

# Health Governance in Nepal

Based on One Year of Real-Time Governance Monitoring

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Governance Monitoring Centre Nepal  
Centre for Social Change



## Key Takeaways

- GMC Nepal's one year of monitoring health sector governance has resulted in the identification of several policy challenges, implementation failures, and their corresponding policy recommendations.
- The primary area of policy concern remains the effective health-sector adoption of the federal governance structure introduced by the 2015 Constitution. Despite over half-a-decade since its establishment, policies have been unable to draw localized healthcare advantages of federalism.
- Effects of the ongoing Covid-19 pandemic have exposed several key areas of improvement within the Nepali health sector. Central among these are the urgent need for effective recordkeeping, monitoring practices, information dissemination, and transparency in policymaking processes.
- Effective integration of the unique healthcare needs of marginalized groups were found to be inadequate in current policies and multi-year targets.

## Background and Context

Nepal became a Federal Democratic nation following the promulgation of the 2015 constitution, which established central, provincial, and local tiers of governance across all functional and sectoral realms. Adjustment into the federal structure, however, has continued to remain a challenge in the health sector.

GMC Nepal's investigation of health governance addresses issues of public health systems, service

Photo above by Karolina Grabowska from Pexels



## Introduction

*Governance Monitoring Centre Nepal* (GMC Nepal) is a research initiative launched by Kathmandu-based non-profit making social think-tank *Centre for Social Change* and funding partner *The Asia Foundation*.

GMC Nepal was created with the aim of building an enabling environment to foster state-society relationships in young federal Nepal through the transparent, fluid, and accessible transfer of accurate and up-to-date information between all stakeholders. It works to boost this engagement by shedding light on the Government's policies, laws, and execution programs within three key areas of governance – Health, Education, and Migration.

The pages enclosed in this document summarize GMC Nepal's key findings relevant to Health sectoral governance and their corresponding policy recommendations, thus also establishing the frontier for future research in the space.

delivery, service quality, and health indicators such as diseases, malnutrition, mortality rates, and hygiene. Challenges associated with the Covid-19 pandemic also further present the need for a unified front on Public Health management in the country. Historic concerns, such as poverty, corruption, geographical difficulties, economic inequalities, etc. are exacerbated by the pandemic, leading to larger health-sector challenges.



## Methodology

GMC Nepal conducted its first year of governance monitoring throughout 2021 in the health service sector with a mixed method approach using advanced qualitative research as well as quantitative statistical tools. Key methods included:

1. Desk Policy and Legal Review
2. Real-Time Governance Monitoring
3. Real-Time Media Monitoring
4. Data Scraping and Analysis
5. Expert Consultations

## Key Findings

The following policy challenges and observed frontiers for future research have been identified by the year-long study of Nepal's governance in the health sector:

1. Problems surrounding effective recordkeeping and database management were observed to be an ever-present systemic challenge in the health sector. The need for accurate and up-to-date monitoring mechanisms of diseases, treatments, health guidelines, and medical profiles have been prevalent in Nepal for many years. However, ineffective recordkeeping of Covid-19 cases, resulting deaths, tests, vaccinations, and contact tracking methods have further exposed the urgent need for stronger information management. Similarly, health systems monitoring of indicators such as number of hospitals, doctors, ICU beds, etc. also tend to be either under-reported or over-extrapolated and thus need to be mechanized into regular practice by policy.
2. The Covid-19 pandemic has shed light on the ineffective information dissemination practices in Nepal's public and private health sectors. Information concerning the symptoms, preventative measures, social protection protocols, and treatment processes were found to be haphazardly disseminated leading to confusion and panic among citizens, especially during the lockdown phases. This lack of reliable information access also triggered an increase in fake news and further stigmatization of certain health conditions.
3. Health service expansion efforts were observed to be lacking in ability to make use of the federal framework. There is a need for major policies and targets, which are written and enforced at the central level, to be reconsidered to fit needs in the provincial and local healthcare contexts. Relevant local stakeholders were not found to be active in expansion-related decision-making, causing health concerns (such as localized infections, weather-based vulnerabilities, pollution, etc.) to become under-prioritized.
4. Integration of the unique health-sector needs of marginalize communities were found to be poor across provincial and local jurisdictions. Certain communities are likely to face unique social pressures, stigmatization, and lack of support to pursue healthcare services. Examples include menstrual health problems faced by women, treatment problems faced by people with physical disabilities, and social ostracization faced by mental health patients.
5. In comparison to GMC Nepal's other research areas – Education and Migration – it was observed that governance in the health sector has a relative transparency issue. Health indicators targets and national plans endorsed by the governments have historically been found too ambitious and practically ineffective. Details in the national and health sector budget also do not reflect clear prioritization of specific areas of concerns. Experts have claimed that policymaking decisions happen behind closed doors, leading the general population to be unaware and disengaged with the government's programs and priorities.

## Policy Recommendations

1. To ensure smooth adaptation and ideal utilization of Nepal's federal structure, the government needs to ensure that effective and up-to-date recordkeeping practices are endorsed and regularly monitored.
2. Information dissemination and awareness efforts should be restructured to ensure effectiveness. Localized health concerns can be highlighted via provincial and local health campaigns.
3. Expansion of healthcare services should be prioritized by engaging provincial and local stakeholders.
4. The unique healthcare needs of marginalized communities should be addressed in policies across the federal tiers. Policymakers should mandate the inclusion of diverse members in key decision-making circles.
5. The government should make a conscious effort to be more transparent in policymaking processes and their assessment of the citizens' health, available resources, challenges, and short & long-term health priorities.

Since commencing its research on the Health sector in October 2020, GMC Nepal has produced over 30 publications reflecting its preliminary results, observations, and thematic findings, including:

- 4 Policy Briefs
- 10 Monthly Thematic Review Reports
- 10 Monthly Media Monitoring Infographics
- 3 Sectoral Findings Infographics
- 15 Opinion Articles on the GMC Blog

All publications can be accessed at [GMCNepal.org](https://gmcnepal.org)