

2020

National Joint Annual Review (NJAR) 2019/20



Government of Nepal
Ministry of Health and Population
Kathmandu

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Executive Summary

Nepal is currently facing an unexpected crisis caused by Coronavirus Disease 2019 (COVID-19) at a time when various reforms to strengthen health systems functions have been planned, including the organisational restructuring of the health sector to better address prevailing challenges. The top priorities for the Ministry of Health and Population (MoHP) are ensuring Basic Health Services (BHS) for every citizen, as per the Constitution of Nepal, 2072 Bikram Sambat (BS), and making access to high-quality health care equitable, towards achieving the goals and targets of the Nepal Health Sector Strategy (NHSS) and Sustainable Development Goals (SDGs).

The National Joint Annual Review (NJAR) of the health sector 2019/2020 (2076/2077 BS) was jointly organised, both virtually and in person, by the Government of Nepal (GoN), MoHP and External Development Partners (EDPs). It took place from 10–14 December 2020 (25–29 Mangsir 2077 BS), with a business meeting held on the last day. The objectives of the meeting were to jointly appraise annual progress in the implementation of the NHSS and to review the COVID-19 pandemic preparedness and response at all spheres of government. A further aim of the NJAR was to ensure that all stakeholders have a shared understanding of achievements, problems and challenges in the sector and to identify the strategic priority areas based on existing problems and challenges that need to be addressed in the changing context.

Two-hundred and seventy-three participants – representatives from MoHP and its departments, divisions and centres, other ministries/departments, Provinces, local levels, councils, academic institutions, hospitals and civil society organisations, EDPs, health professionals, media personnel and other stakeholders in the health sector – took part in the four-day review.

The programme was inaugurated by the Hon'ble Health and Population Minister, MoHP, and included reflections from the federal context (MoHP, Department of Drug Administration (DDA), Health Insurance Board (HIB), federal hospitals, private hospital councils, health academies and other related ministries and institutions), from provincial levels (Health Directorates at all seven provinces) and from local levels, including development partners (EDPs and the Association of International Non-governmental Organisations in Nepal (AIN)).

Some key issues were identified, regarding: health service delivery (achievement versus SDG targets, assurance of routine as well as COVID-19-related services, Quality Assurance (QA), expansion of health insurance, timely completion and maintenance of health buildings, provincial structures of reference laboratories and health services at all levels); Human Resources (HR) (capacity of health team, need for reserve pool, staff adjustment, unfulfilled sanctioned posts); information

management (financial reporting from local levels, incomplete and delayed reports, low reporting from private Health Facilities (HFs) and inadequate availability of tools for information systems); governance and leadership (restructuring, sequencing of laws and policy, management of hospitals at different levels); Supply Chain Management (SCM) (delay in procurement, procedural ambiguity at local levels, mechanism of SCM, inadequate storage capacity at local and provincial levels, maintenance of medical equipment); and health financing (mismatch of budget, too many activities under conditional grants, scattered health financing system). Another major issue discussed throughout the meeting was coordination and communication between federal, provincial and local governments.

Acronyms

AIDS	Acquired Immunodeficiency Virus
AIN	Association of International NGOs in Nepal
AMR	Antimicrobial Resistance
ANC	Antenatal Care
APHIN	Association of Private Hospitals in Nepal
ART	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
AWPB	Annual Work Plan and Budget
BC	Birthing Centre
BEONC	Basic Emergency Obstetric and Newborn Care
BS	Bikram Sambat
CDC	Centre for Disease Control
CEONC	Comprehensive Emergency Obstetric and Newborn Care
CICT	Case Investigation and Contact Tracing
COVID-19	Coronavirus Disease 2019
CPD	Continuous Professional Development
CS	Caesarean Section
CSO	Civil Society Organisation
DALY	Disability-adjusted Life Year
DDA	Department of Drug Administration
DG	Director-General
DHIS-2	District Health Information Software 2
DHO	District Health Office
DoAA	Department of Ayurveda and Alternative Medicines
DoHS	Department of Health Services
Dr.	Doctor
DTG	Dolutegravir
DUDBC	Department of Urban Development and Building Construction
ED	Executive Director
EDP	External Development Partner
eLMIS	Electronic Logistics Management Information System
FCHV	Female Community Health Volunteer
FDA	Food and Drug Administration
FY	Fiscal Year
GoN	Government of Nepal
HCD	Health Coordination Division
HDU	High-dependency Unit
HEOC	Health Emergency Operation Centre
HF	Health Facility
HIB	Health Insurance Board
HIIS	Health Infrastructure Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System

Hon'ble	Honourable
HR	Human Resources
HTP	Health Technology Product
HWG	Health Working Group
ICU	Intensive Care Unit
IEC	Information, Education and Communication
iHRIS	Integrated Human Resources Information System
INGO	International Non-governmental Organisation
IPC	Infection Prevention and Control
IT	Information Technology
KAHS	Karnali Academy of Health Sciences
LMIS	Logistics Management Information System
LRP	Learning Resource Package
M/IYCF	Maternal/Infant and Young Children Feeding
MBBS	Bachelor of Medicine, Bachelor of Surgery
MIS	Management Information System
MMR	Maternal Mortality Ratio
MoFAGA	Ministry of Federal Affairs and General Administration
MoHP	Ministry of Health and Population
MoSD	Ministry of Social Development
MSS	Minimum Service Standards
NAMC	Nepal Ayurveda Medical Council
NAMS	National Academy of Medical Sciences
NARTC	National Ayurveda Research and Training Centre
NCD	Non-communicable Disease
NDHS	Nepal Demographic and Health Survey
NHAA	National Health Accreditation Authority
NHPC	Nepal Health Professional Council
NHRC	Nepal Health Research Council
NHSS	Nepal Health Sector Strategy
NHWA	National Health Workforce Accounts
NJAR	National Joint Annual Review
NMC	Nepal Medical Council
NNC	Nepal Nursing Council
NPC	National Planning Commission
NPHL	National Public Health Laboratory
NPR	Nepalese Rupees
NRDC	National Referral Diagnostic Center
NTV	Nepal Television
O&M	Organisation and Management
OOP	Out-of-pocket
OPD	Outpatient Department
PAHS	Patan Academy of Health Sciences
PCL	Proficiency Certificate Level
PCR	Polymerase Chain Reaction

PHCC	Primary Health Care Centre
PLHIV	People Living with HIV
PMS	Post-marketing Surveillance
PNC	Postnatal Care
PoAHS	Pokhara Academy of Health Sciences
PPE	Personal Protective Equipment
PPMD	Policy, Planning and Monitoring Division
PWID	People Who Inject Drugs
QC	Quality Control
QSRD	Quality, Standards and Regulation Division
RAHS	Rapti Academy of Health Sciences
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RTA	Road Traffic Accident
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SCM	Supply Chain Management
SDG	Sustainable Development Goal
SOP	Standard Operating Procedures
STP	Standard Treatment Protocol
TA	Technical Assistance
TB	Tuberculosis
TFR	Total Fertility Rate
TIA	Tribhuvan International Airport
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VC	Vice-Chancellor
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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Background

The National Joint Annual Review (NJAR) 2019/20 was organised by the Ministry of Health and Population (MoHP) and was held on a virtual platform from Thursday 10 to Sunday 13 December 2020 (25–28 Mangsir 2076 Bikram Sambat (BS)¹). Over 270 participants – representatives from the MoHP and its departments, divisions and centres, officials from other ministries/departments, provinces and local levels and representatives of External Development Partners (EDPs), the private sector, Civil Society Organisations (CSOs), health professionals, media personnel and other health sector stakeholders – took part in the four-day review meeting. The first day of the meeting focused on health sector progress and the health sector response to the Coronavirus Disease 2019 (COVID-19) pandemic, along with reflections from councils and health academies. The second day focused on reflections from federal and private hospitals, while the third day focused on reflections from local and provincial levels. The fourth day focused on reflections from the Department of Health Services (DoHS), Department of Drug Administration (DDA), Department of Ayurveda and Alternative Medicines (DoAA), Health Insurance Board (HIB), Department of Urban Development and Building Construction (DUDBC), EDPs and the Association of International Non-governmental Organisations (AIN). Following the review of the sector progress for four days, a business meeting between MoHP and EDPs was organised on 14 December to identify selective areas of strategic priorities based on the issues discussed during the review.

The objectives of the NJAR were as follows², to:

- Jointly **review the annual progress** of the Nepal Health Sector Strategy (Nepal Health Sector Strategy)
- Review **COVID-19 pandemic preparedness and response** at all spheres of government
- Ensure all stakeholders have a shared understanding of **achievements, problems and challenges in the sector**
- Identify the **strategic priority areas** based on existing problems and challenges that need to be addressed in the changing context, and
- Agree on the **strategic actions** to be included in the **next year's Annual Work Plan and Budget (AWPB)**.

¹ For easy reference, mapping between Nepali Calendar Years and Gregorian Years is provided in Annex1

² Agenda of the Review Meeting is in Annex 2.

DAY 1: Reflections on Sector Overview, COVID-19 Situation, Councils and Academies

Date	:	10 December 2020 (25 Mangsir BS) Thursday
Chair	:	Laxman Aryal, Secretary, MoHP
Chief Guardian	:	Hon'ble Bhanu Bhakta Dhakal, Minister of Health and Population
Co-chair	:	Manav Bhattarai, Chair, EDPs
Moderator	:	Yeshoda Aryal

Inauguration of the Annual Review

The NJAR meeting was inaugurated on Day 1, 10 December 2020 (25 Mangsir 2077 BS) by the Minister of Health and Population, the Hon'ble Bhanu Bhakta Dhakal. The Inauguration Ceremony was chaired by the Secretary of MoHP, Dr. Laxman Aryal, and co-chaired by Dr. Manav Bhattarai, Chair of the EDPs. The inauguration programme started with the singing of the national anthem of Nepal followed by the official inauguration by the Hon'ble Minister Bhanu Bhakta Dhakal, by lighting the *panas* (Nepali-style oil lamp).

A welcome speech and programme introduction were given by the Chief of the Health Coordination Division (HCD), MoHP, Dr. Jageshwor Gautam. Welcoming all participants, he highlighted the following objectives of the meeting, namely to:

- Jointly review the annual progress of the Nepal Health Sector Strategy (NHSS)
- Review COVID-19 pandemic preparedness and response at all spheres of government
- Ensure all stakeholders have a shared understanding of achievements, problems and challenges in the sector
- Identify the strategic priority areas based on existing problems and challenges that need to be addressed in the changing context, and
- Agree on the strategic actions to be included in the next year's AWPB.

