WHO Country Cooperation Strategy (CCS)

2023–2027

Nepal

World Health Organization
Nepal

Government of Nepal
Ministry of Health and Population

WHO COUNTRY COOPERATION STRATEGY (CCS)

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Country Cooperation Strategy 2023–2027: Nepal

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MESSAGE

Nepal has made remarkable progress in improving the health status of its citizens, particularly with regards to increasing life expectancy, improving maternal, newborn and child health, and controlling infectious diseases, since Nepal implemented first country cooperation strategy nearly two decades ago.

Between 2006 to 2022, the maternal mortality rate reduced from 281 to 151 per 100,000 live births, under 5 mortality rates decreased from 61 to 33 per 1000 live births, and neonatal mortality rate went from 33 to 21. Similarly, Nepal achieved several public health milestones such as elimination of maternal and neonatal tetanus, leprosy, polio, trachoma, and control of rubella.

The Government of Nepal recognizes the indispensable role and contribution of WHO and other development partners towards obtaining these health achievements and improving health-related indicators of the Sustainable Development Goals (SDGs). However, several challenges remain. This includes making the vision of health for all a reality for all citizens through expansion of universal health coverage, reducing out-of-pocket expenditure, which continues to push thousands of people into poverty every year, addressing the rising burden of noncommunicable diseases and mental health, sustaining successes and accelerating actions in the control of communicable and vaccine preventable diseases, and strengthening preparedness and response for health emergencies.

I am pleased to share that WHO's CCS 2023-2027, developed through a year-long consultative process with the Ministry of Health and Population and other line ministries, UN agencies and other development partners and relevant stakeholders, recognizes these emerging needs. It demonstrates commitment from the whole of WHO to focus its existing resources on national priorities and to work closely with donors, development partners and multisectoral engagement to identify and mobilize additional resources, supporting those priorities.

The Ministry of Health and Population-Nepal welcomes the new CCS that provides a framework for the WHO's technical cooperation in Nepal. The strategic priorities outlined in this CCS are aligned with the National Health Sector Strategic Plan (NHSSP) for 2023-2030 and the priorities of WHO's Thirteenth General Programme of Work (GPW13).

Lastly, I would like to congratulate WHO for the CCS and express my appreciation for the continued support and partnership. The technical assistance, guidance, and capacity-building efforts provided by WHO have played a vital role in strengthening our health systems and advancing our national health agenda. I believe that with our shared vision and unwavering commitment, we will realize the aspirations outlined in this document and usher in an era of improved health for all Nepali citizens.

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Mohan Bahadur Basnet
Minister,
Ministry of Health and Population

Government of Nepal
Ministry of Health and Population

Ramshahpath, Kathmandu

PREFACE

The WHO Country Cooperation Strategy (CCS) provides a medium-term strategic framework for WHO to work with the Government of Nepal (GoN) towards achieving its health sector goals and improve the health and wellbeing of its population.

The CCS 2023-2027, developed by WHO in close consultations with the Ministry of Health and Population (MoHP), relevant line ministries, UN agencies, development partners and other stakeholders, is well aligned with the strategic priorities and outcomes identified in the National Health Sector Strategic Plan (NHSSP) for 2023-2030.

This document builds upon the work that has been carried out during the previous CCS period. The priorities identified for WHO's support to the Government of Nepal reflect the evolving needs and challenges of Nepal's health sector and ultimately to achieve its vision of health for all.

Over the nearly two decades since Nepal implemented the first CCS, the country has made significant progress in health and health-related indicators, particularly in maternal, newborn and child health.

MoHP seeks policy advice from WHO in line with its normative role, based on global standards, best practices, and analyses of health situations at national and subnational levels. It expects continuous support in addressing emerging and re-emerging public health challenges along with monitoring progress towards achievement of all health-related Sustainable Development Goals (SDGs).

MoHP, welcomes this strategy as a guiding document for WHO's collaboration with Government of Nepal and other relevant stakeholders; thus, contributing towards national and global health development efforts.

I extend my deepest gratitude to all those who have contributed to the development of this Country Cooperation Strategy and commit to working together with WHO to advance four strategic priorities which we think are best fitted in Nepal's current context.

Dr. Roshan Pokhrel
Secretary,
Ministry of Health and Population

Message from the Regional Director

Nepal's Constitution recognizes health as a fundamental right of its citizens. Similarly, health has been prioritized as a major development agenda in the country's Fifteenth Five-Year Plan (2019–2020–2023–2024). These actions speak of the Government of Nepal's commitment to improving the health and well-being of all its citizens.

Over the years that commitment has borne fruit. In 2018 the country became the first in the WHO South-East Asia Region to eliminate trachoma. That same year it achieved rubella control, two years ahead of the regional target of 2020. In 2022 the country became the first in the region to introduce the typhoid conjugate vaccine in its routine immunization programme. Maternal, neonatal and under-five mortality have all significantly declined in the past decade.

However, with the changes in the health-care system owing to a new federalized structure, and the COVID-19 pandemic and its aftermath, new and emerging health threats have brought unprecedented challenges to implementing many of the country's health initiatives in recent years.

In this context, I am pleased to share the fourth WHO Country Cooperation Strategy (CCS) for Nepal 2023–2027 which maps out how WHO will work in the country to support the Government of Nepal realize its vision of health for all Nepalis while taking into consideration the regional and global priorities of the Organization.

The CCS complements other key strategic policy documents including Nepal's National Health Policy, developed in 2019, the Fifteenth Five-Year Plan, the National Health Sector Strategic Plan 2023–2030, and the United Nations Sustainable Development Cooperation Framework for Nepal 2023–2027. The priorities identified in the CCS also align with WHO's global Strategic Priorities defined in the Thirteenth General Programme of Work, which include the SDG-based Triple Billion targets of healthier populations, universal health coverage and managing health emergencies.

I am pleased to see that the CCS reflects the changing disease burden in Nepal, is cognizant of the transitional state of country's health system, and recognizes the importance of multisector engagement and partnerships beyond the health sector, and that it has incorporated the lessons learnt from the recent COVID-19 pandemic in the country and the Region.

The four Strategic Priorities identified in the CCS are: i) strengthening the federal health system; ii) enhancing the national capacity for managing health security threats; iii) harnessing the use of data, research and technology to develop evidence-based planning and implementation; and iv) addressing determinants for better health outcomes through multisectoral platforms and effective partnerships. These are based on the country's key needs identified through consultations with the Ministry of Health and Population, provincial health authorities, stakeholders and other development partners, and a review and evaluation of the previous CCS which was in effect from 2018 to 2022.

I am confident that the new CCS 2023–2027 will be instrumental in further enhancing the collaboration and cooperation between WHO and the Government of Nepal and other partners working for betterment of the health of the people of the country.

Lastly, I would like to thank all those who have contributed to the development of the WHO Country Cooperation Strategy 2023–2027 and commit the WHO Regional Office's support for its implementation.

Dr Poonam Khetrapal Singh

Regional Director
WHO South-East Asia

Message from WHO Representative

The WHO Country Cooperation Strategy (CCS) for Nepal is intended as a roadmap to drive WHO's work in the country for the next five years. This is the fourth strategy of its kind and builds on the lessons learnt from past performance including the recent experience of dealing with a global pandemic.

Consultations with senior officials from the Ministry of Health and Population, various line ministries, provincial health authorities, health professionals, United Nations (UN) agencies and other development partners, review and evaluation of the previous CCS, the national priorities and plans along with WHO's Thirteenth General Programme of Work (GPW13), the Sustainable Development Goals (SDGs) and the UN's Sustainable Development Cooperation Framework formed the basis for the development of the CCS 2023-2027.

These discussions highlighted three key things:

i) Importance of WHO's normative role: to provide policy advice, based on global standards, best practices, and analyses of health situations at national and subnational levels

ii) The need for strengthening support at the provincial and local levels to improve effectiveness and efficiency of the health system in a federal context,

iii) Enlarging the scope of multisector engagement and partnerships to effectively address the wider determinants of health.

The four strategic priorities and the different focus areas outlined in the CCS are reflective of these recommendations and the evolving needs of the health sector considering the changes in disease burden and the transitional state of the health system.

At the core of WHO's cooperation with Nepal, lies the overarching goal of developing an effective, equitable and sustainable and resilient health system to enable the attainment of universal health coverage.

Considering the need to enhance the capacity of the government to manage health emergencies, disease outbreaks and natural disasters, WHO will continue its leadership and convening role of providing strategic and technical assistance to the country. Similarly, our support will also focus on engaging a range of relevant stakeholders beyond health to tackle the pertinent health issues such as the growing burden of NCDs, AMR, mental health, that require multisectoral and cross sectoral collaboration.

I would like to thank the WHO CCS Working Group, the Ministry of Health and Population, health sector partners, national stakeholders and colleagues from across the Organization who provided their valuable inputs, and particularly our consultants who prepared this into a strategic document.

We look forward to working closely with the Government of Nepal, donors and development partners to identify and mobilize resources supporting these priorities to turn this roadmap into action.

Dr Rajesh Sambhajirao Pandav

WHO Representative to Nepal

CONTENTS

ACRONYMS AND ABBREVIATIONS

AMR	Antimicrobial Resistance
ART	Antiretroviral Therapy
CCS	Country Cooperation Strategy
CCA	Common Country Analysis
CDC	Centers for Disease Control and Prevention
DDA	Department of Drug Administration
EDP	External Development Partners
EMDT	Emergency Medical Deployment Team
FCTC	Framework Convention on Tobacco Control
Gavi	Gavi, The Vaccine Alliance
GBD	Global Burden of Disease
GDI	Gender Development Index
GII	Gender Inequality Index
GPW	General Programme of Work
IHMIS	Integrated Health Management Information System
HDI	Human Development Index
HEOC	Health Emergency Operation Centre
HR	Human Resources
HRH	Human Resources for Health
HSS	Health System Strengthening
IA 2030	Immunization Agenda 2030
IHR (2005)	International Health Regulations (2005)
JEE	Joint External Evaluation
LDC	Least Developed County
LNOB	Leave No One Behind
MoHP	Ministry of Health and Population
MMR	Maternal Mortality Ratio
MSS	Minimum Service Standards
NCDs	Noncommunicable Diseases
NMR	Neonatal Mortality Rate

NTD	Neglected Tropical Disease
OOPE	Out-of-Pocket Expenditure
PEN	(WHO) Package of Essential Noncommunicable Diseases
PHC	Primary Health Care
PHEOC	Provincial Health Emergency Operation Centres
PLHIV	People Living with HIV/AIDS
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent health
RRT	Rapid Response Team
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health Rights
TB	Tuberculosis
UHC	Universal Health Coverage
U5MR	Under-Five Mortality Rate
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
WASH	Water, Sanitation and Hygiene
WHE	WHO Health Emergencies Programme
WHO-SEARO	World Health Organization Regional Office for South-East Asia

Executive summary

The Nepal–WHO Country Cooperation Strategy (CCS) 2023–2027 sets out how the World Health Organization will work with the country over the next five years. It is informed by the aspirations of the Nepal Health Sector – Strategic Plan 2023–2030, the Fifteenth Five-Year Plan (2019/2020–2023/2024) of the Government of Nepal, WHO global Strategic Priorities, as articulated in the Thirteenth General Programme of Work (GPW 13) with the SDG-based Triple Billion targets, and the United Nations Sustainable Development Cooperation Framework for Nepal 2023–2027.

The development of the CCS 2023–2027 was led by the WHO Country Office and included consultations with senior officials from the Ministry of Health and Population (MoHP) of Nepal, various line ministries, provincial health authorities, health professionals, United Nations (UN) agencies and other development partners. The normative role of WHO received special attention, following the review of the recently published global and regional technical guidelines and strategies.

The evaluation and mid-term review of the CCS 2018-2022 recommended sharper focus on high-quality technical assistance to the government for advancing the universal health coverage (UHC) agenda and on support for implementation of national health policies, Strategic Priorities and technical guidance at all levels. Furthermore, it recommended strengthening the capacity of provincial and local governments to develop and use evidence-based planning and implementation to improve effectiveness and efficiency of the health system in federal context. In addition, it called for enlarging the scope of multisector engagement and partnerships to effectively address the wider determinants of health as a response to the changing disease burden in Nepal.

The four Strategic Priorities of the CCS 2023–2027 are:

1. Strengthening the federal health system with a focus on primary health care and institutional capacity-building to achieve universal health coverage, identify implementation bottlenecks and reach vulnerable and underserved populations;

2. Enhancing the national capacity for managing health security threats, using an all-hazard approach, and building resilient health systems at federal and subnational levels;

3. Harnessing the use of data, research and digital technologies for guiding health planning, innovation and monitoring of service delivery at federal, provincial and local government levels; and

4. Addressing determinants for better health outcomes through multisectoral platforms and effective partnerships.

Successful implementation of the CCS will focus on providing tailored and quality technical assistance in the context of Nepal. This will require a review of the human resource (HR) needs of the WHO Country Office to adjust to the new Strategic Priorities and thematic areas of the CCS.

