

2021

National Joint Annual Review 2020/21



Government of Nepal
Ministry of Health and Population
Kathmandu

8-9 December 2021

Executive Summary

The Nepal Health Sector Strategy (NHSS) was developed in 2015 followed by the development its implementation plan to guide the design, management, and implementation of health sector programme. The Fiscal Year 2020/21 is the fifth implementation year of the NHSS and the National Joint Annual Review (NJAR) was organized 8th and 9th of December 2021 mainly to review the progress of the sector in 2020/21 and identify priority areas to be addressed in the planning process ahead during. This review meeting provided an inclusive platform for the review the health sector progress in a holistic and participatory manner.

In the present context, Nepal continues to face the crisis posed by COVID-19 and its subsequent new waves, and evolving challenges need to be managed cautiously and timely to minimize its risk in the population's health and wider context of the economy. Considering the persistent risk of the COVID-19, the NJAR of the health and population sector of FY 2020/2021 (2077/2078 BS) was organized in hybrid format. Majority of the participants joined virtually while some of the officials joined physically, and the event was hosted from the MoHP conference hall. The two-day review meeting jointly participated more than 150 officials from MoHP and its departments, divisions and centers, officials from other ministries/departments, provincial health offices, local governments, councils, academic institutions, hospitals, EDPs, INGOs, civil society organizations, health professionals, media personnel and other stakeholders in the sector of health.

The review meeting was inaugurated by Hon'ble Minister of Health and Population on 8th of December 2021. Technical sessions included reflections from the federal context (MoHP, DoHS, DoAAM, DDA, HIB, federal hospitals, councils, health academies, private hospitals and medical colleges, and other related ministries and institutions), from the provincial levels (concerned ministry/Health Directorate from each of seven provinces) and selected local levels and from the health sector development partners including INGOs.

Some of the major discussion points include: health service delivery (achievement versus targets, challenges posed by the COVID-19 and response measures, quality assurance, coverage of health insurance operational challenges, functionality of basic health services centers, provincial structures of reference laboratory and health services at all levels), human resources (capacity of health team particularly at local level, unfulfilled sanctioned posts, need for organizational and management surveys to upgrade the health facilities, need based production of health professionals), information management (financial reporting from local levels, incomplete and delayed reporting of health management information systems despite improvements, low reporting from private health facilities and inadequate availability of tools for information systems, need for integrated information management).

Similarly other key areas covered during the discussion include: governance and leadership (timely completion and maintenance of health buildings, sequencing of laws and policy, management of hospitals at different levels), supply chain management (uncertainty on who procures what, delay in procurement, procedural ambiguity at the local levels, maintenance of medical equipment) and health financing (inadequacy and

overlapping budget, low absorption of budgets, delay in guidelines, scattered schemes, development of health financing strategy). Similarly, need for the effective coordination and communication among the federal, provincial and local governments were equally highlighted during the review sessions.

A synopsis of major discussion and priority actions points were presented before the closing of the two-day review meeting 9th of December 2021. The review meeting was followed by a Business Meeting between the MoHP and EDPs on 10th of December in which major priorities of the sector were further discussed and selected actions points were agreed to mutually prioritise for the year ahead.

Acronyms

AIN	Association of International NGOs in Nepal
APHIN	Association of Private Hospitals in Nepal
AWPB	Annual Work Plan and Budget
BHS	Basic Health Services
BHSC	Basic Health Service Centre
CPD	Continuous Professional Development
DDA	Department of Drug Administration
DG	Director General
DoAAM	Department of Ayurveda and Alternative Medicines
DoHS	Department of Health Services
DUDBC	Department of Urban Development and Building Construction
ED	Executive Director
EDCD	Epidemiology and Disease Control Division
EDP	External Development Partner
EHS	Extended Health Services
FCHV	Female Community Health Volunteer
FY	Fiscal Year
GDP	Gross Domestic Product
GESI	Gender Equality and Social Inclusion
GoN	Government of Nepal
HCD	Health Coordination Division
HIB	Health Insurance Board
HMIS	Health Management Information Systems
Hon'ble	Honorable
HRH	Human Resources for Health
INGO	International Non-Government Organization
IMU	Information Management Unit
IT	Information Technology
KAHS	Karnali Academy of Health Sciences
LMIS	Logistic Management Information System
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MMR	Maternal Mortality Ratio
MoHP	Ministry of Health and Population
NAMS	National Academy of Health Sciences
NJAR	National Joint Annual Review
NGO	Non-Government Organization
NHA	National Health Account
NHRC	Nepal Health Research Council
NHSS	National Health Sector Strategy
NMC	Nepal Medical Council
NNC	Nepal Nursing Council
NNHA	Nepal National Health Account
NPC	National Planning Commission
OPD	Out-Patient Department
PAHS	Patan Academy of Health Sciences
PoE	Point of Entry
PPMD	Policy, Planning and Monitoring Division
QSRD	Quality, Standards and Regulation Division
RAHS	Rapti Academy of Health Sciences
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RRPSAHS	Ram Raja Prasad Singh Academy of Health Sciences
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UHC	Universal Health Coverage
WASH	Water, Sanitation and Hygiene

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Background

The Nepal Health Sector Strategy (NHSS) was developed in 2015 followed by the development its implementation plan to guide the design, management, and implementation of health sector programme for the next five years. Besides providing the strategic framework from the interventions in the health sector, the NHSS serves as the guiding document for the mobilization of the external support in Nepal's health sector. However, considering the surge of the Coronavirus Disease (COVID-19) pandemic and the shift in the sectoral priority towards the management of the response measures, implementation timeframe of the NHSS was extended until the end of Fiscal Year (FY) 2020/21. The vision of the NHSS is "All Nepali citizens have productive and quality lives with highest level of physical, mental, social, and emotional health" and the mission is to "Ensure citizen's fundamental right to stay healthy by utilising available resources optimally and through strategic cooperation between service providers, service users, and other stakeholders." It builds on four strategic pillars with an overarching goal of universal health coverage.

The FY 2020/21 is the fifth implementation year of the NHSS and the National Joint Annual Review (NJAR) was organized mainly to review the progress of the sector in 2020/21 and identify major priority areas to be addressed in the planning process ahead during 8th and 9th of December 2021. This review meeting was designed as an inclusive platform for the review the health sector progress in a holistic and participatory manner including the support from EDPs and the contribution of the private and non-governmental sector.

The two-day review meeting jointly participated more than 150 officials from MoHP and its departments, divisions and centers, officials from other ministries/departments, provincial health offices, local governments, councils, academic institutions, hospitals, EDPs, INGOs, civil society organizations, health professionals, media personnel and other stakeholders in the sector of health. The meeting focused on health sector progress and health sector response to COVID-19 Pandemic, along with reflections from Councils, NHRC and health academies, reflections from federal and private hospitals, as well as reflections from local and provincial levels. It also included on reflections from DDA, DoAAM, HIB, DUDBC and EDP respectively.

This report provides a synopsis of the NJAR of 2020/21, conducted on 8th and 9th of December 2021, which was followed by the Business Meeting between the MoHP and EDPs on 10th of December.

Session 1: Inauguration

Date	8 December 2021 (22 Mangsir 2078) Wednesday
Chair	Dr Roshan Pokhrel, Secretary, MoHP
Co-Chair	Dr Buddhi Setiawan, EDP Chair
Chief Guardian	Hon'ble Birod Khatiwada, Minister of Health and Population
Guardian	Hon'ble Bhawani Prasad Khapung, State Minister, Health and Population
Guests	Hon'ble Member of National Planning Commission, Senior officials from National Natural Resource and Fiscal Commission, Ministry of Finance, Ministry of Federal Affairs and General Administration, Chief Specialists, Advisor (Public Health) to the Prime Minister, Advisor to the Health Minister
Moderator	Ms Yeshoda Aryal and Dr Guna Nidhi Sharma

The inauguration ceremony was conducted on 8 December (24 Mangsir 2077 BS) under chief guardianship of Minister of Health and Population Hon'ble Birod Khatiwada. Similarly, the program was chaired by Dr Roshan Pokhrel, Secretary, Ministry of Health and Population (MoHP) and co-chaired by Dr Buddhi Setiawan, EDP Chair. The inauguration program started with the playing of national anthem of Nepal. Then the program was officially inaugurated by Minister Hon'ble Birod Khatiwada by lighting the *panas* (traditional oil-lamp).

A welcome speech and objectives of the review were given by Dr Sangita Mishra, Chief of HCD, MoHP. Welcoming all the participants from different levels of governments and entities, she highlighted the objectives of the meeting as:

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

Presentation: Health Sector Progress

Dr Tara Nath Pokhrel, Chief, Policy, Planning and Monitoring Division, Ministry of Health and Population

Dr Pokhrel presented highlights of the progress on 15th Plan, NHSS and SDG Indicators, progress of AWPB FY 2077/78 as well as on Policy and Program of 2077/78. Besides those areas, progress on Aide Memoire (NJAR 2076/77), budgetary provisions and achievements FY 2077/78 as well as NHSS priorities and the areas for improvement were also included in his presentation. Some of the key points covered in his presentation include:

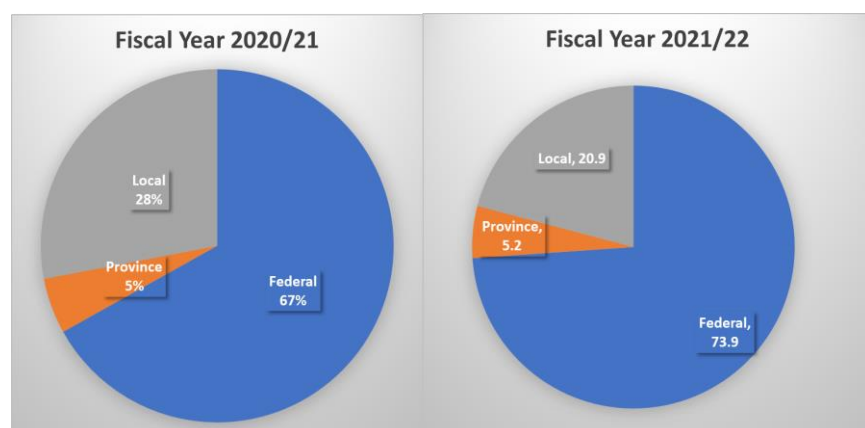
Progress in major health sector indicators as defined in National Health Policy 2019, 15th Periodic Plan, Nepal Health Sector Strategy, Sustainable Development Goals (SDG) and other health related international commitments. The major guiding framework and documents for the health and population sector include the health-related provisions as stipulated in the constitution, health related acts and regulations, national health policy and the sectoral strategies. He also highlighted the progress on the key indicators of the 15th Plan, SDG and NHSS.