Overview of health sector progress, including response to COVID-19 pandemic

Activity	Presenter	Chair/ Co-chair/Moderator
Overview of health sector progress Health sector response to the COVID-19 pandemic	Chief, Policy, Planning and Monitoring Division (PPMD), MoHP	Chair: Laxman Aryal Co-chair: EDP Chair Moderator: Yeshoda Aryal
Opening remarks	Chair, EDPs Hon. Member, National Planning Commission (NPC) Hon. Minister, MoHP Secretary, MoHP	
Reflection from Councils Reflection from NHRC, followed by discussion	Chief, HCD, MoHP and Executive Secretary, Nepal Health Research Council (NHRC)	Chair: Laxman Aryal Co-chair: Dr. Dipendra Raman Singh Moderator: Yeshoda Aryal
Reflection from academies, followed by discussion	Chief, Quality, Standards and Regulation Division (QSRD), MoHP	
Summary and wrap-up	Co-chair/Chair	

Health and Population Sector Progress and COVID-19 Situation

Dr. Gunaraj Lohani, Chief of PPMD, provided an overview of progress in implementing the 15th Periodic Plan, NHSS and Sustainable Goal (SDG) indicators, along with highlights of policies and programmes for Fiscal Year (FY) 2076/77 (FY 2019/20), budget for FY 2076/77, National Annual Review 2019 (2018/19), and policies and programmes for FY 2077/78 (FY 2020/21). Further to those aspects, he also covered the existing context and major highlights of the health sector response to the COVID-19 pandemic.

Under its long-term vision of 'Prosperous Nepal and Happy Nepali', he outlined the major objectives of the 15th Periodic Plan as:

- Balanced expansion of health services across the country
- Service-oriented health sector for universal access to high-quality health care services
- Healthy lifestyle
- Multisectoral cooperation.

The expansion of Health Facilities (HFs) and services was the 15th Periodic Plan's game-changing programme. Other major programmes included in the plan were:

1. Safe motherhood and reproductive health strengthening programme
2. Integrated immunisation and nutrition programme
3. Integrated disease control and prevention programme
4. Integrated health information management and digital health programme
5. Health insurance programme
6. Migration health programme
7. Population management programme.

Progress on the 15th Periodic Plan, NHSS and SDG indicators, including key initiatives

The ten goal-level indicators set for the strengthening of Nepal's health sector and the key interventions and initiatives undertaken by the MoHP were also presented:

- **For Goal 1 on decreasing the Maternal Mortality Ratio (MMR)**, a Maternal Mortality Study is planned alongside the 2078 Census to estimate MMR and explore the causes of maternal death in Nepal. Sixty-two per cent of deliveries were conducted by Skilled Birth Attendants in FY 2019/20.
- **For Goals 2 and 3 on decreasing childhood mortality** (both under-five mortality and neonatal mortality), childhood mortality rates have declined since 1996. Infant mortality decreased by more than half from 78 deaths per 1,000 live births in 1996 to 32 in 2016. During the same period, under-five mortality declined threefold from 118 to 39 deaths per 1,000 live births.
- **For Goal 4, Total Fertility Rate (TFR)**, Nepal is in a comfortable position with 2 percent of TFR.
- **For Goal 5, on decreasing stunting in children under five**, Nepal is at a slightly higher level (31.5%) than the NHSS target (31%) for 2020.
- **For Goal 6, nutritional status of women** (15–49 years), 22 per cent of women were reported as overweight as per the Nepal Demographic and Health Survey (NDHS) 2016, against the target of 12 per cent for 2020. More recent data on this indicator was not available.
- **For Goal 7, life lost due to Road Traffic Accidents (RTAs)**, there has been a decrease in the rate of accidents and death, with an average of six people dying because of RTAs each day in FY 2019/20 in contrast to eight in FY 2018/19. The number of RTA deaths in FY 2076/77 (Police Mirror, 2020) was 2,251.
- **For Goals 8 and 9 on suicide and disability**, national-level data for 2019/20 shows that 17 people commit suicide each day, on average.
- **For Goal 9 on Disability-adjusted Life Years (DALYs) lost**, the 2018 figure was 9,015,320 against the 2020 target of 6,738,953.
- **For Goal 10 on impoverishment through Out-of-pocket (OOP) expenditure on health**, 10.7 per cent of people spent more than 10 per cent of their household's total expenditure on health care (FY 2015/16) and 1.7 per cent of the population were estimated to have been pushed into poverty by OOP spending on health (FY 2015/16).

Highlights and progress on policy and programmes, FY 2076/77 (FY 2019/20)

Policy and programme	Status at the end of 2076/77
<ul style="list-style-type: none"> Enrol all citizens in health insurance programme 	<ul style="list-style-type: none"> Expanded to 563 local levels of 58 districts Around 3 million population enrolled
<ul style="list-style-type: none"> Provide specialist services from at least one hospital in each province 	<ul style="list-style-type: none"> One hospital in each province has been upgraded to a tertiary-level hospital and specialist services have been started
<ul style="list-style-type: none"> Upgrade National Public Health Laboratory (NPHL) to National Referral Diagnostic Centre (NRDC) 	<ul style="list-style-type: none"> Molecular testing facility has been upgraded and improved NRDC master plan has been developed
<ul style="list-style-type: none"> Upgrade Bir Hospital as Centre of Excellence 	<ul style="list-style-type: none"> Work is in progress Surgical block about to be completed

Highlights of the budget speech of FY 2076/77 (FY 2019/20)

Amount in thousand Nepalese Rupees (NPR)

Details	Adjusted Budget	Expenditure	% Expenditure
MoHP	2,403,700	597,603	24.9
DoHS	7,125,913	5,616,892	78.8
DDA	194,780	92,875	47.7
DoAA	444,468	331,201	74.5
Centres	1,690,800	1,292,514	76.4
Central hospitals	3,733,169	3,604,648	96.6
Councils and academies	6,636,255	5,974,537	90.0
Health infrastructure	5,748,849	4,180,489	72.7
Social health insurance	5,195,100	4,653,894	89.6
COVID-19 prevention and control	6,060,767	4,798,266	79.2
Total	39,233,801	31,142,919	79.4

Progress highlights on key issues and challenges from FY 2018/19 Annual Review

Issue	Action Points	Status
<p>Health infrastructure</p> <ul style="list-style-type: none"> • 15-bed hospitals in each local level • Delay in completion of construction of buildings 	<ul style="list-style-type: none"> • Develop health infrastructure framework • Coordination with DUDBC and Ministries of Social Development (MoSDs); monitoring by sub-national government 	<ul style="list-style-type: none"> • Foundation stones laid at 309 basic hospitals
<p>Human Resources (HR)</p> <ul style="list-style-type: none"> • Staffing mismatch in relation to need and delayed Samayojan process • Opportunities for staff capacity enhancement, especially at sub-national level • Functions of professional councils regarding HR 	<ul style="list-style-type: none"> • Coordination with Ministry of Federal Affairs and General Administration (MoFAGA) • Integrated training package • One health institution – one health professional 	<ul style="list-style-type: none"> • Organisation and Management (O&M) for basic hospitals, Bir, Kanti and maternity hospitals in progress • Health sector reform in progress
<p>Logistics management</p> <ul style="list-style-type: none"> • Unclear roles of three spheres of governments on procurement and supply • Stockout of key commodities at HFs, affecting service delivery and quality 	<ul style="list-style-type: none"> • Define a framework with clear roles • Framework agreement approach for procurement • Staff capacity enhancement • Strengthen Logistics Management Information System (LMIS) and promote data use 	<ul style="list-style-type: none"> • Challenges remain: work on legal and administrative provisions continues • Electronic Logistics Management Information System (e-LMIS) rolled out at local level
<p>Planning and budgeting</p> <ul style="list-style-type: none"> • Duplication and gaps on budget allocation by three layers of government 	<ul style="list-style-type: none"> • Framework for harmonisation of planning and budgeting across all levels • Clustering of activities to minimise micro-activities through conditional grants 	<ul style="list-style-type: none"> • In progress
<p>Service utilisation and quality</p>		

<ul style="list-style-type: none"> • Low service coverage and inequity in utilisation • Quality Assurance (QA) (regulation, prices) • Basic Health Services (BHS) and financing • Scaling up of good practices 	<ul style="list-style-type: none"> • Micro-planning at sub-national levels • Minimum Service Standards (MSS) for all levels, including private • Federal funding for BHS (conditional grant, cost sharing) 	<ul style="list-style-type: none"> • Implementation of MSS in regular programmes • BHS package defined in Public Health Services Regulations
<p>Health sector management and governance</p> <ul style="list-style-type: none"> • Communication/coordination between three layers • Engagement strategy with EDPs at provincial and local level • Too many policies/acts to be developed by all level of government 	<ul style="list-style-type: none"> • Dialogue forums on quarterly basis • Similar approach as at the federal level • Sharing of documents even in initial stages and working collaboratively to avoid duplication 	<ul style="list-style-type: none"> • Weekly meeting with provinces • Major policies and legal documents are shared with provinces to obtain feedback
<p>Health sector financing and sustainability</p> <ul style="list-style-type: none"> • Health Insurance Programme to be strengthened to improve enrolment/renewal, improve services at point of care and simplify claim settlement process • Scattered health social protection schemes 	<ul style="list-style-type: none"> • HIB to develop specific strategic directions to address identified issues/challenges • Health Financing Strategy development in progress 	<ul style="list-style-type: none"> • In progress
<p>Management of public health emergency</p> <ul style="list-style-type: none"> • Emergency preparedness, response and management system to be revitalised in federal context, with clarity of roles of three spheres of government 	<ul style="list-style-type: none"> • Develop and practice local-level emergency contingency plans 	<ul style="list-style-type: none"> • All levels worked collaboratively to combat COVID-19 pandemic • Technical entity at central level: establishment of Centre for Disease Control (CDC) is planned
<p>Information management</p> <ul style="list-style-type: none"> • Reporting rates improving but timeliness and completeness to be improved 	<ul style="list-style-type: none"> • Promote integrated Management Information Systems (MISs) linking different MISs 	<ul style="list-style-type: none"> • 41% of facilities have reported on time • Integration of Health Management

	<ul style="list-style-type: none"> • Develop and employ a work plan to improve data quality (completeness, timeliness and internal consistency) 	<p>Information System (HMIS), e-LMIS and Health Infrastructure Information System (HIIS) has been initiated</p>
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Highlights of policy and programmes, FY 2077/78 (FY 2020/21)

Health sector reform/restructuring

- Planned to ensure a hospital in each local level of the capacity ranging from 5 to 15 beds
- Upgrading of district-level hospitals from 15 beds to 25 and from 25 beds to 50, of existing zonal hospitals to 200 beds and of all central-level hospitals to 500 beds
- 300-bed infectious disease hospital at federal level and 50-bed hospital in each province
- Health sector restructuring:
 - CDC
 - Food and Drug Administration (FDA)
 - National Health Accreditation Authority (NHAA)
- Formulation of Umbrella Act to oversee health sector entities (academies, councils, research centres, hospitals)

Service delivery

- Free emergency health services for the poor provided by 15 referral hospitals
- Medical colleges provide surgery services in at least one district-level hospital
- Satellite clinic held once a month by all public health institutions
- Integrated ambulance service and expansion of trauma services in highways

Health screening and promotion

- Blood pressure, sugar and albumin check-up services for citizens over 40 years of age
- Gymnasiums and yoga centres at local levels
- Programme for prevention, identification, testing and treatment of Non-communicable Diseases (NCDs) across the country
- Screening for cervical and breast cancer
- Home visits for elderly people