WHO will continue to provide policy advice in line with its normative role, based on global standards, best practices, and analyses of health situations at national and subnational levels. The presence of WHO at the subnational level will be strengthen and primary health care remains the core component of an effective, equitable, sustainable and resilient health system and of achieving universal health coverage.

The need to address the wider determinants of health will be at the core of the policy dialogue. Proactive coordination and engagement with a range of relevant government ministries, civil society, development partners, academia, WHO collaborating centres (CCs) and private sector players, wherever required, are essential for delivering the outcomes of the CCS 2023–2027.

Considering the need to enhance the capacity of the government to manage health emergencies, disease outbreaks and natural disasters, WHO will continue its leadership and convening role of providing strategic and technical assistance to the country through institutionalizing and sustaining the functions of health emergency operation centres (HEOCs), provincial health emergency operation centres (PHEOCs) and health desks at Nepal's entry points, and implementation of health emergency policies, guidelines, surveillance systems and information management tools.

WHO will use strategic communications to reaffirm its role as the leading and directing authority on global health, enhance public understanding of the organization's mandate and build trust and support for its work at the country level. It will prioritize addressing the determinants of health and mainstreaming gender-, equity- and human rights-based approaches across all areas of technical support. The CCS is a commitment from the whole of WHO to focus its existing resources on national priorities and to work closely with donors, development partners and multisectoral engagement to identify and mobilize additional resources, supporting those priorities.

1. Introduction

The Nepal–WHO Country Cooperation Strategy (CCS) 2023–2027 has been developed to provide strategic direction to the work of WHO in the country and will serve as the basis for the preparation of the biannual workplans. It responds to the health and development agenda of WHO in areas where the organization has a comparative advantage of delivering and supporting health impact.

This strategy is informed by the aspirations of the Nepal Health Sector – Strategic Plan 2023 – 2030, the Fifteenth Five - Year Plan (2019/2020-2023/2024) of the Government of Nepal and the United Nations Sustainable Development Cooperation Framework for Nepal 2023–2027 (UNSDCF draft – see Box 6). The CCS aligns with the UNSDCF priority of "inclusive and transformative human development" and reinforces the UN commitment to supporting the national long-term goals of affordable and quality health care, food security, nutrition, water, sanitation, and education services for all.

The commitment of the Government of Nepal to the SDGs is reaffirmed in its Fifteenth Five-Year Plan; its SDG Status and Roadmap (2016–2030) reports provide baselines and targets for progress towards achieving the SDG indicators till 2030. The CCS reflects the WHO global Strategic Priorities, defined in the Thirteenth General Programme of Work, which include the SDG-based Triple Billion targets of healthier populations, UHC and managing health emergencies. The GPW 13 extension with its five priorities to "accelerate progress" of the Triple Billion targets and its alignment with the Regional Flagship Priority areas were considered. The findings of the mid-term review and the final evaluation of the previous CCS were taken into account while preparing the current one.

Box 1: GPW 13 – a set of interconnected Strategic Priorities and goals to ensure healthy lives and promote well-being for all at all ages

Ensuring healthy lives and promoting well-being for all at all ages by:

ACHIEVING UNIVERSAL HEALTH COVERAGE

1 billion more people benefitting from universal health coverage

ADDRESSING HEALTH EMERGENCIES

1 billion more people better protected from health emergencies

PROMOTING HEALTHIER POPULATIONS

1 billion more people enjoying better health and well-being

Box 2: WHO priorities and strategic directions to 'accelerate progress' of the Triple Billion targets for the proposed Programme Budget 2024–2025

1. Support countries to create an urgent paradigm shift in promotion of health and well-being and prevention of diseases by addressing their root causes.

2. Support a radical re-orientation of health systems towards primary health care as the foundation of universal health coverage.

3. Urgently strengthen systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated by WHO globally.

4. Harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities.

5. Urgently strengthen the role of WHO as the leading and directing authority on global health at the centre of the global health architecture.

With the health-care system in transition due to recent reforms to federal governance, the CCS recognizes the need for WHO to continue support at federal and subnational levels. Furthermore, the lessons learnt from the COVID-19 pandemic in the country, the South-East (SE) Asia Region and across the world have been used for preparing the CCS.

The process of developing the CCS involved review and analysis of the country context, including key political, social, demographic, and economic data; health and equity data; the burden of disease; and sector reform plans and reviews. Special attention was accorded to the normative role of WHO by reviewing recent global and regional strategic and technical guidance. Consultations were held with senior officials in the Ministry of Health and Population of Nepal, various line ministries, health professionals, provincial health authorities, UN agencies and other development partners. The WHO Country Office staff were involved in the development of the CCS.

Box 3: Nepal Health Sector – Strategic Plan 2023–2030 (NHS-SP)

Strategic Objective 1: Enhance efficiency and responsiveness of the health system.

The health sector will strive to transform the health system into an accountable and responsive one. The efforts for transformation will focus on improving human resource management, strengthening evidence- and equity-based planning and safe and people-friendly health infrastructure, ensuring uninterrupted availability of quality medicines and supplies, improving governance, leadership and accountability, and effectively managing public health emergencies. Altogether, six outcomes and 14 outputs have been stipulated under this objective.

Strategic Objective 2: Address the wider determinants of health.

The NHS-SP aspires to strengthen the collaborative efforts for addressing the intermediary and structural determinants of health. There are two outcomes, three outputs and associated strategic interventions under this objective.

Strategic Objective 3: Promote sustainable financing and social protection in health.

Within this strategic objective, promoting sustainable financing in the health sector and reducing financial barriers to accessing health services will be the focus of the NHS-SP. There are two outcomes and five outputs to be achieved under this objective.

Strategic Objective 4: Promote equitable access to quality health services.

The NHS-SP has formulated two outcomes and four outputs with strategic interventions to promote equitable access of the population to quality health services.

Strategic Objective 5: Manage population and migration.

Maximization of the demographic dividend, management of the demographic transition and the practice of systematic migration and planned settlement will be the main thrust of the NHS-SP within this objective. Altogether, two outcomes and three outputs have been formulated to achieve this objective.

2. Country context: The health and development situation

The Constitution of Nepal has declared the country a Federal Democratic Republic with seven provinces, 753 local levels, including 460 rural municipalities, 276 municipalities, 11 sub-metropolitan cities and six metropolitan cities. There are 77 districts in Nepal.

Table 1. Demographic and economic indicators[1]

Indicator	Data	Year	Data Source
Population, total	29,164,578	2021	CBS 2021
Population growth (annual %)	0.92	2021	CBS 2021
Human Capital Index (HCI) (scale 0–1)	0.5	2020	WB 2020
GDP per capita (current US$)	1399	2021/22 CBS	CBS 2023
GDP growth (annual %)	5.26	2021/22 CBS	CBS 2023
Poverty headcount ratio at US$ 2.15 a day (2017 PPP)	8.2	2010	WB 2023
Gini index	32.8	2010	WB 2023
GDI	0.942	2021[2]	HDR 2021/22
GII	0.452	2021[2]	HDR 2021/22

2.1 The political and development situation

The Constitution of Nepal (2015) sets out the overarching principles for achieving good governance, development and prosperity while being committed to socialism, based on democratic values and norms. Guaranteeing non-discrimination and equality for all, it provides affirmative action for the protection, empowerment and advancement of the socially and culturally excluded groups, such as Dalits, indigenous peoples, Madhesi, Tharu, persons with disabilities and gender and sexual minorities. Social justice is guaranteed as a fundamental right, as is the right to participate in state's social, economic, and political affairs based on proportional representation.

Over the years, there has been marked progress in human and economic development across Nepal. However, large disparities persist within and between geographical, gender, social and cultural groups in all three dimensions of human development – long and healthy life, attainment of knowledge and skills and a decent standard of living.

Nepal ranks 113th among 191 reporting countries for the Gender Inequality Index (GII) while income inequality remains very high (Gini coefficient is 0.32).[2] The bottom 40% of the population shares only 20% of the income. Significant gender inequality persists and has heightened h uman development disparities.[3]

The GDI at the national and subnational levels

Region	Value
Sudur Paschim	0.903
Karnali	0.902
Lumbini	0.901
Gandaki	0.896
Bagmati	0.929
Province 2	0.786
Province 1	0.901
Tarai	0.87
Hills	0.927
Mountains	0.902
Urban	0.883
Rural	0.889
Nepal	0.886
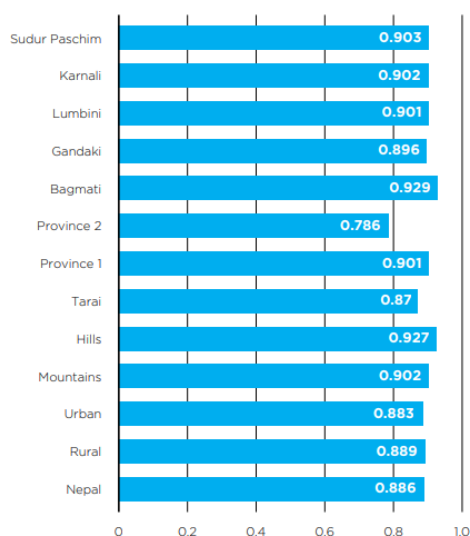
The female Human Development Index (HDI) value in Nepal is 0.549, compared with 0.619 for men.[3] This results in a Gender Development Index (GDI) value of 0.886. Among the provinces, the GDI value is the lowest in Madhesh Province (0.786), indicating the highest degree of gender disparity. The female HDI value for Madhesh Province (0.439) is 21% lower than that for men (0.558). In contrast, Bagmati has the highest GDI value and hence, the lowest gender disparity.

Among the geographical regions, the degree of gender disparity in human development is the highest in Tarai (0.870) while there is a marginal rural-urban gap. In addition, women across Nepal experience less significant progress in education and income, compared with men. Gender disparity in these two dimensions is more pronounced in Madhesh Province, where women's education and income indexes are 19% and 37% lower than those of men respectively. Meanwhile, the global Gender Gap Index of Nepal increased from 0.56 in 2007 to 0.69 in 2021, placing the country in the 96th position, among 146 countries.[4]

The government's long-term agenda envisions Prosperous Nepal and Happy Nepali. It has been integrated in the Fifteenth Five-Year Plan, which also incorporates the Sustainable Development Goals. Nepal is scheduled to graduate from the least developed country (LDC) in 2026 and this will be an important milestone for its socioeconomic development.[5]

Closely linked to its graduation, Nepal has achieved a progressively higher Human Development Index (HDI) value, reaching 0.602 in 2021, exceeding the LDC average.[2] This is principally attributed to the increase in the years of schooling and life expectancy at birth. However, the estimated inequality-adjusted HDI for 2021 is 0.449, making Nepal rank 115th among 159 countries.[6] At the same time, the country has made substantive progress towards reducing the Multidimensional Poverty Index (MPI) from 30.1% in 2014 to 17.4% in 2019 repectively.[7]

In parallel with this, efforts have been made to adopt a policy involving equitable distribution of development returns through mainstreaming socioeconomically disadvantaged communities in the development process and implementation of social security scheme.

With federalization substantive development and service delivery responsibilities are devolved to province and local governments. Overall policy formulation, planning, organization and coordination of the health sector at national, province, district and community levels remain with the federal Ministry of Health and Population. The local governments are responsible for overall planning and implementation of the basic health services, as per the Public Health Regulation 2020. The provinces are accountable for policy formulation, planning, coordination and management of provincial health policies and strategies, implementation of national health programmes, human resource management, running provincial hospitals, emergency planning and response and management of PHEOCs.

The decentralized delegation of authority and resources to the provincial and local levels has deepened democracy and strengthened the federal structure. Women hold at least one third of seats in Parliament and various ethnic groups, minorities and deprived communities are fairly represented. Guarantees of fundamental economic and social rights have included provisions for minimum employment and food security.[3]

The external development partners, including UN agencies, are providing critical policy and implementation support to ensure the county's transition into a federal system, focusing on inclusive and people-centric service delivery at all levels.

Furthermore, Nepal has developed the SDG Status and Roadmap (2016–2030) to localize the SDG indicators with baselines and targets for 2030. Other key documents include a SDGs Needs Assessment, a Costing and Financing Strategy and additional SDGs Localization Guidelines. The health-related SDG sets targets, which include (i) reducing by 2030 the global maternal mortality ratio (MMR) to less than 70 per 100 000 live births; (ii) ending preventable deaths of neonates and children under five years of age; (iii) ending the epidemic of AIDS, TB, malaria and neglected tropical diseases (NTDs) and combatting hepatitis, water-borne diseases and other communicable diseases; (iv) reducing by one third premature mortality from noncommunicable diseases (NCDs) through prevention and treatment and promoting mental health and well-being; and (v) strengthening prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. The COVID-19 pandemic has impacted health systems and the lives of people profoundly.

2.2 The health and equity situation

Over the years, Nepal has made significant progress in improving the health status of its citizens, particularly with regard to life expectancy, child survival, maternal health and control of infectious diseases. The contributing factors for this progress, apart from economic development and poverty reduction, are improved health literacy, increased access and utilization of health care, enhanced capacity of the health services and a strong government commitment to health. The Global Burden of Disease (GBD) Study, conducted in 2019, reports that the life expectancy of the Nepalese population at birth is 71.1 years, which has increased by 12.7 years since 1990.[8] However, healthy life expectancy stands at 61.5 years.

