service training, and participating them in research and study.
 - 2.7 Regional and zonal hospitals are included in specialization course provided by government academy.
 - 2.8 Brain drain of human resources is discouraged by taking effective measures such as career development and various kinds of financial and non-financial incentives to stop currently visible brain drain and to create conducive working environment.
 - 2.9 Skilled human resource will be produced for safe motherhood by initiating midwifery education. Opportunity of midwifery education will be provided for enhancing capacity of working nurses.
 - 2.10 Transparent and scientific rotation transfer system will be developed and implemented to systematize transfer of health workers and staffs.
 - 2.11 Policy will be adopted for utilizing skilled private sector workers into government service according to need. Likewise arrangement will be made for utilizing health workers produced in private sectors into governmental entities according to need.
 - 2.12 Study, research and training center of international standard will be set up by utilizing outstanding achievements obtained in Nepal's health sector.

- 2.13 Capacity of female community health volunteers will be developed with necessary incentives to improve their quality of services.
- 3 Following strategies (related to policy 3) will be adopted to develop the ayurvedic medicine system through the systematic management and utilization of available herbs in the country as well as safeguarding and systematic development of other existing complementary medicine systems.**
- 3.1 Ayurveda will be developed gradually. Development and reformation will be done by assessing quality of service in this area from research. Long term plan will be developed and implemented for the safeguard, development, and expansion of homeopathy, unani (Greek), and other complimentary medicine system.
- 3.2 Development and expansion of appropriate structure will be done gradually for implementation of ayurveda system effectively.
- 3.3 Emphasis is given for production and commercialization by ensuring quality of herbal medicine produced by government and private ayurveda medicine manufacturer with special plan and programs for the safeguard and proper use of locally available herbs.
- 3.4 Study and research of ayurveda, and development of skilled human resources related to research will be operated as a priority program by arranging and developing appropriate human resources for national ayurveda research and training center.
- 3.5** Special focus will be given to enhance the quality of ayurveda health service by regulating inappropriate activities in the name of ayurveda and herbs.
- 4. Following strategies (related to policy 4) will be adopted to aim at becoming self-sufficient in quality medicine and medical equipment through effortless and effective importation and utilization with emphasis on internal production.**
- 4.1 Country will be made self sufficient in production of medicine. Arrangement will be made for production and supply of all essential medicines.
- 4.2 Supplied to private and government sector, manufactured either within country or imported, system will be developed according to the criteria for ensuring quality of medicines, medical tools, equipments, and items used in laboratory.
- 4.3 Special arrangement will be done for controlling misuse of freely distributed drugs and will increase gradually the types and numbers of freely distributed essential drugs from every health institutions.
- 4.4** Making estimates, purchases, and distribution of drugs more effective and making current arrangement of purchase and supply system strong, procedural reform including participation of skilled pharmacist will be done in this process.
- 5. Following strategies (related to policy 5) will be adopted to utilize in policy formulation, program planning, medical and treatment system, the proven behaviors or practices obtained from researchers by enhancing the quality of research to international standard.**
- 5.1 Current organizational, institutional and procedural state of affair of Nepal health research council will be improved timely to increase quality of health research to international standard. Special programs will be launched to enhance the capacity of council for the promotion and facilitation of health research.
- 5.2 Health research will be regulated for providing new findings and suggestions for promoting, safeguarding, improving and rehabilitating health of citizens and

arrangement will be made for using suggestions from research more effectively in policy making, planning and implementation.

- 5.3 Report and conclusion obtained from research will be made further accessible to all.
- 5.4 Encouragement will be done to include health in research of other sectors.
- 5.5 Health researcher and scientist will be encouraged to do research in various subjects of health and environment will be created to respect their expertise.
- 5.6 Network of national and international organizations related to study and research will be established.
- 5.7 Universities related to health and governmental and nongovernmental educational institutions will be encouraged and facilitated to participate in research.
- 5.8 Special priority will be given for scientific exploration and research of herbs available in country.

