



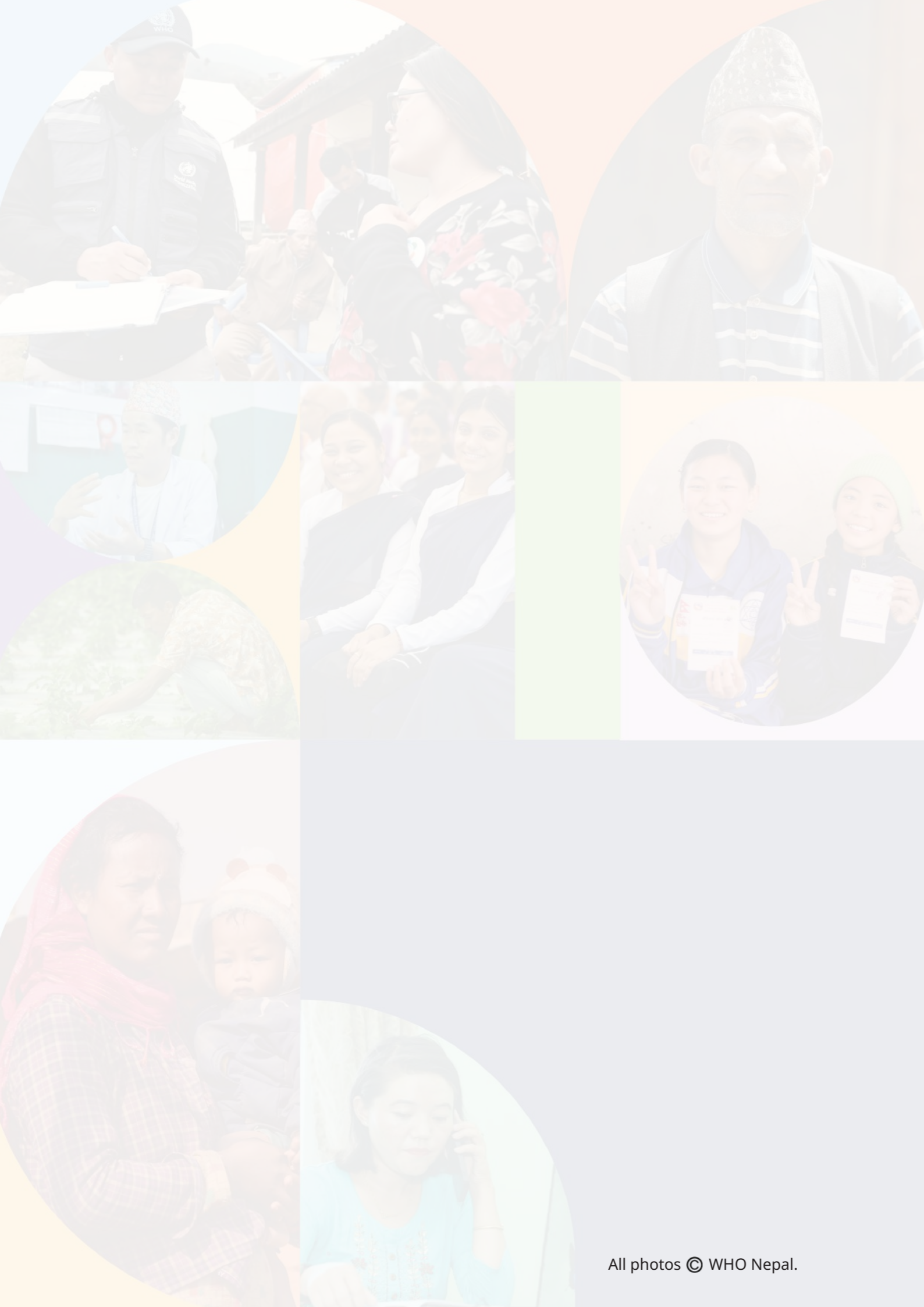
BIENNIUM REPORT

2024 - 2025



World Health
Organization

Nepal



BIENNIUM REPORT

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I am pleased to present the biennium report (2024-2025) of the WHO Country Office for Nepal. This period has been both challenging and transformative, marked by important public health achievements alongside complex threats that tested the resilience of health systems and communities. Yet throughout these two years, Nepal has demonstrated that sustained commitment, strong leadership, and long-term investment in health can deliver meaningful progress.

A defining milestone of the biennium was Nepal's elimination of rubella in 2025, reflecting more than two decades of dedicated effort by the Government of Nepal and partners to protect the health of children and women. Enabled by a robust national immunization programme and a high-performing surveillance system, this success stands as a reminder that progress in public health is built over years—often decades—of persistent, evidence-based action.

In 2025, the national immunization programme achieved major progress, vaccinating over 95% of children against key diseases and surpassing pre-pandemic coverage levels. Alongside routine immunization, the Government of Nepal, with support from WHO and partners carried out supplemental campaigns against measles-rubella, polio (IPV), cholera, and a nationwide HPV vaccination campaign. Together, these efforts resulted in administration of over 10 million doses nationwide, extending protection to millions of children and adolescents.

Nepal also made significant progress toward controlling and eliminating several infectious diseases. The country achieved the elimination threshold for Kala-azar in 2024 and sustained it for the second consecutive year, stopped mass drug administration

for lymphatic filariasis in 57 out of 64 endemic districts, and achieved 65% reduction in new child leprosy cases compared to 2019. The country has also adopted an all-oral shorter treatment regimen for drug-resistant TB, in line with WHO's recommendations, aimed at improving treatment efficiency and outcomes.

Alongside progress in communicable diseases, Nepal strengthened its response to the growing burden of non-communicable diseases (NCDs), which account for more than 70% of deaths nationwide. Expanded screening and early detection initiatives, stronger policy frameworks and greater integration of NCD and mental health services into primary health care are helping shift the health system toward prevention, early diagnosis, and long-term management of chronic conditions.

The biennium was also defined by the need for urgent public health response. WHO supported the Government of Nepal during the floods and landslides of 2024 and in responding to outbreaks including cholera and Japanese encephalitis. Across the country, WHO's network of field-based personnel played a crucial role in supporting rapid detection, maintaining surveillance, and enhancing coordination through the PHEOC network.

Strategic policy advancements include the endorsement of the Multisectoral National Action Plan on AMR (2024-2028), the National Cancer Control Strategy, (2024-2030), the National Oral Health Strategy (2024-2030), the National Strategic Plan for Malaria Elimination

2025-2030, and the development of the National Health Financing Strategy Implementation Plan and the Health Insurance Roadmap, along with the first Multisectoral Action Plan for Dengue Prevention and Control 2026-2030, the National Strategic Plan and Roadmap for Elimination of Lymphatic Filariasis in Nepal 2024-2030, National Strategic Plan for Kala-azar Elimination 2025-2030, and the National Strategy and Action Plan for Rabies Elimination 2025-2030. The development of the country's first International Health Regulations (IHR) National Plan further reflects a growing commitment to strengthen preparedness, coordinated governance and health security.

Despite important gains, Nepal's health system continues to face structural and emerging challenges. As federal governance evolves, stronger coordination across national, provincial and local levels is critical to ensure smooth health service delivery, harmonized planning and resource allocation. Persistent inequities, climate vulnerabilities, high out-of-pocket costs, and the rising burden of NCDs and mental health conditions demand sustained attention and investment.

The achievements highlighted in this report reflect the strength of collaboration and partnership. WHO remains grateful to the Government of Nepal for its leadership and to the development

partners whose support has helped sustain essential health services, advance policy and programme implementation, strengthen system resilience and protect critical health gains.

Recent achievements demonstrate what is possible through sustained commitment, partnership and community engagement. By building on these gains, strengthening equity and continuing to invest in resilient health systems, Nepal can accelerate progress toward universal health coverage. WHO remains committed to supporting the Government of Nepal to ensure that every person has the opportunity to live a healthy and dignified life.

Dr Allison Gocotano

WHO Representative to Nepal, a.i.



With over 40% of its nearly 30 million population between the ages of 16-40, Nepal enjoys a youthful demographic dividend, while simultaneously facing the challenges of a growing elderly population due to rising life expectancy.

The country's population is highly diverse, marked by stark geographic and socio-economic disparities between the urban centers and remote rural districts. These demographic realities shape health priorities, from maternal and child health and infectious disease control to noncommunicable diseases.

Nepal is also entering a critical juncture in its development trajectory. In November 2026, the country is set to graduate from Least Developed Country (LDC) status to a developing country classification. This milestone reflects progress in human assets and reduced economic vulnerability, but it also means reduced access to dedicated international support measures in trade, development assistance and concessional financing. Ensuring that health remains central to sustainable development will be critical as Nepal navigates this transition.

The Constitution of Nepal has enshrined access to basic health services as a fundamental right. This is reinforced by legislation such as the Public Health Service Act (2018) which obliges the state to provide accessible and quality health services, and the Safe Motherhood and Reproductive Health Rights Act (2018). Targeted schemes for marginalized groups further emphasize equity, universal access, and primary health care. Together, these frameworks translate constitutional rights into tangible services, though challenges remain in ensuring quality and equal access across rural and urban areas.

Nepal's progress in public health is substantiated by improvement in major health indicators. Life expectancy has steadily risen to 71 years and is projected to rise to 73 by 2030¹. Maternal mortality ratio has declined from 553 in 2000 to 142 deaths per 100 000 live births, representing a 71% drop². Under-five mortality has fallen from 118 to 31 per 1000 live births³, and neonatal mortality from 50 to 17 per 1000 live births⁴. The UHC index score reveals some improvement in coverage of health services.

Despite notable progress, Nepal's health system continues to face significant challenges. Public health spending remains modest—at about 5% of GDP—and is declining, while high out-of-pocket costs continue to push households into poverty. Rural communities face persistent barriers to accessing quality care due to limited infrastructure and shortages of health-care professionals. In urban areas, the poor encounter multiple and overlapping obstacles.

At the national level, the system bears a dual burden of infectious diseases and a rising prevalence of noncommunicable conditions, placing additional strain on limited resources. Climate change intensifies these pressures by increasing the frequency and severity of disasters such as floods, landslides, and vector-borne diseases.

As Nepal approaches graduation from Least Developed Country (LDC) status, sustaining health gains and ensuring equitable access to care will be critical to achieving its vision of peace, prosperity and good governance.

Reduced concessional financing and development aid may threaten the sustainability of health investments, making stronger financial protection mechanisms and equitable access even more critical. Building resilience to climate shocks, addressing workforce shortages, and safeguarding households from catastrophic health expenditures will be essential to sustaining progress and advancing Nepal's long-term development goals.



¹ World Population Prospects, United Nations (UN).

² Trends in maternal mortality estimates 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2025.

³ Nepal Multiple Indicator Cluster Survey 2024-2025, Survey Findings Report. Kathmandu, National Statistics Office; 2026.

⁴ Nepal Multiple Indicator Cluster Survey 2024-2025, Survey Findings Report. Kathmandu, National Statistics Office; 2026.



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01

Introduction

This report presents an overview of the major achievements and technical support provided by the World Health Organization (WHO) Country Office for Nepal during this biennial 2024-2025. It is the first consolidated report of its kind, bringing together key contributions across programme areas to provide a comprehensive picture of WHO's support to the Government of Nepal. By documenting results, innovations, and lessons learned, the report aims to fulfill WHO's commitment to transparency, accountability and knowledge sharing.

WHO's work in Nepal is guided by the WHO Country Cooperation Strategy (CCS) for Nepal, which aligns with the Government's priorities, the National Health Sector Strategy and the global commitments including the Sustainable Development Goals. The CCS emphasizes strengthening primary health care, advancing universal health coverage, addressing communicable and noncommunicable diseases, enhancing health security and emergency preparedness, promoting health across the life course, and tackling the growing impacts of climate change on health. During the biennium, these priorities were translated into action through provision of technical and operational assistance for capacity building efforts, field level implementation and policy guidance.