Box 4. Major health achievements of Nepal:

- reduction in maternal mortality from 539 maternal deaths per 100 000 live births in 1996 to 151 in 2021.

- reduction in under-five mortality rate per 1000 live births from 118 in 1996 to 33 in 2022, NDHS.

- reduction in neonatal mortality rate (NMR) from 50 in 1996 to 21 in 2022, NDHS.

- increase in percentage of women, who received antenatal care from skilled providers, from 25% in 1996 to 94% in 2022; NDHS, 2022.

- significant progress in proportion of births attended by skilled attendants 79 %; NDHS, 2022.

- diphtheria-tetanus-pertussis (DTP3) immunization coverage among one-year-olds (%) increased to 89% in 2022; NDHS, 2022.

- reduction in new HIV infections to 0.03% per 1000 uninfected population in 2020.

There has been a steady decline in the total fertility rate (TFR) from 4.8 births per woman in 1996 to 2.1 births per woman in 2022, with the slump being most prominent in rural areas.[9] Teenage pregnancy remains an issue with the highest rate being recorded in the Karnali Province (21%), followed by the Madhesh Province (20%). The Bagmati Province (8%) has the lowest rate. The percentage of women who received antenatal care (ANC) from skilled providers is high – it amounted to 94% in 2022 with 81% making four or more ANC visits. Maternal mortality remains a pressing concern though.

According to the Nepal Demographic and Health Survey 2022 (NDHS), women living in the Terai ecological zone are more likely to be anaemic (45%) than those living in the hills (20%) and mountain (23%) regions. Stunting (percentage of height-for-age below – 2 SD) among children under five years of age is 41.7% in the mountain ecological zone, compared with 22.4% in the hill areas and 24.7% in Terai. Children with mothers without education and in the lowest wealth quintile had higher rates of stunting.

Table 2. Nepal's health and UHC outcome indicators

Indicators	Data			Year	Data type	South-East Asia		
Life expectancy at birth (years)	Male	Female	Both sexes					
	68.9	72.7	70.9	2019	Comparable estimates	69.9	73.4	71.4
Healthy life expectancy at birth (years)	60.6	62.1	61.3	2019	Comparable estimates	61.1	61.9	61.5
Maternal mortality ratio (per 100 000 live births)	186			2017	Comparable estimates	152		
Proportion of births attended by skilled health personnel (%)	77			2012–2021	Primary data	87		
Under-five mortality rate (per 1000 live births)	28			2020	Comparable estimates	30		
Neonatal mortality rate (per 1000 live births)	17			2020	Comparable estimates	18		
New HIV infections (per 1000 uninfected population)	0.03			2020	Comparable estimates	0.05		
Tuberculosis incidence (per 100 000 population)	235			2020	Comparable estimates	211		
Malaria incidence (per 1000 population at risk)	<0.1			2020	Comparable estimates	3.0		
Prevalence of wasting in children under 5 (%)	12.0			2012–2020	Primary data	14.5		
Prevalence of stunting in children under 5 (%)	30.4			2020	Comparable estimates	30.1		
Prevalence of anaemia in women of reproductive age (15–49 years) (%)	35.7			2019	Comparable estimates	46.6		
Proportion of women of reproductive age who have their need for family planning satisfied with modern methods (%)	61.9			2012–2020	Primary data	75.1		
Adolescent birth rate per 1000 women, aged 15–19 years	63.0			2012–2020	Primary data	26.1		
Diphtheria-tetanus-pertussis (DTP3) immunization coverage among one-year-olds (%)	84			2020	Comparable estimates	85		

UHC: Service coverage index	53	2019	Comparable estimates	61
Population with household expenditure on health >10% of total household expenditure or income (%)	10.7	2012–2020	Primary data	15.2
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population	193.8	2016	Comparable estimates	165.8
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)	19.8	2016	Comparable estimates	15.4
Road traffic mortality rate (per 100 000 population)	16.3	2019	Comparable estimates	15.8
Age-standardized prevalence of tobacco use among persons aged 15 years and above (%)	30.4	2020	Comparable estimates	29.0
Total alcohol per capita (≥15 years of age) consumption (litres of pure alcohol)	0.6	2019	Comparable estimates	4.3
Probability of dying from any of CVD, cancer, diabetes and CRD between the age of 30 and exact age of 70 (%)	21.5	2019	Comparable estimates	21.6
Suicide mortality rate (per 100 000 population)	9	2019	Comparable estimates	10.1
Proportion of bloodstream infections due methicillin-resistant Staphylococcus aureus (%)	79	2020	Primary data	NA
Proportion of bloodstream infection due to Escherichia coli, resistant to third-generation cephalosporin (%)	73	2020	Primary data	NA
Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure	4.0	2019	Comparable estimates	8.0

Source: World Health Statistics 2022: Monitoring health for the SDGs, sustainable development goals[10]

The GBD Study, conducted in 2019, estimated that a total of 193 331 deaths had occurred, of which 71.1% of deaths were due to noncommunicable diseases (NCDs), 21.1% due to communicable, maternal, neonatal and nutritional (CMNN) diseases and the remaining 7.8% were due to injuries.[8]

The disability-adjusted life years (DALYs) summarize the burden, considering both early death and the time spent with disability, and as such, provide an overview of the overall population health of the country. In 2019, 61.2% of the DALYs were due to NCDs, 29.3% were due to CMNN diseases and 9.6% were due to injuries. Approximately, 11.9% of total DALYs were due to cardiovascular diseases (14.3% among men and 9.4% among women); cancer was responsible for 6.8% of the DALYs (6.7% among men and 6.8% among women) and TB for 2.7% of the DALYs (3.5% among men and 1.9% among women).

Table 3. Proportion of deaths due to different causes in 2019

	Both	Male	Female
Cardiovascular diseases	24.0 (21.7-26.8)	26.8 (23.9-31.1)	20.7 (17.3-24.1)
Chronic respiratory diseases	21.1 (16.9-23.6)	18.9 (14.3-21.4)	23.8 (16.7-27.8)
Neoplasms	11.2 (10.1-12.2)	10.8 (9.5-11.9)	11.6 (10.2-13.7)
Respiratory infections and TB	8.4 (7.3-9.5)	8.7 (7.3-10.1)	8.1 (6.5-9.6)
Digestive diseases	5.9 (4.8-7.8)	6.4 (5.1-9.5)	5.2 (4.3-6.4)
Maternal and neonatal disorders	5.2 (4.4-6.2)	4.5 (3.6-5.7)	6.1 (5.2-7.1)
Diabetes and kidney diseases	4.4 (3.7-5.1)	4 (3.3-5.3)	4.9 (3.8-5.9)
Unintentional injuries	4.2 (3.7-5.2)	4.5 (3.9-5)	3.8 (3-5.9)
Enteric infections	3.6 (2.2-5.8)	2.5 (1.5-4.2)	4.9 (2.4-9.5)
Neurological disorders	2.3 (1.4-4.6)	1.9 (1.2-3.6)	2.8 (1.5-5.8)
Self-harm and interpersonal violence	2.1 (1.7-2.5)	3.2 (2.4-3.8)	0.8 (0.6-0.9)
Other infectious diseases[1]	1.9 (1.3-2.6)	1.9 (1.3-2.5)	1.9 (1.2-2.7)
Other NCDs[2]	1.8 (1.3-2.3)	1.6 (1.1-2.2)	2.1 (1.5-2.7)
Transport injuries	1.5 (1.2-1.8)	1.8 (1.2-2.2)	1.2 (1-1.4)
HIV/AIDS and STIs	1 (0.1-4.6)	1.2 (0.1-5.7)	0.7 (0.2-4)
Nutritional deficiencies	0.7 (0.5-0.9)	0.5 (0.4-0.7)	0.9 (0.7-1.2)
NTDs and malaria	0.3 (0.1-0.5)	0.4 (0.1-0.7)	0.2 (0.1-0.3)
Musculoskeletal disorders	0.2 (0.2-0.3)	0.1 (0.1-0.2)	0.3 (0.2-0.5)
Substance use disorders	0.1 (0.1-0.2)	0.2 (0.1-0.3)	0 (0-0)
Skin and subcutaneous diseases	0 (0-0)	0 (0-0)	0 (0-0)
Mental disorders	0 (0-0)	0 (0-0)	0 (0-0)

Source: Nepal Burden of Disease 2019: A country report based on the 2019 Global Burden of Disease Study.[8]

2.3 Current health policies and the right to health care

The Constitution of Nepal 2015 has established basic health services as a fundamental right of its citizens.[11, 12, 13] The National Health Policy 2019 has an overarching goal of developing and expanding the health system for all citizens in the federal structure, based on social justice and good governance, and ensuring access to and utilization of quality health services.

Considering the importance of healthy and productive citizens in development of the nation, the Fifteenth Five-Year Plan has identified health as a major development agenda. The Plan has devised strategies and associated working policies to achieve the goal of ensuring access to quality health services at the people's level by developing and expanding a strong health system at all levels. By 2024, the Plan aims to achieve 76 years as the average life expectancy (at birth) of the citizen, enjoying a healthy, well-maintained and active lifestyle. It also seeks to decrease the MMR to 99 per 100 000 live births, the NMR to 14 per 1000 live births and the under-five mortality rate (U5MR) to 24 per 1000 live births. However, achieving these targets may be challenging because of the impediments to the implementation of the federalized health-care system and the aftermath of the pandemic.

The overarching thrust of the National Health Policy 2019 and Nepal's Health Sector – Strategic Plan 2022–2030 is universal access to, availability and use of quality health services. The Strategic Priorities are to primarily advance UHC by ensuring quality health services in an affordable manner by providing financial protection in health. These reinforce the Public Health Service Act, 2075 (2018), recognizing every citizen's right to access free basic and emergency health-care services, and the Right to Safe Motherhood and Reproductive Health Act, 2075 (2018), noting that every woman, including an adolescent, should have access to good-quality safe motherhood and reproductive health services. Moreover, Nepal is a signatory to various international health declarations and resolutions, such as the Alma Ata Declaration on Primary Health Care of 1978, the Ottawa Charter on Health Promotion 1986, and the Astana Declaration on primary health care 2018.

To address the critical resource gaps, the Government of Nepal has recently endorsed the National Health Financing Strategy (2023–2033) that aims to achieve universal health coverage through equitable and improved financing mechanism. For improved sustainability in health-care financing, the focus is more on increasing investment in the health sector and social health protection mechanisms as part of a strengthened health financing system and social health protection mechanisms.

2.4 Universal health coverage

Universal health coverage aspires to ensure that all people receive the health services they need, including promotive, preventive, curative, rehabilitative and palliative care services of sufficient quality to be effective, while ensuring that the use of these services does not expose a user to financial hardship. Nepal has reached 53.06 on the UHC index (2019), suggesting that although progress has been made, it is still lagging behind other countries in the Region.

Universal Health Coverage Index, 2000 to 2019
The Universal Health Coverage (UHC) Index is measured on a scale from 0 (worst) to 100 (best) based on the average coverage of essential services including reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access.

Source: WHO, Global Health Observatory (2022)   CC BY

Critical gaps persist with regard to quality health services for people, who are poor, socially marginalized and vulnerable, in both rural and urban areas. The basic health service package, which is a comprehensive set of preventive, promotive, curative, rehabilitative, Ayurvedic and allied health services, was approved in 2021 as a part of the Public Health Service Act, 2075 (2018). The Act and Public Health Regulations, 2020 list nine service areas as the basic health services that are to be delivered free of cost (these areas include vaccinations, maternal and child health, communicable diseases, NCDs, mental health, ageing, emergency conditions, health promotion, Ayurveda and other accredited alternative health services). However, issues of poverty, illiteracy, gender inequality, ethnic and other social discrepancies and geographical inaccessibility will continue to inhibit poor and vulnerable populations from accessing quality health services.

This is illustrated by variations in deliveries, conducted by skilled birth attendants (SBA), by province (see below).