6. Following strategies (related to policy 6) will be adopted to promote public health by giving high priority to education, information, and communication programs for transforming into practice the access to information and messages about health as a right to information.

- 6.1 National health information system will be developed to provide information of works done in health sector in simple and easy manner to the access of all citizens.
- 6.2 Wide use of health education information and communication will be put in high priority to promote health by increasing awareness of individual or community, to control diseases, to obtain health gain in time and to change behavior.
- 6.3 Advertisement and promotion of items having adverse effect on health of citizens such as tobacco, substance with tobacco, alcohol, and other alcoholic beverages will be banned. Likewise any kind of medium of communication that affects the sexual life of citizens directly or indirectly will be banned.
- 6.4 Governmental and nongovernmental sectors will be mobilized to disseminate user friendly and acceptable information in local languages that are informative, promotive and able to raise awareness among public.
- 6.5 All citizens will be encouraged to obtain health information using all medium of communication including electronic in optimum manner.
- 6.6 School health program that is recognized as effective and capable of providing high return will be implemented in all schools of country in coordination with ministry of education. For this, action plan with detail working procedure will be developed for all programs ongoing currently in schools by unifying them and health programs will be carried out by arranging one health worker at least in secondary school.
- 6.7 Arrangement will be done to provide all kinds of information of health service particularly related to the treatment of patient for establishing a right to information to the respective consumer.

7. Following strategies (related to policy 7) will be adopted to reduce prevalence of malnutrition through promotion and usage of quality healthy foods.

- 7.1 Necessary arrangement will be made to free from the condition of malnutrition in the long run by emphasizing promotion, production, and usage of food items available and could be produced locally through the means of educational program in nutrition based in community.

- 7.2 Current multi-sector policy and programs related to nutrition including food security will be implemented with high priority by updating them to improve the situation of malnutrition.
 - 7.3 Regular feedback will be given to agriculture development and other ministries to increase the self sufficiency in food as there is direct relationship between food security and nutrition, under the community health program backyard garden will be promoted with the involvement of local body, and daily consumption of green vegetable and fruits will be increased up to 400 grams.
 - 7.4 Necessary act, procedure, and human resources will be arranged to discourage the usage of processed and readymade food (junk food) that damage the body, alcohol and beverages, and to monitor the quality of food distributed and sold from hotels and restaurants.
 - 7.5 Coordinate with respective stakeholders will be done to eliminate chemical substances and poisons used in food and meat items which have adverse effect on human health.
 - 7.6 Appropriate life style will be promoted to control food related diseases and overweight.
 - 7.7 Arrangement will be made to bring within legal domain to control food adulteration that has adverse effect on health.
8. **Following strategies (related to policy 8) will be adopted to ensure availability of quality health services through competent and accountable mechanism and system for coordination, monitoring and regulation.**
- 8.1 Receipt of quality health services will be ensured provided by government and private sectors by arranging legal institution for regulating all health services.
 - 8.2 Current legal arrangement will be amended to regulate drugs used in modern, ayurveda, and alternative method of treatment used in human and animals to make it more effective. Arrangement of drug inspectors in right numbers will be placed in every district by restructuring department of drug administration.
 - 8.3 National directives and protocols will be prepared for ensuring receipt of quality health services. Arrangement will be made to implement protocols according to the local need of hospitals for treating diseases.
 - 8.4 Regular monitoring and regulation will be done to ensure delivery of high quality health service to citizens with criteria to keep the quality of human resources providing services, technologies used, medicines, equipments including supplies.
 - 8.5 Laboratory/blood transfusion centers along with services provided by such laboratory/centers will be regulated for standardization according to criteria. Arrangement of legal provision will be made for laboratories to function only after the accreditation.
 - 8.6 Provision of punishment and penalty will be done on regular basis by monitoring and evaluating health services provided by government and non-government sector in any geographical region of the country.
 - 8.7 Necessary organizational structure will be arranged to listen grievances and complaints of patients or health service user for providing legal remedy. Consultation will be provisioned for using technology to the availability in the process of treatment.
 - 8.8 Necessary strategy will be adopted to make investment of private sector to the benefit of public by legal arrangement and to increase investment in appropriate place.