Activities highlighted in this report are organized across four broad pillars of work: 1) Disease Prevention and Control; 2) Health Systems and Promotion; 3) Health Emergencies Programme; and 4) Immunization and Vaccine Preventable Diseases & Life Course and Integration. While it highlights selected results, many additional activities were undertaken throughout these two years.

Under Disease Prevention and Control, WHO supported strategic initiatives to address endemic and emerging threats, including antimicrobial resistance. This support included strategic planning, programmatic reviews and monitoring and evaluation through the development of national policies, strategies and roadmaps for comprehensive communicable disease prevention and control. To ensure effective adoption of new WHO guidelines, assistance was provided for updating national guidelines, building capacity, and conducting orientation and coaching sessions. In addition, WHO supported the planning and implementation of campaigns, as well as relevant programme surveys and studies.

Under Health Systems and Promotion, WHO provided technical support to enhance regulatory functions for medicines and health technologies; supported the integration of child development counselling into routine services; and helped develop and roll out leadership training for midwives and nurses. Technical assistance was also provided on national level discussions for topics, including lead poisoning, primary health care, and digital health. These interventions aimed to strengthen health systems foundations and promote preventive, people-centered care across all levels.

Within the Health Emergencies Programme, emphasis was placed on bolstering preparedness and response capacities. WHO supported the development of Nepal's National International Health Regulations (IHR) plan using the National Action Plan for Health Security tool, engaging over 100 representatives across government, laboratories, security, and One Health sectors. WHO also worked with partners on strengthening surveillance, risk communication and community engagement, emergency coordination mechanisms, and rapid response to outbreaks as they arose.

The Immunization and Vaccine-Preventable Diseases and Life Course Integration saw landmark achievements. Nepal successfully conducted nationwide campaigns, including a large measles-rubella vaccination drive reaching over 6.3 million children, and an IPV catch-up campaign targeting children who missed immunization due to global supply challenges, demonstrating strong collaboration with partners and communities. Notably, Nepal was officially verified by WHO as having eliminated rubella as a public health problem.

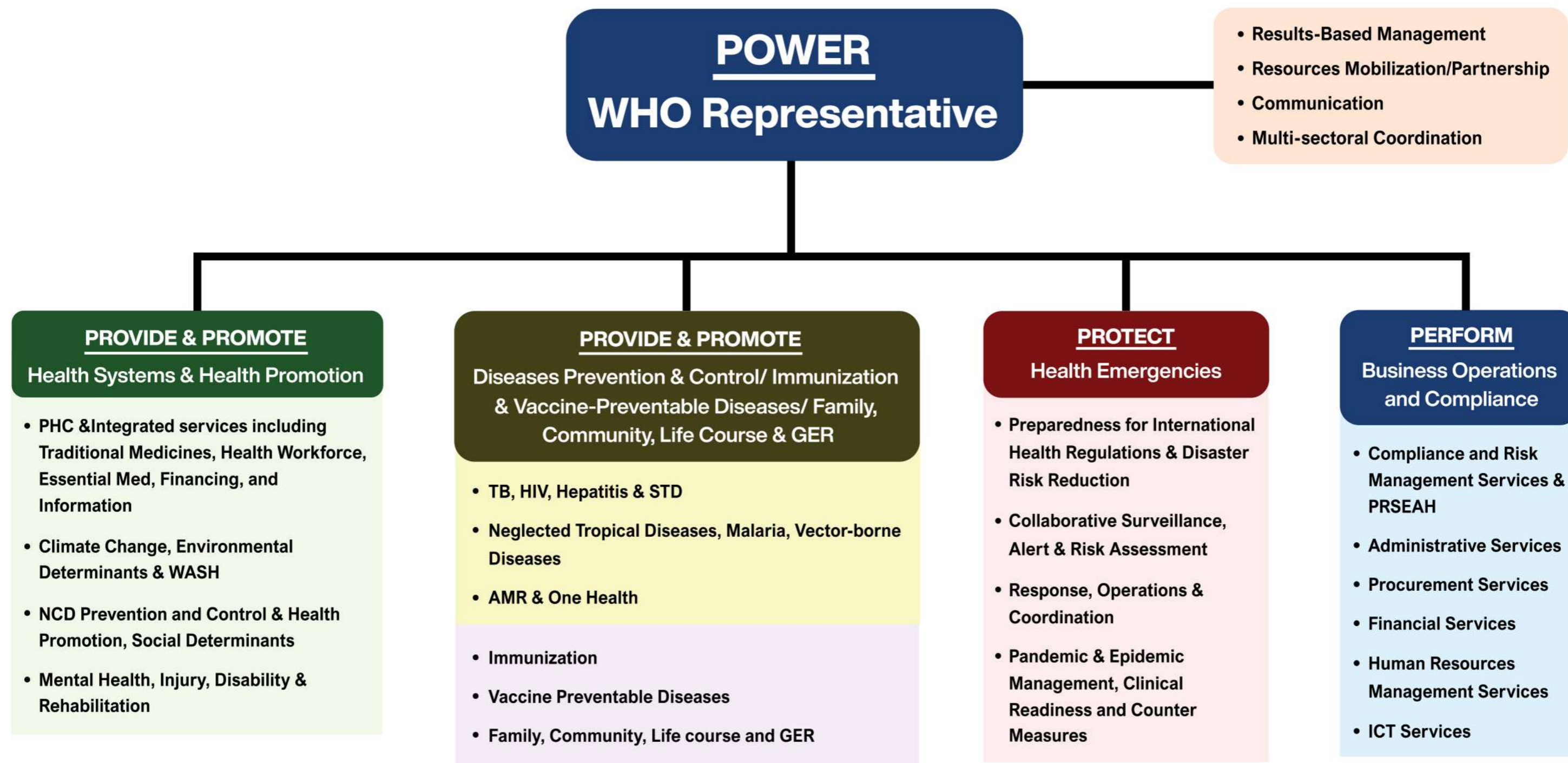
WHO also supported the orientation of newly reconstituted National Expert Review Committees for vaccine-preventable diseases, fostering evidence-based oversight of polio and measles-rubella programmes.

Beyond these pillars, WHO's engagement extended to initiatives such as support for childhood cancer care under the Global Platform for Access to Childhood Cancer Medicines, strengthening oral cholera vaccine delivery during outbreak response efforts, and observances of global campaigns including World Immunization Week and World Antimicrobial Resistance Awareness Week, which helped drive public awareness and advocacy.

Through this consolidated report, WHO aims to share learning from the 2024-2025 period of collaboration—with achievements that reflect Nepal's leadership, community engagement, and multisectoral partnership—and to inform future programming under the Country Cooperation Strategy as Nepal continues its journey toward universal health coverage, health security, and equitable health for all.



WCO Nepal Functional Organogram



02

Key Highlights

Disease Prevention & Control

Moving Closer Towards Visceral Leishmaniasis Elimination

In 2025, Nepal sustained visceral leishmaniasis (kala-azar) elimination thresholds for second consecutive year, marking a landmark achievement in its fight against neglected tropical diseases and advancing toward WHO validation of elimination as a public health problem. With cases reduced by over 90% over the past two decades, this success reflects unwavering political commitment, strong leadership from the Ministry of Health and Population, and effective implementation by the Epidemiology and Disease Control Division. To facilitate Nepal's progress, WHO, with financial support from the Bill & Melinda Gates Foundation provided technical assistance to strengthen surveillance, active case detection, integrated vector control, and case management. This support also included the development of the National Strategic Plan and Roadmap for Visceral Leishmaniasis Elimination (2025-2030), SOPs for Integrated Vector Surveillance, Guidelines for Indoor Residual Spraying and national treatment protocol.

WHO has also supported access to quality services through provision of drugs, diagnostics and vector control tools, entomological capacity building and integrated neglected tropical diseases' screening approaches.

Nepal's Push to Eliminate Lymphatic Filariasis by 2030

Nepal is nearing its goal of eliminating lymphatic filariasis (LF) as a public health problem by 2030. WHO's support has been instrumental for implementing mass drug administration (MDA) across endemic districts and in conducting post-MDA surveys. By the end of 2025, MDA had been stopped in 57 of 64 endemic districts after successfully achieving transmission interruption. In 2025, despite funding gaps, WHO Nepal mobilized resources, including support from GlaxoSmithKline (GSK), to continue post-MDA surveillance activities.

Epidemiological Monitoring Surveys (EMS) conducted in several districts showed that most evaluation units met the threshold to stop MDA, while a few required additional treatments due to ongoing transmission. Follow-up IDA Impact Surveys confirmed very low infection rates in key areas, signaling interruption of transmission. Targeted MDA campaigns were relaunched where needed, supported by strong political commitment, community engagement, and innovative outreach to reach migrant and hard-to-reach populations. These coordinated, data-driven efforts are accelerating Nepal's progress toward nation-wide Visceral Leishmaniasis elimination by 2030.

Accelerating Progress Towards Zero Leprosy: WHO's Support to Interrupt Leprosy Transmission in Nepal

During 2024–2025, WHO supported the Government of Nepal in accelerating progress towards the 2030 goal of leprosy elimination by interrupting transmission through a comprehensive package of interventions aligned with the Global Leprosy Strategy 2021–2030. Despite persistent transmission, evidenced by 2472 new cases in 2024, including a high proportion of multibacillary and child cases, WHO prioritized early case detection, prevention, and strengthened surveillance. Active case detection and post-exposure prophylaxis (PEP) were scaled up in high-endemic districts, with over 7900 contacts screened and more than 7300 eligible contacts receiving single-dose rifampicin in 2025 alone. Large-scale campaigns in Madhesh Province further identified new cases and reintegrated lost-to-follow-up patients into treatment. Capacity building remained central, with over 110 health workers trained across 2024–2025, resulting in improved diagnosis, management, and reporting, and directly contributing to community-level case detection.

Surveillance systems were strengthened through data verification, case validation, and promotion of a transition to a DHIS2-based case-based leprosy surveillance system. WHO also facilitated national and subnational stakeholder consultations to develop the National Leprosy Strategic Plan 2026–2030, building consensus on priority actions such as scaling up contact tracing, PEP, and digital surveillance. These combined efforts, integrating early detection, preventive chemotherapy, capacity strengthening, and data-driven programme management have contributed to reducing diagnostic delays, improving data quality, and targeting high-burden areas, thereby advancing Nepal's progress towards interrupting leprosy transmission and achieving zero leprosy by 2030.

Control (2026–2031), aligned with the WHO PRIME-TB initiative, the End TB Strategy, the 2023 UNGA Political Declaration goals and targets, and Nepal's national priorities. WHO's support was critical in finalizing the plan and costing it using the WHO Integrated Health Tool (IHT).

WHO also helped transform drug-resistant TB (DR-TB) care. Until 2023, the management of DR-TB was based on an injectable regimen with a treatment duration of 9–18 months. In line with WHO guidelines, Nepal introduced a six-month, all-oral regimen with WHO's support in revising guidelines, developing training materials and training over 100 health-care workers. This transition has improved treatment outcomes and quality of life for people living with DR-TB, making Nepal one of the few countries in the region to successfully introduce and scale up this regimen.

WHO also supported the First National TB Patient Cost Survey and the Sixth National DR-TB Survey. Findings of the TB Patient

Advancing TB Prevention, Care, and Research in Nepal



Participants at the training on the TB module of the WHO Integrated Health Tool in Kathmandu, December 2025.

In 2024–2025, WHO supported Nepal in strengthening tuberculosis response through strategic planning, service delivery, and evidence generation. With technical support from WHO and financial assistance from the Bill & Melinda Gates Foundation, Nepal developed its five-year National Strategic Plan (NSP) for Tuberculosis Prevention and

Cost Survey revealed that nearly half of TB-affected households face catastrophic costs, compounded by stigma and depression, while the DR-TB survey generated evidence to support policies and guidelines adaptation to improve the management of DR-TB in the country.



Mass drug administration against lymphatic filariasis conducted in Kapilvastu District, Lumbini Province, November 2025.



A march held in observance of the seventy-second World Leprosy Day in Nepal, January 2025.