Deliveries conducted by skilled birth attendants (%), 2022

DELIVERIES CONDUCTED BY SBA

- KOSHI: 81.8%
- MADHESH: 67.9%
- BAGMATI: 86.6%
- GANDAKI: 89.2%
- LUMBINI: 86.9%
- KARNALI: 72.3%
- SUDURPASCHIM: 87.8%
- NATIONAL: 80%

1996 NFHS	2001 NDHS	2006 NDHS	2011 NDHS	2016 NDHS	2022 NDHS
10	13	22	43	65	80
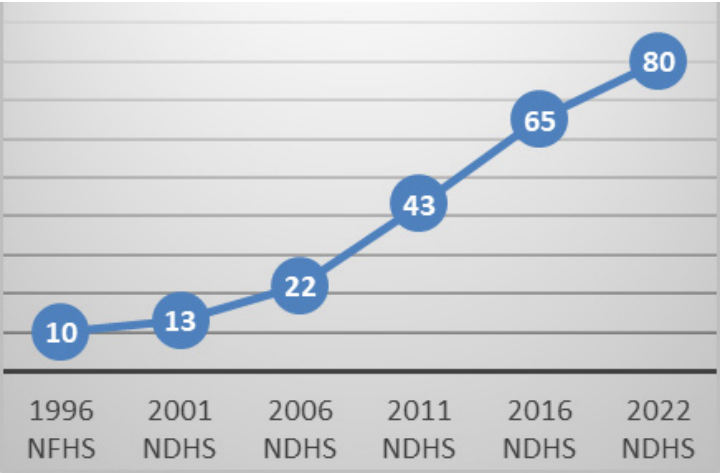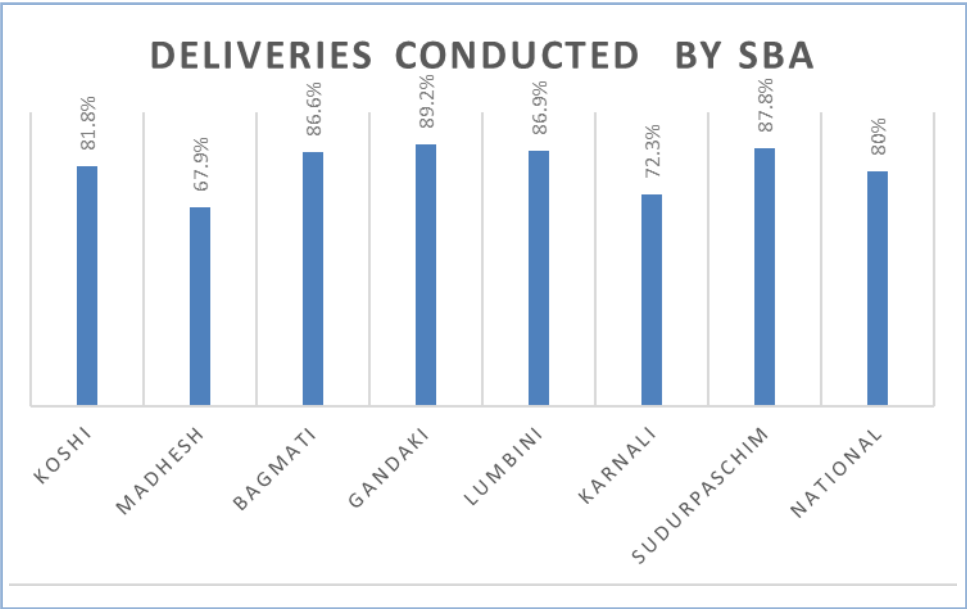
Targets	
SDG 2022	73
Fifteenth Plan 2024	79
SDG: 2030	90

Source: NDHS 2022

Box 5. Routine childhood vaccines in Nepal

- BCG
- Oral polio vaccine (OPV) and (fIPV- Fractional Inactivated polio vaccine)
- DPT-HepB-Hib [diphtheria, pertussis, tetanus, hepatitis B and Haemophilus influenzae type b (pentavalent)]
- Pneumococcal conjugate vaccine (PCV)
- Rotavirus vaccine (RV)
- Japanese encephalitis (JE) vaccine
- Measles rubella (MR) vaccine
- Typhoid Conjugate Vaccine (TCV)

Universal immunization of children against vaccine-preventable diseases (VPDs) is crucial for reducing infant and child morbidity and mortality. The success of the immunization programmes with high coverage and inclusion of new vaccines into the routine child immunization programme (e.g., Hib-Haemophilus B vaccine, PCV- Pneumococcal Conjugate vaccine, RV- Rota virus Vaccine, TCV- Typhoid Conjugate Vaccine) is one of the main reasons why child mortality in Nepal has declined.

However, there has been a 7% decline in immunization coverage since the peak in 2011 (87%), partly due to the pandemic. While the overall immunization coverage rates are high, only half of the children, aged 12–23 months (52%), are fully vaccinated, according to the national schedule.[9]

Percentage of children age 12–23 months
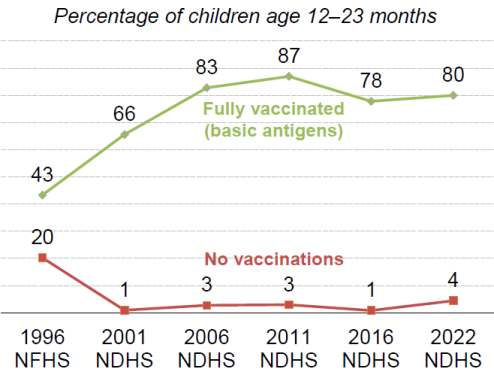
Vaccines are critical to the prevention and control of many communicable diseases. Moreover, they are widely seen as critical to addressing emerging infectious diseases by, for example, containing or limiting outbreaks of infectious diseases or combatting spread of antimicrobial resistance (AMR). The Immunization Agenda 2030 (IA 2030) sets an ambitious, overarching global vision and strategy for vaccines and immunization for the decade 2021–2030. It draws on the lessons learnt, acknowledges the continuing and new challenges posed by infectious diseases and capitalizes on new opportunities to meet those challenges.

VPD surveillance needs to continue for all diseases for which vaccination is recommended by the national immunization programmes of Nepal as well as for those diseases for which baseline surveillance data are required to define disease burdens before vaccine introduction [e.g., respiratory syncytial virus (RSV)]. It also needs to continue for diseases against which vaccines are primarily used to contain outbreak response (e.g., cholera).

2.4.1 Adaptation of UHC to changing disease patterns

The concept of UHC needs to adapt to the changing disease patterns. Cardiovascular disease is the leading cause of death in Nepal followed by chronic respiratory diseases and neoplasm. NCD is accounted for 71 percent of deaths. The early interventions are being strengthened through the package of essential NCDs (PEN) services and screening and treatment of cervical cancer. The primary treatment and management of most of the NCDs can be done at the primary health care level; this highlights the fact that it is cost-effective to integrate noncommunicable disease interventions into the basic primary health care package while maintaining a referral system to secondary and tertiary care, when required.[14] In the face of the rising burden of NCDs and the need for continuum of care health facilities and services need to be strengthened up to the optimum level.

Similarly, mental health conditions have a significant impact on communities, encompassing a continuum of issues ranging from mild and temporary distress to chronic, progressive, and severely debilitating conditions. The rise in the identification of autism and developmental disabilities among children, as well as the prevalence of stress, anxiety, and substance abuse during adolescence, depression and suicides in adults, and dementia among older adults, has underscored the need for expanded health services. Consequently, health systems are being compelled to enhance their capacity to meet these growing demands.

Furthermore, addressing the social and environmental factors that influence mental health requires the active involvement of various stakeholders both within and beyond the realm of healthcare. This collaborative effort encompasses sectors such as education, workplaces, social welfare, gender empowerment, child and youth services, as well as disaster and emergency response. By engaging a wide range of stakeholders, it becomes possible to reframe the mental health agenda from solely focusing on reducing the treatment gap for individuals affected by mental disorders, towards enhancing the mental health and well-being of entire populations in alignment with the comprehensive conceptualization of mental health outlined in the UN Convention on the Rights of Persons with Disabilities and the Global Mental Health Action Plan 2013-2030.

The need for palliative care is increasing in Nepal since the population is ageing and the incidence of cancer and other noncommunicable diseases is rising in the country. The National Health Policy and the National Strategy for Palliative Care recognize the need for integration of palliative care as the way forward. Despite some efforts to strengthen palliative care through civil society organizations (CSOs), Nepal still does not have specific programme for palliative care.

2.4.2 Limited capacity of provincial and local governments for implementation of national health policies

The federalism and the subsequent decentralization have brought about new opportunities as well as challenges for local governments to addressing health disparities and needs at the local level.

Limited human resources for health constrain implementation of national health policies, strategies and guidelines at all levels. Other challenges include wider inequities in health service utilization, especially among poor and vulnerable populations; unequal distribution of human resources for health; high out-of-pocket expenditure for health care; and lack of mechanisms for quality assurance and price control of medicines and health products and diagnostic services. The out-of-pocket expenditure accounted for 54.2% of the current health expenditure in 2020. Inadequate human resources for health in rural areas is a critical barrier to provide basic health services to remote communities. There is a need for equity-based planning by using robust data, disaggregated by coverage, disease prevalence, age, gender and disability. This requires strengthening health systems research, strengthening the data reporting system and evidence-based planning and design of implementation.

Therefore, one of the critical challenges is to make the health system more responsive to the needs of people. This requires strengthening multisectoral collaboration and coordination among three levels; human resource management; evidence- and equity-based planning; people-centred service delivery; uninterrupted availability of affordable quality medicines and medical products; governance, leadership and accountability; and management of public health emergencies.

2.4.3 Human resources, health financing and e-Health

To address HR issues in the federal context, the MoHP has recently started implementing the National Human Resources for Health (HRH) Strategy (2021–2030). The strategy aims to ensure equitable distribution and availability of quality health workforce in the federal health systems to advance UHC and promote health equity.

Similarly, the National Health Financing Strategy (2023–2033) has been endorsed to address the resource gaps in the health sector by increasing the fiscal space in the federal context. In addition, multisectoral action plans regarding NCDs, mental health, the National Immunization Strategy (NIS), climate change, water, sanitation and hygiene (WASH) at health facilities, a safe motherhood roadmap, the WHO SAFER initiative, road safety, antimicrobial resistance (AMR) and the WHO Framework Convention on Tobacco Control (WHO FCTC) emphasize implementation at local levels.

Nepal has developed the National e-Health Strategy (2017), which sets out an overarching vision for a digital health ecosystem. Investments in digital infrastructure are facilitating scale-up of interoperable digital solutions and underpinning a steep rise in IT literacy. This has attempted to strengthen "digital Nepal", including the formulation of digital governance and regulatory frameworks. In 2019, the government endorsed the Digital Nepal Framework to enhance the digital foundation for major sectors, including health. The MoHP also endorsed the eHealth Roadmap in 2019, emphasizing the use of digital interventions to bring health services closer to people and improving the efficiency of the health system.

2.4.4 Health information and research

The country has shown progress in strengthening its health information system by deploying an integrated health information management system across the country, institutionalizing surveillance and establishing National Health Accounts. The Integrated Health Information Management Roadmap 2022–2030 of Nepal seeks to strengthen the health information system (HIS) to make quality data available for decision-making while using digital architecture. This is to ensure availability and use of quality health data and information for decision-making and bolster the existing health information systems and data sources.

Experience suggests that evidence-based decision-making is less common in countries where the research capacity remains low. The health research capacity of a country is reflected by the number of institutions and individual researchers able to develop, implement and sustain high-quality research efforts, that are being translated into practice to improve health outcomes.

The Nepal Health Research Council (NHRC) is a national regulatory body that maintains the technical and ethical standards of health research within the country and promotes building research competencies of national scientists through capacity building and other technical supports. The NHRC is fostering a culture of health research, ethical conduct, quality standards, systematic reviews and meta-analysis and policy briefs for the MoHP on thematic areas, aligning with the priorities of the National Health Policy.

2.4.5 Access to essential medicines and medical products

Ensuring access to medicines and medical products is a national priority. Data show that unregulated local production has been expanding over the years. Domestic production accounts for 46% of the market share; 52% of the medicines are imported from India and 2% from the rest of the world. The regulatory framework for medicines and medical products is weak.

Use of ineffective, poor-quality and harmful medicines can result in therapeutic failure, exacerbation of disease, resistance to medicines and sometimes, death. It also undermines confidence in health systems. A strong national regulatory authority (NRA) is essential to ensure safety, efficacy and quality of medical products in both public and private sectors. The NRA should be equipped with adequate and sustainable human and financial resources, appropriate facilities and strong enforcement power.

The National Medicines Policy provides guidance and framework for action and coordination between all sectors to achieve the national goal of ensuring equitable access to safe, effective, quality and affordable medicines and medical products and their rational use.

Price regulation of medicines and medical products should include generic prescription by International Non-proprietary Names (INN) and use of the public health provisions of the Doha Declaration (parallel imports, compulsory licensing) should be incorporated into the national legislation to ensure affordability of the medicines needed.

Good manufacturing practices (GMP), compliant with WHO guidelines, should be required for registration of medicines. Good pharmacy practices (GPP) and good storage and distribution practices (GSDP) should also be developed and implemented.

2.4.6 Engaging private health-care providers

A study on socioeconomic inequalities highlights the increasing role of the private sector in delivery of health services in the South-East Asia Region. It also says that the private sector tends to be markedly more unequal than the public sector. The analysis also suggests that unless proactive efforts are made to the contrary, greater involvement of the private sector may exacerbate inequalities in reproductive, maternal, new-born and child health (RMNCH) coverage.[16]

Many segments of the population in Nepal mainly rely on private health facilities. A study on utilization of health services by the elderly showed that a notable proportion of them did not use health services despite having health problems; the study also showed that private health facilities (56.4%) were used more than government health facilities (35.7%).[17] The public health system must, therefore, develop effective strategies to attract the elderly. High dependency on private health facilities will lead to higher out-of-pocket health expenditures. Approximately 60% of persons with tuberculosis initially seek care in the private sector, underlining the importance of effective public-private collaboration on addressing such health problems.