Health sector response to the COVID-19 pandemic

Overall status

- 61,889 Reverse Transcription Polymerase Chain Reaction (RT-PCR) tests performed per million population, with a cumulative positivity rate of 13.5 per cent
- Ninety-four per cent of cases have recovered; five per cent (12,245) of cases are active and 0.68 per cent of cases have died
- Districts with no active cases: two (Manag and Dolpa); districts with more than 200 active cases: 10; districts with more than 500 active cases: three (Kathmandu, Lalitpur and Kaski)
- Number of RT-PCR tests, positivity rate, number of active cases and cases in home isolation are in declining trend
- Twenty-nine per cent of Intensive Care Unit (ICU) beds and 12.3 per cent of ventilators designated for COVID-19 are occupied; 62.1 per cent (7,606) of active cases are in home isolation.
- Those over 60 years of age make up 9.6% of total cases and 14.5% of cases reported in the month of Mangsir, 2076.
- Of the total of 79 RT-PCR testing laboratories, 45 are public and 34 private
- Adequate quantities of logistics, including Personal Protective Equipment (PPE) are in stock at central and provincial stores

Highlights of the health sector response to COVID-19

- All types and levels of HFs have been prepared and equipped for case management of COVID-19 and other epidemics in future
- Seventy-two hospitals have been designated for treatment of COVID-19
- Five-bed hospitals have been established in each of the 649 local levels
- ICU capacity has been expanded from 2,600 to 3,000; the number of ventilators has increased from 800 to 1,200
- Seroprevalence survey has been completed
- COVID-19 vaccination action plan is being developed

Areas for improvement

Surveillance testing

- Contact tracing, quarantine of contacts
- Public health standards
- Risk communication
- Community engagement
- Multisectoral collaboration
- Quality – testing

Information management and logistics

- Data management
- Procurement and supply

Case management

- Monitoring of cases in home isolation, isolation centres and hospitals

Opening remarks

Dr. Rajesh Pandav, World Health Organization (WHO) representative

Dr. Pandav congratulated MoHP for the progress made in the health sector despite the challenges posed by COVID-19. He further said that the NJAR would provide an opportunity to look at the progress made in the health sector along with determining the challenges and way forward. He thanked all presenters for their informative presentations, which gave EDPs an understanding of the progress in the health systems functions. He concluded by emphasising the need to continue essential public health actions to reduce transmission of COVID-19, along with the need for people to continue adhering to safety measures. He also stressed that community empowerment and engagement were vital to achieve effective control of the pandemic. Finally, he said that decisions made by higher-level officials will determine the course of action over the next months during this critical period and expressed full commitment to continuing to support the government in its efforts.

Dr. Manav Bhattarai, Chair, EDPs

Dr. Bhattarai also congratulated the ministry for the remarkable progress so far in the response to COVID-19. He further pointed out that although test positivity has been reducing, we have still a lot to do, and highlighted the need to work together to fight the pandemic. He said that much progress has been made in the health sector, especially in terms of extension of hospitals, BHS packages and mobilisation of resources, including the conditional grant. He expressed hope that the review meeting would provide a clear direction on further actions to be taken ahead. In terms of health sector reform initiatives, he said that restructuring into the CDC, NHAA and FDA was the major priority and that many policies had been made accordingly. On behalf of EDPs, he expressed commitment to working closely with the government as per existing policies and strategies towards their implementation. Finally, he said that progress in digital technology was another commendable achievement and stressed the need to continue its use and make the most of its benefits, such as increased cost-effectiveness.

Prof. Dr. Usha Jha, Hon'ble Member of the NPC

Prof. Dr. Jha expressed appreciation towards the ministry for its remarkable achievements in the face of the crisis posed by COVID-19. She further expressed belief that the joint review meeting is a strong mechanism that will strengthen partnership and provide a clear way forward.

Hon'ble Bhanu Bhakta Dhakal, Minister of Health and Population

Minister of Health and Population, the Hon'ble Bhanu Bhakta Dhakal, stated that the review meeting would provide a platform to assess achievements and challenges as well as pave the way to move ahead in the future. Since COVID-19 has affected every aspect of our lives, he expressed condolences towards those people and their families who had lost their lives during the pandemic and wished for the quick recovery of those who were fighting the disease. Similarly, he expressed deep gratitude to all the frontline health workers who had been working selflessly in the COVID-19 response.

Further, he said that, despite the fight with COVID-19, we were able to make some remarkable achievements in ensuring people's access to health services.

In terms of health infrastructure, he said that the ministry was able to make record progress in developing policy arrangements for establishing hospitals: 300-bed hospitals for communicable diseases, with lab facilities, at the central level; and 50-bed hospitals for communicable diseases, with lab facilities, in all seven provinces. Participants were informed that the ministry had already made necessary provisions to supply and manage adequate HR for these new facilities and updated on continuing efforts to institutionalise the establishment of temporary five-bed hospitals in rural areas with no hospitals. Finally, the Minister expressed his appreciation for the continuous support of all partners in the fight against COVID-19 and informed participants that the ministry had already made policy-level decisions to provide COVID-19 vaccines, ensuring both their quality and affordability, along with plans to provide vaccines to 20 per cent of the total population in the first phase. Further, he said that coordination with neighbouring countries to introduce the vaccine to Nepal continued.

Laxman Aryal, Secretary, Ministry of Health and Population

Mr. Aryal stated that the COVID-19 response was an important success this year. He continued that although there were many constraints in responding to the pandemic, such as supply of medical equipment, governance, capacity and knowledge gaps, significant achievements have nevertheless been achieved, especially in terms of controlling death rates from COVID-19, which is remarkable. Finally, he expressed the need to further strengthen coordination and support to move ahead more efficiently in the fight against COVID-19. He opined that special focus should be directed towards critical case management, vaccination and distancing measures in order to control the pandemic.

Reflections from councils

Presentation 1: Progress of Nepal Health Research Council (NHRC) – Dr. Pradip Gyanwali, Member-Secretary (Executive Chief)

Dr. Gyanwali presented on the major achievements of the council along with its COVID-19-focused activities, challenges and way forward.

Major achievements

- Number of health research proposals registered, 879; approved, 706; reports submitted to NHRC, 185
- Number of trainings conducted: seven
- Number of participants trained: 224
- Number of dissemination workshops conducted (provincial and national): 15
- Organisation of national summit of health and population scientists, with participation of more than 2,000

COVID-19-focused activities

- 25 COVID-19-related health research projects are being conducted, of which 14 have been completed, six are in progress and five are in the process of gaining ethical approval

Learning, issues and challenges

- Very few HR for health research (clinical) at the time of the COVID-19 pandemic
- Restriction of mobility for field research because of COVID-19
- Limited access to reagents for laboratory analysis of samples because of lockdown
- Difficulty in assessing routine and surveillance system data
- Administrative hurdles for recruitment of HR and retention of trained HR

Way forward

- Development of separate health research guideline for research during pandemics
- Increased accessibility of routine and surveillance health data for further secondary analysis by NHRC
- Expansion of NHRC to provinces
- Establishment of centres of excellence for health research in collaboration with academic institutions

Presentation 2: Consolidated reflection from Councils

Prof. Dr. Jageshwor Gautam, Chief, HCD, discussed the academic programmes in each province, success rates of council examinations and details of total registered professionals, along with highlighting the key achievements of various councils.

Key Achievements of FY 2019/20

Nepal Nursing Council (NNC)

- Revised tools: accreditation, monitoring, feasibility, self-assessment
- Curriculum and minimum requirement: Proficiency Certificate Level (PCL) in Midwifery
- Revised exam guidelines for nurses and midwives
- Competency guideline developed for license exam of midwives
- Specialised online registration for Master of Nursing launched

Nepal Medical Council (NMC)

- Information-and-Communication-Technology- (ICT-) friendly organisation
 - Computerised database and computer-based exams
 - Online submission of licensing exam form
- Decentralised licensing exam: two exams outside Kathmandu
- Training of trainers and online modules for Continuous Professional Development (CPD)
- O&M survey in progress, with assistance from Staff College
- Revision of NMC Act (submitted to MoHP)

Nepal Pharmacy Council

- Academic calendar for registration exam
- Conducted 15th name registration exam at province level during COVID-19 pandemic as per the decision of the MoHP
- Updated registration form with details of the last three years' professional activities

Nepal Health Professional Council (NHPC)

- Registrar and Chairperson appointed
- Legal document for license examination drafted
- Web site upgraded and all data shifted to government data storage centre

Likewise, some of the game-changing initiatives in these various councils were:

Nepal Pharmacy Council

- Conduction of license exam at province level
- Online application for licensure exam
- Licensure exam result given within three to five hours of examination

NNC

- Initiation of midwife registration by license examination
- Initiation of online registration form for verification system

NHPC

- Planning to initiate license examination
- Updating all documents to electronic database
- Fast track for issuing and renewing license

Effect of COVID-19 on service delivery and actions taken

NNC

- 25th licensing exam on pre-scheduled date
- Start of CPD in Infection Prevention and Control (IPC) and ICU
- Monitoring of nursing services in public and private hospitals

NHPC

- Engagement of Registrar as expert to set up Polymerase Chain Reaction (PCR) lab
- Inspection of hospitals to monitor service delivery

Nepal Pharmacy Council

- 15th licensure exam was disrupted
- Online service initiated to address the problems regarding updates, good standing letters and verification
- Safety measures were adopted for COVID-19: no positive cases in licensure exam or the council office

Nepal Ayurveda Medical Council (NAMC)

- Prepared Ayurveda and Alternative Medicine Guidelines for Prevention and Management of COVID-19 in Nepal

Activities initiated by MoHP/DoHS

- Implementation of Integrated Human Resources Information System (iHRIS) in two councils (NAMC and Nepal Pharmacy Council)
- Online reporting of National Health Workforce Accounts (NHWA) to WHO
- Online CPD modules for professionals (initiated by Nursing and Social Security Division in close coordination with NNC)

Issues and further plans

- Complete disaggregated demographic data is not consistently available in all professional councils
- Scale-up of iHRIS software to all councils and HR for Health Registry at province level
- Revision of Act and regulation of councils (composition, CPD, registration rules, punishments)
- Develop infrastructure: buildings, skills labs, exam halls, training units
- Develop HR: province unit, full-time leadership (officials, Coordination Committee and experts)
- Registration of teaching hospitals by MoHP
- Joint monitoring of hospital standards and facilities with MoHP

Reflections from Academies

Dr. Bikash Devkota, Chief, QSRD, MoHP requested that Vice-Chancellors (VCs) from respective health academies provide a brief update with major focus on HR, budget, physical and information resources, innovations, challenges and upcoming plans, including COVID-19 response.

National Academy of Medical Sciences (NAMS)

Dr. DN Shah, VC of the academy, highlighted the major services and departments under NAMS. He raised some of the challenges and issues faced in HR management and said that the provision of an educational allowance has been made for faculty members to address their concerns. In terms of infrastructure and resources, he said that space was a major constraint. He further explained that there was no adequate space for hostels, libraries, auditoria and duty rooms. He said that COVID-19 was an unexpected challenge and that NAMS has been prioritising the response measures and making improvements, while learning in the process.