- 8.9 Legal arrangement will be made under the Infectious disease act 2020 to compulsorily inform the designated entity in specified time for the diseases likely to become pandemic. Infectious disease act, 2020 will be amended.
- 8.10 Arrangement will be made for mentioning generic name of medicine by doctor to be understandable clearly by all.
- 9. Following strategies (related to policy 9) will be adopted to ensure professional and quality service standard by making health related professional councils capable, professional, and accountable.**
- 9.1 Work of various established councils will be made effective, transparent and accountable to ensure the quality of varieties of education related to health and health services provided.
- 9.2 Current act and rules will be implemented through amendment to bring uniformity on the services provided by health institutions and councils.
- 9.3 Health institutions and councils will be strengthened more through legal and physical means.
- 9.4** Collaboration will be promoted with professional association /organizations established in private and non government sector to deliver health services and doing study and research.
- 10. Following strategies (related to policy 10) will be adopted to mainstreaming health in every policy of state by reinforcing collaboration with health-related various stakeholders.**
- 10.1 Current multilateral cooperation will be made stronger by accepting health as a main agenda of development. Issues of health will be included in all associated acts.
- 10.2 Action plans will be implemented in coordination with multi sector as various aspects such as safe drinking water, hygiene, energy, food security, climate, environment, education, accommodation, road including physical development impact the receipt of health services.
- 10.3 Sustaining the progress made in millennium development goal set for 2015 by Nepal, goal set thereafter will be addressed effectively.
- 10.4 Coordination with all the stakeholder entities will be done for making multi sectoral action plan by utilizing national network and mechanism and opportunities for addressing negative effect on health due to climate change for overall management.
- 10.5 Proper arrangement will be done for effective coordination and collaboration with stakeholders entities for managing diseases communicated through animals and insects.
- 11. Following strategies (related to policy 11) will be adopted to ensure the right of citizens to live in healthy environment through effective control of environmental pollution for protection and promotion of health.**
- 11.1 Collaboration for leadership will be taken for regulation by developing mechanism for controlling adverse effect of environmental pollution and climate change for health safeguarding and promotion.
- 11.2 Effective arrangement will be done for managing waste generated from the entities providing health services in scientific manner. Current legal system for managing waste will be implemented strictly.

- 11.3 Act will be implemented to manage radioactive materials used in health sector according to national and international standards.

12. Following strategies (related to policy 12) will be adopted to maintain good governance in the health sector through necessary policy, structure and management for delivery of quality health services.

- 12.1 Changes will be made to acts and rules according to need after reviewing them to make health services in operation more effective and trustworthy. Integrated public health service act will be implemented by integrating health related acts and rules according to need by timely revising them.
- 12.2 System of result oriented utilization and management will be adopted for effectively mobilizing foreign aid in health sector by integrating all partner entities.
- 12.3 All physical infrastructure constructed will be made friendly to disable people, children, and will be made earthquake resistant. Infrastructures that are being used currently but at risks will be strengthened using available technology to make earthquake resistant. To provide service to all physical infrastructures additional necessary infrastructure like store etc will be added and systematized.
- 12.4 Health institutions are constructed according to the prevailing building standard on the basis of physical location and population.
- 12.5 Modern information technology will be used at maximum for health management.
- 12.6 Multi-sectoral action plan will prepared and implemented to address emergency health issues instantly arising from natural disaster and other causes.
- 12.7 Individuals having social prestige and respect, and individuals regarding health service as charity, professionals, and local community will be involved in forming development committees of various hospitals and operations and management committees of health institutions. Community involvement is encouraged in management of health service, easy access and continuation.
- 12.8 Act will be implemented for management and regulation of hospital management committee including other committees.
- 12.9 Good governance action plan will be prepared and implemented for ensuring qualitative service by incorporating government, private, community and cooperative in health service delivery. Local cooperatives having many consumers will be participated in management of local level health institutions by developing criteria for delivering health service.
- 12.10 Health good-governance action plan will be prepared and implemented for making health service delivery transparent, responsive and publicly accountable.
- 12.11 Action of withdrawing tissues or blood related substance, or transplanting or action of human organ transplanting will be systematized by law.
- 12.12 Action of organ donation will be eased by defining brain dead in scientific and professional manner, in relation to selecting appropriate organ recipient with the goal of providing organs for transplanting will be systematized by law.