Private health care is mostly present in urban areas and their services are being predominantly used by the affluent part of the population. There is a lack of effective regulatory oversight for private health care with robust standards, accreditations and protocols. Therefore, enhancing the capacity of the government to regulate the private sector is crucial to ensure quality and price control for public services provided.

2.5 Health emergencies, IHR (2005) and One Health

Nepal is one of the most natural hazard-prone countries in the world due to its topography and climatic conditions. Earthquakes, landslides, floods, fires and thunderbolts have caused major damage in the past and can potentially roll back and hinder many health and development outcomes. Disease outbreaks regularly affect different parts of the country, creating an increased need for emergency health care both at hospitals and in public health response capacity.

The health system was severely affected during the devastating earthquake in 2015 and the recent COVID-19 pandemic. Therefore, building resilient health systems is one of the important priorities of the health sector.[18] The COVID-19 pandemic has revealed that values, such as equity, solidarity and collaboration, have been recognized as central to resilience and essential to drive an effective response, based on the concept, "no one is safe until everyone is safe". A multisector, coordinated approach to enhance the capacity of governments is critical in terms of effective implementation of health emergency policies, guidelines and protocols for robust preparedness and response at local levels.

Following the 2015 earthquake and to respond to the COVID-19 pandemic and other disease outbreaks, health emergency operation centres (HEOCs) have been operational at the federal level and in each of the seven provinces. Rapid response teams (RRTs) are functional at the local level and emergency medical deployment teams (EMDTs) are operating at some hospitals.

However, there is a need to strengthen the capacity for hazard and risk reduction, emergency preparedness, emergency care and epidemic intelligence, particularly at provincial and municipality levels.

Progress has been made in building the core capacities of Nepal for complying with the International Health Regulations (IHR) 2005 (IHR 2005). Nepal reported in 2021 States Parties Annual Self-Reporting (SPAR) an average score of 44%, with policy and legal instruments, infection prevention and control, chemical events and radiation emergencies as the weakest areas. The country had a robust source of recommendations for disaster and public health emergency preparedness, readiness and response from multisectoral, multistakeholder consultations in 2022 alone. The Joint External Evaluation (JEE) has outlined priority actions to strengthen the IHR 2005 capacities in Nepal, developed with consensus among national and international stakeholders.

A costed National Action Plan for AMR has been developed and submitted for cabinet approval. Efforts are being made to bring together partners working on surveillance for environmental, animal and human health. A National Influenza Centre and a National Influenza Surveillance Network have been established under the leadership of the National Public Health Laboratory (NPHL). This network comprises 10 sentinel sites, including the Central Veterinary Laboratory (CVL), which has been participating in antimicrobial resistance surveillance since 2013. The tracking of emerging resistance in pathogens in animals, the environment and at health facilities is an important part of AMR surveillance and the ongoing efforts to promote the One Health approach for zoonotic disease control and interventions, including tackling rabies.

2.6 Promoting a healthier population and addressing the wider determinants of health

With the shift of the burden of disease in Nepal to noncommunicable diseases, addressing the underlying behavioural and metabolic risk factors is needed. Tobacco and alcohol use, unhealthy diets (involving high salt and trans fat consumption) and physical inactivity are the major behavioural risk factors for NCDs in Nepal while raised blood pressure, raised blood glucose and abnormal blood lipids are the commonest metabolic risk factors.

Risk Factors

- In 2019, of the total deaths, 38.1% of deaths were due to behavioural risk factors, 31.2% were due to environmental/occupational risk factors and 22.9% of total deaths were due to metabolic risk factors.

- In 2019, 32.4% of total DALYs were due to behavioural risk factors, 21.7% were due to environmental/occupational risk factors and 13.5% were due to metabolic risk factors.

- In 2019, smoking was the most important risk factor and was responsible for 17.7% of total deaths and 8.5% of total DALYs.

Source: Nepal Burden of Disease 2019: A Country Report, based on the 2019 Global Burden of Disease study[8]

Urban and indoor air pollution are important risk factors for cardiovascular and pulmonary diseases. Nepal is experiencing rapid urbanization and high levels of air pollution in urban areas, especially in Kathmandu. The age-standardized mortality rate, attributed to household and ambient air pollution, is significantly higher in Nepal, compared with regional and global averages.

The country is reporting increasing suicides against its national target and global commitment. Urgent actions are warranted to prevent deaths due to suicide; these need to be taken in collaboration with other sectors, such as the Ministry of Agriculture and Livestock Development for banning highly hazardous pesticides, the Ministry of Education, Science and Technology for promoting socioemotional skills of adolescents and the Nepal Police for handling medicolegal issues.

The Nepalese population is vulnerable to the health impact of climate change, mostly involving increased food insecurity, rising number of flood and drought events and reduced water levels. The indirect effects of climate change may result in increasing transmission of vector and water-borne diseases and disruption in the health-care system and water and sanitation supplies due to extreme weather events.

In 2015, a vulnerability and adaption review examined vulnerable populations and geographies, along with the current capacity of the health system in Nepal for adapting to climate change and its effect on human health. The assessment recommended strengthening the capacity of the health sector and reducing its vulnerability to the impact of climate change. This included the need to build the capacity of national health professionals with regard to the health impact of climate change and provide technical support and training to assess and monitor vulnerability to climate change-related health risks. This also accommodated the need to ensure development of primary health care services at the local level to support the resilience of local communities to climate health risks.[19]

3. Partnership environment

Nepal adopted the Sector-Wide Approach (SWAp) for the first time in the health sector in 2004; it has been regarded as an innovative approach of a funding modality to fostering effective partnership for aid alignment and harmonization in the health sector. In this context, WHO will proactively engage in creating an enabling partnership environment to manage the collaborative efforts with a range of stakeholders from the government, UN agencies, development partners, civil society, academia and the private sector, where required, to demonstrate a clear added value in achieving the desired outcomes of the CCS and the NHS-SP (2023–2030). While doing so, WHO will ensure that the partnership is congruent with its accountability framework and operational platform that protects its integrity and reputation.

The Joint Financial Arrangement (JFA) is provisioned not only to enhance the predictability and accountability of resources for the effective implementation of the health sector plan, but also to review scope, performance, challenges and the way forward for the technical assistance from development partners. The joint consultative meetings (JCM) will help in joint planning and priority-setting on an annual basis while the national joint annual review (NJAR) forums will monitor progress and recommend improvement measures for the sector. At the provincial level, forums will be established to promote joint planning, priority-setting and review of performance. WHO will provide strategic support to federal and provincial governments to increase investment in the health sector by strengthening collaboration with development partners, as per the International Development Assistance Mobilization Policy (2019) of the government.

The major partners in the health sector are WHO, NHSSP/UK Aid, USAID, KOICA, the World Bank, UNFPA, UNICEF, UNAIDS, GIZ, GAVI, US CDC and the Global Fund. They are primarily supporting the government's health sector priorities, such as health system strengthening, capacity-building, health policy and strategy development, development of national guidelines and protocols, advancing UHC and localization of SDG 3, joint annual reviews and planning, health information systems, monitoring and evaluation, health financing, health accounts, social health insurance, health emergency and disaster risk management.

WHO will play a more proactive leadership and convening role to provide strategic and technical assistance to governments and partners in ensuring effective implementation of those priorities by monitoring framework, IHMIS roadmap and creating a strong evidence base for evidence-informed health polices and strategies at national and subnational levels.

In the case of UN support to the health sector, the priorities are aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) (2023–2027) (see Box 6) and the Nepal Health Sector – Strategic Plan 2023–2030. For effective implementation of the Strategic Priorities and outcomes of the UNSDCF, coordination and harmonization in terms of technical expertise and mobilization of financial resources among UN agencies and other relevant partners are crucial to meet the national targets.

Despite some progress made by broader partnerships in the health sector, further improving the effectiveness and efficiency of aid management in terms of harmonization and alignment is needed. Regional partnerships and networking opportunities can be further harnessed for resource mobilization and capacity development of government, civil society and academic institutions.

Therefore, WHO will further strengthen multisector engagement and partnerships in the health sector, notably in the area of priority initiatives, such as those pertaining to NCDs, air quality, road safety, One Health, nutrition, AMR and climate change, that require interventions within and beyond the health sector. WHO will strategize its technical assistance to fortify high-level multisector coordination committees or platforms and ensure effective and sustained mechanisms for multisector engagement, partnerships and accountability in order to achieve improved health outcomes.

Box. 6: Priority areas in the United Nations Sustainable Development Cooperation Framework (2023-2027)

Priority 1. Sustainable, resilient and inclusive economic transformation: The UN will support the Fifteenth Plan objective of inclusive and green growth, improved productivity, decent work and sustainable livelihoods, inclusive of the provision of a comprehensive system of social security, enabling a further shift to the formal economy and supporting a smooth graduation from the least developed country (LDC) status.

Priority 2. Inclusive and transformative human development: The UN commits to assisting the achievement of the national long-term goals of affordable and quality health care, food security, nutrition, water, sanitation and education services for all. Furthermore, the UN seeks to leverage social security provisions for achieving quality human capital and full utilization of human potential, including critically, access to legal documentation, such as birth and citizenship certificates, as a right and requisite for legal identity for all, empowerment and development.

Priority 3. Environmental sustainability, climate and disaster resilience: The UN will provide support for sound environment management and climate action to ensure that environmental sustainability and resilience remain central to the national development agenda. This includes the national targets of the Climate Change Policy 2019, the Nationally Determined Contribution 2020, the National Adaptation Plan 2021, the Gender and Social Inclusion Strategy and Action Plan on Climate Change 2021 and the Green, Resilient and Inclusive Development (GRID), all of which are set against the backdrop of the Fifteenth National Plan objectives of a healthy and balanced environment, renewable energy, adaptation to climate change, disaster risk reduction/management and improvements in natural resource management.

Priority 4. Governance, federalism, participation and inclusion: The UN aligns with the aim of the Fifteenth Plan for advancing a safe, civilized and just society, marked by inclusive, participatory, gender-responsive, accountable and improved coherence across the three tiers of governance, supported by a fully functioning, comprehensive democracy, a rule of law system, transitional justice and women, peace and security for the achievement of the full spectrum of human rights.

4. Lessons learned from the implementation of the last Country Cooperation Strategy

The experiences of implementation from the CCS 2018–2022 and its subsequent mid-term and final reviews have provided new insights and learnings in terms of prioritizing the technical assistance of WHO and the overall approach in the federal context.

In the changed context of the emerging needs to address other determinants of health, the coordination approach and the scope of multisector engagement and partnerships should be further expanded by strengthening the high-level, multisectoral coordination committees or platforms existing beyond the health sector. This can be instrumental in further enhancing the effectiveness of the existing initiatives, supported by WHO, such as multisectoral action plans on NCD, VBD control, TB, AMR, One Health, climate change and road safety. The existing level of coordination and partnerships beyond the health sector (such as the National Planning Commission, the Ministry of Forest and Environment, the Ministry of Education, the Ministry of Agriculture, the Ministry of Water Supply and the Ministry of Transport) and with civil society, academia (particularly medical colleges), national professional societies and WHO collaborating centres needs to be further strengthened.

One of the important areas of learning involves the urgent need to scale up consistent advocacy and capacity-building initiatives for the government (MoHP) to ensure evidence-informed health policies and strategic interventions to further enhance the effectiveness and efficiency of the federal health systems. It is also realized that institutionalizing capacity-building of the government and other partners should be a priority agenda while providing a range of technical assistance at national and subnational levels.

While human resources for health (HRH) are critical to strengthening federal health systems, current WHO technical assistance in developing a national HRH strategy, a national health financing strategy and an IHIMS roadmap needs to be prioritized to ensure a more coordinated and collaborative approach to implementation at all levels.

5. Strategic priorities for Nepal – WHO cooperation

1. **Strengthen the federal health system by focusing on primary health care and institutional capacity-building to achieve universal health coverage, identify implementation bottlenecks and reach the vulnerable and underserved population.**

    Primary health care is at the centre of efforts to achieve universal health coverage. A health system, which is based on primary health care, is the one that aims to provide cost-effective, comprehensive equitable and quality care to the entire population, including the poor, the vulnerable and the marginalized. The main objective of primary health care is to provide a continuum of preventive, promotive, curative and rehabilitative care, and not just medical care alone. The primary health care approach focuses on people-centred care that offers universal coverage, social equity and financial protection.

    WHO created the Special Programme on Primary Health Care in 2020, building on the Alma Ata Declaration, 1978, the Declaration of Astana on PHC[21] and the political declaration on UHC. WHO in Nepal will continue to promote primary health care as the cornerstone of achieving UHC and the health-related SDGs. Investment in PHC is essential for building resilient health systems and health security.

    Federalism has brought about a new momentum and opportunities for realizing UHC. WHO will focus both on upstream, policy-based, strategic and normative work at the federal level and on support for implementation with targeted technical assistance and advisory capacity at the subnational level.

    WHO will continue to provide technical and advisory support at the subnational level, having teams in all provinces, while reinforcing the support in provinces with poor health sector performance. The focus will be on enhancing the institutional capacity of provincial and local governments for evidence-based health planning, built on federal policies, strategies and guidelines, and for monitoring programmes while identifying and addressing implementation bottlenecks in service delivery. Use of the health information system, the capacity to suitably disaggregate, interpret and analyse data and utilization of research to guide sector planning are critical enablers.