Similarly, there was good progress in the Aide Memoire of the last year. Continuation of priority on prevention and case management of COVID-19 with focus on ensuring continuity of routine services and COVID-19 vaccination as per the National Deployment Vaccination Plan 2021 were covered. Similarly, improvement in reporting of the HMIS directly from the health facilities and monitoring of the implementation status on financial management were presented. Moreover, the amendment of current Joint Financing Arrangement to cover the extended period of the NHSS were also covered in his presentation.

Budgetary Provisions and Achievements

In terms of budget provisions and achievements, the budget in health sector has increased significantly in current fiscal year, which can be regarded as a commitment of the

the government to strengthen health systems. In terms of budget distribution in different levels of government, the budget distribution at federal level has



increased in FY 2021/22 in comparison to FY2020/21 due to focus on construction of health infrastructures, and such budget were released to at local levels. Distribution of health sector budget across three levels is captured in the enclosed figure

NHSS Priorities and Area for Improvement

Reduction of the high burden of death and injury through improved road safety has been one of the priorities for NHSS. Similarly, some of the other priorities include develop health facilities as learning environment for healthy lifestyles, plan to alleviate the impact of climate change on public health through effective engagement of MoHP with other ministries/stakeholders, integration of training activities through one door system to avoid duplication and integration of health information systems. Likewise, working with Ministry of Education to develop evidence-based curriculum, delivering allopathic, Ayurvedic and other allied health services through one-door service outlets and developing electronic Health Record system at health facilities are some of the other priorities and area for improvement for NHSS.

Highlights of the Policy and Program 2021/22

Some of the major programs for FY 2021/22 include maternity and neonatal care services to be introduced in all district hospitals and maternity waiting homes to be operated in 20 districts, operation of telemedicine, mobile health care, free pregnancy test services, maternity services, vaccination services, community-based rehabilitation and palliative care services. Other important programs introduced for FY 2021/22 include:

- Modern and well-equipped hospital of international standard will be constructed at Duwakot in Bhaktapur to operate the expanded services of Bir Hospital.
- Establishment of national cancer institute.
- Establishment of Trauma Centers at Dhalkewar, Bardaghat and Lamki.
- Transportation cost for FCHV have been increased by 100 percent to Rs. 12,000.
- Operation of cervical cancer vaccination program in nine districts of the three Province.
- Provision of minimum ten beds for treatment of mental illness in community and private hospitals with a capacity of more than 200 beds.

Presentation: Reflections from Department of Health Services

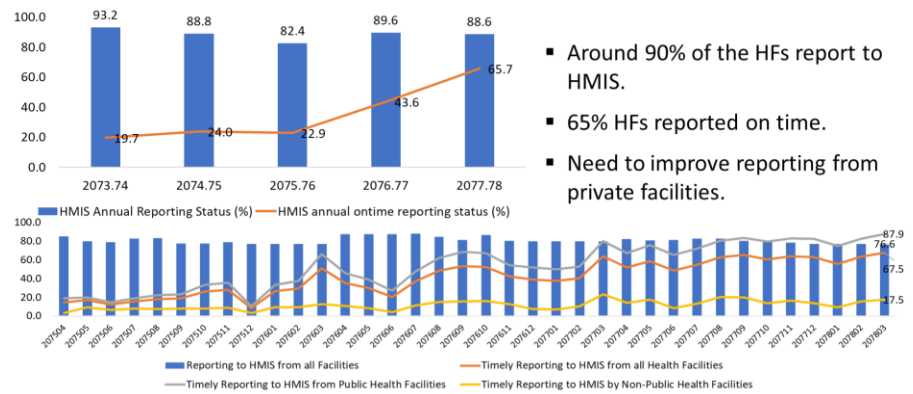
Dr Dipendra Raman Singh, Director General, Department of Health Services

Dr Singh presented on the reporting status, annual progress by programs based on major indicators, COVID-19 Information Management and key issues and challenges, which are summarised below.

Reporting Status

In terms of reporting status, 90% of health facilities have been reporting regularly. 65% health facilities report on time, which indicates some improvement, however there is still room for further improvement. Similarly, 96% health facilities report to LMIS and LMIS reporting will be upgraded to monthly in near future.

In terms of immunization, there is 90% coverage of BCG vaccine, with lowest in Bagmati province. In terms of safe motherhood, the



- Around 90% of the HF's report to HMIS.
- 65% HF's reported on time.
- Need to improve reporting from private facilities.

percentage of institutional delivery is 65%; and Province 1, Province 2, Bagmati and Gandaki have lower rates of institutional delivery in comparison to other provinces. In terms of nutrition, which is another major indicator, the rate of low birth rate is declining trend. In terms of tuberculosis, the Tuberculosis (TB) case notification case has slightly increased while the TB treatment rate has improved significantly (91%).

Implementation Status of IMU System was also presented as follows:

- Out of 103 laboratories listed, 91 are currently active in IMU
- 55 laboratories are connected with API
- Out of 386 hospitals, 209 COVID-19 designated hospitals are active
- Out of 445 isolation centers, 109 are active
- All LLGs which have COVID-19 cases found and performing Antigen test are regularly reporting to IMU

COVID-19 vaccination

In terms of COVID-19 vaccination status, sixty-one percent population aged ≥ 18 were immunized with at least one dose of COVID-19 vaccination and forty-four percent population aged ≥ 18 were fully immunized with COVID-19 vaccination.

Issues and Challenges

Some of the major challenges and priorities include establishing CDC under MOHP, strengthening surveillance systems, ensuring referral mechanism in the health system and free newborn care guideline, addressing the high demand for free surgery for uterine prolapse cases, ensuring standardization and accreditation of laboratories and appropriate financing and allocation of HR to address. Similarly, there is a need to enhance capacity of logistics and procurement, especially at local level and ensuring adequate health related technical human resource at provincial and local levels and addressing mental health and non-communicable diseases.

Presentation: Reflections from Provinces

Dr Sangita Mishra, Chief of HCD, MoHP

Presenting a summary of the discussions and reflections of the provincial and local levels, Dr Mishra presented an overview of provincial and local level's reflections in wide range of thematic areas as enclosed in the box. As a consolidated presentation of the subnational

Annual Work Plan and Budget (AWPB) implementation (Province Level)
Annual Work Plan and Budget (AWPB) implementation (Local Level)
Coordination and Collaboration
Information Management
Priority Public Health Program
Hospital Management
Ayurveda and Alternative Medicine
Basic Hospital and Basic Health Service Centers (BHSC)- Status
Basic Hospital
Basic Health Service Centers
Infrastructure Development
Human Resource Capacity Development
Procurement and Supply Chain Management
Organization Structure and HR Management
Service Delivery
COVID-19
Governance and Management
New Initiatives
Summary

governments, she captured issues and expected actions based on the provincial presentation made during the technical session organized on 7th December 2021.

Annual Work Plan and Budget (AWPB) implementation

Some of the key issues include complicated and delayed budget release, delay in receiving program, budget and implementation guideline for conditional grant, lack of budget release in coordination with province and local levels, dependency on conditional grant and inadequate reflection of provincial commitments to health in annual work plan and budget (*except Lumbini*). Some of the expected actions to address these issues include ensure timely availability of Program Implementation Guideline along with program budget (within Shrawan), communicate and share priorities between three tiers, prepare periodic plan for all tiers of governments and develop context specific programs and allocate adequate budgets from their own resources.

At the local level, some of the key issues are budgetary constraints (lack of need-based budget flow and minor activity and program decided from federal and provincial level, low budget allocation for prioritized health programs due to political tendency to prioritize other development programs), overshadowing of preventive and promotive programs and inadequate program implementation quality (e.g., procurement practices). Some of the expected actions to address these issues proposed by the local level include prioritization of health during planning and budgeting based on the real needs (micro-planning), ensure skilled human resource at local level, advocacy and program orientation for elected representatives, regular technical support to Local governments from province government during AWPB and additional grant for best performing institutions/health cadres.

Collaboration and Communication

It is another major issue which is similar in all provinces, with specific challenges such as intra and inter coordination gap, incoherence in planning, implementation and reporting, direct implementation by federal level in local levels etc. In order to address these issues, periodic review and coordination meeting should be conducted jointly in all levels. There is also a need to enhance joint work planning and co-financing to clearly demarcate responsibilities.

Hospital Management

One of the key challenges highlighted is the management of hospital waste, including disposal of expired supplies. Likewise, other challenges include inadequate physical assets and delay in health insurance reimbursement. To address these issues, some of the solutions highlighted are conducting infrastructure and equipment audit, developing interventions to address gaps in MSS and strengthening hospital waste management.

Procurement and Supply Chain Management

Some of the key issues include lack coordination and harmony among 3 tiers of Govt for purchasing of drugs and commodities (*procurement at multiple levels: price, duplication, quality, quantity*), inadequate skills and knowledge for quantification, forecasting of drugs/medicine and procurement process at local levels, insufficient space for storage at local level and lack of dedicated department for Procurement and supply in Karnali Province. In order to address these issues, some of the expected actions proposed include timely and adequate supply of medicine and other logistics, capacity expansion of warehouse at all level, strengthening e-LMIS system, proper monitoring and supervision to ensure adequate supply of medicine and logistics, capacity building of local level on good procurement practices and ensure dedicated department for procurement and supply chain in Karnali.

Governance and Management

In terms of governance and management, some of the major issues include poor use of governance tools (social audit, public hearing, client feedback mechanisms etc.), lack of financial management improvement plan, lack of health leadership at local level, lack of internal control guideline developed at Provincial level and weak monitoring, evaluation and feedback mechanism. In order to address these issues, some of the proposed solutions are plan and conduct social audit, public hearing of health institutions of all spheres, develop Provincial Financial Management Improvement Plan and Internal Control Guideline, develop health policy, guideline, protocol and standard at province and local level, develop provincial and local level health governance framework and ensure periodic review (Annual Report publication), supportive supervision, and monitoring.

COVID-19

Some of the key issues related to COVID-19 were presented as: inadequate human resources for equipment operation, inadequate reporting of antigen testing, immunization etc. by local levels and limited roles of private hospitals in case management, in order to address which, some of the solutions suggested were

establishment of biomedical warehouses, leadership of local level in vaccination campaign and enhanced public private partnership for case management.