WHO's Support for Ending Nepal's HIV Epidemic through Integrated Training

Aligned with Nepal's National HIV Strategic Plan 2021–2026 and the global target to end AIDS as a public health threat by 2030, WHO Nepal has prioritized technical assistance to the National HIV Program, with a strong emphasis on building frontline health worker capacity at ART centers. In 2024, WHO facilitated three batches of integrated training on HIV, Hepatitis, and STIs, reaching 90 doctors from ART centers, hospitals, and nine Hepatitis C treatment sites nationwide. This training equipped providers with critical skills in HIV clinical staging and rapid diagnostics, treatment protocols tailored for special populations, STI management, and advanced HIV disease management. It also reinforced prevention pillars by covering diagnostics, treatment, and elimination of mother-to-child transmission (EMTCT) for HIV, Hepatitis B, and Syphilis, alongside tailored interventions for Hepatitis B and C to address viral hepatitis as key HIV comorbidities. By fostering multidisciplinary expertise, these trainings enhanced service integration, improved treatment adherence and viral suppression rates, and supported Nepal's progress toward 95-95-95 targets.

Strengthening Nepal's Frontline Defense Against AMR

With technical support from WHO and funding from the Pandemic Fund and Fleming Fund, Nepal has expanded laboratory

capacity for bacterial culture and antibiotic sensitivity testing at 21 district/local level hospitals across seven provinces through a package of interventions, including assessments, provision of equipment and supplies, standardized protocols, training, and quality assurance. This initiative brings diagnostic services closer to communities in line with WHO's people-centered approach to tackling antimicrobial resistance (AMR).

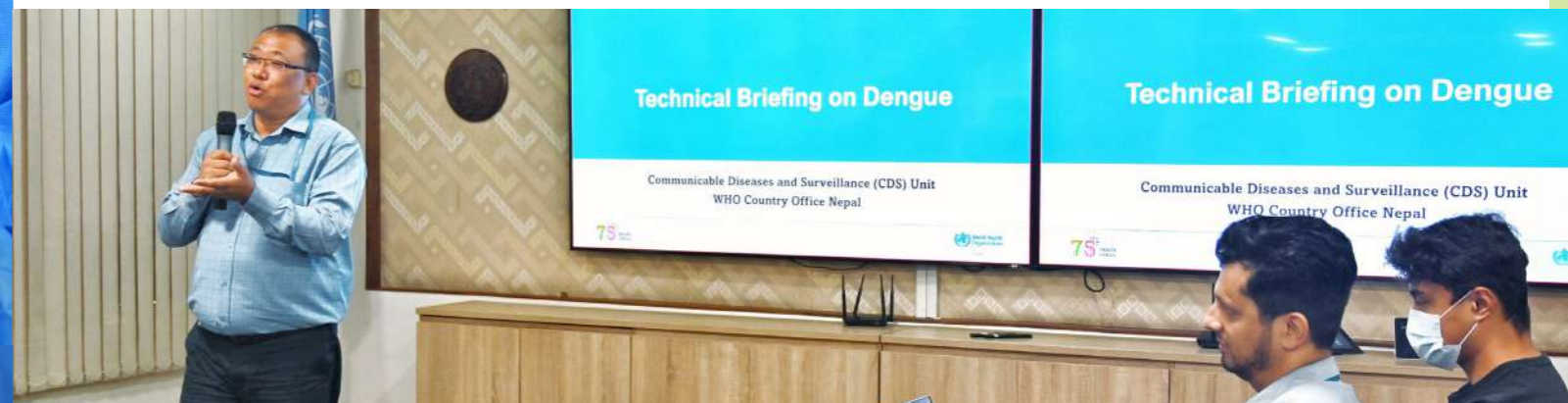
At the same time, existing micro-biology laboratories at the National Public Health Laboratory (NPHL), Provincial Public Health Laboratories (PPHLs), and 11 hospitals were upgraded with additional equipment and capacity building. As a result, bacteriology coverage increased to 85% (from 54 to 66 out of 77 districts), laying foundation for AMR surveillance beyond tertiary hospitals and generating representative data to guide policy and support outbreak investigations.



A WHO personnel supervising a participant during the refresher training on bacteriology for strengthened AMR surveillance, focused on *Vibrio cholerae*, held in Bagmati province, Nepal, November 2025.

Advancing EMTCT through Strategic Advocacy and Institutionalization

To advance Nepal's goal of triple elimination of mother-to-child transmission (EMTCT) of HIV, Hepatitis B, and Syphilis, WHO is providing technical and coordination support to the National Centre for AIDS and STD Control (NCASC). In 2025, WHO Nepal and WHO-South-East Asia Regional Office convened a stakeholder orientation attended by high-level representatives from NCASC, WHO, UNICEF, UNAIDS, delivering targeted training on EMTCT validation process and core elimination indicators. The meeting set concrete next steps: establishing a high-level governance structure to oversee EMTCT implementation; launching a baseline assessment to benchmark progress against WHO validation criteria; and integrating EMTCT services with Immunization, Maternal, Newborn, and Child Health (MNCH) programs through routine antenatal screening, vaccination, and prophylaxis. Under the leadership of the WHO Representative, WHO Nepal has formed an EMTCT Working Group to strengthen cross-technical coordination, streamline support to Ministry of Health and Population, and accelerate roadmap development. These efforts position Nepal to reduce pediatric infections and move closer to validated EMTCT status, advancing equitable maternal and child health outcomes.



A media interaction programme on dengue awareness organized by WHO Nepal inside UN House, Bagmati Province, Nepal, June 2025.

Promoting Multisectoral Approach for Dengue Prevention and Control

In 2025, WHO Nepal, in collaboration with Ministry of Health and Population, provided strategic leadership to advance a multisectoral approach for dengue prevention and control, shifting the response from a health-sector-driven model to a whole-of-government and whole-of-society effort.

Through targeted initiatives to strengthen the capacity of health journalists, strengthen stakeholder engagement and mobilize youth leadership, efforts were made to foster wider societal participation in dengue prevention embedded into governance processes and community structures. A landmark milestone was WHO's catalytic support for the launch of Nepal's first-ever "Dengue Awareness Month," which significantly amplified nationwide risk communication and community engagement efforts for dengue prevention. These initiatives underscored the importance of collective responsibility and the power of partnerships in driving public health action.

The year culminated in the development of the Multisectoral Plan for Dengue Prevention and Control (2026–2030), technically led by WHO and shaped through broad consultation across ministries, provincial and local authorities, professional bodies, civil society and the private sector. This inclusive process established consensus on national priorities and clarified roles for sustained action.

WHO continues to support the government in finalizing the plan, ensuring alignment with global and regional strategies, and contributing to the achievement of the WHO 2030 target of zero dengue-related deaths.

Strengthening One Health Approach for Rabies and Snakebite Envenoming Control in Nepal

In 2024–2025, WHO supported Nepal in advancing a One Health approach to rabies and snakebite envenoming control through coordinated multisectoral actions spanning human, animal, and environmental health systems. Key achievements included the development and finalization of the National Rabies Elimination Strategy (2024–2030), promoting Integrated Bite Case Management (IBCM) with over 130 provincial stakeholders, and conducting joint programme reviews in two provinces to strengthen surveillance, vaccine management, and cross-sectoral coordination. Outbreak investigations in high-risk communities highlighted the importance of integrated interventions, including post-exposure prophylaxis and community awareness.

WHO also supported nationwide advocacy, including World Rabies Day events with over 200 participants, and community prevention campaigns delivered in multiple languages and media formats. In parallel, snakebite management capacity was enhanced through onsite coaching and mentoring in 37 treatment centres, training nearly 300 health workers and engaging over 120 community leaders to improve timely care-seeking and local ownership.

Implemented in close collaboration with government, veterinary services, academia, civil society, and development partners, these efforts have reinforced Nepal's One Health platform, advancing progress towards zero human deaths from dog-mediated rabies and a 50% reduction in snakebite mortality and disability by 2030.



Consultative workshop to finalize the National Strategic Plan on rabies elimination held in Bagmati province, Nepal, October 2024.

Technical Documents Developed

- National Malaria Strategic Plan 2025-2030
- Dengue Booklet
- Guideline for Indoor Residual Spraying for Control of Malaria and Kala-azar Vectors
- Dengue Prevention and Control Action Plan 2081(2025)
- Nepal Anti-Tuberculosis Drug Resistance Survey 2024
- National Tuberculosis Patient Cost Survey in Nepal 2024
- National Study on Soil-Transmitted Helminthes 2024
- A Comprehensive Assessment of Lymphatic Filariasis programme in Nepal
- Clinical Handbook of Tuberculosis Management
- Training manual for medical doctors (DRTB)
- National Action Plan on AMR, 2024-2028
- Costing of NAP-AMR
- National Guideline on Antimicrobial Stewardship Program for Healthcare facilities in Nepal
- Training on AMR Containment-Facilitator's Guide
- Training on AMR Containment-Reference Manual and Participant Handbook
- National HIV Testing and Treatment Guidelines, 2025
- TB National Strategic Plan 2026-2030
- Multisectoral Plan on Dengue Prevention and Control, 2026-2030
- National Malaria Surveillance Guidelines
- National Strategic Plan and Roadmap for Accelerating and Sustaining Kala-azar Elimination in Nepal, 2024-2026
- National Strategic Plan and Roadmap for Elimination of Lymphatic Filariasis in Nepal, 2024-2030
- National Strategy and Action Plan for Rabies Elimination, 2082/83-2087/88

Health Workers Empowered

- Over 90 health workers provided training in HIV, Hepatitis, and STI case management, enhancing clinical care.
- Onsite coaching conducted at over 22 health facilities to train private-sector health workers in malaria, kala-azar, and dengue diagnosis.
- Onsite coaching provided at 37 snakebite treatment centers in four provinces
- Capacity building activities conducted for various cadres of healthcare professionals on laboratory detection and reporting of drug-resistant pathogens, implementation of antimicrobial stewardship programme in health facilities, monitoring of antimicrobial use.

Other Assistance

- WHO, along with Sasakawa Health Foundation, supported the government to convene the Nepal Leprosy Conference in 2025.
- WHO supported the National Leprosy Program to scale up active case finding, Leprosy Post-Exposure Prophylaxis (LPEP), and capacity building, tracing 309 index cases and 7,954 contacts screened and 7,337 (97%) of eligible contacts receiving LPEP, while training over 110 health workers
- WHO supported to conduct advocacy events for Integrated Bite case Management (IBCM) and Rabies program review at Lumbini and Madhesh provinces.
- WHO provided support for raising community awareness on AMR through nationwide “Youth against AMR campaign”.

Health Systems & Promotion

Strengthening Drug Regulatory System

With technical support from WHO, the Department of Drug Administration (DDA) has implemented a package of regulatory and capacity-building measures to improve oversight and rational medicine use. In 2025, WHO trained over 100 pharmaceutical manufacturers and importers on standardized antimicrobial use reporting, enabling systematic submission to the GLASS-AMU platform. More than 60 hospital pharmacists and clinicians were engaged through advocacy workshops to strengthen Drug and Therapeutic Committees (DTCs), while over 90 stakeholders received training on Good Pharmacy Practice (GPP) and Good Storage and Distribution Practice (GSDP). WHO also supported risk-based Good Manufacturing Practice (GMP) inspection training for 27 regulatory officials and facilitated a workshop on TRIPS public health provisions with over 100 participations in collaboration with Third World Network.

Beyond trainings, WHO provided technical

support to update the National List of Essential Medicines, to finalize DDA’s five-year strategic plan, and revise categorization of medicines as per medicine categorization rules. These efforts have expanded AMU surveillance, improved GMP inspection capacity and advanced regulatory coherence, positioning Nepal to strengthen pharmaceutical governance and ensure access to quality medicines in a shifting policy and economic context.

Financing Health for the Future

WHO, in collaboration with development partners, has provided support to the Government of Nepal for advancing Nepal’s health financing agenda. Key contributions include support for the development of the National Health Financing Strategy- Implementation Plan (NHFS-IP) 2023-2033 and the Health Insurance Strategic Road-map (HISR) 2024-2030, both of which provide long-term direction for equitable and sustainable financing of health services.