Karnali Academy of Health Sciences (KAHS)

Prof. Dr. Rajendra Wagle, VC of KAHS, said that the academy had been running from government grants, but had also been combining such grants with internal revenue to meet the programme and operational expenses of the institution. He added that surgical services had started as an innovation in district hospital, Dolpa and would be

extended to other districts in the near future. Finally, he presented the strategy for district health system strengthening as a game-changing initiative.

Patan Academy of Health Sciences (PAHS)

Dr. Dr. Bharat Kumar Yadav, VC of PAHS, said that community-based learning and social inclusion had been highly prioritised in the curriculum. He added, however, that they had not been able to provide allowances. Finally, he pointed towards the need to establish hub hospitals in all districts and expected support from the ministry for their institution.

Pokhara Academy of Health Sciences (PoAHS)

Dr. Dr. Buddha Bahadur Thapa, VC of PoAHS, said that the academy had started its first batch of classes in four subjects within a short time frame, four years of establishment. He added that the institution had received approval for conducting a Bachelor of Medicine, Bachelor of Surgery (MBBS) programme. Finally, he pointed towards the need for a faculty building to carry out their services effectively. In regard to the COVID-19 response, he said that they had placed a high priority on COVID-19 response services despite many challenges.

Rapti Academy of Health Sciences (RAHS)

Dr. Sangita Bhandary, VC of the RAHS, informed participants that classes had not formally commenced, since the academy is relatively new. She pointed towards the need for office buildings, other infrastructure and HR. In terms of the COVID-19 response, she said that they had been actively contributing to response measures in accordance with the government strategy.

Summary and closing statement

Co-chair of the session, Dr. Singh, said that the review meeting had to some extent materialised the dream of a digital Nepal and that discussions had been fruitful. He also thanked all the presenters and expressed hope to continue cooperating through digital platforms.

Chair of the session, Dr. Aryal, Secretary, MoHP, said that although much research had been conducted, there was still a need to enhance practical implications. He added that submitting policy briefs for each piece of research would be helpful in generating evidence for the ministry to take action and also said that there was a huge scope for research into COVID-19. Further, he emphasised the need to focus on the supply of HR to meet demand, for which Councils have a major role to play. In terms of health academies, he pointed towards the need to implement academic programmes in coordination with district hospitals, along with addressing the challenges of financial resources. Finally, he reiterated the need to work together in a holistic approach and concluded the first day of the NJAR.

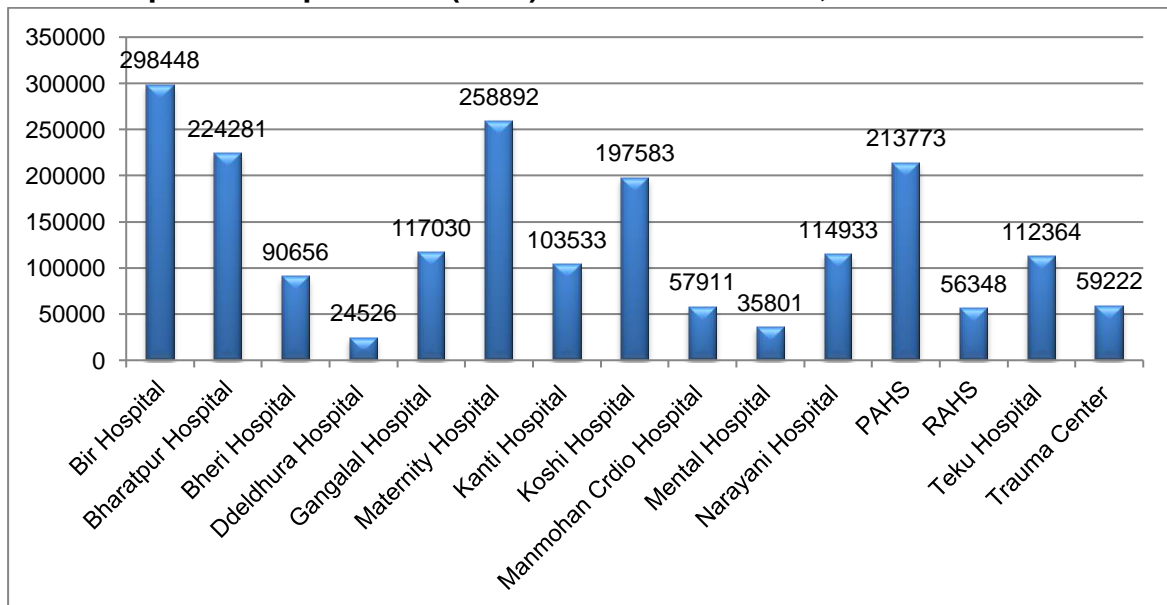
Day 2: Reflections from Federal Hospitals and Private Hospitals

Activities	Presenters	Chair/Co-chair
Reflection from federal hospitals, followed by discussion	Chief, QSRD, MoHP	Moderator: Dr. Poma Thapa
Reflection from the Association of Private Medical and Dental Colleges, followed by discussion	Association of Private Medical and Dental Colleges	Chair: Dr. Roshan Pokhrel Co-chair: Dr. Tara Pokhrel
Reflection from private hospitals, followed by discussion	Association of Private Hospitals in Nepal (APHIN)	
Summary and wrap-up by co-Chair/Chair		

Reflections from federal hospitals

Dr. Bikash Devkota, Chief, QSRD, MoHP, gave an overview of the hospital services with focus on service statistics, initiatives and good practices, problems, challenges and recommendations, along with the effects of COVID-19 on service delivery and actions taken to address these issues.

Total Outpatient Department (OPD) service utilisation, FY 2076/77



A summary of the statistics is presented below:

OPD

- The highest number of OPD visits occurred in Bir Hospital and the lowest in Dadeldhura Hospital
- The number of OPD visits was in decreasing trend
- OPD visits are increasing in only two of 15 hospitals (Maternity and Mental)

Emergency

- The number of emergency patients was highest at Kanti Children’s Hospital and lowest at Mental Hospital
- The total number of emergency patients in Teku Hospital increased by 15 per cent compared to last year but there was a decrease in inpatients
- The number of inpatients was highest in Maternity Hospital and lowest in Mental Hospital
- The total number of inpatients decreased in all hospitals, most significantly in RAHS and Mental Hospital, by 57 per cent

Some of the initiatives and good practices include:

- Use of IT for hospital services
- Strengthening of hospital services
- Real-time ICU bed displays
- Service improvements
- Sub-specialty services

Effect of COVID-19 on Service Delivery and Utilisation and Actions

Challenges to Service Delivery and Utilisation	Actions taken	
<ul style="list-style-type: none"> • Significantly affected general, basic, essential and other curative services • Affected HR management as a result of staff isolation and quarantine • Pandemic fear and discrimination • Shortage of logistics and PPE • Revenue generation decreased to a level insufficient to bear current expenses 	<ul style="list-style-type: none"> • Addition of High-dependency Unit (HDU), ICU and isolation services (142-bed COVID-19 hospital equipped with oxygen pipelines and lab information – Bheri Hospital) • COVID-19 Management Committee (COVID-19 Outbreak Management Committee 2076 –National Trauma Centre) • -Capacity-building of staff – e.g. critical care, IPC • COVID-19 recording and reporting, case management protocols • PCR lab 	<ul style="list-style-type: none"> • PPE from local resources • Provision of COVID-19 and non-COVID-19 services, despite challenges • Transferring other regular services to a separate building (Teku Hospital) to prevent cross infection • Information about the provision of non-COVID-19 services • Request to MoHP for additional HR and financial support

Discussion

Dr. Mangal Rawal, KAHS, informed participants about the extension of certain services, such as pulmonology, along with critical and intensive care, which have been vital for the COVID-19 response. He presented some of the challenges, such as low flow of patients in comparison to other hospitals.

Dr. Ranjit Jha, Gajendra Narayan Singh Hospital, informed participants that the hospital is in the process of service extension, including the construction of an ICU building, which is nearing completion. He added that the current lack of infrastructure meant that managing the costs for installation of a HDU outside hospital premises presented a major challenge.

Dr. Krishna Prasad Poudel, Kanti Bal Hospital, informed participants about the provision of online ticketing and detailed certain incidences of ICU disputes arising as a result of the COVID-19 situation.

Dr. Sangita Mishra, Prasuti Griha, pointed towards the need to improve minimum standards. She added that PCR labs were in operation, and HDU tenders had been completed; however, she informed participants that their budget was insufficient so they had been managing expenses from the hospital's internal sources.

Feedback/comments from participants

HR in hospitals is another important area for consideration; it was commendable to see that less than half of HR recruited to hospitals came through GoN funds, which suggests that there are several potential routes to address HR issues in hospitals. Further emphasis was placed on the need for an HR management strategy specific to hospitals, taking the COVID-19 pandemic and existing status of hospital services, their adequacy and readiness into urgent consideration.

Similarly, feedback was provided noting that it is encouraging that many hospitals are implementing MSS, providing a good way to assess different aspects that affect service quality. The need to improve the situation in both clinical and management spheres was also stated, for which the following actions might be taken:

- Establish adequate mechanism at hospitals to ensure minimum service standards that quality services are provided and that necessary actions are being taken to address the identified gaps.
- Provide regular central technical support/guidance to overcome shortcomings, with a dedicated team (project) in collaboration with academies and other institutions.

Addressing the comments and questions raised, Dr. Bikash said that the reporting presented now would affect auditing, so requested that everyone pay greater attention to concrete details, especially on challenges and innovations.

Reflections from private hospitals

On behalf of private hospitals, Hem Raj Dahal, General Secretary, APHIN, thanked

the ministry for the effective response to COVID-19. Providing a brief update on private hospitals, he said that they were perceived to be different from public hospitals and were blamed for their expensive services and the exploitation of HR. In order to address these challenges, he said that it was necessary to determine fixed fees for the private sector, and clarified that private hospitals had been providing employment to many people. Finally, he reiterated that there should be no discrimination between private and government hospitals, asserting that the government and private sector should work together hand-in-hand, since they have a lot to learn and share from each other to strengthen the health system, while expressing commitment from the private sector to support the ministry.

Reflections from the Association of Private Medical and Dental Colleges

Basrudin Ansari, Chair, Association of Private Medical and Dental Colleges, reiterated the need the government and private sector to work together. He also said that there had been delays because of a lack of clear direction from provincial government, decreasing number of patients and waiting for direction from central government and expressed his commitment to supporting the ministry.

Summary and closing statement

Co-chair of the session, Dr. Tara Pokharel, said that the health sector had received high priority, presenting an opportunity to further improve services and capacity. It was also stated that while some challenges could be addressed with support from the government, others could be addressed through initiation by local levels. Finally, he requested that federal hospitals support the ministry in data management and other initiatives.