New Initiatives

Despite all the challenges and issues, there have been a number of new initiatives undertaken at provincial and local levels, which include expansion of physiotherapy, dental and eye unit (Karnali province), free home delivery campaign (Lumbini province), establishment of health and well-being center at ward level (province 2) and additional incentive/free ambulance service from local level (province 1), among others. In summary, the provincial reflection has pointed out some key priorities and actions such as prioritization of health during planning and budgeting, joint planning, clear demarcation of roles and responsibilities, enhanced human resource and infrastructure support from federal ministry.

Opening Remarks

EDP Chair

Dr Buddhi Setiawan congratulated MoHP for effectively combating COVID-19 and said that Nepal has managed to survive the pandemic through effective health delivery systems and vaccination program. He also highlighted for a more robust pandemic preparations now, in the context of new variant of COVID. He also committed to support to transition Nepal to the next Health Sector Strategy Plan, ensuring the process remains transparent and inclusive.

Advisor to the Hon'ble Minister

Dr Ramesh Dhakal highlighted the need to focus and improve the quality of infrastructure, human resource, information, and logistics management to improve the health sector's performance. He further pointed out towards the need to allocate adequate budget and its timely and effective utilisation in the health sector.

Chief Specialist, MoHP

Dr Shyam Sundar Yadav pointed out towards the need to make Nepal independent in terms of health. He also requested all ministers to ensure nation-wide free emergency services, which will highly benefit poor and rural communities.

Hon'ble State Minister, MoHP

Hon'ble State Minister Bhawani Prasad Khapung, in his remarks, highlighted the importance of developing upcoming work plan as per the priorities that will be identified during the review meeting. He also pointed out to the need to prioritizing women, marginalized and senior communities while delivering health services. Finally, he urged everyone concerned for their optimum commitment to ensure good health of all citizens.

Minister of Health and Population

Hon'ble Minister Birod Khatiwada acknowledged the progress made in the health sector as depicted in key health indicators, however highlighted that challenges remain to improve the health status of the public further. Human resource still remains one of the biggest concerns. He also highlighted the need to focus more of health insurance,

and commended the work of all health workers, despite the challenges of COVID-19. He also stated that it is equally important to disseminate positive news in relation to COVID-19 awareness, such as the recovery of the two people who were tested Omicron positive. Finally, he emphasized on the need to ensure delivery of the health services to communities through discourse and discussion in different platforms such as NJAR, and expressed commitment as the minister for the same.

Chair of the session, Dr Gunaraj Lohani

Highlighting NJAR as a common platform for MoHP and partner organizations to make a final review of the progresses achieved in terms of health, in line with SDG and other national and international commitments. Dr Gunaraj Lohani, Acting Secretary of the MoHP some specific areas such as health insurance and the need to address the challenges posed by COVID-19 pandemic among the immediate priorities. Finally, he thanked all the participants and stakeholders for their support and wished for the success of the event and declared the closing of the inauguration session.

Session 2: Health Sector Progress

Health sector progress <ul style="list-style-type: none">• AWPB FY 2077/78• NHSS & SDG targets: Key health indicators with provincial level disaggregation• Key issues, challenges and possible future actions	Chair: Gunaraj Lohani, Chief Specialist MoHP Co-chair: Chief, Population Division, MoHP DG, DDA DG, DoAAM DG, DUDBC ED, HIB
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Presentation: Reflections from Department of Drug Administration

Mr Narayan Prasad Dhakal, Director General, DDA

Mr Dhakal, while highlighting the current situation of DDA, said that affordable access to quality medicines is critical to reach universal health coverage (UHC) and realize the health-related aspirations of Nepal's Constitution and that there is a potential to meet 70% of essential medicines need by the local manufacturers.

Key Progress

Some of the key progresses achieved in this area include registration of 16 domestic pharmaceutical industries, registration of 21 foreign pharmaceutical industries, registration of 188 new drug and registration of 1,662 new pharmacies. Similarly, there have been some policy level progresses in such as on-going amendment of Drugs Act, 2035, amendment of National Drug Policy, first amendment of Emergency Use Authorization of COVID-19 vaccines after Approval Special Permission of Drugs Guidance, 2077 and coordination with Customs Department for National Single Window System.

Key Issues and Challenges

Some of the issues and challenges faced by the department, despite these progresses include:

- COVID-19 has exposed the vulnerability of the pharmaceutical sector, underscoring the need for self-reliance and resilience.
- Despite the market size and existing technological potential, we continue to face persistence shortages of medicines and are reliant on foreign imports
- Domestic industry faces competition from international markets.
- Ambiguous positioning of pharmaceutical sector in NHSS.
- Need for an umbrella act/policy to streamline different legal and regulatory provisions while maintaining the sanctity of multi-sectoral approach

Way Forward

Some of the actions presented as the way forward include need to develop policy paper to inform the key stakeholders on reform options and advocate for increased

partnerships and cooperation in the pharmaceutical sector, endorse Drug and Medical Products Law along with National Medicine Policy. Similarly, there is a need to prominently feature pharmaceutical sector in the next health sector strategy and underpinning the sector in UHC and SDG discourse, initiate functional analysis and restructuring of DDA by maintaining a balance between devolution and de-concentration of existing roles and functions, and ensure institutional strengthening of DDA as a regulator and steward of the pharmaceutical sector. Finally, policy dialogue on incentivizing domestic industry and implementing protective tariff on finished products to promote local manufacturers was also presented as one of the important directions for future.

Presentation: Reflections from Department of Ayurveda and Alternative Medicine

Dr Vasudev Upadhyaya, Director General, DOAAM

Dr Upadhyaya presented on the existing situation of Ayurveda and Alternative Medicine in Nepal, key interventions and initiatives, key issues and challenges and way forward, which can be presented as:

Key Interventions

- Healthy lifestyle management program (*Nagarik Aarogya Karyakram*) at provincial level service outlets including 9 primary health care centres.
- Ayurvedic lifestyle & Yoga education through School.
- Establishment of Open Yoga & *Vya Yamshal* (Gym center).
- Development of Health App. “My Health my responsibility”
- 218 Citizen well-being center at local level has been established.

Key Issues and Challenges

Some of the key challenges and issues faced by the department were presented as lack of co-ordination between three tiers of Government and health institutions and inadequate skilled human resource and infrastructure. Similarly, establishment of Provincial Ayurveda Hospitals in all provinces, expansion of Ayurveda institutions in remaining local levels, control of unethical practice and advertisement and ensuring quality of Ayurveda medicines are some other major challenges.

Way forward

In order to address these challenges, there is a need to expand Ayurveda service through basic health service hospitals, establish provincial referral Ayurveda hospitals, extend Ayurveda section in DDA with adequate HR and link Ayurveda health services to health tourism.

Presentation: Reflections from Health Insurance Board

Dr Damodar Basaula, Executive Director, Health Insurance Board

Dr Basaula highlighted on the policy achievement, milestone and major achievement in FY 2077/78, major problem/challenges, recommendations for improvement and way forward for the Health Insurance Program, which can be presented as:

Key achievements

HIB has formulated seven major policies by the end of FY 2077/78, including Claim Review and Evaluation Procedure, 2078, Health Insurance Fund Operation and Management Procedure, 2078 and Health Insurance Model Local Level Declaration Procedure, 2078, among others.

- One of the important milestones was to expand health insurance program to 753 local levels, which has been successfully achieved with 736 health insurance programmes at local levels. Likewise, the important milestone to increase health insurance coverage to 40% of total population was affected due to COVID-19 pandemic
- Claim Review and Evaluation Procedure 2078
- Procedure for Listing of Service Providers 2078
- Health Insurance Fund Operation and Management Procedure 2078
- Province level / Local level “Health Insurance Coordinating Committee” Formation / Operation Model Procedure 2078
- Health Insurance Model Local Level Declaration Procedure 2078
- Procedure to enroll the family of the foreign employees in health insurance 2078
- Procedure of treatment expenditure of chronic diseases for ultra-poor will be gradually included in health insurance 2078

Key Issues and challenges

Lack of adequate relevant policies, lack of physical resources, trained HR, lack of complete monitoring system, lack of easy access of health services in remote areas, no hospital pharmacy at all hospitals, lack of common understanding about health insurance and how it is different from general insurance and lack of complete ownership of health insurance program by local and provincial levels were presented as some of the major challenges and issues.

Recommendations/way forward

Some of the key recommendations provided to improve health insurance program were: need to develop mandatory provision of health insurance, create environment for development of ownership by local and provincial levels and ensure strict monitoring and availability of pharmacy services. Others include following points.

- Permanent O and M of Health Insurance Board.
- Mandatory legal provision for all citizens to be enrolled in health insurance
- Strict pharmacy and drug availability management and monitoring system by ministry
- Building ownership of provinces and local levels to facilitate the implementation of the health insurance scheme
- Health service providers and health workers as per need in remote area.
- Expansion of program in 77 Districts and 753 Local Levels with 50% Enrollment of total households by FY 2078/79
- Formation of health insurance coordination committee at province and local level,
- Automatic registration through electronic application/Self-registration system,

- Mandatory enrollment of the families of foreign employees in Health Insurance
- Online Enrollment, Renewal and Payment mechanism
- Ensure Profile Mobile App
- Co-ordination with provinces, local levels and stakeholders as well.
- Health Insurance Promotional Activities and Awareness campaign.
- Regular Claim Settlement Mechanism, Control of fraud claim and monitoring,
- HR Management through permanent organization structure.

Presentation: Reflections from DUDBC

Mr Dillip Bhandari, Deputy Director, DUDBC

Mr Bhandari presented on the current programs and projects, key issues and challenges, progress and priorities.

Key progress

- Implementation of BIM (Building Information Modelling): Construction of 15 bed Ayurveda Hospital, Surkhet
- Good progress in Integrated Health Infrastructure Project
- 90% physical in construction of 300 bed Infectious Diseases Hospital
- Addition of new features in PMIS for documentation
- Continuation of retrofitting of two hospitals
- Various measures taken to manage the sick projects



Key priorities

- Integration of IT in software, data and project management
- Use of Project MIS, Mobile Apps, File Tracking System for effective Project Management
- Gradual expansion of BIM based projects

Session 3: Reflection from Field Visit and Panel Discussion

<p>Reflection from pre-NAR field visit</p> <ul style="list-style-type: none"> • Key observations on issues, challenges and future actions 	<p>Chair: Dr Gunaraj Lohani, Chief Sp. MoHP Co-chair: Chief, PPMD, MoHP Presenter: Chief, M&E Section, PPMD Moderator: Mr Bhim Prasad Sapkota</p>
<p>Panel discussion on subnational health systems</p> <p>Key progress, opportunities, challenges and lessons learned</p>	<p>Panelists: Secretary from Provincial Ministry (Lumbini), Mayor Bardibas Municipality, Chief Administrative Officer (Gorkha) Moderator: Dr Sushil Baral</p>

Presentation: Reflection from Joint Pre-NJAR Field Visit

Mr Shambhu Jnawali, Policy, Chief, Planning and Monitoring Division

Mr Jnawali presented on some of the issue issues as observed from the field visit as; lack of evidence-based planning and budgeting, top-down approach causing duplication of efforts, lack of priority on strengthening basic health services and delayed federal insured budget.