Training on Good Pharmacy Practice (GPP) and Good Storage and Distribution Practice (GSDP) checklists held in Bagmati province, April 2025.

WHO has also contributed significantly to costing the NHFS-IP and in designing the monitoring and evaluation (M&E) framework for the HISR, ensuring that implementation is evidence-driven and progress can be tracked effectively. Beyond planning, WHO is actively supporting the implementation of NHFS-IP activities in four provinces through the Rapid Results Initiatives (RRI) approach, working closely with Ministry of Health and Population and provincial health ministries.

Nepal Updates Health Workforce Projections under National HRH Strategy

The Ministry of Health and Population, with technical support from WHO, reviewed and updated the national Human Resources for Health (HRH) projections under the National HRH Strategy (2021–2030), reflecting changing demographics, disease patterns, and service delivery needs. Three consultative workshops were held in 2025, with participation from officials across federal, provincial, and local levels. Projection estimates were validated across 16 health worker categories. The updated projections will help guide health workforce production, deployment, management, and retention.

Expanding Tobacco Cessation Services

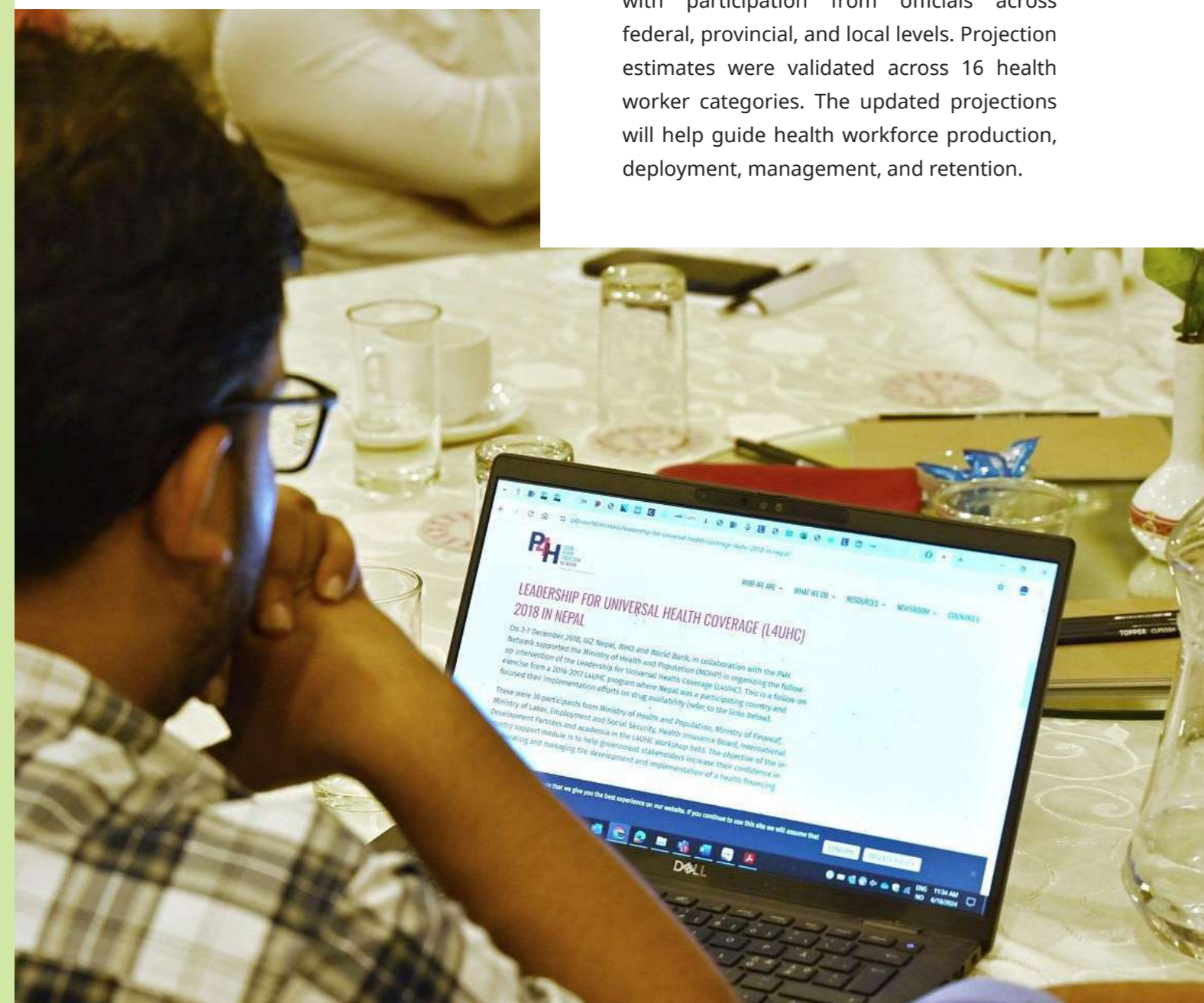
In 2025, the National Health Education, Information and Communication Centre (NHEICC) advanced tobacco cessation services with strong support from WHO. A key milestone was the inauguration of Quitline 1132 on World No Tobacco Day (31 May 2025), providing nationwide access to smoking cessation support. WHO also supported the distribution of Nicotine Replacement Therapy (NRT) at Bir Hospital and the development of an NRT Distribution Guideline to standardize access to treatment. To strengthen frontline capacity, WHO provided technical support to NHEICC for the Brief Tobacco Intervention Orientation Workshop held in Nepalgunj on 6–7 May 2025, where 33 health service providers, including doctors, nurses, school health nurses, health assistants, and DOTS TB clinic staff, were trained to deliver brief interventions. Together, these efforts reinforced Nepal's commitment to reducing tobacco use and expanding cessation services nationwide. These efforts are critical given that tobacco use remains a major public health challenge.

Strengthening Suicide Prevention Through Better Data

Reliable, timely data is the foundation of effective suicide prevention. In Nepal, however, existing data on self-harm and suicide—primarily collected by police—are often delayed and likely underreported due to stigma, perceived criminality, and geographic barriers. Moreover, neither hospitals nor police have routinely captured information on non-fatal self-harm, including suicide attempts, limiting evidence-based planning and action.

To address this, WHO supported the Ministry of Health and Population in establishing a suicide and self-harm registry at sentinel hospitals. Standardized forms and standard operating procedures were developed, health workers trained and tools refined based on field feedback. In 2025, the registry was piloted at Mahakali Hospital in Kanchanpur, Ilam Hospital in Ilam, and Dhaulagiri Hospital in Baglung. Expansion to additional hospitals and registration of self-harm cases will begin in early 2026.

Key lessons from this initiative include the importance of simplifying digital reporting through DHIS, strengthening mental health training to improve case detection, and exploring community-based reporting mechanisms since many cases never reach hospitals. Concurrently, WHO is supporting the development of National Guidelines on Suicide Risk Assessment and Management and working with the National Planning Commission to finalize Nepal's National Action Plan on Suicide Prevention. Together these efforts mark crucial steps toward reducing self-harm and suicide nationwide.



Stakeholder's Consultative Workshop on Health Financing Strategy Implementation Plan 2023-2033 held in Bagmati province, Nepal, June 2024.



WHO Director-General Dr Tedros Adhanom Ghebreyesus (right) awarding Nepal with the World No Tobacco Day Award in May 2025.

Strengthening Community-based Mental Health Care

In 2025, the Ministry of Health and Population (MoHP), with technical and financial support, from WHO developed the Community Mental Health Programme: Guidance for Local Level (Model Municipality Toolkit) to help municipalities plan and implement mental health promotion and prevention beyond clinical care. The toolkit aligns with the National Mental Health Strategy (2020), the National Mental Health Care Programme (2022) and global commitments including the WHO Special Initiative for Mental Health.

The toolkit was piloted in Bagchaur (Salyan) and Palungtar (Gorkha), engaging over 600 stakeholders across health, education, local government, police, community groups and traditional healers. Pilots produced locally owned workplans and concrete actions including public awareness campaigns, school-based programs, yoga and well-being sessions, community orientations and household outreach. Municipal investments of 900 000 Nepali Rupees (US\$ 6500) in Bagchaur and 600 000 Nepali Rupees (US\$ 4000) in Palungtar demonstrated strong local commitment and practical implementation of national priorities.

Building on this, the Epidemiology and Disease Control Division expanded the toolkit to more municipalities in Ilam and Dadelhura and allocated dedicated budgets to six additional municipalities, reinforcing national ownership and sustainability.

Advancing National Action to Prevent Lead Poisoning in Nepal

Lead exposure remains a significant, yet under-recognized public health concern in Nepal, with serious implications for children's development and wellbeing. Despite progress in regulating lead in fuels and paints, evidence shows continued exposure through water, household dust, consumer products, traditional medicines, and occupational settings. Studies conducted in Nepal have documented elevated blood lead levels (BLLs) in children, underscoring the urgency of coordinated national action.

To address these gaps, the National Health Education, Information and Communication Centre (NHEICC), in collaboration with the Center for Public Health and Environmental Development (CEPHED), and with WHO's technical support, used the International Lead Poisoning Prevention Week as a platform to raise awareness and stimulate dialogue. Media engagement and multi-stakeholder discussions helped elevate the issue on the public agenda, strengthen understanding among key actors, and highlight the need for stronger policies and surveillance.

These efforts contributed to building momentum for a more coordinated national response.

A multi-sectoral dialogue convened as part of the initiative recommended the development of a National BLL Screening and Response Policy, alongside measures to enhance laboratory capacity and surveillance systems. By convening diverse sectors, the observances have laid the groundwork for sustained action to protect children and communities from lead exposure.

Reimagining Primary Health Care in Nepal: Strengthening Systems for Equity and Universal Health Coverage

Primary Health Care (PHC) remains central to advancing Universal Health Coverage (UHC). In 2025, the Ministry of Health and Population (MoHP), with support from WHO Nepal, launched the "Reimagining Primary Health Dialogue Series." Altogether three national dialogues were held: the first on 19 June with 40 stakeholders to identify priorities and implementation gaps in PHC delivery; the second on 17 July focused on revisiting the health benefit packages to ensure equitable health care; and the third on 12 November focusing on urban health inequities and responsive PHC to meet the challenges of rapid urbanization.

From 8–10 December, WHO South-East Asia Regional Office (SEARO) organized the 4th Regional PHC Forum in Kathmandu. A dedicated day on 10 December, co-designed with MoHP, focused on strengthening Nepal's PHC system. A key recommendation was to establish provincial PHC enhancement learning hub, setting a strong agenda



Multi-stakeholder workshop held to mark International Lead Poisoning Prevention Week 2025 in Nepal, October 2025

for progress toward building resilient PHC systems to advance UHC.

Following the Regional Forum, Bagmati Province hosted a two-day consultative meeting (11–12 December) in Kathmandu Valley. The province identified prioritized and actionable steps to improve urban PHC delivery, particularly addressing inequities in rapidly growing urban areas.

Overall, the year-long engagement on PHC has reinforced national stewardship, built a multi-stakeholder platform for dialogue, and set a new course of action for enhancing essential health services. These efforts have laid the foundation for an enhanced PHC system in Nepal, accelerating progress toward achieving Universal Health Coverage.



The first of three national-level sessions on "Reimagining Primary Health Dialogue Series" held in Kathmandu, Nepal, June 2025.



A patient seeking counseling services, supported by the Special Initiative for Mental Health programme, in Koshi province, Nepal, July 2025.

Piloting Integrated Mortality Surveillance in Nepal

Nepal continues to face gaps in the availability and quality of mortality data, particularly for deaths occurring outside health facilities. Strengthening mortality surveillance is critical to understanding disease patterns, guiding policy priorities, and tracking progress toward national and global health goals. In this context, Biratnagar Metropolitan City and Budhiganga Rural Municipality in Koshi Province were selected as pilot sites to assess the feasibility of an integrated global mortality surveillance approach under real-world conditions. Following the development of a formative design in 2024, field work and data collection were completed in 2025.