Focus areas:

1.1 Health system strengthening

- Ensure technical support for implementation, review and monitoring of the Health Sector Strategic Action Plan, based on WHO normative work, translating international guidelines and evidence-based best practices into action.

- Provide technical support to the MoHP for developing technical briefs and guidance notes on health system strengthening in the federal context.

- Strategize technical assistance to accelerate implementation of federal, provincial and local-level health policies, frameworks and guidelines.

- Technical support in implementation and monitoring of basic health services delivery

- **Human resources for health**

   This involves technical assistance in effective planning for equitable distribution of well-qualified human resources at federal, provincial and local government levels, as part of the implementation of the National Human Resources for Health Strategy (2021–2030) with a special focus on PHC.

   o Promote PHC-based health workforce policies and practices and advocacy for increasing health staff in rural, hard-to-reach and underserved areas.

   o Strengthen HRH information system for strategic planning, projections of human resource needs and reviews of the organizational structure of health facilities to better manage HR recruitment and deployment.

   o Enhance human resource competency through training of health staff, including adoption of digital transformation in training and education as well as system mapping of Health Training system to support in the update & development of national health training strategy.

   o Strengthen human resources in regulatory institutions at the federal level.

   o Supporting to improve the institutional capacity of Health Training system at federal and province level.

- **Public financing of th**e health sector, paying attention to access to services for all people, including underprivileged and vulnerable groups, and out-of-pocket expenditure, involves:

   o advocacy and technical assistance for improved social protection in the health sector through the provision and efficient financing mechanism for basic health services and support to the health insurance system in reviewing health insurance benefit package, strengthening provider payment mechanism, and developing health insurance-related plans, strategies, and policies;

- o national health accounts (NHA) at national and provincial levels, along with technical and policy briefs that are produced annually; the capacity of national and provincial stakeholders is built on the preparation and use of NHA to institutionalize these at federal and provincial levels; and

- o the National Health Financing Strategy (2022–2032) and its effective implementation to enhance fiscal space for investments in the health sector.

- **Quality of health care**
  - o Technical support using WHO guidelines for enhancing quality health services at national, provincial and facility levels involves:[22, 23]
    - ▪ ensuring quality diagnostic services through internal and external quality assurance systems;
    - ▪ implementing health service quality standards, protocols and guidelines.

  - o In collaboration with partners support Government to improve and maintain WASH infrastructures and promote WASH at health-care facilities as being essential for improving the quality of care and preventing the spread of antimicrobial resistance and ensure technical support for development and implementation of the roadmap for WASH at health-care facilities.[24]
    - Support different levels of government for institutional development and capacity building regarding HCWM and WASH in health care facilities
    - Enhance support for scaling up of water and sanitation for health facility improvement tool (WASHFIT)

  - o Perform compliance monitoring of national standards for WASH at health-care facilities, including WASH at health-care facilities indicators in IHMIS.

  - o Ensure technical support for implementation of service standards and infection prevention guidelines at the point of health service.

  - o Promote minimum reference standards for safety and quality of Ayurveda practice in line with the WHO Traditional Medicine Strategy.

  - o Develop and implement patient safety action plan for assuring quality health services at point of care

- Adoption of **digital technology** in health service delivery, information management and monitoring in line with WHO guideline involves recommendations on digital interventions for health system strengthening.[25]

- **Access to essential medicines and diagnostics,** having in place institutional capacity for regulation and quality assurance of local production and import of pharmaceuticals, diagnostics and vaccines (Department of Drug Administration):

  o Continue support for the assessment of the Department of Drug Administration and the National Medicines Laboratory, using the WHO Global Benchmarking tool for evaluation of national regulatory system of medical products, and facilitate implementation of the Institutional Development Plan (IDP).

  o Ensure technical support to facilitate domestic production of essential medicines.
    ▪ Assess the current situation of local pharmaceutical manufacturing to recommend an action plan to facilitate domestic production of quality essential medicines.
    ▪ Ensure capacity-building of local manufacturers of medicines with regard to the current good manufacturing practices (CGMP), technology transfer and WHO prequalification.
    ▪ Ensure capacity-building to monitor the safety of vaccines and biologicals.

  o Strengthen the National Medicines Laboratory to improve the quality control and quality assurance mechanism of medical products.

- Ensure technical assistance to enhance the regulatory mechanism for oversight of private health-care providers with a special emphasis on quality of care, adherence to national treatment guidelines, reporting essential health data to national programmes and formulating policies that minimize out-of-pocket payments.

1.2 Strengthen the capacity of primary health care and basic health services – integrated health services to meet the health needs of people throughout their lives. This entails:

- technical support for PHC-based performance and quality standards and monitoring systems for health facility-based PHC performance and that of basic health services;

- policy dialogue and advocacy for UHC for strategic planning, investment and commitment in the health sector at federal and subnational levels;

- advocacy and technical support for strengthening essential health care services in urban plus rural areas;

- enhancing the capacity for evidence-based planning, budgeting and decision-making at the subnational level;

- technical support for strengthening the referral mechanism for continuum of care; and

- **equity-based planning** with community engagement in provinces and under served municipalities with a special focus on areas with poor health sector performance.[26]

- Management of **NCDs and mental health,** including detection, screening and treatment of the diseases which incorporates:

  o capacity-building and service delivery pathways for acute conditions, focusing on stroke care, myocardial infarctions and expansion and integration of basic palliative care services within the health services;

  o advocacy and technical support for disability-inclusive health services, including integration of services, at the primary health care level;

  o strengthening NCD and mental health programme administration and leadership capacity-building; and

  o ensuring access to affordable and quality-assured medicines, vaccines and health products, including diagnostics and devices, as well as blood and blood products.

- Ensure the delivery of a basic health package, including screening, diagnosis and clinical management of **communicable diseases (**HIV, TB, malaria, hepatitis, STIs and country prioritized VBDs and NTDs), and implementation of national strategic plans for control and elimination of HIV, TB, hepatitis, malaria, prioritized VBDs and NTDs.

  o Strengthen country capacity and support to implement the national strategic plans for country-prioritized communicable diseases.

  o Develop national guidelines for effective delivery of quality health services for management of communicable diseases.

  o Develop intervention packages to reach vulnerable and marginalized communities.

  o Accelerate the implementation of integrated services for Prevention of Mother to Child Transmissions (PM TCT) to achieve elimination of mother-to-child transmission of HIV, hepatitis B and syphilis infections.

  o Strengthen case surveillance, vector surveillance and vector control at the federal, provincial, and local levels.[27]

  o Ensure meaningful engagement with the nongovernment sector, including the private sector, where required, and the local community for early/ active case detection of TB and NTDs and support prompt referrals to treatment services.

- **RMNCAAH**

  o Strengthen the capacity of the health system to achieve the targets for cervical cancer elimination, including screening a nd management.

  o Strengthen and expand maternal and perinatal death surveillance and response (MPDSR) and new-born birth defect surveillance, focusing on the response mechanism for improving the quality of care.

  o Ensure technical support for health system strengthening for implementing WHO recommendations on sexual and reproductive health and life-course, including safe abortion service, post-abortion care, family planning, healthy ageing and adolescent health.

  o Ensure adaptation and implementation of WHO recommendations on new-born and child health services, including early childhood development.

  o Adapt care of preterm or low-birthweight infants according to WHO recommendations.[28]

  o Strengthen medical, nursing and midwifery pre-service education.

- **Immunization and VPD surveillance**

  The Immunization Strategy 2023–2030 of Nepal provides a strategic framework to accelerate the drive towards universal immunization for primary health care and UHC within the health systems. Nepal needs to have a strong focus on implementing a coordinated national plan, coverage with equity and the urgent need to identify and reach zero-dose children – those who are not receiving any life-saving vaccine.

  o Ensure technical support for management and coordination of immunization programmes at all levels in Nepal in line with National Immunization Strategy (NIS) 2023–2030.

  o Build country capacity to ensure high, equitable coverage of routine immunization antigens for all so that everyone is protected by full immunization, regardless of location, age, socioeconomic status or gender-related barriers.

- Provide technical support to reinforce and sustain strong government leadership, management and coordination of the immunization programme at all levels with regard to the government, stakeholders and partners.

  o Strengthen M&E with action-based indicators to monitor and evaluate the progress towards the NIS 2030 goals and the Strategic Priority objectives to inform corrective actions, when needed.

  o Enhance transfer of knowledge and skills to MoHP national and subnational staff as part of the polio transition planning to ensure that VPD surveillance is sustained, and the country assumes full ownership of the Surveillance Medical Officer (SMO) network.

o   Ensure timely introduction of new and underutilized vaccines, based on scientific evidence, as per WHO SAGE recommendations, with priority accorded to HPV vaccines.

- Polio eradication (IA 2023, Polio Eradication Strategy 2022–2026) is fully impended in Nepal, with commitment including acceleration of the polio transition plans, without losing the strengths of VPDs.

- Ensure support for measles and rubella elimination in the country, as per the SE Asia regional target.

- Build and strengthen comprehensive vaccine-preventable disease surveillance as a component of the national public health surveillance system, supported by strong, reliable laboratory networks.

- Strengthen immunization information within a robust health information system and promote use of high-quality, "fit-for-purpose" data for action at all levels.

- Enhance country preparedness/capacity to respond to outbreaks of vaccine-preventable diseases.

- Strengthen vaccination coverage across the life-course.

- Introduce school-based vaccination programmes as a platform for delivery of adolescent vaccines, such as HPV.

o   Integrate future COVID-19 immunization recommendations into the regular immunization programme.

2. Enhance the national capacity for managing health security threats,[29] using an all-hazard approach, and building resilient health systems at federal and subnational levels.

WHO is committed to assisting the country to build, strengthen and maintain the core capacities, required under IHR 2005, and reinforce event notifications and management in compliance with the IHR 2005 requirements. This is in line with the Regional Strategic Roadmap on Health Security and Health System Resilience for Emergencies 2023–2027 from WHO-SEARO.[30] Strengthening IHR 2005 capacities not only improves national health security, but also safeguards travel and trade and helps protect economic and social development.

WHO will continue to accord high priority to building institutional and human resource capacity for tackling health security threats at federal and subnational levels. This entails building resilient health systems with adequate public health capacity, epidemic intelligence and hospitals that can handle emergency situations. WHO continues to support the HEOCs at federal and provincial levels, including building capacities for health emergency management and operations. Mobilization of rapid response teams and emergency medical deployment teams during emergencies is an important component of the system.

WHO will support the adjustment of the national surveillance system to the federal structure so that provinces and municipalities have access to the system for both data entry and utilization that will enable early detection, alerts and response. Early warning function and public health intelligence are fundamental to guiding timely and effective actions for all relevant hazards and public health threats. Priority will be accorded to indicator-based surveillance (IBS) and event-based surveillance (EBS) to improve the interoperability of surveillance within the overall health information system. Emphasis will be laid on strengthening the epidemiologist workforce at federal and subnational levels through the Field Epidemiological Training Programme (FETP). WHO will continue to strengthen the public health laboratory network while focusing on biosafety and biosecurity, quality assurance system and diagnostic testing up to genome sequencing.

Focus areas:

- Support the review and development of legislation and policies that are required to enable the country to strengthen its capacity to fulfil its obligation as per the International Health Regulations 2005.

- Translate the lessons learnt from the COVID-19 pandemic and other recent emergencies to health security systems, working at all levels of the federalized governance structure in Nepal, and these are to be incorporated in the National Action Plan for Health Security (NAPHS) or its equivalent for enhancing the national IHR capacities.

- Support deployment of digital health technologies and innovations to support preparedness for, response to and recovery from public health emergencies and natural disasters.

- Provide support for establishing the Nepal CDC (when and if approved by the government).

- Develop and implement the National Multihazard Health Emergency Preparedness and Response Plan, informed by strategic assessment of risk with multisectoral engagement and accountability.

- Provide support to strengthen the mechanisms and platforms for facilitating coordination and collaboration among relevant stakeholders for risk communication and community engagement with evidence-based infodemic management.

- **Surveillance**
  - o Harmonize the national surveillance system with the restructuring surveillance system monitoring and evaluation mechanism to better respond to the needs and utilization at federal, provincial and local government levels.

  - o Include additional epidemic-prone diseases in the EWARS system from the prioritized communicable disease list.

  - o Build a national framework for alert and response system, based on indicator-based surveillance and event-based surveillance, supported by data inputs from animal and environmental health sectors.

  - o Integrate climate and epidemiological dynamics to monitor and forecast the probability of the expansion of climate-sensitive diseases.

  - o Integrate VPD surveillance into broader communicable disease surveillance.

- **National Public Health Laboratory**
  - o Support integrated influenza-SARS-CoV-2 sentinel surveillance programme, covering all provinces, including provincial public health laboratories (PPHLs) and provincial hospitals under the National Influenza Centre (NIC) at the National Public Health Laboratory (NPHL).

  - o Provide a national essential in vitro diagnostic list to facilitate universal access to laboratory tests.

- **Analytics and risk assessment**
  - o Support analysis and risk assessment for acute public health events to inform national and local decision-making to trigger timely and appropriate public health actions and risk communication.