Likewise, some of the major expectations that need to be addressed and way forward presented include:

- Effective communication and coordination in planning phase to avoid duplication and miss-out
- Clear and on-time implementation guideline for federal conditional program
- Capacity building and regular orientation to health coordinators and health workers on updated guidelines, protocols, planning and budgeting process

He further shared the key observations from the field visit and expectations in specific areas as summarised below:

Governance

Key observations: Many acts, regulations, guidelines, protocols have been developed and endorsed in provinces and municipalities. Risk coverage approach has been adopted for achieving Universal Health Coverage (Treatment support for eight plus diseases; health insurance premium support to family who cannot afford; Free services for elderly population) and there has been a provision of citizen charter, spokesman and inquiry box within the organization.

Expectations/ Way forward: Orientation of important Guidelines (Basic Health Service Centre operation guideline, Ward level health facility establishment guideline, Procurement guideline, One health facility- One health worker)

- Adopt the Social audit and public hearing as regular activity

- Grant should be ensured to conduction for BHS

Service Delivery

Key observations: There was continued essential service delivery even during COVID-19 and other outbreak situations (Cholera outbreak). There has been expansion of additional health care services at province hospitals (ENT, Eye care, Dental, Geriatric, Physiotherapy services, Dialysis, X-ray, ultrasonography), along with laboratory services at Ayurveda centers, Primary Health Care Centres and Health posts. Similarly, lab services have been strengthened at province hospitals.

Expectations/ Way forward include:

- The guidelines (conditional grant) should be available within the first month of new FY
- Referral and satellite services related policy should implement to secondary and tertiary level hospitals
- Clear guiding policy of coordination/cooperation/collaboration of provincial hospital and Municipalities within the districts
- Revise policy to 'A' category of ambulance in certain rural areas

Infrastructure, Procurement, and Supply management

Key observations: The local Government has initiated to establish timely procurement of drugs through conditional grant and their own budget. Budget has been allocated for the hospital equipment, drugs and ambulance procurement and more priority has been given to hospital construction (Rolpa, Kapilvastu).

Expectations/ Way forward include:

- Clear demarcation on multiple responsibility of drug and commodities procurement
- Capacity enhancement of HRs at local level on forecasting and quantification of medicine and key commodities
- Budget allocation for buffer stocks at health office
- Need to adopt CBLP system
- New provision should need for land management

COVID-19 Management

Key observations: There has been good response from province and local municipality during outbreak. Guidelines were developed for COVID-19 preparedness, response and management at province level, along with provision of financial support to families whose members had to lose lives due to the pandemic. Vaccination program was conducted smoothly for defined target group.

Expectations/ Way forward include:

- Following guidelines for COVID-19 case reimbursement
- Clear instruction for the post COVID-19 clinic operation

In overall, major reflections and recommendations were:

- Need to build culture of sharing and documenting of good practices across municipalities and across provinces to promote cross-cross learnings
- Ensure regular advocacy, lobby, monitoring and support (not only Pre NJAR-visit but, periodic joint monitoring visits and support).
- Need for support in procurement and supply chain management – (through frequent orientation, trainings, monitoring and onsite support)
- Well defined HR strategic action is must for HRH governance, management, deployment and HRH information system.
- Update periodic Organisational and Management (O&M) survey
- Uniformly in salary for the government employees and those under Management Committees
- Implementation of MSS, along with timely review, ensuring ownership and resources, engagement of health care workers and management committee
- Ensure innovative shift in Health Insurance modality to review and improve enrollment, renew, pricing, services package and reimbursement system
- Need for a Master Plan to improve of medical waste/ sewage management with defined interventions, targets and indicators
- Need to revitalize role of Health Office and enhance engagement and facilitation with local levels.

Panel Discussion: Strengthening Health Systems at Subnational Level

Mr Bidur Kumar Karki, Mayor, Bardibas

Responding to the question on major challenges faced at local levels, Mr Karki said that access to basic health services has been a major challenge, which was further worsened during the COVID-19 pandemic. There was only one COVID-19 hospital operating which lacked efficient leadership and efficient human resource. In order to address this challenge, there is a need to strengthen coordination among federal, provincial and local governments, develop door-to-door health service system, and formulate adequate policies for addressing non-communicable diseases. He also emphasized on the need to strengthen human resource at local level.

Dr Bikash Devkota, Secretary Ministry of Health, Population and Family Welfare, Lumbini Province

Responding to the question on the key issues within coordination and collaboration, Dr Devkota presented lack of discussion and dialogues and lack of alignment while documenting policies as key issues or challenges to coordination. He also highlighted the need to define a roadmap or a periodic plan for formulating policies. In terms of implementation, there is a need to ensure adequate human resource. Coordination should be based on three levels, planning, implementation and data management. Similarly, province level could be developed as a bridging point between federal and local levels that could strengthen coordination.

Dinesh Raj Pant, Chief of Administration, Gorkha

Responding the question on the status of coordination at local level, Mr Pant shared that the coordination between health office and municipality in Gorkha is not very strong, which has adversely affected regular health service provision. He also shared

some of the initiatives at the local level and how feedback from various sector including private sector has been incorporated to enhance coordination.

In summary, strengthening coordination among all three levels of the government is vital and there is a need to formulate realistic policies and focus on its implementation aspect too, by focusing on various human, social and practical aspects. Likewise, there is also a need to amend existing laws along with formulating new laws.

At the end of the session, Mr Jnawali thanked all the presenters, panellists and moderators for their valuable contribution. He highlighted on some of the key issues, achievements and success stories presented during the sessions, such as the need to strengthen coordination among all the levels of government, challenges related to human resources and need for equitable distribution of health services, and declared the closing of the session, ending the programme for the first day of the NJAR 2077/78.

Session 4: Reflections from Federal Hospitals, Councils and Academia

<p>Reflections from</p> <ul style="list-style-type: none"> • Federal hospital • Academia • Councils • Association of Private Hospitals in Nepal • Association of Private Medical and Dental College <p>Health Sector Response to COVID-19 Pandemic</p>	<p>Chair- Dr Shyam Sundar Yadav, Chief Specialist, MoHP</p> <p>Co-Chair- Chief, QSRD, MoHP</p> <p>Presenters: Representative from Hospital/Academia</p> <p>Presenters: Representative from councils</p> <p>Presenters: Chair, Association of Private Medical and Dental Colleges</p> <p>Chair, Association of Private Hospitals in Nepal</p> <p>Presenter: Director, EDCD, DoHS</p> <p>Moderator: Dr Pomawati Thapa</p>
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Presentation: Reflections from Federal Hospitals

Dr Chuman Lal Das, Chief Medical Superintendent, Koshi Hospital

Dr Das, on behalf of federal hospitals, presented on the key service status, human resources, COVID-19 management, budget, MSS and RDQ, other services and way forward as summarised below.

Key Service Status was available for the following hospitals.

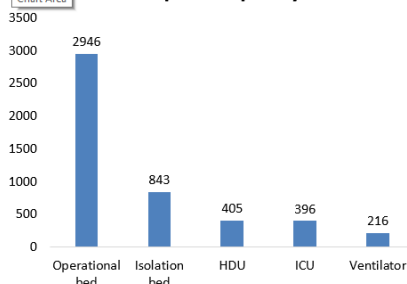
- Bhaktapur Cancer Hospital
- Bharatpur Hospital
- Bheri Hospital
- Kanti Children's Hospital
- Koshi Hospital
- Manmohan Cardiothoracic Vascular and transplant center
- Narayani Hospital
- Paropakar Maternity and Women's Hospital
- Shahid Dharmabhakta National Transplant Center
- Sukraraj Tropical and Infectious Disease Hospital
- National Trauma Center
- TU Teaching Hospital
- Shahid Gangalal Cardiac Center
- B P Koirala Memorial Cancer Hospital
- Sushil Koirala Praxhar Cancer Hospital

Hospital capacity and prevailing status of the COVID-19 management was presented as shown in the graph.

Extended Health Services

- Hospitals with EHS: 4 Hospitals
- In some of the hospitals, EHS was initiated

Chart Area
Hospital Capacity



COVID-19 Cases

COVID-19 patient	HDU	ICU	Ventilator
12768	4328	1186	344

- before COVID-19 but it is interrupted due to COVID-19 pandemic.
- Some of the key recommendations include separate EHS block for effective functionalization of EHS, revision of EHS guideline, standardization of EHS charges for services across hospitals.

Tele medicine services

- 4 hospitals have ongoing telemedicine services at various scales.
- For rest of the hospitals, the service is indeterminate as information isn't available.
- Some of the hospitals despite starting the services, have problem with making it fully functional due to issues with internet connectivity.
- Need to ensure implementation of telemedicine services as per National Standard.

Health Insurance

16 Hospitals have reported health insurance program being implemented while the issues include:

- Delay in reimbursement leads to problem in service delivery
- The claim time is very short.
- HR shortages despite increase in demand of services.
- Frequent problem with IMIS

Way forward

- All social security programs should be under the umbrella of health insurance.
- Health insurance should be implemented similar to Aama program
- O& M survey should be done
- Umbrella act for Hospital Development Committee
- Master plan for federal hospitals
- There is need to strengthen as per MSS requirements; out of total 16 hospitals, MSS score was available from 5 hospitals
- Financial support to recover the deficit in operating cost during Pandemic
- Availability of advanced medical equipment/Laboratory services
- Standard platform for EMR decided by MOHP for uniformity

Presentation: Reflections from Health Academies

Dr Mangal Rawal, Karnali Academy of Health Sciences

Dr Rawal, on behalf of Academies of Health Sciences presented on the major progress covering different areas such as human resources, financial resources pharmacy as summarised below.