The initiative was coordinated by the federal Ministry of Health and Population, the Ministry of Health of Koshi Province, local governments and WHO, with contributions from the Department of National ID and Civil Registration, the National

Statistics Office, Department of Health Services, and the National Academy of Medical Sciences and BP Koirala Institute of Health Sciences. Around 120 Female Community Health Volunteers and 26 health workers were trained on community-based death reporting, while 14 health workers received training in verbal autopsy methods. The WHO Verbal Autopsy Tool 2022 was translated into Nepali and piloted using tablet-based data collection via the ODK platform. Over 12 months, 1313 deaths that occurred in 2025 were recorded, revealing that Civil Registration and Vital Statistics (CRVS) systems captured fewer deaths.

The pilot demonstrated the value of integrating multiple data sources and governance levels to improve mortality data quality. Furthermore, Koshi Province allocated 5.4 million Nepali rupees to expand hospital-based death registration and cause of death systems.

Scaling up this initiative will require strong intergovernmental coordination, standardized tools, and effective integration of community and facility data.

Technical Documents Developed

- National Drinking Water Quality Surveillance Guidelines
- Mental Health Implementation Toolkit for Municipalities
- National Rehabilitation Strategy
- National Dementia Strategy
- National Directive for Suicide Prevention and Management
- Investment Case for Mental Health

Technical Documents Developed

- National Framework for Integration of Mental Health into Maternal Health Programme
- Standard Operating Procedure for Integration of Mental Health into Maternal Health Services
- Basic Health Services Monitoring Framework
- National Patient Safety Plan 2024-2030
- Patient Referral National Guideline
- National Ayurveda and Alternative Medicine Strategy
- SoP for Health Workforce Management Information System
- Continuum Professional Development Framework

Health Workers Empowered

- WHO supported training of healthcare workers on tobacco cessation services at the primary health care level.
- WHO provided support to the Department of Food Technology and Quality Control and the Ministry of Agriculture and Livestock Development to implement the WHO REPLACE package.
- WHO supported the development of the SOP for the Health Facility Registry.
- WHO helped to conduct stakeholder consultations to update Human Resource for Health (HRH) estimation, drafted SoPs for HRH information systems, and conducted provincial orientations on HRH-MIS.

Other Assistance

- WHO transferred the National Helpline for Suicide Prevention to the Ministry of Health and Population after three years of support and is piloting a suicide registry to address data gaps.

- WHO provided technical and financial support to organize a national consultation workshop to shape a multisectoral roadmap for prevention of drowning.
- WHO installed low-cost air quality monitoring stations in Kathmandu, Bhaktapur and Dhunibesi.
- WHO supported the Department of Water Supply and Sewerage Management to develop and implement climate resilient water safety plan through orientation, onsite support, and handover of water quality test kits.
- WHO hosted the Global Sanitation Summit in Kathmandu (25-27 June 2024), uniting delegates from 20+ countries to advance safe sanitation and climate resilience.
- WHO and the Ministry of Health and Population hosted a National Conference on Climate Change and Health (1-2 August 2024) with participation of 150+ stakeholders.
- WHO piloted climate resilience and environmental sustainability of healthcare facilities (HCFs) in three hospitals.
- In line with health commitments at the 26th United Nations Climate Change Conference (COP26), WHO provided support to develop an updated Health National Adaptation Plan (H-NAP).
- WHO supported the strengthening of climate-informed Early Warning and Reporting System (EWARS) through a climate-sensitive diseases surveillance program in four sentinel sites.

Health Emergency Preparedness & Response

Nepal Advances IHR Planning, Provincial Preparedness and Pandemic Response Frameworks

Nepal has made notable progress in enhancing health security through a series of coordinated national and subnational initiatives led by the Ministry of Health and Population with support from WHO and partners. A key achievement was the development of the National IHR plan, finalized through a multisectoral workshop organized by the Epidemiology and Disease Control Division of the Department of Health Services and WHO Nepal, with financial support from The Pandemic Fund.

At the subnational level, progress was also achieved in advancing Provincial Health Emergency Preparedness and Response

Plans (PHERP). With WHO's support, multi-sectoral workshops were conducted across all seven provinces to assess preparedness capacities, identify operational gaps, and strengthen coordination mechanisms. As a result, all seven provinces have moved toward institutionalizing structured provincial preparedness planning, enhancing governance and coordination for health emergency management.

Complementing these efforts, Nepal has initiated the revision of its National Pandemic Preparedness and Response Plan (NPPRP). A consultative workshop in July brought together key stakeholders to incorporate lessons from past pandemics and address existing gaps in the 2019 plan. The updated NPPRP will align with global frameworks, including International Health Regulations (2005) and the Pandemic Agreement (2025), while integrating emerging approaches such as Preparedness and Resilience to Emerging Threats (PRET) initiatives.



Dr Catharina Boehme, Officer-in-Charge, WHO South-East Asia Region, providing her remarks at the national workshop held in Bagmati province, Nepal, to develop Nepal's International Health Regulations (IHR 2005) plan, November 2025.

Strengthening Integrated Respiratory Surveillance

Nepal has strengthened its National Influenza Surveillance Network (NISN) and integrated respiratory surveillance platform in line with WHO guidance on influenza and other high-impact respiratory viruses. In 2024–2025, with WHO’s support, on-site monitoring and orientation workshops were conducted across 15 sentinel sites and 7 testing laboratories to reinforce integrated surveillance for influenza and SARS-CoV-2, while expanding to other priority respiratory pathogens. WHO’s support has also been critical for the National Influenza Centre (NIC) for sharing influenza specimen with WHO Collaborating Centres for influenza characterization and candidate vaccine development. Under the Pandemic Influenza Preparedness (PIP) Framework, National Influenza Centre-National Public Health Laboratory has initiated two key initiatives: estimating the burden of disease for influenza and launching avian influenza surveillance in human populations, aligned with the One Health approach. During the 2024–2025 biennium, efforts focused on foundational activities such as protocol development, strategic planning, site adjustments, and finalization of surveillance sites, paving the way for full implementation in the upcoming biennium.

Advancing Genomic Surveillance and Laboratory Quality

Nepal has made important strides in strengthening laboratory systems with WHO’s support. To enhance genomic sequencing capacity, WHO provided technical assistance for developing a national genomic sequencing strategy and for conducting a consultative workshop in November 2025 to review the draft National Action Plan for Genomic Surveillance. The workshop brought together stakeholders from human, animal, food, and environmental health sectors to establish governance, standardize protocols, and set priorities for high-threat pathogens. WHO also supplied reagents and technical support for mpox sequencing following an imported case in January 2025, enabling clade identification. By the end of 2025, National Public Health Laboratory had established in-country sequencing capacity for SARS-CoV-2, influenza, and mpox, with RSV planned for the next biennium. In parallel, NPHL led efforts to prepare ten public health and clinical laboratories for ISO 15189:2022 accreditation. Gap analyses and a documentation workshop in February 2026 helped refine laboratory quality systems, positioning Nepal to meet international standards.

Driving Access to Essential Diagnostics

In 2025, Nepal took a major step forward in strengthening its health infrastructure with the launch of the National Essential In-vitro Diagnostics List (NEIDL), becoming the third country globally to adopt such a list aligned with WHO’s Essential Diagnostics List. Developed by the National Public Health Laboratory (NPHL), the NEIDL expands access to quality and timely diagnostic services across federal, provincial and local health facilities. Following the launch, WHO supported NPHL in rolling out dissemination and implementation activities in three provinces through orientation workshops and comprehensive inventory mapping. These efforts advanced priorities under Joint External Evaluation D1.3 (laboratory testing capacity) and D1.4 (national diagnostic network) priorities, enabling systematic assessments of diagnostic availability, identification of gaps against the national priority disease list, and fulfilment of province-specific action plans for integration into procurement and service delivery. Key achievements include stronger subnational ownership, enhanced awareness of essential diagnostics by level of care, and establishment of baseline diagnostic capacity data (inventory) to guide targeted strengthening of laboratory network.

Development of Public Health Emergency Management Directive

Nepal has strengthened its public health emergency governance through the development of the Public Health Emergency Management Directive, which provides a clear framework for preparedness, response, and recovery from public health emergencies across federal, provincial, and local levels. Aligned with the Public Health Service Act and Public Health Service Regulations, the directive outlines the roles and responsibilities of established structures and human resources at all levels of government, ensuring accountability and fostering coordination and collaboration among various agencies. It provides operational guidance on how these entities should function during public health emergencies, including infectious disease prevention, surveillance, and emergency health services. WHO provided technical and financial support for the development of this directive. It is expected to strengthen emergency preparedness and response capacities, safeguard lives, improve health outcomes, and ensure timely delivery of critical support during public health crises.



Dignitaries from the Ministry of Health and Population and WHO jointly launching the National Essential In-vitro Diagnostics List during a high-level event in Bagmati province, Nepal, May 2025.

Nationwide Scaleup of Electronic Medical Records

WHO has been supporting the government's efforts to digitize health information systems by helping to design, deploy, and scale electronic medical record (EMR) systems across public health facilities. Between 2024-2025, WHO handed over EMR systems to multiple facilities, including the Armed Police Force Hospital, G.P. Koirala National Center for Respiratory Diseases, and Karnali Academy of Health Sciences. With this support, EMR

implementation has been expanded to 16 hospitals nationwide.

By reducing reliance on paper-based systems, EMR enables real-time access to medical records, improves clinical decision making, strengthens disease surveillance and enhance emergency preparedness. These systems are being phased in across departments and linked with national health database to improve data quality and interoperability. This work aligns with Nepal's digital transformation agenda.



An aerial view of the Medical Camp Kit being established in Phidim Municipality, Koshi Province, Nepal, following the devastating September 2024 floods and landslides.



Dignitaries present during the handover of the Electronic Medical Record system by WHO to Nepal Army Police Hospital, July 2025.

Strengthening Health Security Infrastructure

In 2025, WHO supported the Ministry of Health and Population in establishing a high-containment facility at the National Public Health Laboratory (NPHL). Equipped with a Class III Biosafety Cabinet, the facility strengthens Nepal's infrastructure and enhances better preparedness to handle infectious biological events. Designed in compliance with the latest WHO Laboratory Biosafety Manual (4th Edition), it provides a safe environment for handling high-risk biological specimens, expands diagnostic capacity and safeguards health workers. At the inauguration ceremony in May 2025, WHO handed over two sets of BSC calibration equipment to NPHL. Following this, NPHL in collaboration with WHO conducted a BSC calibration programme between April and May 2025. Seven biomedical engineers participated in BSC calibrations across six different hospitals covering three provinces. During this period, they tested a total of 27 BSCs to ensure compliance and operational efficiency. The initiative aimed to improve equipment reliability and strengthen safety standards across participating healthcare facilities.

WHO supports flood-affected districts with MCKs

To support the restoration of essential health services disrupted by the September 2024 floods and landslides, WHO Nepal helped to install two Medical Camp Kits (MCK) in the affected districts. A panel-based MCK was set up at Roshi Rural Municipality in Bagmati Province, while a non-panel-based MCK was deployed in Phidim Municipality, Koshi Province. These MCKs serve as an Alternate Care Site for the severely damaged health facilities and are equipped with outpatient, maternal health, laboratory, storage facilities, and solar power. An Interagency Emergency Health Kit (IEHK) was also provided to serve up to 10,000 people for three months. This initiative was supported by the Swiss Agency for Development and Cooperation and the UN Resident Coordinator's Office. In addition, WHO supported the utilization of the Health Resources and Services Availability Monitoring System (HeRAMS) WHO tool used to map and monitor the functionality of health facilities during emergencies—to assess 78 health facilities across Koshi, Madhesh, and Bagmati provinces following the floods and landslides.