  - o Rope in trained epidemiologists to ensure performance and quality of surveillance, investigation and risk assessment at national and subnational levels. Continue the basic Field Epidemiology Training Programme to quickly build the field-level epidemic intelligence capacity and start intermediate and advanced levels.

o   Support RRT support with the development, endorsement and implementation of the RRT directive and the RRT field guidebook, on which the RRT capacity-building, up to the local level, will be based.

o   Improve the public health laboratory network, the genetic sequencing consortium and the human-animal-environmental health laboratory collaboration.[31]

- **Health emergency management**

o   Improve emergency medical team deployment, pre-hospital and hospital care, including community resilience, hub and satellite hospital networking, information management through a decision support system and coordination plans preparation testing and updating through HEOCs/PHEOCs.

o   Strengthen the institutional capacity of HEOCs/PHEOCs and health desks for national ownership and sustainability of health emergency management services at all levels.

- **Infection prevention and control (IPC) and clinical management**

o   Implement the IPC priority action plan.

o   Support continuous capacity-building for health personnel on clinical management and IPC for priority diseases, required for handling public health emergencies of international concern (PHEICs).

o   Strengthen priority areas related to health technology management, such as biomedical equipment and facilities necessary for oxygen supply, as part of pandemic preparedness.

- **One Health**

o   Implement the National Action Plan for Antimicrobial Resistance (NAP AMR) and further develop the National Action Plan for One Health.

o   Develop and implement a strategic national multisectoral, multisource, risk assessment, surveillance and laboratory plan that uses a One Health approach for an enhanced national early warning, alert, event detection and response framework.

o   Support joint disease surveillance activities and joint response mechanism under the One health approach.

3. **Harness the use of data, research and digital technologies for guiding health planning, innovation and monitoring of service delivery at federal, provincial, and local government levels.**

The Nepal Health Sector – Strategic Plan 2023–2030 emphasizes evidence - and equity-based planning. An interoperable health information system at three levels of government, leveraging technology, is at the core of this. WHO will prioritize support to the health information system through technical facilitation and assistance for ensuring sustainability, data availability and interoperability standards, institutionalizing the information system and promoting use of information at federal and subnational levels. This is in line with the WHO global priority of harnessing the power of science, research, innovation, data and digital technologies as critical enablers to accelerate the progress of the Thirteenth General Programme of Work (GPW 13) Triple Billion strategy.

The vision of the WHO Global Strategy on Digital Health 2020–2025 involves strengthening health systems through the application of digital health technologies, empowering patients and achieving health for all. This will be executed by accelerating the development and adoption of appropriate, accessible, affordable, scalable, sustainable and person-centric digital health solutions to prevent, detect and respond to epidemics and pandemics. Furthermore, the focus is also on developing infrastructure and applications that enable countries to use health data to promote health and well-being and to achieve the health-related SDGs and the Triple Billion targets of the WHO GPW13. WHO will work with the MoHP and other national stakeholders to adopt digital health in a way that is sustainable and in line with the National Health Policy and National Plans.

The global strategy also promotes interoperability with WHO norms and standards as the cornerstone of health information to enable sharing of information in a connected world. Appropriate use of digital health takes the following dimensions into consideration: health promotion and disease prevention, patient safety, ethics, interoperability, intellectual property, data security (confidentiality, integrity and availability), privacy, cost-effectiveness, patient engagement and affordability.

WHO will continue to support and work with national research institutions and the research community, engaging all three WHO levels-Country, region and headquarter. Furthermore, WHO will encourage and support promotion and capacity-building in research with special focus on health system research.

Focus areas:

- Develop evidence base and promote the use of evidence in policy planning and decision-making.

- Implement the UHC monitoring framework and SDG localization guidelines to track progress at all levels.

- Functionalize the health intelligence system, using data from routine surveillance, routine health information systems, surveys, research, global evidence and alerts.

- Generate evidence on emergency preparedness, readiness and response.

- **Health information system and use of data**
    o Provide strategic advice, technical facilitation and support for development of an interoperable health information system at all levels of government.
    o Increase technical capacity at all levels to collect, analyse and report data using digital platforms, including utilization of disaggregated data.
    o Ensure enhanced analytical capacity for using health data for problem-solving in sector planning, with special attention devoted to implementation of the Minimum Service Standards (MSS) and access and delivery of essential services.
    o Ensure standardization for priority biomedical equipment through the platform of Planning and Management of Assets in Health Services (PLAMAHS).
    o Facilitate annual health sector and programme planning, using data and findings from HIS, annual reviews, surveys, surveillance system and research literature.
    o Provide technical support to implement the IHMIS Roadmap 2022–2030.
    o Implement facility-based Medical Certification of Cause of Deaths (MCCoD) and build capacity on modelling and estimation of the burden of disease in Nepal.
    o Promote operational research related to HIS.

- **Digital health**
    o Provide a policy dialogue platform and technical support to enable prioritization of digital health at national and subnational levels.
    o Provide technical support to implement the national e-health strategy and roadmap and establish a national mechanism for governance of digital health, telemedicine and electronic health records.

- o Advocate digital health architectural blueprints (National Digital Health Blueprint), adoption and use of standards and re-use of shared assets or services and systems, including interoperability standards.

- o Ensure information-sharing for measuring the national digital health maturity level, including information on digital health infrastructure, knowledge and technologies.

- o Provide technical support to digitalize all health facilities and universal access to health data, focusing on data security, privacy and confidentiality.

- o Ensure evaluation of the public health outcome, impact and cost-effectiveness of digital health solutions.

- o Strengthen the electronic medical recording system.

- **Research**

- o Promote and facilitate translation of health systems research into policy-making.

- o Conduct high-quality health research in priority areas in cooperation with national research and academic institutions while focusing on operational research related to equitable and gender-responsive service delivery, quality of care and evidence-based decision process.

- o Promote ethical standard of research.

- o Provide technical assistance in research regulations and guidelines on clinical trials.

- o Provide technical assistance and institutional support to establish provincial research mechanism.

- o Promote greater representation of women and youth in the health research.

- **Institutional collaboration**

- o Strengthen collaboration with academic institutions, professional societies and WHO collaborating centres.

- o Promote use of WHO policy and strategic documents and technical guidelines and WHO online resources for teaching at medical colleges and nursing schools.

4. **Address determinants for better health outcomes through multisectoral platforms and effective partnerships.**

The Thirteenth General Programme of Work emphasizes that WHO will contribute to better health and well-being by further strengthening a multisectoral approach. WHO supports countries to implement Health in All Policies (HiAP) and intersectoral action to address the social determinants of health equity. HiAP recognize that population health is determined by policies beyond the health sector.

Multisectoral coordination is necessary for achieving the health-related SDGs. This requires collaboration with other ministries and nongovernment stakeholders, such as civil society and academic institutions. While there are many initiatives launched through multisector collaboration, the full potential of intersectoral collaboration remains under-realized.

Further efforts are needed to harness the benefits of strong alliances with other sectors. WHO will promote multisectoral approaches to address the social, environmental and economic determinants of health. Countries that are trying to use multisectoral approaches often encounter challenges to operationalizing these approaches. Therefore, it is essential to nuance the multisectoral approaches with clear targets and built-in monitor and evaluation mechanisms.

While the Ministry of Health and Population remains the lead counterpart, WHO will have technical collaboration with other ministries, government agencies and national institutions for addressing a broader range of health determinants to fulfil the organizational mandate.

WHO will provide technical support for the Multisectoral Action Plan for Prevention and Control of NCDs 2021–2025, based on the lessons learnt from the Multisectoral Action Plan 2014–2020 and the findings of the Nepal Burden of Disease Study 2019. NCDs share five major risk factors, namely tobacco use, physical inactivity, harmful use of alcohol, unhealthy diets and air pollution.

WHO will collaborate with other UN agencies to provide support for climate action and environment management to ensure that environmental sustainability and resilience remain central to the national development agenda, with special attention paid to harnessing the health benefits of climate action, and build climate-resilient and environmentally sustainable health systems and facilities.

Focus areas:

- **Health in All Policies**
    - o   Set standards for orienting education for the health workforce towards social determinants of health.

    - o   Support policymakers and health sector leaders to improve intersectoral action and coherence in policies, services and programmes, responding to the needs of disadvantaged groups.

- **NCD prevention and control**
    - o   Catalyse actions through technical and implementation support to sectors beyond health to deliver best buys and other cost-effective interventions with regard to tobacco, alcohol and reduction of transfat to support the Multisectoral Action Plan for Prevention and Control of NCDs (2021–2025).

    - o   Engage political and policy leaders at all levels of the government in the commitments made at the UN and WHO Governing Bodies and other platforms related to NCD prevention and control.

    - o   Build partnerships with related stakeholders to accelerate actions while focusing on healthy municipality initiatives, health-promoting schools and healthy setting interventions and to mainstream HiAP.

    - o   Advocate for increasing taxes on tobacco, alcohol and other products harming health.

    - o   Build partnerships with medical and health training institutions for sustained NCD and mental health capacity-building through enhancing three-way partnership of academic institutions, provincial/local health authorities and the MOHP.

    - o   Strengthen the involvement of local governments in tobacco prevention and control.

    - o   Ensure advocacy and technical support for reducing salt intake through reformulation of food products to contain less salt and setting target levels for salt in foods and meals.

    - o   Engage civil society and relevant nonstate actors, including people living with NCD and mental health conditions, to build rights-based NCD and mental health services.

- **Mental health**
    - o Support development of laws, policies and programmes that protect the rights of and reduce discrimination against people with mental health conditions and psychosocial disabilities in line with the Convention on the Rights of Persons with Disabilities (CRPD).

    - o Control access to harmful pesticide for self-harm and suicide.

    - o Engage health and medical universities in building fit-for-purpose training programmes to meet the diverse mental health workforce needs, including those for clinical psychology, social work, mental health rehabilitation, child mental health and substance use related matters.

    - o Implement programmes to support the mental health needs of migrant workers and their families and promote mental health at workplaces through collaborative actions with the labour sector.

    - o Implement capacity development for disability inclusive health service delivery

    - o Foster patient-centred, rights-based approaches to management of substance use disorders.

- **School health**
    - o Advocate for comprehensive school health services through the national adaptation of WHO guideline on school health services.[32]

- **Urban health**
    - o Promote urban health and healthy cities through urban planning, address air quality, improve road safety, encourage physical activity, reduce use of tobacco and e-cigarettes among youths and develop healthy food policies.

- **Air quality**
    - o Ensure national adaptation of the WHO Global Air Quality Guidelines (2021) with technical support from WHO-SEARO.[33]

    - o Provide technical support for finalization of the strategic action plan on addressing the health impact of air pollution.

    - o Advocate for multisectoral collaboration on environment, transport, energy, urban development and industry to address air pollution.

    - o Ensure advocacy on the health benefits of clean cooking solutions and consider the health component while conceptualizing large development projects.

    - o Provide technical support for reducing air pollution from the health sector itself.

- **Climate change**
  - o Ensure implementation of the Health–National Adaptation Plan (H-NAP) and enhance multisectoral collaboration for implementation of the National Adaptation Plan (NAP).
  - o Build a climate-resilient and low-carbon health system in line with the MoHP commitments at COP26. Integrate climate change issues in health programmes through research, capacity-building, communication, disease surveillance and climate-resilient health facilities.

- **Road safety and injury prevention**
  - o Ensure advocacy and technical support for strengthening road safety and drink driving counter measures and helmet use for two-wheeler users, working with the Ministry of Physical Infrastructure and Transport and the Nepal Police.
  - o Support the MoHP for strengthening post-crash response and crash-related injury surveillance.
  - o Advocate for actions to encourage multimodal transport and land-use planning to improve the safety of the road infrastructure, to ensure vehicle safety, to ensure safe road use and to improve the post-crash response, in line with the Global Plan: Decade of Action for Road Safety 2021–2030.[34]

- **Food safety**
  - o Adapt and implement the WHO Global Strategy for Food Safety 2022–2030 in collaboration with the Department of Food Technology and Quality Control, Ministry of Agriculture and Livestock Development.[35]
  - o Promote use of scientific data and evidence to support food safety decisions, including those made through the systematic monitoring of foodborne hazards and surveillance of foodborne disease outbreaks.
  - o Promote coherent actions to tackle foodborne antimicrobial resistance.
  - o Strengthen the participation of Nepal in the International Food Safety Authorities Network (INFOSAN) in cooperation with the Food and Agriculture Organization of the United Nations and its collaboration with the National Focal Point for International Health Regulations.
  - o Provide support to the Multisectoral Nutrition Plan (MSNP) from nutrition security and food safety perspectives.

- **Water quality**

    o   Strengthen the institutional capacity of national and subnational water quality surveillance for compliance monitoring of the National Drinking Water Quality Standards (NDWQS) 2022.

    o   Organize public awareness programmes on household water treatment and safe storage, including chlorination of water supply.

    o   Develop risk-based water quality monitoring programmes (e.g. water safety plan) at the municipality level.

    o   Provide technical support for arsenic mitigation in arsenic-prone areas.

    o   Enhance support for developing climate-resilient water safety plans, followed by auditing, to ensure supply of safe water from catchments to consumers.