Progress in key indicators

- OPD Clients: Declining during the pandemic phase
 - Example: 50% decline in NAMS
- Bed Occupancy: Declining in all
- CS rate (out of total delivery): Increasing in all (up to 56%)
- Number of clients served by OCMC: Increasing in all
- MSS implemented by the score is around 50%

Human resources

- Sanctioned post fulfilled in Patan Academy of Health Sciences
- One Health Worker, one Health Facility implemented in KAHS and RAHS
- Lack of human resource as per new sanctioned positions in NAMS, Pokhara Academy of Health Sciences
- Organization and Management survey – required in Ram Raja Prasad Singh Academy of Health Sciences (RRPSAHS) and Pokhara

Financial Resources

- Decline in internal revenue due to reduced number of non-COVID-19 patients
- Allocated budget not disbursed – RRPSAHS
- Timely disbursement of budget and reimbursement of insurance fund are major issues

Others

- Unavailability and shortage of medicines due to Public Procurement Act and Regulation
- Decentralization within the institution for procurement process of pharmaceutical products
- Quality compromised due to acceptance of low bid
- Promote in-country production of medical goods
- Electronic Medical Recording implemented in all except RRPSAHS
- Online outpatient department (OPD) ticketing and token system for OPD, Lab test, and billing- NAMS
- Morning standing meeting: KAHS
- Community based palliative and care of elderly in Makwanpur District- PAHS

Coordination, collaboration and coexistence between academies and MoHP is the key to move ahead for strengthening of the health systems in overall.

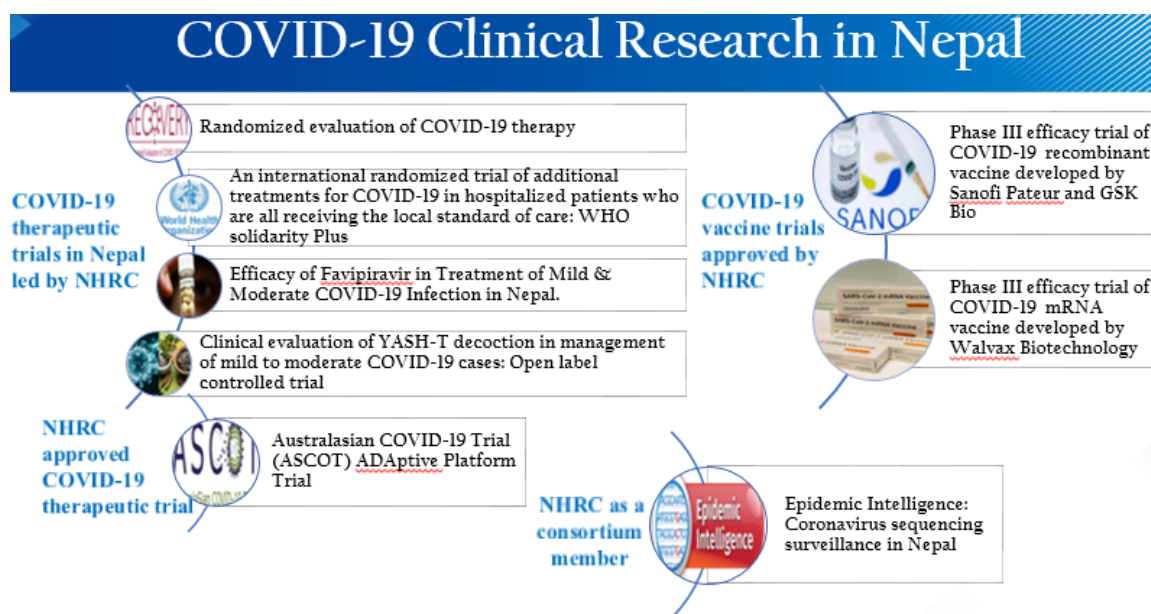
Presentation: Reflections from Councils

Dr Bhagawan Koirala, Chair, Nepal Medical Council

Dr Koirala, on behalf of councils, presented the major achievements along with challenges and way forward.

Nepal Health Research Council (NHRC)

- Number of health research proposals registered 879, approved 706 and report submitted 185 to NHRC
- Number of trainings conducted:7
- Number of participants trained: 3500
- Number of dissemination workshop conducted (province and national) = 15
- Organized Virtual national summit of health and population scientists with participation of more than 2000
- Successful completion of following research projects



Suggested way forwards include:

- Continue and improve upon national level operational research
- Facilitate Research capacity building of national institutions
- Increase funding for research in national/provincial institutions
- Strengthen research in ID and basic science (molecular biology), through national and international partnerships

Health Professional Council

Major functions of the professional councils are:

- Check and certify pre-practice competence (exams)
- Ensure ethical practice, actions against non-compliant
- Introduce and implement CPD
- Facilitate and regulate specialization in practice
- Enable team building in medical practice

Challenges and Opportunities presented include:

- Validity and relevance of foreign degree certificates
- Coordination with the Commission
- Joint monitoring team to be reactivated

Nepal Nursing Council

Regulatory Activities

- Registration of midwives (also others) by licensing Exam (practical exam was also included) Develop the code of conduct for nurses and midwives
- Specialized registration for master level of nursing
- Development of scope of practice for midwives/nurses
- Develop the guidelines for continuous professional development (CPD) to renewal of license.

Key Challenges

- Implementation of CPD program
- Extension of NNC at provincial level
- Address the moral and ethical issues of nurses
- Maintain the online and up to date information of previously registered nurses

Way Forward

- Plan to Held Specialized license exam for Master nursing
- Amendment of NNC act as per federal system
- Plan to maintain the online and up to date information of previously registered nurses
- Separate the licensing system for PCL and bachelor level nursing program
- Formation of ethical committee to address the ethical problems
- Formation of CPD committee to implement the CPD program
- Planning for computer-based license examination for nurses and midwives

Nepal Pharmacy Council

Major Achievements

- Academic Calendar for Name Registration Exam
- Conducted 15th Name Registration Exam at province level during Covid-19 pandemic as per the decision of Government of Nepal. conducted 16th and 17th name Registration during this pandemic
- Improvement in documentation
- New updated name application form with the detail of last 3 years professional activities
- Registered Pharmacist Pharmacy Assistant name up to date

Priority programs

- Regular Conduct Licensure exam
- Upgradation of system (Update, Good Standing letter, Verification) online was the tool we adopted
- Pharmacist code of conduct
- Good pharmacy practices
- Continuous professional development program

Presentation: Health Sector Response to COVID-19 Pandemic

Dr Krishna Prasad Paudel, Director, Epidemiology and Disease Control Division, MoHP

Dr Paudel presented an overview of the health sector response to the COVID-19 pandemic. His presentation captured epidemiological history of the COVID-19 and highlights of the MoHP responses particularly on strengthening of institutional capacity for testing and treatment, implementation of public health measures and vaccination along with lessons, issues/challenges and future actions.

As the key lessons fueling conditions for COVID-19 were shared as non-adherence to public health measures, emergence of new variants, porous border and inadequate screening, testing and tracing of entrants, and lack of strict adherence to quarantine and isolation. Similarly, the need of robust, real-time and integrated information management platform was emphasized to support rapid planning and operational decision making.

Major issues and challenges in the response management were:

- Mutation leading to new variants
- Inadequate coordination among three-tier of government
- Limited Human Resource for health
- Abundance of rumors and misinformation
- Ineffective Case Investigation and Contact Tracing
- Nonadherence to Public Health Measures (SMS) and other public health related instructions
- Non uniformity in perception and decision taking, data recording and reporting

Going forward, following actions points were suggested for the effective management of the response measures.

- Vaccination management for the unvaccinated population
- Advocating responsibility, coordination and accountability across all levels of government
- Strengthening screening at entry points and high-risk areas
- Strict quarantine of suspected persons and entrants
- Intensive COVID-19 testing and tracing
- Strict isolation of positive cases
- Intensive case investigation and contact tracing
- Rumor monitoring and timely addressal
- One door information system

Session 5: Sharing of Draft Health Financing Strategy and Study Findings

Presentation: Sharing of NNHA 2017/18 and Draft Health Financing Strategy

Dr Guna Nidhi Sharma, Policy, Planning and Monitoring Division, MoHP

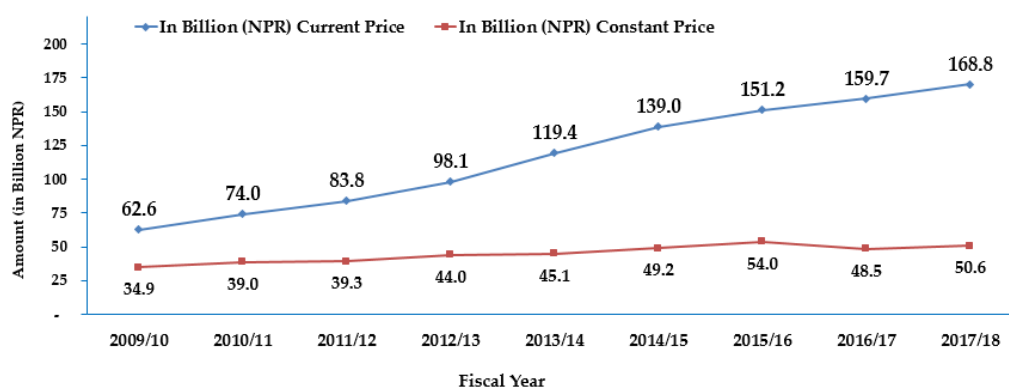
Health Accounts provides an estimate of health expenditure incurred in the entire health sector of a country, tracks the overall expenditure on health, shows where the health resources come from, under what scheme, and how they are used as well as compares the health expenditures from various sectors.

Some of the major findings include:

- The classifications of current health expenditure by providers show that 38.0% of the current health spending was made by the providers of pharmaceuticals and medical goods followed by public hospitals (10.2%) and private hospitals (12.0%). At the ambulatory care providers, it was 8.5% of current health expenditure.
- Total health expenditure when classified by provinces, it was estimated that 25.6% out of national Total Health Expenditure was in Bagmati Province followed

How Much Did Nepal Spent on the Healthcare?

Trend of Total Health Expenditure in Current and Constant Prices (NPR)



Total Health Expenditure (THE) in current prices was estimated at NPR 168.8 Billion in FY 2017/18

by Province 1. The lowest was in Karnali Province, while 10.5% could not be distributed by provinces. The highest proportion of health expenditure in Bagmati province is mainly due to presence of major health facilities with highest flow of services users from entire country and the presence of federal government entities whose health expenditures could not distributed to the provinces, as there were limitations in securing robust data.