Chair of the session, Dr. Roshan Pokharel, clarified that fees for the COVID-19 response, including testing and treatment, had been determined by the government; however, he said that they had not been implemented properly by private hospitals. Finally, he requested that private hospitals be prepared in case there was to be a next wave of COVID-19 and urged them to be accountable towards the citizens and government measures.

Day 3: Reflections from Local and Provincial Levels

Activities	Presenters	Chair/Co-chair
Local-level reflection, followed by discussion	Municipality Association of Nepal	Chair: Mahendra P Shrestha Co-chair: Dr. Jageshwar Gautam Moderator: Dr. Sushil Baral
Provincial reflection on progress review of AWPB FY 2076/77 and lessons learned, followed by discussion	MoSD, Sudurpashchim MoSD, Karnali MoSD, Lumbini MoSD, Gandaki MoSD, Bagmati MoSD, Province 2 MoSD, Province 1	
Summary and wrap-up, Co-chair/Chair		

Reflections from local levels

Dr. Ashok Benju, Mayor, Dhulikhel Municipality, on behalf of the Municipal Association of Nepal, presented on the management aspects of BHS at the local level and learnings from COVID-19. Thanking the MoHP regarding coordination with local levels to expand BHS, he strongly emphasised the importance of the principles of cooperation, coordination and co-existence as envisioned in the Constitution to ensure high-quality health services. He added that since the local governments work within the close proximity of the communities, it is vital for federal and provincial government to support local government and prioritise budgeting, planning and programme design to address the needs of the people.

He shared some examples of the implementation of health sector programmes through effective collaboration between local, provincial and federal government in the context of Dhulikhel Municipality:

- Response management to COVID-19
- Establishment of HFs and infrastructure in all local levels
- Expansion of health insurance programme.

He also highlighted ongoing initiatives that demonstrated the phenomenal steps taken by the municipality: building construction, health information management, a health survey to identify major health issues in the community, a campaign on “one house one tap” for safe drinking water, installation of five treatment plants, and the health city strategic plan (in the process of being implemented). He reiterated important interventions at the local level to which federal and provincial governments should give their support.

In order to facilitate the effective management of programmes at the local level, he stressed four key aspects:

- Strategic discussion of changed context among three levels of government and, more specifically, allocation of roles and responsibilities
- Monitor progress towards SDGs and identify gaps to address
- Develop a road map for planned development in the health sector
- Specific priorities to be set by local government.

He also highlighted in his presentation that all levels of government should have a clear understanding of their interrelation and interlinkages, as well as their roles and responsibilities.

Reflections from Province 1

Dr. Gyan Bahadur Basnet, Senior Health Administrator, Health Directorate presented some of the achievements of the province: the establishment of a provincial COVID-19 treatment centre, an increase in private sector reporting status and timely reporting, an increase in institutional delivery even during the COVID-19 pandemic, a decrease in incidence of pneumonia and control over dengue cases.

Some of the key issues for AWPB implementation at provincial and local levels include: delay for budget and guideline, late release of budget from the Financial Comptroller General Office at provincial level, lack of HR as per sanctioned posts in local levels and lack of competence among HR for health at local levels. Some of the key actions that have been taken to address these issues include: introducing guidelines for timely budget and allocation of budget with proper breakdown and providing training and orientation to build to HR capacity.

The province's expectations of MoHP include: guidance for policy, health Acts and guidelines, regular monitoring, supervision and feedback, adjustment of staff (samayojan), planning, programming and budgeting as per need, and fulfilment of vacant posts as per sanctioned posts.

Some of the effects of COVID-19 on service delivery and utilisation in the province were presented: low participation in immunisation, Antenatal Care (ANC)/Postnatal Care (PNC), institutional delivery and Family Planning (FP); low health service utilisation, e.g. OPD and indoor services; and increased absenteeism of service providers because of COVID-19 infection. Actions have been taken to address these challenges, including coordination with HFs to begin immediate provision of BHS and the initiation of fever clinics.

Reflections from Province 2

Dr. Vijay Kumar Jha, Director, Provincial Health Directorate presented some of the key achievements of the province in FY 2076/77: 100 per cent reporting from all public HFs and public hospitals using District Health Information Software 2 (DHIS-2), Health Science academic institution Bill approved by Provincial Assembly, successful completion of measles-rubella and rotavirus vaccine and hygiene promotion

campaign, increase in institutional delivery and decrease in leprosy prevalence rates. The status of these initiatives is presented in the table below.

Initiatives	Status
Health Science academic institution Bill has been approved by Provincial Assembly	Ownership taken by Province-2 government
Draft copies of Immunisation Act, Health Act have been submitted to the Provincial Assembly for approval	
Province 2 yet to be declared as fully immunised	In progress
Placement of family health folders at ward level being initiated	In progress

Issues in AWPB implementation at provincial level include: inadequate budget and programming for the health sector and insufficient priority given to the health sector in terms of budget and programming. Steps have been taken to address these challenges, such as demand for adequate budget and programming from central and provincial levels.

The province's expectations of MoHP include: adequate budget allocation and release to meet the needs of a massive population and emerging health problems on an equity basis, and capacity enhancement of the provincial team for the development of policy and plans. Actions have been taken to address the effect of COVID-19 on service delivery and utilisation, such as: increasing focus of health workers on crisis management; Case Investigation and Contact Tracing (CICT) guideline and orientation to local-level health workers; and strengthening and management of isolation, ICUs and mechanical ventilation in COVID-19 hospitals.

Reflections from Bagmati Province

Major achievements of Bagmati Province in FY 2076/77 include the construction of building of Trishuli Hospital and completion of construction of eight health posts through provincial budget. Issues and challenges include the lack of buildings for storage of medicines at local levels, and lack of coordination with local government on construction. The province's expectations of MoHP include the allocation of budget for the establishment of storage buildings and increased coordination among local levels for construction of various buildings for health posts and hospitals.

In regard to COVID-19 response and management, some of the key achievements have been the management of quarantine and holding sites, operation of isolation centres/HDUs in provincial hospitals and risk communication through radio and video.

The province expects that the allocation of adequate budget and enhancing the capacity of HR will further strengthen these services in response to COVID-19.

Reflections from Gandaki Province

Major achievements include the ongoing construction of eight hospital buildings, oxygen plant installation in provincial hospitals and management of transportation in all provincial hospitals. Despite these achievements, challenges and issues include the limited capacity of cold rooms and warehouses and the lack of staff quarters and other infrastructure. In order to address these challenges, it will be necessary for the provincial government to allocate budget for the construction of staff quarters and the management of other infrastructure.

In regard to COVID-19 response, isolation centres have been established in 40 different sites in the province to date and four PCR test machines have been used to perform sample tests. Trainings have been conducted for doctors, lab technicians and health workers in all hospitals in the province. However, difficulties remain regarding maintaining safety standards for infected people in home isolation and ensuring the timely procurement of equipment.

Reflections from Lumbini Province

Key achievements include: establishment and operation of four specialised COVID-19 hospitals, introduction of Computed Tomography (CT) scanning in Rapti Provincial Hospital, and proper budget allocation of necessary infrastructure and equipment.

Key issues and recommendations in ensuring health service management are presented in the table below.

Key Issues	Recommendations
Providing specialised services from current organogram of hospitals	O&M survey of hospitals based on priority of specialised services
Health service staff are not adequately involved in ministerial O&M survey	Involvement of two senior health service staff in O&M survey of health organisations
11 th level directors are not involved in performance appraisal (<i>Ka. Sa. Mu.</i>) evaluation of health service staff	Involvement of directors in evaluation team as per their responsibility
Difficult to manage the health sector from existing organogram of Ministry of Social Development (MoSD)	Organisational reform of the health sector at the province level to address functions effectively

Reflections from Karnali Province

Dr. Rabin Khadka, Director, Health Directorate, Karnali Province, presented the major achievements of the province in FY 2076/77: effective and efficient management of

the COVID-19 pandemic, successful control of viral influenza in February 2020, malaria control in Mugu and Kalikot Districts, organisation of planning workshop with local-level health coordinators, regular onsite coaching, facilitation, monitoring and supervision, rollout of DHIS-2 training to all HFs in Mugu and Surkhet Districts and procurement and distribution of nutritious super flour for Kalikot, Humla, Jumla, Mugu and Dolpa Districts.

Major health indicators

Indicators	Karnali Province	Rank in 7 Provinces	Nepal
Doctors per 1,000 population	0.12	-	0.70
Nurses per 1,000 population	0.88	-	2.2
Diarrhoea incidence per 1,000 population	627.2	Seventh	336
Pneumonia incidence per 1,000 population	89.9	Seventh	42.8
Percentage of imported cases of malaria (%)	72.5	Seventh	83.5
Tuberculosis (TB) case notification rate per 100,000 population (all form)	68.8	Seventh	92.6
People Living with HIV (PLHIV) currently on Antiretroviral Therapy (ART)	601	Lowest	19,033
Percentage of population utilising OPD services (%)	98.2	Second	83.2
Percentage of population utilising emergency services in hospital (%)	3.2	Second	7.9
Percentage of households with access to HFs within 30 minutes	23.6	Seventh	49.3

New initiatives highlighted include:

- HR mapping up to local-level health workers
- Execution of compulsory full immunisation card for school enrolment
- Daily update of COVID-19 to concerned authorities and case management/risk communication
- Introduction of telemedicine services
- Initiation of Doctor of Medicine Education for full quota of 10 students at KAHS
- Development/endorsement of policies and subsequent regulations and guidelines
- Initiation of establishment of vaccine sub-centre in Humla District

Key challenges to be addressed include:

- Gaps in ensuring that HR match sanctioned positions
- Unequal distribution of health workers and challenges in their management
- Coordination among the three levels of government
- Medical education as per need
- Capacity development of local-level health workers
- COVID-19 pandemic and reduced focus on routine health services
- Duplication of programmes
- No effective implementation of dual referral system
- Poor reporting from private service providers
- Implementation and population coverage of health insurance
- Delays in infrastructure development (sick projects)

Reflections from Sudurpashchim Province

Dr. Guna Raj Awasthi, Director, Health Directorate, Sudurpashchim Province, presented on the status and key achievements of the province in FY 2076/77: laboratory extension and operation in Seti Provincial Hospital, Dadeldhura Hospital, and district hospitals in Doti, Bajhang, Baitadi and Achham; and provision of ventilators, cardiac monitors with ICU beds, PCR machines, COVID-19-related commodities and regular supplies. Some of the new initiatives included: health campaigns at local levels, allowances for Female Community Health Volunteers (FCHVs), PNC, implementation of programmes related to health in coordination with public representatives at local levels, and initiation of a TB-free campaign and biomedical equipment repairing centre at provincial level.

Summary and closing statement

Co-chair of the session, Dr. Jageshwar Gautam, highlighted the need to prioritise the reduction and control of NCDs and thanked all the presenters and participants for their contribution.

Chair of the session, Mahendra P. Shrestha, thanked all health workers for their continuous service and efforts during the COVID-19 crisis, despite many constraints. He added that effective coordination and collaboration were still challenges that need to be addressed. Finally, he highlighted that it was necessary to develop sustainable plans for HR in coordination with provinces.