12.13 Arrangement will be made to have only one official professional trade union in relation to current situation of many trade unions present in one health institution.

12.14 Infertility is systematized by the law of surrogacy.

13. Following strategies (related to policy 13) will be adopted to promote public and private sectors partnership for systematic and quality development of health sector.

13.1 Public and private partnership will be developed complimenting each other to promote further the concept of public and private partnership.

13.2 Arrangement of legal system will be made to encourage and manage the concept of cooperative needed for health sector.

13.3 Grant will be providing to health institutions in nongovernmental sector by making clear criteria.

14. Following strategies (related to policy 14) will be adopted to increase the investment in the health sector by state to ensure quality and accessible health services and to provide financial security to citizens for medical cost and as well as effectively utilize and manage financial resources obtained from private and non government sector.

14.1 Arrangement will be done for allocating budget on the basis of population by determining per capita investment in health sector by acknowledging spending made in health is not expenditure but an investment. Per capita investment will be increased gradually.

14.2 As current personal expenditure of individual is 55 percent of gross expenditure made in health, such percentage will be reduced gradually.

14.3 Amount appropriated for health sector will be distributed equitably by making criteria.

14.4 Nationwide insurance plan will be rolled out by making law and directives for ensuring delivery of affordable health service by making financial management sustainable. Arrangement will be made to provide discount for Incapable and financially poor.

14.5 Vaccine fund set up with the aim of preventing fund scarcity will be systematized through law to conduct immunization program without interruption.

14.6 Action will be encouraged to find or help others to find new ways to manage finance of health sector. Other funds of health sector will be made systematic and effective.

14.7 Arrangement will be made to use local level program and fund for health service and infrastructures.

14.8 Production and sales and distribution of substance with tobacco and other substance harmful to health will be discouraged with high taxes. Sources of fund obtained this way are spent in health service.

15. Miscellaneous

15.1 Current sectoral policy and newly made such policies will be helpful and complementary to implement provisions contained in this national policy.

15.2 Partnership and collaboration will be done with private, commercial groups, cooperatives, communities and development partner organizations and not for profit service providers with the aim of providing quality, sufficient, relevant, timely service of appropriate kind.

8. Structural arrangements

For effective implementation of this policy, departments, divisions, branches, subdivision etc of current organizational structure from center to rural level along with additional regulating bodies, and employee positions according to these levels will be added or reduced according to need under the ministry of health and population by taking care of state restructuring.

9. Financial resources

Government sources, foreign loans and assistance, and investments of private sector in this sector in totality will be the sources of implementation of this national health policy.

10. Monitoring and evaluation

1. Responsive and effective mechanism will be arranged to monitor and evaluate health programs at every level regularly. For this, effective monitoring and evaluation system will be developed by taking into account of the result based monitoring and evaluation model formulated and practiced by national planning commission as well as monitoring and evaluation system implemented by the ministry of local development.
2. Health management information system will be amended timely and will be upgraded to complete computerized system.

11. Risks

1. In the absence of overall resource mobilization strategy in health sector, chances of difficulty in resource mobilization will be present.
2. Health policy may need to be readjusted by segregating programs to be included in the domain of center and federation after the country is transformed into the federal structure.

12. Revocation

National health policy 2048 has been revoked.