Policy messages

- Government expenditure on health is increasing in absolute terms however almost constant in relative terms (proportion), requires more domestic funding for health (increase fiscal space)

- There is still gap for financial and risk pooling across the population resulting consistently high OOP expenditure burden
- Share of health insurance in the overall health care financing is very low
- Pharmaceuticals and medical goods comprise of high expenditure bring one of the major drivers of OOP spending on health care
- More sustainable financing source is required for the prevention and treatment of NCDs

Dr Sharma also presented the highlights of the national health financing strategy which was prepared through series of consultative process and is yet to be endorsed. The MoHP is further seeking suggestions and comments for the finalization to proceed for the endorsement. The draft strategy is prepared with the goal of managing the financing resources for the universal health coverage. In the draft strategy, various operational approaches have been formulated under five broader strategies.

Presentation: Preliminary Findings: Nepal Health Facility Survey 2021

Mr Shambhu Jnawali, Policy, Planning and Monitoring Division, MoHP

Mr Jnawali presented the second comprehensive survey of formal sector health facilities in Nepal (Nepal Health Facility Survey- NHFS)), highlighting its objectives providing information on the availability of essential health services in Nepal, the readiness of health facilities to provide those services, and the quality of client services.

In terms of scope, NHFS 2021 provides estimates for the whole country, ecological regions, facility types, managing authorities, residence and each of the seven provinces. Major of the data sources for the survey were:

- Health Facility Inventory
- Health Worker Interview
- Observations of Antenatal care (ANC), family planning, sick child and normal delivery services
- Exit Interview of Clients/Care takers of selected services

The data was collected from January 2021 through September 2021 with 3 months break during the lockdowns, through interviews, clients exit interview and observation. Some of the preliminary findings can be presented as:

Standard precaution for infection control

- Standard precautions for infection control are critical in the present COVID-19 context.
- Soap and running water or disinfectant was available in 97% of the facilities surveyed.
- Medical, surgical or N95 was available in 82% of the facilities.
- Similarly pulse oximeter was available in 42% facilities

Availability of basic amenities

The availability of all the basic amenities like client toilets, improved source, emergency transport, computers and internet has improved in 2021 survey. The availability of basic equipment like weighing scale, thermometer, BP apparatus has also increased in 2021 survey.

Similarly, the HIV testing services is available in only 5% of the facilities in Nepal. Two-thirds of the federal and provincial hospitals provide HIV testing services, while only 10% of the local level hospitals and 29% of the private hospitals are providing this service. Only one-third of the stand-alone HTC clinics provide HIV testing services. Likewise, TB services are available in 80% of the health facilities in Nepal. TB service availability is highest in Province 2 and lowest in Karnali Province. TB service availability is above 95% in all hospitals- both public and private including primary health care centres and health posts.

Session 6: Reflections from EDPs and AIN

Reflection from: <ul style="list-style-type: none">• EDPs• AIN Highlights of the Sector Support and way forward followed by discussion	Chair- Secretary, MoHP Co-chair- Chief, HCD, MoHP
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Presentation: Highlights of Sector Support and Way Forward: EDPs

Dr Budhi Setiawan, EDP Chair

Dr Setiawan, on behalf of EDPs, presented key areas of sector support as per the NHSS outcome areas and funding modalities. Some of the key points of the presentations are summarised below.

Outcome 1: Rebuilt and strengthened health systems

Some of the key areas included; support pharmaceutical regulatory systems & drug quality; COVID-19 equipment including LUX oxygen tank and cylinder; Supply chain management/eLMIS and procurement; production of professional midwife cadres (first batch of 26 cadres produced in 2020/21); support in ensuring continuity RMNCAH (Reproductive, Maternal, Neonatal, Child and Adolescent Health Services in COVID-19's context; COVID-19 Emergency Aid – Financial grant for COVID-19 and emergencies related investment and expenditures; Sector Budget Support; Reconstruction of Gorkha, Ramechhap and Jiri Hospitals; and Reconstruction of other facilities, among others.

Outcome 2: Improved QOC

Some of the key areas included minimum service standards, standard treatment protocols, ensuring qualified HRH, FP & RMNCH, SRHR and adolescent health; NTDs, other communicable diseases; Antimicrobial resistance and strengthening oxygen therapy for hypoxia management in Province 2.

Outcome 3: Equitable distribution & use of health services

Some of the key areas included; basic health services package; support to improve FP/RH & MNCHN care and availability of commodities in remote areas; Facility based IMNCI, comprehensive nutrition; Support for policy development and provision of disability friendly health service, STPs/BHS package roll out; Roving Auxiliary Nurse Midwives; PNC home visit; Visiting Service Providers; GESI strategy and plan; strengthening GESI institutional mechanism (select provinces): training package; Code of conduct against Gender based violence in workplace at federal and select provincial and local level; GRB and LNOB in select provinces.

Outcome 4: Strengthened Decentralized Planning and Budgeting

Key areas include support over 460 municipalities and all provinces for health planning, budgeting, & implementation, support to 5 municipalities for health sector planning and budgeting with focus on COVID-19 response, public health measures and expansion

of curative services and technical assistance to Provinces (WHO) for health system strengthening, SRHR, WHO emergency and immunization and federal government (jointly with UNICEF) for securing & planning resources.

Outcome 5: Improved Sector Management and Governance

Key areas include public procurement and financial management; support strengthening health governance at all levels; Support to provinces to revitalize health facility management committees, establishment of health desks at Provinces (1, 2, 5 and 7) and facilitated the COVID-19 screening; Supported in the provincial government in improving the access to COVID-19 vaccination at Point of Entries (PoE); support in the provincial government in improving the access to COVID-19 services including protection and water sanitation and hygiene (WASH) at PoE.

Outcome 6: Improved Sustainability of Healthcare Financing

Key areas include support Family Planning Sustainability Roadmap, support decentralized planning, support to develop National Health Financing Strategy.

Outcome 7: Improved Healthy Lifestyles & Environment

Key areas include urban health initiative & air pollution; WASH and nutrition, TB and COVID-19 related integrated message dissemination, promoting vaccination related messages and information on vaccine deployment sites and Support to occupational health and safety measures for waste workers during COVID-19 pandemic through training measures and provisioning of protective equipment.

Outcome 8: Strengthened Management of Public Health Emergencies

Key areas

- Preparedness and response on COVID-19 pandemic; Support on surveillance.
- Support EWARS and other digital tools & systems.
- Population Mobility Mapping, Displacement Tracking Matrix, Capacity building, Vaccination Support at exit points and PoEs.
- COVID-19 Emergency Aid – Financial grant for COVID-19 and emergencies related investment and expenditures.
- Provision of medical equipment, drugs, consumables, test kits, PPE, oxygen concentrators and oxygen plants for testing and treatment of COVID-19.

Outcome 9: Improved availability & use of evidence in decision-making at all level

Key areas include Nepal Health Facility Survey; Demographic and Health Survey; Nepal maternal mortality study, Population Mobility Mapping exercise. Displacement Tracking Matrix exercise, Multi sectoral risk assessment, Feasibility study on the design, development and use of Migration Health Management Information System and introduction of Artificial Intelligence technology in the screening of Tuberculosis and operational research incorporating the new technology.

Development partners' support-financing

In terms of financial support for COVID-19 prevention and control, 28% is to be financed by GoN, 3% through foreign grants and 68% through foreign loans. In terms of integrated health infrastructure development programme, 14% is to be financed by

GoN, 16% through foreign grants and 69% through foreign loans and in terms of Family Welfare Programme, 100% will be financed through foreign grants

Challenges and learning

- COVID-19 eruption and its associated effects transpired various difficulties and hampered smooth program implementation. However, the need for an adequate preparedness and response plan and contingency measures should be integral to project development and project management.
- Integrated planning and program management with government and non-government counterparts is essential in the larger imperatives of COVID-19 response and management.
- Robust Infrastructural management at Isolation Centres and Ground Crossing Points and standard operating procedures dedicated for screening, contact tracing should be strictly followed to prevent the community transmission of COVID-19 and source control. The need to develop RCCE messages in mediums understandable by the locals and disseminate through the media accessible to larger audience is learnt. -IOM
- Challenges have included coordination between various Departments, Divisions and Centers for evidence-based and informed annual work plan and budgeting for programs; periodic and meaningful review of implementation progress at appropriate management levels; timely and transparent sharing of program data to support tracking of implementation progress (World Bank)

Future course of support

- IOM: Improved and dedicated efforts in Health Desk strengthening, Isolation centers strengthening including infrastructural support, WASH facilities strengthening, Risk Communication and Community Engagement Activities. Psychosocial First Aid Counselling, and COVID-19 Vaccination. IOM will post dedicated staffs at health desks for the operational support of the health desk activities
- GDC/KfW: Decongestion of Paropakar Maternity and Women's Hospital (PMWH) by creating Satellite Hospitals in partnership with MoHP, PMWH, Tarakeshwor Municipality and Chandragiri Municipality.
- World Bank: Financial support for procurement and deployment of COVID-19 vaccines; and follow-on support to key aspects of new health sector program for 2022-2027.
- JICA: Supporting for the improvement of medical equipment in eight advanced hospitals in the Kathmandu valley.
- Global Fund: HIV, TB and malaria funding by end 2023; C19 RM funding by end 2023
- KOICA: Supporting "Scaling up of Nepal Korea Friendship Municipality Hospital -Phase 2" (2022 – 2027)
- UNICEF-GoN new Country Programme 2023-2027 and UN Sustainable Development Cooperation Framework 2023-2030 which will support NHSS

New sector strategy and focus

- Strengthen public health emergency preparedness and response with a particular focus on strengthening existing health systems and ensuring proper linkage.

- Capacity enhancement of the local health system: Leadership & governance, data for decision making, improving quality of care.
- Efficient use of domestic resources & and broaden financing resources
- Expand of health insurance addressing exiting policy and system bottlenecks

Presentation: Highlights of Sector Support and Way Forward: INGOs

Sushil Koirala, Association of INGOs (AIN) Health Working Group

Mr Koirala, on behalf of AIN, presented the following major areas of support from INGOs.