- **Sanitation**

    o   In collaboration with the WASH sector's partners and local governments, support enhancement of safely managed sanitation systems through the implementation of sanitation safety planning.

    o   Support the line ministry for capacity-building with regard to wastewater treatment and faecal sludge management.

- **Chemical safety**[36]

    o   Ensure compliance monitoring for effective implementation of the government standards for chemicals and pesticides.

    o   Organize advocacy programmes and risk communication, focusing on the health impact of the hazardous use of different kinds of chemicals.

    o   Develop a multisectoral disaster management plan for chemical emergencies that clarifies the roles, responsibilities and accountability of all stakeholders and focuses on risk-mapping and surveillance.

6. Implementing the strategic agenda – delivering results

The strength of WHO lies in the combined expertise of its three organizational levels – Country Office, Regional Office (WHO-SEARO) and the Headquarters in Geneva. The comparative advantages of WHO are its global platform; its reputation as an impartial convener; its stewardship of global standards and conventions; its role as a trusted and authoritative source of health information; and its technical and policy expertise. The CCS is an expression of the combined efforts of these three levels of WHO to support the Nepal Health Sector – Strategic Plan 2023–2030 and contribute to the regional and global targets of the organization.

Addressing the determinants of health

Addressing the determinants of health is at the core of the WHO Strategic Priorities, defined in the Thirteenth General Programme of Work with the SDG-based Triple Billion targets of healthier populations. WHO will work closely with the MoHP and other ministries, government agencies and national institutions to strengthen multisectoral platforms and coordination mechanisms to address NCDs, One Health, AMR, air quality, climate change, road safety and nutrition, TB, NTDs and Dengue to achieve better health outcomes.

High-quality technical assistance

The Country Office provides day-to-day access to WHO expertise. The CCS will require a relook at the human resources in the Country Office to adjust to the strategic agenda and thematic areas of the new CCS 2023-2027. WHO will use its leverage to secure special expertise and experience, as and when required. This will entail use of expertise from within the Organization – Regional Office, Headquarters, other WHO offices and collaborating centres. In addition, short-term appointments and consultancies will be enabled for highly specialized thematic areas. The overall aim is to provide high-quality technical assistance to the health sector in Nepal.

Policy advice

WHO will strengthen its role in providing policy advice in line with its normative role. Federalization highlights the importance of evidence-based health policies and practices.

Application of global standards and best practices, coupled with thorough analyses of the health situation at national and subnational levels and use of strategic information, will underline policy advice. The need to address the wider determinants of health will be at the core of the policy dialogue.

Enhanced support at the subnational level

WHO aims to continue and strengthen its presence in all provinces and reinforce its support in provinces demonstrating poor health sector performance. This will entail a revision of the current WHO provincial teams, focusing on enhancing the advisory technical support and capacity-building. Additional financial resources are required to continue and strengthen WHO presence in the provinces.

A strong WHO subnational presence is part of the recognition of the fact that primary health care is the core component of an effective, equitable, sustainable and resilient health system and achieving universal health coverage. WHO will provide strategic and technical guidance to promote active participation of all people, especially women, in the processes, improving health.

Coordination with development partners, the UN system and civil society

WHO will work closely with the partner agencies within the UN system to pursue the SDGs, the health agenda and the implementation of the Strategic Priorities and outcomes of UNSDCF while recognizing the mandate and the comparative advantages of the different agencies. Special areas of collaboration will focus on reproductive, maternal, new-born, child and adolescent health; equity, gender and human rights; mental health, NCDs; One Health, governance and federalism; climate change; environmental health; and health security.

WHO will continue to collaborate with development partners and civil society to advance the UHC and SDG 3 targets. Special attention will be paid to effective coordination of support among development partners for institutionalizing capacity-building at the subnational level.

Effective communication

Communication plays an important role in building greater confidence in partners, Member States and donors and guarding the reputation of the organization in times of an emergency or a crisis.

The WHO Country Office for Nepal will continue to adopt and implement a strategy that blends corporate, strategic and risk communications to serve its mission of promoting health, keeping the world safe and protecting the vulnerable.

Use strategic communications to reaffirm the role of WHO as the leading and directing authority on global health, enhance public understanding of the organization's mandate and build trust and support in its work and actions at the country level.

Emphasize the convening power of WHO as the UN health agency connecting nations, partners and people while leading the world's response to health emergencies, preventing diseases, addressing the root causes of health issues and expanding access to medicines and health care through communication and advocacy campaigns and activities.

Enhance the uptake of WHO's global guidance contextualized for Nepal, within the health policy-making and decision-making circles by actively promoting and disseminating updates on the normative work of WHO, including engagement with media and nonmedia partners.

Support the government for strengthening its capacity in areas related to communications particularly to ensure that at-risk and affected people as well as stakeholders have the information, they need to protect their health and safety.

Gender, equity and human rights focus

WHO will prioritize the mainstreaming of gender-, equity- and human rights-based approaches and social determinants across all areas of technical support. The objectives of the health-related SDGs stress leaving no one behind and preventing avoidable and high inequities in health outcomes. Any policy, strategy and plan, supported by WHO, will adopt specific approaches to reach the unreached and promote inclusive health services in terms of age, gender and disabilities. WHO will also help promote disaggregated data analysis and health inequality monitoring.

WHO will pursue efforts to prevent sexual exploitation, abuse and harassment (SEAH) within the workforce and communities.

Delivering results and available resources

Operationally, the CCS 2023–2027 will be implemented through the biannual workplans, which will include objectives, activities and deliverables in line with the CCS framework. Emphasis will be placed on delivering measurable results, providing value for money and optimizing organizational performance.

The CCS 2023–2027 is a commitment from WHO to mobilize the resources necessary for delivering on its Strategic Priorities in collaboration with donors and partners.

7. Accountability framework – tracking progress

The evaluation policy of WHO aims to improve performance, provide opportunity for organizational learning and ensure accountability of results. As part of the monitoring and evaluation systems, the Country Office will continue to prepare an annual progress report to review the progress against the Strategic Priorities as well as assess the overall achievements to meet the targets of the biannual work plans.

More importantly, a mid-term and final evaluation of the CCS will be conducted to determine whether the progress is on track, identify impediments and other factors or developments that may require changes to the Strategic Priorities or focus areas, and decide on actions required to improve progress during the second half of the CCS cycle. The outcomes of the mid-term and final review will be instrumental in guiding the biennial country programme planning as well as providing the strong evidence base to prioritize key strategic areas for technical assistance in the next CCS. In addition, programmatic evaluations may supplement the CCS mid-term and final review.

The mid-term and final evaluation of the CCS will be guided by the WHO Evaluation Practice Handbook and the implementation framework of the WHO evaluation policy.[37,38] Furthermore, the Country Office will seek strategic support and guidance for these evaluations from the Regional Office and the HQ, as needed.

The CCS 2023–2027 will be focused on results, with targets and milestones based on outcome indicators to achieve impact, in line with the longer-term goals of the GPW 13 and the health-related SDGs. It provides the basis for the WHO country support plans and indicates the role of all three levels of the organization in contributing to the priority outcomes and targets, defined at the country level. In addition, monitoring will be based on a systematic assessment of the progress towards Nepal Health Sector– Strategic Plan 2023–2030 and the SDGs.

WHO will use the results of monitoring and evaluation to improve performance and achieve the desired results as well as offer practical recommendations that can guide the next planning cycle.

Table 4. Monitoring framework

Indicators	Baseline			Target/ 2030	Source of information	Indicator alignment
	Male	Female	Total			
Strategic Priority 1: Strengthen the federal health system through the focus on primary health care and institutional capacity-building to achieve universal health coverage, identify implementation bottlenecks and reach the vulnerable and underserved population.						
Indicators	Total	Male	Female	SDG Target		
Life expectancy at birth (years)	70.9	68.9	72.7		World Health Statistics	SDG, GPW
Healthy life expectancy at birth (years)	61.3	60.6	62.1		World Health Statistics	SDG, GPW
UHC Service Coverage Index	53				World Health Statistics	SDG, GPW, UNSDCF
Maternal mortality ratio	151			70	NPC	SDG, GPW, UNSDCF
Proportion of births attended by skilled health personnel	80			90	NPC	SDG, GPW
Under-five mortality rate	33			20	NPC	SDG, GPW
Prevalence of child stunting	25			19	World Health Statistics	SDG, GPW, UNSDCF
Prevalence of child wasting	12			4	World Health Statistics	SDG GPW, UNSDCF
Diphtheria-tetanus-pertussis (DTP3) immunization coverage among one-year-olds (%)	84			95	World Health Statistics	SDG, GPW,
Proportion of women of reproductive age who have their needs for family planning met with modern methods (%)	61.9			80	World Health Statistics	SDG, GPW, UNSDCF
Adolescent birth rate (per 1000 women, aged 15–19 years)	63.0			30	World Health Statistics	SDG, GPW, UNSDCF
Neonatal mortality rate	21			12	NDHS	SDG, GPW
New HIV Infections per (1000 uninfected population)	0.03			0.014	NCASC database	SDG, GPW
Tuberculosis incidence per 100 000 population	158			20	WHO estimates	SDG, GPW
Malaria Incidence (per 1000 population at risk)	<0.1			0.01	HMIS	SDG, GPW
Out-of-pocket expenditure as a percentage of the total health expenditure				35	World Health Statistics	SDG, GPW

Strategic Priority 2: Enhance the national capacity for tackling health security threats, using an all-hazard approach, and building resilient health systems at federal and subnational levels (IHR 2005 core capacity and hazards).				
Strengthened preparedness for public health emergencies				NHS-SP
Annual average disaster mortality (except road accident) per 100 000 population	1.7	0.77	http://drrportal.gov.np/	DRR and Management Strategic Action Plan 2018–2030, GPW
Average of 15 IHR 2005 capacities [State Party Annual Report (SPAR)]	44	64	WHO- IHR-SPAR	SDG, GPW
Policy, legal and normative instruments to implement IHR 2005	20		WHO- IHR-SPAR	IHR/WHE (2021)
IHR 2005 coordination, national IHR 2005 focal point functions and advocacy	53		WHO- IHR-SPAR	IHR/WHE
Financing	60		WHO- IHR-SPAR	IHR/WHE
Laboratory	64		WHO- IHR-SPAR	IHR/WHE
Surveillance	60		WHO- IHR-SPAR	IHR/WHE
Human resources	30		WHO- IHR-SPAR	IHR/WHE
Health emergency management	53		WHO- IHR-SPAR	IHR/WHE
Health service provision	53		WHO- IHR-SPAR	IHR/WHE
Infection prevention and control (IPC)	27		WHO- IHR-SPAR	IHR/WHE
Risk communication and community engagement (RCCE)	53		WHO- IHR-SPAR	IHR/WHE
Points of entry (PoEs) and border health	47		WHO- IHR-SPAR	IHR/WHE
Zoonotic diseases	60		WHO- IHR-SPAR	IHR/WHE
Food safety	40		WHO- IHR-SPAR	IHR/WHE
Chemical events	20		WHO- IHR-SPAR	IHR/WHE
Radiation emergencies	20		WHO- IHR-SPAR	IHR/WHE

Strategic Priority 3: Harness the use of data, research and digital technologies for guiding health planning, innovation and monitoring of service delivery at federal, provincial and local government levels.				
Integrated health management information systems (IHMIS), implementation for digital health governance at all levels	Activities are initiated in 2022	All the activities of the roadmap to be implemented by 2030	Annual Report of MoHP	
Population information management systems: Linkage of the Civil Registration and Vital Statistics (CRVS) system with health facilities for updated database	Activity will initiate in 2023	Full scale data exchange is expected by 2030	CRVS Report	
Accessibility of health facilities and human resources: Client-to-provider telemedicine	N/A			
Accountability coverage: The proportion of those in the target population births and deaths registered in health systems	Activity will initiate in 2030	100		UNSDCF
Promoted high-quality health research in priority areas	Research priority list is prepared			NHS-SP
Strategic Priority 4: Address wider determinants for better health outcomes through multisectoral platforms and effective partnerships.				
Traffic mortality rates (100 000)	16.3	4.9	MoHP	SDG
Suicide mortality rate	9.7	4.7	World Health Statistics	SDG
Mortality rate attributed to household and ambient air pollution (per 100 000 population)	193.8	77.7	World Health Statistics	SDG,
Proportion of population using safely managed drinking water services (%)	18		World Health Statistics	SDG, UNSDCF
Proportion of population using a handwashing facility with soap and water (%)	62		World Health Statistics	SDG
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)	19.8		World Health Statistics	SDG,
Age-standardized prevalence of tobacco use among persons aged 15 years and older (%)	30.4		World Health Statistics	SDG, GPW
Total alcohol consumption per capita (≥15 years of age) consumption (litres of pure alcohol)	0.6		World Health Statistics	SDG,
Proportion of bloodstream infections due to methicillin-resistant Staphylococcus aureus (%)	79		World Health Statistics	GPW
Proportion of bloodstream infection due to Escherichia coli, resistant to third-generation cephalosporin (%)	73		World Health Statistics	GPW

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