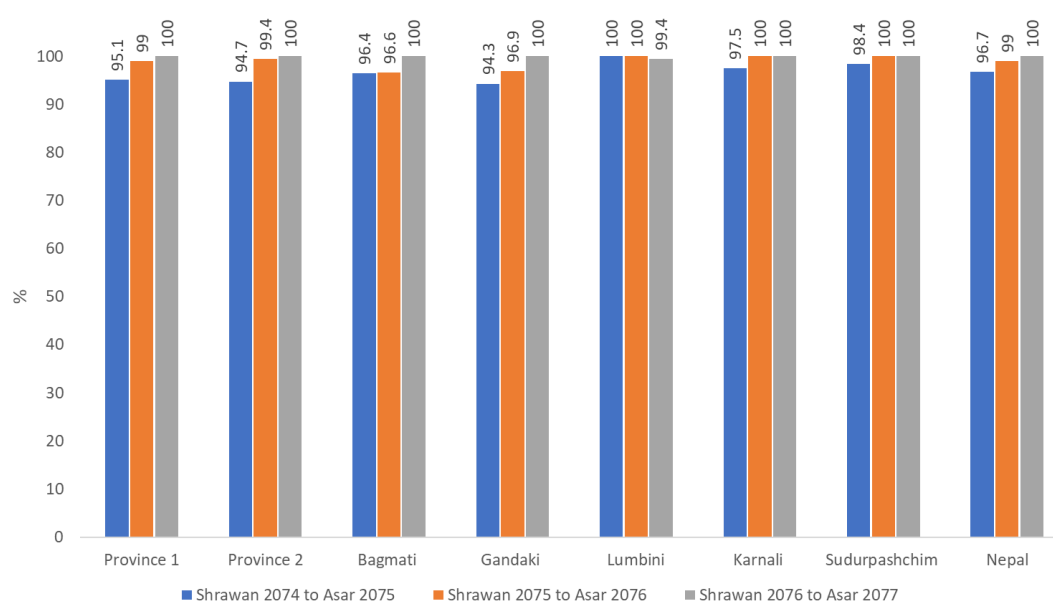
Day 4: Reflections from Departments, HIB, DUDBC and NPC

Activities	Presenters	Chair/Co-chair
Reflection from DoHS	Director-General (DG), DoHS	Chair: Laxman Aryal
Reflection from DDA	DG, DDA	
Reflection from DoAA	DG, DoAA	Co-chair: Dr. Gunaraj Lohani
Reflection from HIB	Executive Director (ED), HIB	Moderator: Dr. Gunanidhi Sharma
Reflection from DUDBC	DG, DUDBC	
Reflection from NPC	Joint Secretary, NPC	
Reflections on EDPs' support and alignment to the sector priorities	Chair, EDPs	
Reflection from AIN	Health Coordinator, AIN	
Closing remarks	Chair, EDPs Representative, Municipal Association of Nepal Representative, Provincial MoSD Hon. Member, NPC Hon. State Minister, MoHP Hon. Minister, MoHP Secretary, MoHP	

Reflections from DoHS

Dr. Dipendra Raman Singh, DG, DoHS, MoHP, presented on HMIS and LMIS reporting status, the progress status of programmes, general issues and way forward.

Annual Progress by Thematic Areas/Programmes: HMIS Reporting Status



In general, there were improvements in the completeness of HMIS reporting: on-time HMIS reporting status in FY 2019/20 (public HFs) was 55 per cent (national) and the on-time reporting status within 15 days of the next month was 42 per cent. e-LMIS has been rolled out to all 753 local levels in coordination with Provincial Health Directorates so as to improve information management and reporting,

Safe Motherhood and Child Health

Reproductive Health Sector Response

- Interim Guidance for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services in the context of COVID-19 endorsed
- Facilitators guide and separate section for Caesarean Section (CS) for COVID-19 context also developed
- More than 60 facilitators trained at the national level, and sub-national-level orientations in progress in all 77 districts through virtual platforms
- Innovative approaches: helpline, teleconsultations, visiting service providers

Key Issues

- High drop-out between first and fourth ANC visits
- Low uptake of PNC services
- Airlifting has not covered all districts as per the guidelines
- Different rates for CS in Aama and health insurance programmes
- High workload in Basic Emergency Obstetric and Newborn Care (BEONC) sites and Birthing Centres (BCs) of secondary and tertiary hospitals

Disease Control

Key Initiatives

- Malaria micro-stratification 2019 completed
- Timely purchase and distribution of tests kits and medicines
- Disability policy and strategy in the process of revision
- Leprosy Prevention Programme (patient research)
- Framework of induction package for rehabilitation of health workers and disability prepared
- Creation of informational diary on disability and rehabilitation

Response to COVID-19

- Developed Standard Operating Procedures (SOP), forms/formats, microplanning document, CICT training manual
- CICT forms and formats are incorporated in Intermediate Care Unit Guidelines
- Pocketbook of COVID-19 clinical management and pocketbook for COVID-19 IPC guidelines developed and distributed throughout the country; second version in progress
- Home isolation checklist and checklist for monitoring during home isolation
- Approval of 18 health workers posted at Tribhuvan International Airport (TIA)

- Approval of design for the proposed health desk at arrival (with five-bed hospital, including lab services, isolation ward and primary management of severe cases) in TIA
- Design of health desk building at ground crossings approved and sent to respective local levels for construction
- Expansion of call centre to Kathmandu district completed, expansion to Lalitpur and Bhaktapur is in planning phase
- Seroprevalence study for COVID-19 accomplished

TB

Key Issues

- According to the National Prevalence Survey 2019/20, the detection rate of TB is low. In FY 2076/77, only 27,000 patients were diagnosed and treated
- TB diagnosis and treatment services from the private sector have not been fully mainstreamed

HIV/AIDS

Key Initiatives

- Developed and disseminated 2020 Human Immunodeficiency Virus (HIV) Testing and Treatment Guidelines in May 2020. New guidelines introduced Dolutegravir (DTG) as the first-line drug for all and advocate the rapid initiation of ART
- Supply of DTG-based regimen to all ART sites despite COVID-19 pandemic
- Developed Interim Guidance for Managing PLHIV and Harm Reduction Programme for People Who Inject Drugs (PWID) during COVID-19 Response in Nepal
- Integration of risk reduction of HIV prevention, care and support services also started to ensure one national HIV information system/reporting to national integrated HMIS

Way Forward

- Strengthen implementation innovations for HIV care continuum, i.e. HIV prevention, diagnosis, treatment and care services
- Strengthen strategic information for evidence-informed response against concentrated HIV epidemic
- Ensure that donors and partners invest in existing government services and prioritised activities so as to create synergy for overall response
- Increase domestic funds for the national HIV programme

Curative Services

Key Activities

- Tools and Orientation Guidelines on Health Post MSS have been prepared
- Procedures related to telemedicine have been prepared, which can also be employed by provinces
- Registration, renewal and upgrading of hospitals with 51 to 200 beds

- Regular monitoring of basic and much-needed free medicines has yielded information on the condition of service providers and provided technical assistance
- Preparation of guidelines on Antimicrobial Resistance (AMR) of drugs
- Construction of a national road map on patient safety
- Musculoskeletal disease Standard Treatment Protocol (STP) prepared

Laboratory Services

Major Activities

- General laboratory services provided to 85,039 people
- COVID-19 PCR services provided to 82,104 people
- Disabled-friendly toilet and waiting area constructed for patients
- Addition of two negative pressure rooms and one 4°C cold room
- Process initiated to auction and dispose of unused/expired items
- Courier service activated throughout the country for sample transport
- Master plan prepared and approved to upgrade NPHL into international-level diagnostic centre of excellence

Way Forward

- Upgrade NPHL to international-level diagnostic centre of excellence
- Develop five-year strategic plan for laboratory services and blood transfusion services
- Accreditation of remaining NPHL services (e.g. COVID-19 testing, influenza testing, bacteriology services)
- Initiation of research activities and programmes, mainly to activate and sustain Biosafety Level Three (BSL-3) laboratory
- Destruction/disposal of date-expired and not-in-use kits and chemicals lying in store for years

Nursing and Social Security

Key Activities

- School health and nursing service programme begun in 204 schools in 22 local levels across five provinces
- Job description of seven different categories of staff prepared, which are in the process of approval
- Clinical audit programme begun
- Standards and procedures for home-based health care developed
- National-level protocol on gender-based violence management revised

National Health Education, Information, and Communication

General Activities

- Various audiovisual and print messages developed and disseminated
- Interaction and interpersonal communication activities conducted at different levels for the prevention and control of NCDs
- Jeevan Chakra health serial drama produced and aired via Nepal Television (NTV)

Response to COVID-19

- Messages related to COVID-19 developed and disseminated via audio, video, print, digital boards, websites, Facebook, Twitter, etc.
- COVID-19-related message released through telecommunication companies/ smart cell ringtone
- Mobilised private sector media regarding dissemination of COVID-19-related messages
- COVID-19-related standard messages/templates developed and provided to local levels

Way Forward

- Allocation of adequate budget based on communication policy (>2% of the health budget)
- One-door approach for the management of IEC activities
- Health education cadres and Community Health Inspector positions need to be created within local-level health structures
- Advocate and empower the local level to plan need-based health promotion activities

Health Training

Major Activities

- Eleven Learning Resource Packages (LRPs) developed, updated and revised
- A total of 4,837 participants received 77 different trainings, including COVID-19-related trainings
- Training accreditation, regulation and follow-up

Way Forward

- In-person training with strict safety precautions against COVID-19.
- Development of online training for theory and in-person training for hands-on activities, to take place at their own workstations under the supervision of trainers
- Link in-service training with CPD in collaboration with NMC

Reflections from DDA

Dr. Bharat Bhattarai, DG, DDA, presented some of the key interventions of the department:

- Co-ordinated and communicated with related stakeholders to ensure a sufficient quantity of medicines was available during the COVID-19 pandemic, focusing on demand and SCM to avoid market shortages of medicines
- Formation of Departmental Working Committee for planning and execution of problems concerning medicines and related substances in the context of COVID-19.
- Enlisting and updating possible medicine shortages during the COVID-19 pandemic

Category	Target	Achievement (%)
Pharmacy inspection	2,935	1,842 (62.7)
Industry inspection (domestic)	85	52 (61.2)
Sample analysis	1,000	918 (91.8)
Laboratory inspection	30	24 (80)
Information dissemination	27	67 (248)
Publication of Drug Bulletin of Nepal	3	3 (100)
Training on good pharmacy practice	1	1 (100)
Analytical method validation workshop	1	1 (100)

Some of the key issues and challenges faced by the department include:

- Regulation and framework of Health Technology Products (HTPs)
- Revisit and amend new Drug Act, aligned with latest policy initiative
- Unregistered pharmacies in remote areas
- Pharmacies run by healthcare professionals other than pharmacists, especially in remote areas
- Online pharmacy regulation
- Standardisation of pharmacy and pharmaceutical services in different settings, especially healthcare facilities of different levels

He continued by presenting some of the game-changing initiatives of the department: the drafting of new Drug Act, based on the FDA policy initiative, initiation of the upgrading of the online registration system and development of risk-based Post-marketing Surveillance (PMS).