- Maternal and child health care (Strengthening systems through training, material and technical assistance, Skilled Birth Attendant Training, Behavior change at community level)
- Family Planning, Adolescent Sexual and Reproductive health (Engagement with civil society and community and agency building, technical assistance for policy and advocacy)
- Nutrition (Integrated Nutrition Program including Health, WASH, Governance and Agriculture (MIYCN, IMAM, CB-IMNCI, Routine Data Quality Assessment (RDQA) on Nutrition and support on Vitamin A supplementation)
- Early childhood development (Early Childhood Development targeting to children under 3 years of age, Parenting Education sessions for pregnant women & parents of children under 3 years of age)
- Rehabilitation and Disability Management (Technical support in developing rehabilitation guidance/protocol Advocacy with provincial health authorities in establishment of physiotherapy units in Karnali province, Facilitate access of Women and Children with Disabilities/Impairments to Healthcare and Social Protection)
- Tuberculosis, HIV/AIDS and STI (Support government in strengthening HIV/AIDS program)
- Curative service support program, Research, Response to COVID-19 pandemic (Medical supplies, Support to COVID-19 testing and vaccination (digital health system support in hospitals, vaccination awareness campaign, cold chain maintenance, etc. and Resumption of basic health services (support continuation of RMNCAH services, training to HWs on mental health & Gender based violence response)

As a way forward, following suggestions were presented:

- Strengthen alignment with government policies and strategies
- Strengthen partnership with government at all levels
- Continuation of ongoing approved programs
- Support COVID-19 response with particular focus on vaccination uptake
- Explore funding opportunities for emerging/re-emerging issues in health and nutrition

Session 7: Closing

MoHP presentation on Priority Action and way forward	Chair: Secretary, MoHP
Closing Remarks	Chief Guardian: Hon'ble Minister, MoHP
EDP Chair	Guardian: Hon'ble State Minister, MoHP
Hon'ble Member, NPC	
Hon'ble State Minister, MoHP	
Hon'ble Minister, MoHP	
Secretary, MoHP	

Major Issues and Priority Action Points

Dr Taranath Pokharel, Chief, Policy, Planning and Monitoring Division, Ministry of Health and Population

Dr Pokharel summarized the major points from all presentations and also provided indicative action points, and highlighted on key responsible authority and target dates to accomplish identified tasks, along with action plan were presented as presented below.

Key success factors

- Dedication: Dedication and commitment especially of front-liners during COVID-19 pandemic and to scale-up of COVID-19 vaccination
- Service continuity: Continuity of essential services during COVID-19
- Improved reporting: Improvement of reporting from peripheral health facilities
- Contribution: Engagement of and contribution of different stakeholders (development partners, INGOs, private hospitals, volunteers) to address health sector needs (e.g., vaccines, critical care equipment, community engagement)
- Exemplary initiatives: Exemplary initiatives by different local levels, hospitals and academia during pandemic

Key issues

- Coordination: gaps between three tiers of government for planning and health service delivery, poor linkages with academia and insurance authority
- HRH: Insufficient HRH due to vacant positions, lack of updated organizational structure and skills gap in context of federalism
- Information Systems: Integration and interoperability issues between MIS and fragmented electronic recording systems, untimely and incomplete reporting from federal hospitals and private sector
- Procurement and Supply Chain: Logistics management capacity, Functionalization and maintenance of medical equipment, stock-out of drugs and supplies, duplication in procurement process, quality and cost concerns, role and functions at different levels
- Hospital services: Unstandardized and inadequate health care waste management

- Service delivery: Unclear modality for ensuring delivery of BHS, Delayed reimbursement of insurance claims, service quality concerns
- Governance: Inadequate use of governance mechanisms and tools
- COVID-19: Risk posed by new variant, vaccine coverage, POE management

Priority Action Points

Governance and management

- Prepare a concept note/guideline for the organizational harmonization and facilitate O&M survey of the health sector institutions/hospitals
- Strengthening mechanism for collaboration between academy of health sciences and provincial governments for service expansion and delivery
- Regularize technical interaction, cross learning, periodic review, joint planning, and coordination meetings between federal, provincial and local level
- Finalize Acts/Bills for CDC, FDA, NHAB, Umbrella Act for Academics and Federal Hospital

Coordination and collaboration

- Coordinate with Ministry of Education to review and revise the school and university level health related curriculum
- Collaborate with Medical Education Commission and Councils to develop a detail work plan to realign the seats and curriculum in line with the HRH Strategy 2078

Procurement and supply chain management

- Develop a guideline to define clear scopes and functions of federal, provincial and local level for procurement of medicines, supplies, equipment and commodities
- Advocate to revise Public Procurement Act and Regulation to address issues and challenges faced by health sector and facilitate process
- Proceed to endorse Public Procurement Framework to facilitate Central Bidding and Local Purchasing
- Establish mechanism and regularize technical backstopping to province and local level to ensure quality and appropriate supply of medicine and commodities

Information management

- Develop standards of integrated Electronic Health/Medical Record System and facilitate roll out and adaptation
- Facilitate mechanisms to regularize on-time and complete reporting from low-reporting health institutions (both public and private)
- Create inter-operability between HF registry and HMIS and facilitate harmonization of interoperability between different health related information systems

Hospital Management

- Conduct infrastructure and equipment audit on a regular basis in all Federal and Provincial hospitals

- Develop SOP for equipment repair and maintenance in each province and implement
- Develop Provincial Hospital Development Plan to guide service expansion, infrastructural development, referral mechanism and to capacitate Hospital Development Committees

Peripheral Health Facilities

- Standardize profile (name, infrastructure design and criteria, human resource needs, services to deliver, budgetary provisions) of all peripheral level facilities (e.g. BHSCs, Community Health Units)
- Establish mechanism and strengthen coordination between three tiers of government for operation of basic hospitals

Infrastructure Development

- Review and update infrastructure related criteria for government owned health institutions
- Develop comprehensive multi-year Health Institution Development Plan (including infrastructure development and maintenance plan, service delivery plan)

Ayurveda and Alternate Medicine

- Develop Roadmap for Ayurveda and Alternative Medicines
- Scale-up Citizen Wellbeing Program (e.g. Nagarik Aaryogya Karyakarma) throughout all local levels
- Include Health Insurance in Ayurveda and Alternative medicine
- Rollout A-HMIS to all ayurvedic health institutions.

Drug and Medical Products

- Extend institutional arrangement for drug regulation at each province through O&M
- Ensure requirements of GMP certification and quality assurance of Ayurvedic medicines
- Develop new legal provisions for Emergency use authorization of drugs and vaccines
- Revise drug act including its scope of regulation to cover health products
- Conduct policy dialogue to increase domestic manufacturing of drugs
- Strengthen Health Informatics/technology Assessment Team

Service Delivery

- Develop a mechanism to monitor availability and utilization of Basic Health Services
- Prepare mechanism and modalities to integrate Ayurveda services through existing health facilities through single outlet
- Initiate online enrollment and improve drug availability to improve coverage for health insurance

Organization Structure and HR Management

- Develop mechanism to deploy and mobilize specialized cadre from federal level and advocate with concerned ministries
- Facilitate cross-learning for recruitment, retention, motivation of critical human resources in coordination with Provincial Public Service Commission
- Develop Human Resource Capacity Building Plan at Federal and Provincial Level based on training needs
- Build capacity of local and provincial level health officials through modular training packages, coaching and mentoring

COVID-19 / Health Emergency Preparedness & Response

- Finalize the Health Emergency Preparedness and Response Plan at federal and Provincial level based on mapping of needs, scope, resource
- Review and finalize scope of COVID-19 designated hospitals
- Update COVID-19 protocols, standards and guidelines based on the needs and lessons learned
- Review and update National Vaccination Deployment Plan
- Review vaccination coverage, post-vaccination surveillance and facilitate approaches to improve coverage in low coverage areas

Closing Remarks

Hon'ble Birod Khatiwada, Minister, MoHP

Hon'ble Birod Khatiwada, Minister, MoHP reiterated some of the major challenges as lack of human resource, hospital management, lack of health and medical equipment and emphasized on the need to monitor the status of human resource and come up with innovative ways to address these challenges, such as tackling COVID-19 situation through seeking support from and mobilizing students of nursing, MBBS and responsibility handover to local government stakeholders and public representatives. He also highlighted on the need to ensure uniformity in price allocation and consistency in distribution of medical equipment and supplies across all levels. Finally, he urged everyone to give their best in materializing the action points and way forward discussed in the meeting and thanked all the participants for their contribution.

Dr Kiran Rupakheti, Hon'ble Member, National Planning Commission

Dr Rupakheti pointed out the work done by MoHP in COVID-19 context is exemplary and that 100% of the citizens are the clients of MoHP. He also reiterated on the leading role of the government in providing quality health service, and the need to address some of the major pressing challenges, such as strengthening nutrition and fulfilling commitments related to basic health services.

Dr Buddhi Setiawan, EDP Chair

Dr Setiawan emphasized on the need to consider collaboration and joint consultation process with all stakeholders and clients, including provincial and local government and population. He also highlighted on the need to scale up vaccination campaign through schools, colleges and other stakeholders, emphasizing that all stakeholders should follow the national program.

Dr Guna Raj Lohani, Chair of the Session

Dr Guna Raj Lohani, Acting Secretary, MoHP thanked all the participants for their contribution in making the NJAR successful. He further said that the meeting was successful in identifying where we stand in terms of health, and where our priorities should be for the coming years. He highlighted the need to ensure availability of affordable and user-friendly health services to people through the recommendations provided during the meeting. Finally, he declared the closing of the 2-day long NJAR by thanking all the presenters, participants, representatives and supporting partners once again.