Strengthening Oxygen Systems and Critical Care Capacity

Nepal has advanced its oxygen and critical care systems through coordinated efforts supported by WHO. The National Health Training Center (NHTC) delivered multiple batches of Basic Training on Medical Oxygen Systems, reaching around 70 engineers and technicians nationwide, and piloted an upgraded critical care equipment training programme for clinicians and nurses. Notably, NHTC hosted its first international training batch for participants from Bhutan, underscoring Nepal's growing role in regional collaboration. In parallel, development of the National Oxygen Roadmap progressed through provincial consultations,

field visits, and multi-stakeholder engagement to assess infrastructure, identify gaps, and strengthen preparedness. National capacity for oxygen quality assurance was enhanced with the handover of two medical gas analyzers, while preventive maintenance kits for five PSA oxygen plants—valued at over US\$ 320 000 and supported by Unitaid—were provided to the Ministry of Health and Population.



Nepali officials visit an oxygen manufacturing facility and a hospital-based PSA plant in Koshi Province, Nepal, as part of a high-level engagement to advance Nepal's oxygen roadmap, December 2025.

WHO supports cholera outbreak response in Madhesh Province

In August 2025, Birgunj Metropolitan City in Nepal's Madhesh Province faced a sudden cholera outbreak, with over 600 cases reported within days. WHO, working closely with Nepal's Ministry of Health and Population, mounted a rapid, multi-pronged response. WHO deployed personnel to support case detection, laboratory confirmation, and community engagement, while strengthening surveillance and coordinating with the Provincial Health Emergency Operations Centre. Clinical experts provided onsite training in infection prevention and health-care waste management, and cholera kits were mobilized from WHO's Dubai warehouse to bolster treatment capacity. Equally critical were water, sanitation, and hygiene (WASH) interventions, including mobile water testing and chlorine distribution, coordinated with national authorities and UNICEF. Recognizing cholera's endemic risk, WHO also supported preparedness measures and, with partners, launched an Oral Cholera Vaccine campaign in Parsa and Bara districts. This integrated response not only contained the outbreak but also reinforced Nepal's resilience against future health emergencies.



A health worker collects water sample for testing in Birgunj, August 2025.

Hospital Safety Index (HSI) Assessment for Safer, More Resilient Hospitals

Nepal implemented the Hospital Safety Index (HSI) assessment as a strategic measure to strengthen disaster preparedness and resilience across its health system. Using a Nepal-customized HSI tool, seven provincial hub hospitals—one in each province—were evaluated across structural integrity, non-structural safety, fire safety, accessibility, and emergency preparedness. This systematic assessment established a clear baseline of hospital functionality under crisis conditions, generating evidence on vulnerabilities and capacity gaps that demand urgent attention. The findings are now guiding prioritized, cost-effective interventions to safeguard infrastructure and ensure service continuity during emergencies. Beyond immediate improvements, the initiative has influenced national policy direction by institutionalizing the HSI tool as a standard for hospital safety assessments. In doing so, Nepal is embedding resilience into its health system, ensuring hospitals remain operational lifelines when disasters strike.



Workshop held to share key findings on Hospital Safety Assessment across Nepal, April 2025.

First National Conference on Field Epidemiology

Nepal marked a major milestone in public health resilience with the inaugural National Conference on Field Epidemiology, held under the theme "Uniting for Resilient Health: Field Epidemiology, Surveillance, and Policy Interventions". The event engaged leading epidemiologists, public health professionals, researchers, and policymakers for a strategic dialogue on strengthening outbreak preparedness and response. This national platform fostered cross-sectoral collaboration and knowledge exchange to address challenges posed by Nepal's diverse geography, urbanization, climate risks, and health system constraints. It builds upon the progress of Nepal's Field Epidemiology Training Programme (FETP), launched in 2022, which has enhanced the country's capacity to detect, investigate, and manage disease outbreaks.



Dignitaries from Nepal's first national conference on field epidemiology held in Bagmati province, Nepal, June 2025.

Technical Documents Developed

- Rapid Risk Assessment of public health events at local level
- PHEM Directive 2025
- HEOC SOP, 2025
- Ambulance Service Guideline, 2025
- Alternate Care Site Guideline, 2025
- SOP for Emergency Medical Team Deployment
- National Guidance for Coordination among Humanitarian Health Partners for Preparedness and Response to Disasters and Public Health Emergencies Following the Cluster Approach
- National Alert and Response Framework for Acute Public Health Events, 2025
- Community Based Disease Surveillance Guideline
- Testing Algorithm for Nipah Virus
- National SOP for EWARS, 2025
- National Guideline for Sample Collection and Transportation During Acute Public Health Events, 2025
- National Essential In-vitro Diagnostic List, 2023
- SOP for Mpox Surveillance, 2024
- SOP for RDT Based Cholera Surveillance, 2024
- SOP for Healthcare Associated Infections
- National Surveillance of Respiratory Syncytial virus among Pediatric population in Nepal
- Guideline for Management of Biomedical Equipment 2082 (2025)
- SOP for Maintenance of Biomedical Equipment (2025)

Health Workers Empowered

- WHO facilitated joint capacity-building sessions for laboratory professionals from Nepal and Bhutan on infectious substance shipping.
- WHO strengthened national laboratory capacities equipping 21 hospitals and 5 PPHLs for bacterial culture and antimicrobial susceptibility testing, training 29 laboratory personnel in Koshi and Bagmati on culture and AST, training 32 laboratory personnel in Gandaki and Lumbini on biosafety and bio-risk, and conducting accreditation-related baseline assessments in 10 subnational laboratories (ISO 15189:2022) and one proficiency testing laboratory (ISO 17043).

- WHO strengthened disease surveillance systems nationwide, orienting over 1,000 participants from 480 local levels on SORMAS, expanding EWARS sentinel sites from 118 to 134, and initiating standardized case definitions for 52 priority diseases and syndromes gazetted by the Government of Nepal.
- WHO supported development of national epidemiology capacity, involving over 100 stakeholders in drafting the Strategic Roadmap for the Field Epidemiology Training Program (FETP), initiating curriculum development for the Intermediate FETP with over 70 participants, and convening the First National Conference on Field Epidemiology, bringing together over 200 professionals.
- WHO strengthened Emergency Medical Team (EMT) readiness, supporting hospitals, provincial authorities, and emergency responders—around 150 participants—to test EMT mobilization SOPs through digital tabletop exercises.
- WHO supported the development of Hospital Disaster Preparedness and Response Plans, producing HDPRPs for 97 hub and satellite hospital networks across seven provinces using the Hospital Safety Index Plus (HSI+).
- WHO conducted a finalization workshop for the Rapid Response Team (RRT) Learning Resource Package, engaging over 55 stakeholders from all provinces, adapting the package from the Global RRT Training Implementation Package (TIP) to the Nepal context.
- WHO strengthened national implementation research capacity, conducting the first two modules of SORT IT and training 30 officials from MoHP and WHO Nepal, resulting in the development of four research protocols supporting pandemic preparedness.
- In 2025 WHO supported to conduct a four-day capacity building workshop to strengthen the Health Emergency Operation Center (HEOC) workforce, orienting over 50 officials on HEOC roles, core functions and coordination mechanisms.
- WHO supported 433 stakeholders in the development and tabletop exercise of the Information Flow Matrix between cross sectoral stakeholders, enhancing coordination between HEOC and multisectoral Emergency Operation Centers.
- WHO supported 167 health care workers in developing 44 Hospital Disaster Preparedness and Response Plans (HDPRP), 392 health care workers in HDPRP orientation through on site coaching and monitoring, 461 health care workers in HDPRP simulation exercises across hub and satellite hospitals, and 275 health care workers through the Hospital Preparedness for Emergencies (HOPE) training programme.

- WHO strengthened frontline responder capacity by training 311 healthcare workers on Mental Health Gap Action Program (mhGAP), Psychological First Aid (PFA), and Child and Adolescent Mental Health (CMAH); orienting 246 municipal level healthcare workers on risk communication, community engagement, and community based surveillance; and training 44 ambulance drivers and healthcare workers through Ambulance Driver Training.
- WHO strengthened community level emergency response by engaging 65 experts and healthcare workers in developing the Learning Resource Package for Community First Health Responders (CFHR), training 175 trainers for CFHR rollout, and training 486 individuals as Community First Health Responders.
- **Critical Care Equipment Training:** Developed and piloted an upgraded training programme to enhance healthcare workers' capacity to safely operate and manage critical care equipment.

Other Assistance

- WHO facilitated multisectoral preparedness and review processes, engaging over 50 participants in the intra action review (IAR) on mpox preparedness and response.
- WHO supported to convene Nepal's first national conference on field epidemiology which brought together over 200 public health professionals.
- Between 2024-2025 WHO supported 16 hospitals to implement the Electronic Medical Record (EMR) systems.
- WHO supported the development of the Provincial Health Emergency Preparedness and Response Plans (PHEPRs) for all seven provinces, through collaborative workshops involving over 45 stakeholders per province, with Koshi Province formally endorsing its PHEPRP.

Immunization and Vaccine Preventable Diseases (IVD) & Life Course and Integration

Nepal Eliminates Rubella

On 18 August 2025, WHO officially verified that Nepal has eliminated rubella—a historic milestone achieved through two decades of government commitment and strong partnership with WHO. The verification, based on WHO's five lines of evidence, reflects Nepal's robust surveillance, high immunization coverage, strengthened laboratory capacity, and effective program sustainability. Since 2004, WHO has supported Nepal in expanding rubella and CRS surveillance, building laboratory networks, introducing and scaling up rubella vaccination, and providing continuous technical guidance and training. Despite challenges such as earthquakes and the COVID-19 pandemic, Nepal maintained high immunization coverage through multiple campaigns, achieving record MR1 (97%) and MR2 (93%) coverage by 2024 (WUENIC). With rubella now eliminated, Nepal—backed by WHO's ongoing support—turns its focus to measles elimination by 2026, marking the next chapter in protecting child health and public health nationwide.

Accelerating Cervical Cancer Elimination in Nepal

Nepal has taken bold steps toward the global goal of eliminating cervical cancer, aligning with the Global Strategy to vaccinate 90% of girls by age 15 and expand screening and treatment services. On World Cancer Day, 4 February 2025, the Ministry of Health and Population launched a nationwide HPV vaccination campaign, introducing the vaccine into routine immunization. The multi-age cohort campaign targeted 1.56 million schoolgirls from grades 6 to 10, and out-of-school girls aged 10 to 14 years. The campaign was able to reach more than 1.45 million girls in just 14 days achieving more than 94% coverage.



School children celebrate after receiving oral cholera vaccines in Madhesh province, Nepal, February 2024.



A girl receiving the Human Papilloma Virus (HPV) vaccine during the launch of the vaccination campaign, June 2025.

At the same time, efforts to strengthen screening and treatment are underway. According to the National Demographic Health Survey 2022, only 11% of women aged 30–49 have ever been screened for cervical cancer. To address this gap, WHO organized five batches of Tier-2 training on HPV DNA screening and prevention, engaging 53 participants from six districts. Trainings were conducted at Paropakar Maternity and Women's Hospital and Kirtipur Hospital, equipping providers to detect and treat pre-cancerous lesions.

Strengthening Cross Border Collaboration to Boost Outbreak Preparedness

The WHO Country Office for Nepal, with support from the WHO South-East Asia Regional Office (SEARO), organized two cross-border capacity-building trainings for Surveillance Medical Officers (SMOs) from Nepal and India in November 2025. Held in Gorakhpur, India, and Biratnagar, Nepal, the sessions targeted districts along Nepal's 1,751 km porous border with India—where disease outbreaks can spread rapidly across communities.

Aligned with SEAR-ITAG recommendations, the trainings aimed to strengthen preparedness for vaccine-preventable disease (VPD) outbreaks and reinforce cross-border collaboration, a cornerstone of regional health security. Twenty-eight participants engaged in technical sessions on outbreak readiness, measles and polio response, and WHO's emergency framework. Tabletop simulation exercises allowed SMOs from both countries to jointly practice outbreak detection, investigation, and recovery, followed by structured reflection sessions.