Finally, as a way forward, there is a need to ensure **ethical pharmaceutical practices** and e-medicine governance and to institute a laboratory management information system and promotional government initiatives (centres) for export promotion for international commerce.

Reflections from DoAA

Dr. Vasudev Upadhyay, DG, DoAA, highlighted the key interventions of the department:

- Healthy lifestyle management services (Nagarik Aarogya) at provincial-level service outlets, including some Primary Health Care Centres (PHCCs)
- Healthy lifestyle, Ayurveda and yoga education programme in schools
- OPD service for National Ayurveda Yoga and Panchakarma Centre, Budhanilkanta
- Establishment of Open Yoga and Vyayamshala (gym centre)
- Development of health and fitness app, “Mero Swasthya, Mero Jimmevari” (My health, my responsibility)

Likewise, some of the **game-changing initiatives** of FY 2076/77 were:

- Clinical trial of Ayurvedic Medicine for the management of COVID-19, through National Ayurveda Research and Training Centre (NARTC), Kirtipur, and other hospitals
- Swasthya Jeevan Shailee (Nagarik Arogya) programme
- School Ayurveda and Yoga Health Programme
- Positive aspects of service: National Ayurveda, Yoga and Panchakarma Centre promoting health tourism

Way Forward

- Expansion of School Yoga and Ayurveda Health Programmes to promote healthy lifestyle
- Involvement and mobilisation of Ayurveda HR in national health programmes
- Expansion of Ayurveda institutions (at least one in every local level)
- Establishment of Provincial Ayurveda Hospitals
- Extension of Ayurveda Section in DDA with adequate HR
- Establishment of Medicinal Herbs Collection and Processing Centres
- Link Ayurveda health services to health tourism

Effect of COVID-19 on service utilisation and delivery

In the early days of the COVID-19 outbreak, the regular management of patients and programmes was disrupted: yoga programmes, School Health Programmes, the Purvakarma Programme and the distribution of ashwagandha and oil to senior citizens and satawari (galactagogue) to lactating mothers were all affected. In order to address these issues, the following measures were taken: development and implementation of Ayurveda and Alternative Medicine Guidelines for Preventive Measures and Management Protocol and Interim Guidelines for Ayurveda Service Delivery for

COVID-19, and the distribution of Ayurvedic Medicine to quarantine and isolation centres.

Reflections from HIB

Dr. Damodar Basaula, ED, HIB stated that the major objectives of the board were to: ensure access to health services, protect citizens from financial hardship, reduce OOP expenditure and ensure capacity- and ownership-building of health service providers.

As a way forward he highlighted on the need to ensure:

- Expansion of the programme into 77 district and 753 local levels with 40 per cent target by FY 2077/78
- Coordination for distributing poverty identification card in all districts
- Implementation of Health Insurance Act, 2074 and Regulations, 2075
- Formation of relevant policies and procedures
- Effective coordination with provinces, local levels and other stakeholders
- Implementation of health insurance promotional activities and awareness campaign
- Implementation of timely claim settlement mechanism, control of claim fraud and service quality monitoring
- Effective HR management
- Holding service providers to account

Reflections from DUDBC

Dr. Ram Chandra Dangal, Deputy Director, DUDBC, presented on the status of building construction at health institutions, while providing a brief summary on the overall status of all projects in FY 2076/77.

Construction Group	No of Projects	Designing / Estimating	Tendering/ Evaluation	Under Construction	Near to Completion	Work Completed
BEOC/CEOC/CAC	84	0	0	0	0	84
Birthing Center	194	1	0	1	2	190
Hospital (District/Zonal/Regional Hospital)	104	11	1	25	2	65
Health Post	1158	5	0	61	81	1011
Miscellaneous (Maintenance, Retaining/Compound Wall, Landscaping)	33	4	2	1	0	26
Office Building/Medical Store/OT	41	0	0	0	0	41
Post Martum House	17	0	0	0	0	17
PHCC	143	5	0	1	9	128
PHO	64	0	0	0	3	61
Quarter	189	4	1	2	9	173
Training Center	8	0	0	0	0	8
Total	2035	30	4	91	106	1804

Reflections from NPC

Dr. Kiran Rupakheti, Joint Secretary, NPC, stated that there was a need to expedite plans and programmes on health and nutrition. He presented the gap between demand and supply and inefficiency in the management of HR as some of the challenges facing the health sector and focused on the need to be proactive in the enforcement of regulatory provisions.

In order to address these challenges, he highlighted the need to ensure free BHS and facilities from local levels, prioritise marginalised and vulnerable groups when providing health services, manage health institutions as per the federal process, address the health issues caused by increasing urbanisation and environmental degradation and ensure high-quality health services through proper regulation.

He added that the governance of the health sector was both a challenge and an opportunity, and that we need to tap the opportunities provided by the federal structure. He further emphasised the need to transform health from a profit-making sector to a service sector and said that HFs should be accessible to each and every citizen of the country. He also highlighted the need to focus on alternative health practices.

Some of the strategies of 15th Periodic Plan

- Increase national investment in the health sector
- Encourage collaboration and regulation between private, government and non-government sectors, under the leadership of government
- Ensure proper import, export, storage and distribution of new health equipment
- Prioritise integrated approach to address health issues, focusing on mental health
- Integrate health sector in implementation of all policies
- Implement multisectoral nutrition plan through proper coordination and collaboration

Major Programmes

- Health insurance
- Integrated Nutrition and Vaccination Programme
- Population management
- Safe Motherhood Programme

Way Forward

- Integrate health insurance as a basic health service
- Ensure proper management and regulation of private hospitals
- Provide allowances for frontline health workers in COVID-19 response as a means of encouragement
- Increase effectiveness of Hospital Development Committees
- Ensure proper and timely utilisation of budget allocated in health sector

Reflections on EDPs

Dr. Manav Bhattarai, Chair, EDPs, focused on the key areas of sector support, funding modalities in the changed context, commitment for the current FY (budget support, Technical Assistance (TA)/Technical Cooperation (TC) and project support) as well as opportunities, challenges, lessons learned and way forward.

The **key areas of sector support** in FY 2076/77 included:

Outcome 1: Rebuilt and strengthened health systems (support to subnational governments: planning/budgeting, health policies, periodic plans, COVID-19 response, health insurance, RMNCAH activities)

Outcome 2: Improved quality of care (Interim Guidelines on RMNCAH in COVID-19, National Quality Improvement Strategy, capacity-building of health workers on competency-based training on Adolescent Sexual and Reproductive Health (ASRH)/FP)

Outcome 3: Equitable distribution and use of health services (support to reach marginalised communities with FP information and products, and support health systems)

Outcome 4: Strengthened decentralised planning and budgeting (evidence-based health policy, planning, budgeting and monitoring of programmes)

Outcome 5: Improved sector management and governance (strengthening local health governance (social accountability, capacity development of Health Facility Operation and Management Committees) at local level, development of policy and legal framework)

Outcome 6: Improved sustainability of healthcare financing (support in development of the FP Sustainability Road Map (2021–2030), HIB)

Outcome 7: Improved healthy lifestyles and environment (Climate-resilient Water Safety Plan, Urban Health Initiative etc.)

Outcome 8: Strengthened management of public health emergencies (support to strengthen systems for response to infectious disease outbreaks, health care waste management/IPC and Water, Sanitation and Hygiene (WASH) in response to COVID-19, policies, guidelines, Interim Guidelines for RMNCAH services)

Outcome 9: Improved availability and use of evidence in decision-making at all levels of public health emergencies (rapid assessment and impact assessment of RMNCAH service readiness and utilisation in the context of COVID-19, CICT, surveillance, DHIS-2, capacity development for e-reporting, data use, upgradation of National Health Facility Registry etc.)

Funding modality and EDP engagement at the three levels of government (current and future course)

The funding modality at the federal level includes on-budget/on-treasury (including pooled funds); on-budget/off-treasury; and off-budget TA. At provincial level, it includes provincial on-budget/on-treasury (United States Agency for International Development (USAID)), provincial on-budget/off-treasury (United Nations Children’s Fund (UNICEF)) and off-budget TA (UKaid, USAID, United Nations Population Fund (UNFPA), UNICEF, WHO). At the municipal level, it includes on-budget/off-treasury (UNICEF), off-budget TA (UKaid, USAID, UNFPA, UNICEF, WHO), direct project agreements (German Development Cooperation- GDC) and project staff placed at local level (USAID, GDC).

Some of the learning and challenges presented were:

- Resilient health systems – preparedness for epidemics/outbreaks (including IPC)

- Government investment in surveillance systems – this is critical as we move forward with the elimination strategy for targeted diseases as well as consolidation of MIS for better decision making
- Designation of roles to provincial and municipal health authorities for management of public health emergencies (as per International Health Regulations, 2005) – possibility to increase speed and quality
- Strengthening procurement system for drugs and logistics to avoid logistic shortfall, particularly during pandemics and especially during lockdowns

The **way forward and future course of support** by EDPs were presented:

- EDP commitment to work with different levels of government as guided by the Development Policy
- Fostering TA/TC in strengthening subnational health governance and multisectoral collaboration.
- TA in organisational development, health sector reform process development (CDC, FDA and accreditation), health insurance implementation and harmonization with other social security/protection schemes
- Commitment to work towards leveraging use of ICT in health service delivery

Reflections from AIN

Ram Naresh Yadav and Abhilasha Gurung, Co-coordinator, AIN Health Working Group (HWG), presented some of the key areas of support by AIN HWG:

- 1. Health System Strengthening/Service Delivery** (health facility building construction/renovation, basic equipment, standard precautions for prevention of infections etc.)
- 2. Family Health** (ASRH/sexual and reproductive health and rights, safe abortion, FP, maternal, neonatal, child health)
- 3. Nutrition** (Maternal and child nutrition, nutrition in emergency, Maternal/Infant and Young Children Feeding (M/IYCF))
- 4. WASH** (Menstrual hygiene management, WASH for healthcare facilities, health care waste management, WASH in schools/HFs and community and hygiene promotion through routine immunisation)
- 5. Diseases** (HIV (prevention, testing, treatment and care support), non-tropical diseases, NCDs, TB/leprosy/malaria)
- 6. Mental Health** (School mental health and psychosocial support services)
- 7. Health recovery/disaster preparedness**
- 8. Gender-based violence**
- 9. Disability prevention/rehabilitation** (Endorsement of HMIS rehabilitation module, development of Rehabilitation Strategic Plan, development of basic rehabilitation skill transfer training package etc.)
- 10. Research and advocacy** (Local health governance, eye health/eye care, child protection/health programme for street children etc.)