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
2081/82	2024/25

Annex 2: Objectives and Agenda of the National Joint Annual Review 2077/78

Objectives

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

Agenda

Day/Time	Activity	Chair/Co-chair, Presenter/Panelists/Moderator
Day 1: 22 Mangsir 2078, Wednesday (8 December 2021)		
Master of Ceremony: Ms Yeshoda Aryal and Dr Guna Nidhi Sharma		
09:30 - 10:00	Welcome and Objectives Inauguration by Hon'ble Minister, MoHP	Chief, HCD, MoHP <u>Chair:</u> Secretary, MoHP <u>Co-Chair:</u> EDP Chair <u>Chief Guardian:</u> Hon'ble Minister, MoHP <u>Guardian:</u> Hon'ble State Minister, MoHP <u>Guests:</u> Hon'ble Member of National Planning Commission National Natural Resource and Fiscal Commission, Ministry of Finance Ministry of Federal Affairs and General Administration Chief Specialists Advisor (Public Health)- Prime Minister Advisor- Health Minister DGs PPMD Chief
10:00- 11:00	Health sector progress <ul style="list-style-type: none"> ▪ AWPB FY 2077/78 ▪ NHSS & SDG targets: Key health indicators with provincial level disaggregation ▪ Key issues, challenges and possible future actions 	<u>Presenters:</u> <ul style="list-style-type: none"> ▪ Chief, PPMD, MoHP (30 min) ▪ DG, DoHS (30 min) <u>Presenter:</u> Chief, HCD, MoHP
11:00 - 01:00	Provincial reflection on key issues (30 min) <ul style="list-style-type: none"> ▪ AWPB implementation: key progress, opportunities, challenges and lessons learned ▪ Collaboration and coordination with Local and Federal Government 	

Day/Time	Activity	Chair/Co-chair, Presenter/Panelists/Moderator
	COVID-19 pandemic preparedness and response Discussion (45 minutes) Closing Remarks of Opening Session (45 mins)	
01:00 - 02:00	Lunch	
2.00-3.15	Health sector progress <ul style="list-style-type: none"> ▪ AWPB FY 2077/78 ▪ NHSS & SDG targets: Key health indicators with provincial level disaggregation ▪ Key issues, challenges and possible future actions Discussion (45 minutes)	<u>Chair:</u> Dr Bhim Singh Tinkari, Chief Specialist MoHP <u>Co-chair:</u> Chief, Population Division, MoHP <ul style="list-style-type: none"> ▪ DG, DDA (15 min) ▪ DG, DoAAM (15 min) ▪ DG, DUDBC (15 min) ▪ ED, HIB (15 min)
03:15 - 03:35	Reflection from pre-NAR field visit <ul style="list-style-type: none"> ▪ Key observations (issues, challenges and future actions) 	<u>Chair:</u> Dr Gunaraj Lohani, Chief Specialist MoHP <u>Co-chair:</u> Chief, PPMD, MoHP <u>Presenter:</u> Chief, M&E Section, PPMD, MoHP
03:35 - 04:35	Panel discussion Province and Local Level <ul style="list-style-type: none"> ▪ Key progress, opportunities, challenges and lessons learned 	<u>Panelists:</u> Mayor, Deputy Mayor and Chief Administrative Officer from selected Local Levels, Joint Secretary from MoFAGA and Secretary from Provincial Ministry (Lumbini) <u>Moderator:</u> Dr Sushil Baral
04:35 - 05:00	COVID-19 Progress and Further Steps Followed by discussion	<u>Chair:</u> Dr Dipendra Raman Singh, DG, DoHS <u>Presenter:</u> Dr Krishna Poudel, Director, EDCD Presentation: 15 minutes Commentator: Secretary, Office of Prime Minister and Council of Ministers Discussion: 10 minutes
Day 2: 23 Mangsir 2078, Thursday (9 December 2021)		
Master of Ceremony: Mr Bhim Prasad Sapkota and Dr Pomawati Thapa		
09:00 - 10:00	Reflection from: <ul style="list-style-type: none"> ▪ Federal hospital (30 mins) ▪ Academia (30 mins) 	<u>Chair-</u> Dr Shyam Sundar Yadav, Chief Specialist, MoHP <u>Co-Chair-</u> Chief, QSRD, MoHP <u>Presenters:</u> Representative from Hospitals and Academia
10:00 - 10:15	Reflection from: <ul style="list-style-type: none"> ▪ Councils (15 mins) 	<u>Presenters:</u> Representative from councils

Day/Time	Activity	Chair/Co-chair, Presenter/Panelists/Moderator
10:15 - 11:45	Reflection from: <ul style="list-style-type: none"> ▪ Association of Private Medical and Dental College (15 mins) ▪ APHIN (15 mins) Discussion 	<u>Presenters:</u> Chair, Association of Private Hospital in Nepal Chair, Association of Private Medical and Dental College <u>Panelists:</u> Presenter from Federal Hospital, Council, Academy, Medical college and Private Hospital <u>Moderator:</u> Dr Guna Nidhi Sharma
11: 45 – 12:45	Plenary discussion Hospital Services (EMR, EHS, One HW one HF, Emergency and Geriatrics Services)	
12:45 - 01:45	Lunch	
01:45 - 02:30	<ul style="list-style-type: none"> • Draft sharing of National Health Financing Strategy • Sharing of preliminary finding of Nepal Health Facility Survey 2021 • Dissemination of National Health Account 2017/18 	<u>MoHP</u>
02:30 - 03:15	Reflection from: <ul style="list-style-type: none"> ▪ EDPs (20 mins) ▪ AIN (10 mins) Highlights of the Sector Support and way forward followed by discussion Discussion: 15 mins 	<u>Chair-</u> Secretary, MoHP <u>Co-Chair-</u> Chief, HCD, MoHP <u>Presenters:</u> <ul style="list-style-type: none"> • EDP Chair • AIN Coordinator
03:15 – 04.30	Closing Session <ul style="list-style-type: none"> ▪ MoHP presentation on Priority Action and way forward (15 mins) ▪ Closing Remarks EDP Chair Hon'ble Member, NPC Hon'ble State Minister, MoHP Hon'ble Minister, MoHP Secretary, MoHP 	<u>Chair:</u> Secretary, MoHP <u>Chief Guardian:</u> Hon'ble Minister, MoHP <u>Guardian:</u> Hon'ble State Minister, MoHP

Annex 3: Organization of the Pre-NJAR Technical Sessions

Just before the NJAR event, technical sessions were organized on 7th of December 2021 to have focused discussion on selected thematic areas and to prepare consolidated presentations for the NJAR. Those technical sessions were focused on three themes: Federal Hospitals, Councils and Academy of Health Sciences, and Provinces and Local Levels.

Opening session

The opening of the technical sessions was chaired by the Secretary of the Ministry of Health and Population and was hosted from the MoHP conference hall. Senior officials of the MoHP including Chief Specialists, Director Generals of the Departments, Chiefs and Directors of Divisions and Centres, Vice Chancellors and other officials of Academic institutions, Chairs and other officials of health sector related Councils, Secretaries and other officials from the provinces, elected representatives and other officials from selected local levels, Directors/Superintendents of Hospitals, technical officials of development partners and other concerned officials participated in these technical sessions either physically or virtually.

Delivering the concluding remarks, MoHP Secretary highlighted on the ongoing risk of the COVID-19 and wished for fruitful sessions. He encouraged to have in-depth discussion on existing issues, challenges and way forward. He also opined that health sector has to perform at its optimum capacity to ensure continuation of health services while aiming for the improved capacity of the systems to cope with future challenges.

After the opening session the participants who had joined virtually were assigned to different groups which were hosted from MoHP hall and Nepal Health Research Council halls.

Technical Session on Provincial and Local Levels

The session on provincial and local levels was hosted from the MoHP conference hall. The session was chaired by Chief Specialist Dr Gunaraj Lohani and was facilitated by Mr Shambhu Jnawali.

During the session, presentation was made either by the Secretary or by the Director from each of the seven provinces as per the provided framework for the presentation. After the presentations, floor was open for discussion wherein participants and facilitators put their questions for clarification. In parallel to the provincial presentations, a team of facilitators compiled major issues and suggested actions as the draft of consolidated presentation of the provinces.

After the lunch, a presentation was made from Bharatpur metropolitan city as a reflection of the health sector progress and challenges at the local level. The draft of the consolidated presentation was further revised and finalized considering the challenges and way forward discussed during the technical session. The session chair provided a highlight of the discussion and thanked all the participants for the in-depth interactions before wrapping the session.

Technical Session on Federal Hospitals

The session on hosted from the NHRC meeting Hall A which was chaired by Chief Specialist Dr Dipendra Raman Singh and facilitation was done by Dr Amrit Pokhrel. Some of the officials were present in the meeting hall physically while other joined virtually.

A draft of consolidated presentation was prepared by the team of facilitators in parallel to the hospital's presentation highlighting the mainly based on the presentation by respective hospitals and data reported in the HMIS.

After the lunch, draft of the consolidated presentation was shared and further revised incorporating feedback received from the respective presenters. At the end, the session chair

highlighted some of the issues presented and thanked all the participants and facilitators for the fruitful discussion.

Technical Session on Academia and Councils

Similar approach was followed for this session too. Senior officials from different federal hospitals made their presentation during the session. The session on Academia and Councils hosted from the NHRC meeting Hall B. The session was chaired by Chief Specialist Dr Shyam Sundar Yadav and facilitation was done by Ms. Shakuntala Prajapati.

The presentation was done by health sciences academia in alphabetical order: Karnali Academy of Health Sciences (KAHS), National Academy of Medical Sciences (NAMS), Patan Academy of Health Sciences (PAHS), Pokhara Academy of Health Science and Ram Raja Prasad Singh Academy of Health Sciences (RRPSAHS). Few of the academic institutions were not able to attend the technical session. After the presentations, discussion session was held wherein participants and facilitators asked questions for clarification.

During the lunch break the facilitator team compiled the issues raised by academia and prepared first draft of the consolidated presentation. After the lunch, presentation of councils was started. Nepal Nursing Council, Nepal Pharmacy Council and Nepal Medical Council presented virtually whereas in person presentation was done by Nepal Health Research Council highlighting the key achievements and ways forward. After completion of presentations, the discussion session was held. Dr Bhagawan Koirala from Nepal Medical Council was nominated to finalize a consolidated presentation and share on behalf of all councils.

Similarly, Dr Mangal Rawal from Karnali Academy of Health Sciences was nominated to finalize the consolidated presentation and present on behalf of all academies of health sciences. The session chair summarized the issues from councils and academia and thanked all the participants and facilitators for the fruitful discussion before wrapping the session.

Annex 4: Business Meeting between MoHP and EDPs

On 10th of December, a Business Meeting was organized between MoHP and EDPs following the in-depth review of the sector on the preceding two-days. Considering the COVID-19 protocols, the meeting was organized splitting the participants into separate halls: MoHP hall and NHRC hall. The meeting was attended by senior officials of MoHP, Departments, Centres and the EDPs.

The main agenda of the business meeting was to jointly reflect on the key issues and concerns raised during the first two-days of the review and to draft strategic action points on priority areas in the form of aide memoire. The meeting was chaired by the Secretary of the MoHP and co-chaired by EDP Chair.

The meeting started with a brief presentation on the progress of the last aide memoire and potential actions points for incorporation in the aide memoire for next year. The MoHP presentation was followed by open discussion and groups works for drafting the actions points. Afterwards, all the action points from the group work were compiled, reviewed and finalized jointly by the senior officials of the MoHP and EDPs. The final version of the aide memoire was endorsed by the acting secretary of the MoHP and EDP chair. The meeting concluded by delivering concluding remarks by the co-chair and chair of the meeting.