The meetings emphasized integrating VPD surveillance into national health systems, formalizing coordination mechanisms, and strengthening Points of Entry capacities. The meetings recommended conducting regular biannual SMO meetings to sustain collaboration and enhance preparedness.



Facilitators at the workshop held in Nepal to strengthen cross-border collaboration for vaccine-preventable diseases (VPD) surveillance and response, November 2025.

Nepal Conducts Functionality Assessment of Special Newborn Care Units (SNCUs)

To accelerate reductions in newborn mortality, the Ministry of Health and Population has expanded newborn care services, including the Special newborn Care Units (SNCUs) at secondary level hospitals. However, functionality and quality of care had not been assessed. To address this, WHO supported the Family Welfare Division in conducting an assessment of level-II SNCUs, with technical support from WHO South-East Asia Regional Office. WHO Nepal collaborated with partners working in maternal and newborn health (UNICEF,

UNFPA, MCGL Jhpiego and One Heart International) for this assessment. All SNCUs have been included in the study, and the findings along with recommendations, will guide improvements to strengthen newborn care services.



A participant (left) engages in developmentally appropriate play with a baby, as part of the Child Development Course, at Kanti Children's Hospital, Nepal, May 2024.

Accelerating disease elimination efforts through stronger surveillance and immunization in Nepal

Nepal has made remarkable progress in vaccine-preventable disease (VPD) surveillance and immunization, supported by WHO since 1998. Through ten provincial field offices, WHO has worked closely with the Ministry of Health and Population at all levels to strengthen surveillance and immunization systems.

In 2025, Nepal achieved record surveillance performance. Polio (AFP) surveillance reached a non-polio AFP rate of 7.16 per 100 000 under 15 years children, the highest ever recorded nationally and in the WHO South-East Asia Region. Measles surveillance also achieved unprecedented sensitivity, with a non-measles non-rubella

discard rate of 8.77 per 100 000 population. Similarly, six updated VPD surveillance guidelines covering Acute Flaccid Paralysis (AFP), Measles Rubella (MR), Congenital Rubella Syndrome (CRS), Neonatal Tetanus (NT), Japanese Encephalitis (JE) and Diphtheria were developed in 2025. Now in final endorsement stage, these guidelines mark the first comprehensive update since 2010 and a major step towards institutionalizing standardized surveillance practices across the country.

Immunization coverage also reached historic highs. The 2024 WHO-UNICEF estimates of national immunization coverage (WUENIC), released in July 2025, showed that Nepal achieved over 95% coverage of all antigens provided in first year of life, surpassing pre-pandemic levels. Through its Surveillance and Immunization Medical Officers (SIMO) network, WHO further strengthened immunization program service delivery and community outreach, reducing “zero-dose” children by 52%, from 23 000 in 2023 to 11 000 in 2024—achieving the Immunization Agenda 2030 target ahead of schedule.

Advancing Maternal and Newborn Health through Midwifery Leadership

Midwives and nurses form the backbone of maternal and newborn health services in Nepal, yet opportunities to build leadership skills have been limited. To address this gap, WHO, in collaboration with the Nursing and Social Security Division of the Department of Health Services, introduced the Midwifery Leadership Programme in 2025.



Local health officials, accompanied by a WHO personnel conduct field investigation during the JE outbreak in Urlabari, Morang, July 2025.

WHO Supports JE Outbreak Preparedness and Response

In 2025, Nepal faced a significant challenge with Japanese Encephalitis (JE), reporting 151 laboratory confirmed cases across 41 districts in seven provinces, with a case fatality ratio of nearly 20%. WHO worked closely with the Ministry of Health and Population to strengthen outbreak preparedness and response.

WHO supported the development and dissemination of Acute Encephalitis Syndrome/ Japanese Encephalitis surveillance manual and clinical case management protocol of Acute Encephalitis Syndrome/ Japanese Encephalitis, alongside IEC materials like such as brochures and flipcharts. Around 3500 medical health professionals from 51 hospitals were oriented on the updated protocol, while rapid response teams at the subnational level received virtual orientation.

To reinforce surveillance, WHO collaborated with district teams to investigate each case, provided diagnostic test kits to JE laboratories, and advocated for further studies into other causes of AES cases and JE related deaths in Nepal given the high mortality rate. Public awareness efforts, including media engagement, complemented these measures, underscoring the importance of vigilance during Nepal's peak JE season.

The initiative was designed with technical guidance from WHO, regional collaboration with Poltekkes Kemenkes of Indonesia (WHO Collaborating Centre) and contributions from national institutions, including the Nepal Nursing Council and the Midwifery Association of Nepal to ensure alignment with national priorities. The five-day course equipped 25 midwives and nurses from government institutions, academia, professional associations and provincial health directorates from six provinces with skills in strategic planning, policy engagement, research and governance. By strengthening leadership capacity, the programme empowers midwives to play a greater role in shaping healthy system reforms and advancing professional standards nationwide.

Nepal Sustains Elimination of Maternal and Neonatal Tetanus

Nepal has reaffirmed its success in maintaining the elimination of Maternal and Neonatal Tetanus (MNT), a milestone first achieved in 2005. A post-validation assessment conducted in December 2024 confirmed that the country continues to maintain an incidence rate of less than one case per 1000 live births in all districts nationwide. The Family Welfare Division (FWD), with technical support from WHO Nepal, led the assessment. The evaluation aligns with the South-East Asia Regional Vaccine Implementation Plan (2022-2026) and the recommendations of the National Immunization Advisory Committee (NIAC) and the South-East Asia Regional Immunization Technical Advisory Group (SEAR-ITAG).

Nepal Launches Geo-Enabled Microplanning Initiative to Strengthen Immunization Equity

The Family Welfare Division, with technical support from WHO Nepal and the WHO HQ GIS Center for Health, launched a five-year geo-enabled microplanning initiative to strengthen Nepal's national immunization program. This initiative responds to the need for more precise, data-driven planning to reach underserved population and ensure equitable immunization coverage. By using satellite-derived population data to digitalize service areas and delivery points, the approach aims to improve efficiency, expand coverage, and close last-mile gaps in immunization delivery. In 2025, preparatory activities were completed, including the formation of technical bodies, selection of seven pilot districts, landscape analysis, and baseline geospatial data collection. A national training of trainers held from 25–27 November 2025 trained 41 participants from government and partner organizations. Geo-enabled microplanning workshops were conducted in all municipalities of Kavrepalanchowk and Parbat districts, engaging 485 participants from 235 health facilities.

Nepal Expands Urban Immunization to Reach the Underserved

In 2025, the National Immunization Program (NIP), with WHO support, strengthened equitable immunization services in urban and underserved areas across six metropolitan cities, 11 sub-metropolitan

cities, and Kathmandu Valley. Key actions included engaging the private sector through eight workshops with 307 clinicians, pediatricians, and microbiologists; building capacity via 11 workshops for 270 participants from 50 private facilities and 25 medical colleges; and conducting GIS mapping in 17 urban areas, covering 750 health facilities and over 1000 session sites. Seventeen consultative meetings with 554 municipal leaders and health officials reinforced local ownership and improved planning to close urban immunization gaps.



A child is administered oral cholera vaccine in Parsa, August 2025.

Reactive Oral Cholera Vaccine (OCV) campaign

In response to the cholera outbreak in Parsa and Bara districts, WHO provided technical support for drafting the application and implementation plan to the International Coordinating Group (ICG) on vaccine provision for cholera vaccine and operational cost support to the National Immunization Program. The technical support was provided by WHO-IPD for planning, implementation, monitoring and supervision of the campaign.

The campaign was conducted in all municipalities of Parsa district and six municipalities of Bara district bordering and near the eastern border of Parsa district. The cholera vaccine was administered to everyone above one year of age (97% of the total population). The campaign was able to reach 912,217 personnel (target population) achieving 90% administrative coverage.

Technical Documents Developed

- National Facilitation Guide for Intrapartum Care Program Implementation 2081
- Birth Defect Surveillance, Prevention and Management- National Implementation Plan 2025-2030
- Bottleneck Assessment of Social and Behavior Change for Family Planning in Nepal
- Bottleneck Assessment of Post Pregnancy Family Planning in Nepal
- Operational Guideline for Measles-Rubella vaccination campaign 2024
- Operational Guideline for IPV campaign 2024
- Operational Guideline for HPV multi-age cohort (MAC) vaccination and introduction in routine immunization, 2025
- Guideline for conducting Outbreak Response Immunization (ORI) against Cholera Outbreak, 2025
- Post Campaign Coverage Survey for TCV Campaign -2022 in Nepal (Report published in 2025)
- Assessment of Immunization Coverage and Knowledge of Mothers/Caregivers towards vaccination in 13 districts (Gavi DLI based) of Nepal
- Post Campaign Coverage Survey of Measles-Rubella vaccination campaign 2024 in Nepal (Report published in 2025)
- IPV Post Campaign Coverage Assessment
- Acute Encephalitis Syndrome (AES) / Japanese Encephalitis (JE) Surveillance Manual 2025
- Clinical management Protocol of Acute Encephalitis Syndrome/Japanese Encephalitis

Health Workers Empowered

- WHO trained health workers to standardize labor monitoring.
- Training and capacity building done at national and sub-national level by IVD network for new vaccine introduction, outbreak response immunization and vaccination campaigns such as nation-wide MR, IPV, and HPV campaign, reactive oral cholera vaccination campaign in Bara and Parsa, a VDPV3 response including vaccination campaign in Kathmandu Valley.
- IVD SIMO network conducted district level workshop for VPD surveillance, outbreak preparedness and response, in 74 districts building capacity of 503 medical doctors and 3861 HCWs.

- IVD SIMO network conducted 370 sub-district level workshops for VPD surveillance, outbreak preparedness and response, building capacity of 2003 medical doctors and 8833 HCWs.
- Further, VPD surveillance capacity building meeting was conducted at 15 international point of entries, building capacity of 198 HCWs.
- IVD network trained 206 pediatricians and medical officers on AEFI and vaccines safety surveillance, covering all seven provinces.
- IVD SIMO network conducted district level workshop for VPD surveillance, outbreak preparedness and response, including polio-transition in 72 districts building capacity of 562 medical doctors and 3899 HCWs.
- IVD SIMO network conducted 302 sub-district level workshops for VPD surveillance, outbreak preparedness and response, including polio-transition building capacity of 3374 medical doctors and 9335 HCWs.
- IVD JE surge/outbreak response: training in 51 priority hospitals for 966 doctors and 1,113 health workers was conducted.
- Urban Immunization: Strengthening for immunization and VPD surveillance initiated in 6 metros, 11 sub-metros, and three districts of Kathmandu Valley covering all major urban areas in Nepal. Coordination and planning workshop with 307 participants from 50 private hospitals and 25 medical colleges completed. HCWs capacity-building workshop with 267 participants from private sector, hospital and medical colleges completed. Consultative meeting for assessment of urban immunization status, gaps and mapping of urban immunization clinics completed in 17 batches with participation from 554 stakeholders; the activity brought together mayors and deputy mayors, ward officials, municipal administrative officers and health section chiefs, district officials, and provincial representatives.

Other Assistance

- WHO supported HPV-DNA screening in three municipalities, training staff and strengthening lab capacity.
- WHO supported to conduct a nationwide measles-rubella vaccination campaign, vaccinating over 6.3 million children.
- WHO supported to conduct a single-dose IPV catch up campaign, vaccinating a total of 1.4 million children.
- WHO provided support to conduct post-campaign coverage survey of the Measles-Rubella Campaign.
- WHO provided support to roll out a nationwide HPV vaccination campaign, immunizing over 1.48 million girls across the country.
- WHO supported to conduct the Post-Introduction Evaluation (PIE) of the HPV vaccine and typhoid conjugate vaccine (TCV) in Nepal.
- WHO supported to finalize and disseminate coverage survey reports for the Typhoid Conjugate Vaccine Post Campaign Measles Rubella Post Campaign Coverage Survey (MRPCCS) and GAVI DLI based study.