Future course of support

- Continue ongoing projects/programmes

- Strengthen partnership and collaboration with provincial and local government
- Focus on COVID-19 support
- Explore new funding opportunities for emerging/re-emerging issues in health sector
- Strengthen alignment with government policies and strategies
- Provide logistic and technical support in laboratory management, risk communication, WASH, service delivery, psychosocial support and assessment

Summary and closing statement

Dr. Gunaraj Lohani, Chief, PPMD, MoHP, reiterated the major issues discussed during the meeting and pointed out the key priority actions:

Governance and Management

- Organisational restructuring at federal, provincial and local level to address health sector needs
- Establishing a platform to interact across three levels to share best practices/successes, challenges and reform agenda
- Regulation and monitoring of fees and service quality and ensuring the delivery of BHS across the country
- Effective mobilisation/partnership with EDPs and International Non-Governmental Organisations (INGOs) across three levels
- Collaboration with private sector in priority areas as per 'Health Sector Partnership Guidelines'

Health financing and planning

- Strengthening and aligning planning and budgeting across three levels to avoid duplication and gaps
- Minimising mismatch of programme and line items in conditional grants, timely address of issues
- Continuous monitoring of programme implementation to improve budget absorption and programme effectiveness
- Expand geographical and population coverage of health insurance

HR Management

- Strategic planning of the production and use of health professionals
- Conducting O&M survey to address HR needs in the present context
- Fulfillment of vacant positions at all levels

Procurement and SCM

- Increase capacity of cold stores and warehouses
- Update Technical Specification Bank
- Compulsory e-LMIS reporting from each level and linking logistical demand and supply with e-LMIS
- Gradually expansion of QA mechanism for drugs and supplies, also at province level

Information management and use

- Compulsory electronic health record in all hospitals, including private sector

- Prioritisation of timeliness and completeness of reporting into DHIS-2 platform
- Preparation of policy and technical brief on research and surveys to inform planning process
- Use of available evidence during planning process

Service delivery

- COVID-19-centered services, infrastructure, re-purposing of HR, management of HDUs, oxygen plant
- Continued prioritisation of prevention and management of COVID-19 cases
- Reopening and need-based expansion of non-COVID-19 services
- Management of vaccines for COVID-19 at the earliest possible opportunity
- Ensuring quality of health services: hospital service quality, MSS, linkages between higher and basic hospitals

Dr. Laxman Aryal, Secretary, MoHP, as the chair of the session, stated that the GoN is aiming for major reforms in the health sector as it is necessary to further develop/strengthen infrastructure, equipment, HR and policies and legislation governing the sector. He added that this would require huge investment, which government has already prioritised, to ensure that people would get access to high-quality health services. He also highlighted other priority areas of the health sector such as “One Health Policy”, efficiency in resource allocation and utilisation, and budgetary reforms. He encouraged the provincial and local authorities to demand timely budget and accordingly prioritise timely implementation. He also noted digital governance as an important initiative of the government to transform the health sector, and emphasised the need for further collaboration between the three levels of government to ensure effective team management and more robust COVID-19 response ahead. Finally, thanking all the representatives from government entities, including those from province and local levels, the donor community and development partners, the private sector and communities, he declared the formal closure of NJAR 2020.

Day 5: Business Meeting

The fifth half-day of the NJAR was scheduled for the Business Meeting between EDPs and MoHP. Like the review meeting, this meeting was also held on a virtual platform with the physical presence of selected members in the MoHP meeting hall. The meeting was attended by high-level officials from MoHP and departments and EDP officials. The main agenda of the business meeting was to jointly reflect on the key issues and concerns raised during the four half-day sessions of review meetings and to draft strategic priorities and an action plan in the form of an aide memoire. The meeting was chaired by the Secretary of the MoHP and co-chaired by the EDP chair.

The meeting started with a brief presentation on the progress of the last aide memoire from the MoHP as presented below:

Progress of last aide memoire action points – completed

- Public Health Service regulation endorsement
- Reduce the number of line items in conditional grant and provide guidelines of conditional grant on time
- Discuss and settle issues related to e-LMIS
- Online reporting from 2,000 HFs (1,109) and routine data quality assessment in 100 HFs (300)
- Develop electronic health record standards and software – draft prepared
- Disaster preparedness and response
- SOP of Health Emergency Operation Centre (HEOC), establishment and functionality of HEOC in all provinces and disaster management information system
- EDPs to communicate options of financial and technical assistance modalities in the health sector

Progress of last aide memoire action points – in progress

- Next sector strategy development – extended for one more year until 15 July 2022
- BHS package monitoring and assessment mechanism – regulations
- Type of drugs to be procured from each level
- Assure the quality of drugs post-shipment/in delivery – drafts for pre-shipment inspection and post-delivery inspection prepared, requires finalisation
- Assess the need for framework contracting
- Convene high-level stakeholder meeting to assess and develop action plan to achieve SDGs
- Reach the unreached and reduce equity gap
- HR: assess gaps, jointly review progress, develop capacity and build central HR database
- Align Ayurvedic Management Information System in DHIS-2 platform
- Hands-on support to spending units regarding different reporting platforms and requirements

- Align EDP support (including TA) with MoHP priorities

Afterwards, Dr. Lohani, Chief, PPMD, presented the key highlights of the issues discussed during the review meetings and priority areas. Following that, MoHP Secretary, in his remarks, suggested that important action points, crucial for strengthening the delivery of health services, be identified and drafted. He also highlighted some of the critical areas of the health system that are the priority for the government, such as infrastructure development, response management of COVID-19, including its vaccines, and information management.

Thereafter, two groups (MoHP and EDPs) were formed to discuss and identify selective areas of priority to focus on for the next year. Following the group discussion, summary notes were presented back in the plenary by each of the groups. Proposed themes and action points were jointly discussed in the plenary. Finally, the meeting ended with an understanding to finalise the aide memoire based on the priority action points suggested by each of the groups and mutually work to accomplish the agreed action points as per the plan.

Annexes

Annex 1: Mapping between Nepali Fiscal Years and the corresponding Gregorian Years

Nepali Fiscal Years	Corresponding Gregorian Years
2060/61	2003/04
2061/63	2004/05
2062/63	2005/06
2063/64	2006/07
2064/65	2007/08
2065/66	2008/09
2066/67	2009/10
2067/68	2010/11
2068/69	2011/12
2069/70	2012/13
2070/71	2013/14
2071/72	2014/15
2072/73	2015/16
2073/74	2016/17
2074/75	2017/18
2075/76	2018/19
2076/77	2019/20
2077/78	2020/21
2078/79	2021/22
2079/80	2022/23
2080/81	2023/24

Annex 2: Agenda of the NJAR

Objectives of the Review

- Jointly review the annual progress of Nepal Health Sector Strategy;
- Review COVID-19 pandemic preparedness and response at all spheres of Government;
- Ensure all stakeholders have a shared understanding on achievement, problems, and challenges in the sector;
- Identify the strategic priority areas based on existing problems and challenges that need to be addressed in the changing context;
- Agree on the strategic actions to be included in the next year's Annual Work Plan and Budget (AWPB).

Method: Mixed (in person and Virtual)

Date: 25 – 29 Mangsir 2077 (10 – 14 December 2020); Thursday - Monday

Timing: 01- 04 pm

Agenda

Day/Time	Activity	Presenter	Chair/Co-chair/MC
Day 1: 2077 Mangsir 25 (10 December 2020) Thursday			
01:00 - 01:15	Welcome and Objectives	Chief, HCD, MoHP	Chair: Laxman Aryal Co-chair: EDP Chair Moderator: Yeshoda Aryal
	Inauguration by Hon. Minister MoHP		
01:15 - 01:45	<ul style="list-style-type: none"> ▪ Overview of the health sector progress ▪ Health sector response to COVID-19 Pandemic 	Chief, PPMD, MoHP	
01:45 - 02:15	Opening Remarks	Chair, EDP Hon. Member, NPC Hon. State Minister, MoHP Hon. Minister, MoHP Secretary, MoHP	
02:15 - 03:15	Reflection from Councils followed by discussion	Presentation from MoHP and NHRC Sharing from Professional Councils	Chair: Laxman Aryal Co-chair: Dr Dipendra Raman Singh Moderator: Yeshoda Aryal
03:15 - 03:45	Reflection from Academies followed by discussion	Presentation from MoHP Sharing from Academies	
03:45 - 04:00	Summary and Wrap up	Co-chair/Chair	
Day 2: 2077 Mangsir 26 (11 December 2020) Friday			
01:00 - 03:00	Reflection from federal hospitals followed by discussion	Presentation from MoHP Sharing from hospitals	Chair: Dr Roshan Pokhrel Co-chair: Dr Tara Pokhrel Moderator: Dr Poma Thapa
03:00 - 03:15	Reflection from Association of Private Medical and Dental College followed by discussion	Association of Private Medical and Dental College	
03:15 - 03:30	Reflection from private hospitals followed by discussion	APHIN	

Day/Time	Activity	Presenter	Chair/Co-chair/MC
03:15 - 03:30	Summary and Wrap up	Co-chair/Chair	
Day 3: 2077 Mangsir 27 (12 December 2020) Saturday			
01:00 - 01:45	Local level reflection followed by discussion: Lessons learned	Federation of Municipality Federation of Rural Municipality	Chair: Mahendra P Shrestha Co-chair: Dr. Jageshwor Gautam Moderator: Dr Sushil Baral
01:45 - 03:45	Provincial reflection Progress review of AWPB 2076/77 and lessons learned followed by discussion (15 minutes per Province)	MoSD, Sudurpaschim MoSD, Karnali MoSD, Lumbini MoSD, Gandaki MoSD, Bagmati MoSD, Province 2 MoSD, Province 1	
03:45 - 04:00	Summary and Wrap up	Co-chair/Chair	
Day 4: 2077 Mangsir 28 (13 December 2020) Sunday			
01:00 – 01:30	Reflection form DoHS	DG, DoHS	Chair: Laxman Aryal Co-chair: Dr. Gunaraj Lohani Moderator: Dr Gunanidhi Sharma
01:30 – 01:45	Reflection form DDA	DG, DDA	
01:45 – 02:00	Reflection form DoAAM	DG, DoAAM	
02:00 – 02:15	Reflection from HIB	ED, HIB	
02:15 – 02:30	Reflection form DUDBC	DG, DUDBC	
02:30 – 02:45	Reflection from National Planning Commission	Joint Secretary, NPC	
02:45 – 03:00	Reflections on development partners' support and alignment to the sector priorities <ul style="list-style-type: none"> ▪ Key areas of sector support, funding modalities in changed context ▪ Commitment for the current fiscal year (budget support, TA/TC and project support – where applicable present multi-year commitment by EDPs) ▪ Opportunities, challenges, lessons learned and way forward 	Chair, EDP	Chair: Laxman Aryal Co-chair: Dr Gunaraj Lohani Moderator: Dr Amrit Pokhrel
03:00 – 03:15	Reflection from AIN followed by discussion	Health Coordinator, AIN	
03:15 – 04:00	Closing Remarks	Chair, EDP	

Day/Time	Activity	Presenter	Chair/Co-chair/MC
		Representative, Federation of Rural / Municipality Representative, Provincial MoSD Hon. Member, NPC Hon. State Minister, MoHP Hon. Minister, MoHP Secretary, MoHP	