03

Stories of Impact

From Bystanders to Lifesavers

WHO-supported initiative empowers community members to step up as first responders

In Nepal's remote and mountainous regions, emergencies often unfold far from hospitals and paved roads. Ambulances can take hours to arrive, and reaching the nearest health facility may involve navigating rugged terrain. In these settings, the first hour after an accident — the “golden hour”— frequently determines whether a person lives or dies.

To address this reality, the National Health Training Centre (NHTC) under the Ministry of Health and Population (MoHP), in collaboration with WHO Nepal and the European Commission, launched the Community First Health Responders (CFHR) initiative in 2025. Targeting high-risk provinces including Lumbini, Karnali and Sudurpashchim, the initiative set out to strengthen pre-hospital care and bring

lifesaving care closer to where emergencies occur.

As part of this initiative, WHO Nepal supported the NHTC to develop a standard Learning Resource Package and trained 175 as trainers in 2025. These trainers were mobilized from government and private hospitals, as well as security forces including the Nepal Police, Armed Police Force, Nepal Army, and Traffic Police. By intentionally integrating health workers with first responders and security agencies, the initiative laid the groundwork for a coordinated, multi-sectoral emergency response system.

The trainers are now cascading critical skills to communities and frontline responders— teaching first aid, bleeding control, fracture stabilization, safe patient transfer, and early detection of disease outbreaks. As of December 2025, more than 600 individuals have already received CFHR training, over 65% of whom come from non-medical backgrounds. This expansion beyond the formal health workforce marks a significant shift: communities that previously had no access to emergency care skills are now active participants in saving lives.

“Every hour matters during an emergency,” said Dr Prakash Budathoki, Chief of the Health Emergency Disaster Management Unit at MoHP. “By training local responders who are often the first to reach victims, we are ensuring communities are not left helpless while waiting for hospital care.”

For community health volunteers like Sunita Chand from Dailekh district, the initiative filled a critical gap. “We knew how to clean wounds, but we did not know what to do if someone broke their leg in a road crash,” she said. The

programme has empowered volunteers like her to act confidently in emergencies and connect patients more effectively to the health system.

According to Bhuwan Kunwar, director of the Health Training Centre, in Lumbini Province, the initiative is unprecedented in Nepal. “This is the first of its effort to build a sustainable cadre of trainers from non-health backgrounds who will not only cascade lifesaving skills but can also detect and report unusual health incidents thereby strengthening early detection and response to public health events nationwide.”

“The goal was simple yet profound,” said Dr Allison Gocotano, WHO Representative to Nepal, a.i. “By embedding preparedness at the local level and linking communities to hospitals and authorities, we are strengthening Nepal's emergency response system, building resilience and ensuring that lifesaving care reaches those who need it most.”



A participant from the Community First Health Responders Training, supported by The European Commission, practicing cardiopulmonary resuscitation at Bhagawatimai Rural Municipality, Dailekh, Karnali Province, November 2025.

Bringing Childhood Cancer Care Closer to Communities

Each year, an estimated 1100 new childhood cancer cases are diagnosed in Nepal. Yet only about one-third can access appropriate treatment. Many face delayed diagnosis, fragmented referral pathways, and long travel distances to reach specialized care. High costs and limited availability of cancer medicines further worsen the situation, placing families under extreme financial and emotional strain and increased risk of treatment interruption or abandonment.

However, the scenario is improving after Nepal became the WHO Global Initiative for Childhood Cancer (GICC) focus country in 2020, an initiative which aimed at achieving at least 60% survival globally by 2030. In line with GICC's CureAll framework, in August, WHO and the World Child Cancer supported a two-day national workshop with 40 participants, including doctors, nurses, and family support officers, from seven Shared Care Centers (SCCs) and four Primary Treatment Centers (PTCs).

The workshop identified ways to strengthen services and patient referrals, based on which the SCC Operation Manual was drafted to guide delivery of safe, quality childhood cancer services through a hub-and-spoke model linked to PTCs.

Access to medicine has markedly improved. WHO and UNICEF supported the delivery of childhood cancer medicines for the first time in February 2025 through the Global Platform for Access to Childhood Cancer Medicines (GPACCM). This Platform has already supported treatment of 671 children, ensuring continuity of care reducing out of pocket payments for families.

WHO also facilitated consultations involving clinicians and pharmacists from the four PTCs, the Global Platform team, and technical experts from St. Jude Children's Research Hospital and enabled forecasting and quantification of childhood cancer medicines for 2026. In addition, WHO supported convening of the Steering committee and Technical Working group meeting of the MoHP to guide the implementation of the GICC & GPACCM activities.

Capacity building expanded as well. WHO supported a first of its kind workshop on safe handling of cytotoxic medicines. In coordination with the Management Division, 30 participants including doctors, nurses, and pharmacists attended the one-day workshop. In October 2025, WHO also assisted the Nepal Health Training Centre (NHTC) to conduct a seven-day Training of Trainers on pediatric palliative care which was hosted at the BP Koirala Cancer Hospital which has a pediatric palliative care ward.

Twenty pediatricians and nurses from five hospitals and seven SCCs attended the training helping to build a multidisciplinary team to deliver pediatric palliative care.

WHO will continue supporting Nepal to accelerate progress toward the global objective of the GICC improving access to quality care, ensuring uninterrupted treatment, and advancing toward higher childhood cancer survival.



A WHO official receiving the first shipment of essential childhood cancer medicines delivered through the Global Platform for Access to Childhood Cancer Medicines (GPACCM) at Tribhuvan International Airport, Kathmandu, Nepal, February 2025.



04

Perspectives

Programmatic achievements are often assessed through indicators and technical evaluations, but the perspectives of those directly involved provide an important complementary view.

government officials, reflecting on WHO-supported activities across diverse programmatic areas in 2024-2025.

This section presents a collection of quotes from health workers, beneficiaries, and

“Prescribing medication for the first time is easy, but following up is the more difficult part. This initiative (HCCIN) has played an instrumental role in strengthening follow-up care.”

Ms Sandhya Kala Rai
Senior Auxiliary Health Worker, Ilam
 Hypertension Care Cascade Initiative Nepal (HCCIN)

“Previously, tracking new patients (for hypertension), setting targets and monitoring control rates was challenging. The initiative (HCCIN) has provided us with a systematic approach. We now set targets, enroll patients accordingly, and conduct cohort analysis to assess control rates.”

Mr Aditya Shakya
Chief, Health Office, Ilam
 Hypertension Care Cascade Initiative Nepal (HCCIN)

“The Special Initiative for Mental Health has played a crucial role in implementing national priorities outlined in the National Mental Health Strategy and Action Plan. The initiative has strengthened mental health governance by supporting policy and programme development, creating technical tools and guidelines, and piloting innovations such as district-level system development, the Model Municipality Toolkit and suicide prevention and registry systems to inform scalable, evidence-based approaches.”

Dr Pomawati Thapa,

Senior Consultant/Medical Generalist, Department of Health Services, Ministry of Health and Population

(Special Initiative for Mental Health (SIMH))

“My advocacy for AMR began during my pharmacy studies, when I realized many patients were unaware they were taking antibiotics, contributing to the AMR crisis. WHO-led technical sessions deepened my understanding and gave me the confidence to raise awareness. I also participated in “dinner table conversations” with my family, and after just one discussion, I witnessed a shift in their medication habits. This demonstrated the tangible impact of grassroots awareness.”

Arun Kumar Shah,
Medical student

(WHO and NYMAT collaboration to raise Antimicrobial Resistance awareness)

“In Nepal, over 70% of the people with TB are asymptomatic as per the National TB Prevalence Survey conducted in 2018. Active TB case finding with X-ray-embedded AI is what we needed. I am very thankful to WHO that we could conduct this screening camp using X-ray-embedded AI in flood-affected areas. This will support our efforts of finding the missing TB cases early.”

Dr Prajowl Shrestha

Former director, National Tuberculosis Control Centre

“When I first joined the school, the situation was heartbreaking. There were four to five student suicides every year. The mental health training organized by the Nursing and Social Security Division with WHO support completely changed how I understood my students’ emotional needs. Through the Social Emotional Learning sessions, we developed practical strategies that improved student behavior, strengthened our school environment, and most importantly, helped prevent student suicides for the first time since I joined.”

Neesha Koirala,
School Nurse

(Special Initiative for Mental Health (SIMH))

“During my medical studies, I saw frequent use of antibiotics in clinics, which sparked my interest in AMR. I joined the NYMAT-WHO campaign as a core team member, leading social media and awareness efforts. The Open WHO course deepened my understanding of how resistance is linked to human behavior and the environment. Working with peers from animal and agriculture sectors gave me a clearer view of the One Health approach. This experience has changed how I practice healthcare, and I’m committed to inspiring more youth to take action.”

Anil Manandhar,
Health Assistant, Bagmati Province

(WHO and NYMAT collaboration to raise Antimicrobial Resistance awareness)

“We can now provide a wide range of services from the Medical Camp Kit supported by WHO. For example, WHO provided mental health training to help address psychological challenges faced by individuals following the disaster (floods and landslides in September 2024). We identify individuals in need and offer counseling and psychosocial support. Additional services include breastfeeding support, antenatal care, postnatal care and immunization services. We can serve the community with our learnings. I express my heartfelt gratitude to WHO. It is of great value to the general public here.”

Ms Melina Khaiju,
Nursing In-charge, Roshi Basic Hospital

“As a child psychiatrist, I found the Care for Child Development (CCD) training empowering and reflective, especially while training other facilitators. What stood out most is its focus on interaction - talking, playing and engaging from pregnancy through all stages of a child’s life. Unlike most clinical trainings, CCD emphasizes prevention and promotion. The course highlights the power of human connection between caregiver and child, promoting responsive caregiving and early learning through simple, practical tools. If integrated into existing national health trainings, it has immense potential to transform how we support early childhood development in Nepal.”

Dr Gunjan Dhonju

*Child and Adolescent Psychiatrist, Kanti
Children’s Hospital*

(Trainee, Care for Child Development Course)

“The Care for Child Development training was eye opening. As a paediatrician regularly involved in child development assessments and parental counselling, I learned the value of using simple, locally available materials for play and communication, and how even a few minutes of quality interaction can positively shape a child’s development - from the womb through early childhood. The training boosted my confidence to train others and apply these principles in our hospital. I’m committed to expanding this knowledge from tertiary care to the community through counselling and awareness. I urge authorities to integrate responsive caregiving and early learning into national health strategies.”

Dr Deepa Dhakal

Paediatrician, Civil Service Hospital

(Trainee, Care for Child Development Course)

“The Care for Child Development (CCD) course must be scaled nationally - it’s a game changer. I now understand that responsive caregiving and early learning are just as essential as nutrition and medical care. The course gave me practical tools - like counseling cards and techniques to guide caregivers in using play and communication to support development. I feel more confident in coaching families and training colleagues to integrate these approaches into everyday care. Thanks to WHO’S support, I’m proud to be part of a movement connecting early childhood development with health systems.”

Ms Apsara Pandey

*President, Paediatric Nurses Association
of Nepal (PNAN)*

(Trainee, Care for Child Development Course)

“As a paediatrician, the Care for Child Development (CCD) course transformed my understanding of child development, and I have already begun mentoring caregivers and training colleagues across my department in early childhood care. While I once focused mainly on medical treatment, I now realize that play, communication and responsive caregiving are equally essential for a child’s growth. The course gave me practical, easy-to-use tools - homemade toys, caregiver counseling, and daily routines - to support development, even during illness. With over 15 years of experience in health training, I now feel confident to scale this knowledge further. If adopted nationally, CCD can build a brighter, more confident future for Nepal’s children.”

Dr Netra Bahadur Rana

Paediatrician, Lumbini Hospital

(Trainee, Care for Child Development Course)

“Having well-trained teams and clear plans enabled us to effectively triage victims, deploy human resources efficiently and ultimately save the lives of more than 50 critically injured patients (in the aftermath of Jajarkot earthquake) through timely care.”

Dr Padam Giri

Disaster Focal Person, Province Hospital-Surkhet

05 Our Partners

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Ministry of Health and Population

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