**Policy Brief**
# Strengthening Nepal's Health System in 4 Months:
## Interim Measures for Trust and Election Integrity

**Background**

The health system in Nepal is currently undergoing significant transformation following the country's transition to a federal structure in 2015, which devolved health responsibilities and resources from the central government to seven provinces and 753 local governments. This fundamental shift is guided by the principle of decentralization, intended to bring planning, management, and service delivery closer to the local population, thereby enhancing responsiveness and community ownership. However, the promise of federalism is severely constrained by deep-seated systemic challenges. The transition is hampered by weak health governance, poor coordination across the three tiers of government, and conflicting policies. Crucially, the system remains highly susceptible to political influence and corruption, which manifests in non-merit-based appointments and the misuse of public funds, leading to inefficient service delivery and a critical health workforce retention issue as professionals seek better opportunities outside the public sector. These persistent structural and political obstacles severely undermine public trust and the quality of care.

Despite Nepal's Constitution (Article 35) guaranteeing every citizen the right to basic health services, emergency care, and equitable access, public trust in health institutions has declined due to the aforementioned corruption concerns, health workforce shortages, and difficulties accessing quality care- especially for rural, marginalized, and vulnerable groups. With the 2026 elections approaching, the Government of Nepal has a critical, time-bound opportunity to demonstrate visible, people-centered improvements. The following points outline short-term, achievable actions that federal, provincial, and local governments can initiate within four months, using existing structures and budgets, to strengthen transparency, frontline delivery, workforce support, and citizen confidence, while aligning with Nepal's federal mandates and national health priorities.

A multidisciplinary group of experts, specializing in Health, Law, Anthropology, and Education, provided input on the document and proposed the following four pillars for this transition phase:

1. Pillar 1: Election-Focused Health Support for Safety and Participation
2. Pillar 2: Rapid Health Workforce Support and Retention
3. Pillar 3: Community-Based Service Delivery and Equity Promotion
4. Pillar 4: Transparency and Accountability

**Pillar 1: Election-Focused Health Support for Safety and Participation**

Ensuring a healthy, peaceful electoral environment reinforces state legitimacy.

| Problem | Action | Strategy | Outputs/outcomes |
|---|---|---|---|
| Immediate response to health-related needs at the voting center due to limited HFs, HWs, and logistics | Finalize Polling Centre Health Plan | Develop and finalize the operational plan and resource allocation for establishing temporary Health Support Booths at all polling centers for the upcoming election, including the provision of clean drinking water and accessible toilets. | • Drafted the operational plan, including resource mapping and staffing.<br>• Efficient management of general health-related problems at the voting centers |
| Poorly designed voting infrastructures for the disabled and the elderly population | Voter Assistance Coordination | Establish a coordination mechanism with local NGOs and the Health Service Volunteer Corps to provide transport and on-site assistance for elderly and disabled voters | • Involvement of major stakeholders (working in healthcare) and promoted public-private partnership in ensuring public voting rights.<br>• Finalized the stakeholders' deployment and assistance roster. |
| Poor participation of vulnerable population: pregnant and lactating women and other minorities | Health-Focused Voter Awareness | Launch a targeted health-related voter awareness campaign focusing on COVID-19 safety, heat-stroke prevention, and inclusive participation for vulnerable groups. | • Developed vulnerable population-friendly campaign resources<br>• Disseminate materials through local media and FCHV networks<br>• Engagement of the vulnerable population in the election |

**Pillar 2: Rapid Health Workforce Support and Retention**

Human resources remain the backbone of the health system, yet the migration of qualified medical doctors is ramping up. Every year, a large number of doctors migrate to different countries. In 2023, more than 2,500 doctors left Nepal for abroad, and the number is growing.[1]

| Problem | Action | Strategy | Outputs/outcomes |
|---|---|---|---|
| Inadequate health workforce to address the immediate needs of emergency or unnatural situations | Launch Health Service Volunteer Corps | The local government mobilizes graduates and relevant stakeholders for a 4-month deployment (or in any emergency) to fill critical HR gaps, especially in preparation for the upcoming election period (or in an emergency). | • Issued a national call for volunteers and finalized deployment locations based on rapid HR mapping.<br>• Deployed the first cohort of volunteers. |
| Lack of motivation among the health workforce to work in high-risk and remote areas | Immediate Risk and Remote Work Allowance | Immediately implement a "Risk and Remote Allowance" for health workers in designated remote and high-risk areas. | • Identified eligible areas and secured budget allocation.<br>• Disbursed the first allowance payment. |
| Inaccessible to specialized healthcare in the remote health facilities of Nepal | Pilot Telemedicine Hub at the provincial level | Establish a decentralized, pilot Telemedicine Hub to provide remote consultation services to 10-15 remote health posts | • Selected the hub location and remote sites.<br>• Provided remote consultation services.<br>• Remote people access to low-cost specialized services |
| Limited provisions and administrative obstacles existed in the telemedicine guidelines | Flexible Interim Digital Governance guidelines with clear roles and responsibilities | Draft and issue interim Digital Health Governance Guidelines focusing a decentralized protocol for piloting telemedicine and HR mapping initiatives. | • Reviewed the existing telemedicine guidelines by an expert team<br>• Issued the guidelines with flexible protocol |

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[1] https://nepmed.nhrc.gov.np/entities/publication/d3f80721-84a8-4bf4-8155-70be029a7134/full

**Pillar 3: Community-Based Service Delivery and Equity Promotion**

Smooth service delivery improvements can demonstrate government readiness and responsiveness.

| Problem | Action | Strategy | Outputs/outcomes |
|---|---|---|---|
| Long waiting lists and high patient density in the hospitals | Targeted Surgical Camps | Organize and execute a month-long national campaign of Free Surgical Camps focused on high-volume, low-complexity procedures (e.g., cataract, hernia) to reduce waiting lists. | • Secured surgical teams and necessary supplies for field-level minor operations<br>• Reduced the patients' flow for minor surgeries |
| Inequitable service delivery in the urban population | Urban Slum Mobile Clinics | Launch pilot program of mobile health clinics targeting the urban poor and slum populations in the three major metropolitan areas. | • Conducted a number of mobile health camps focusing on urban slums and the poor population<br>• Provided outreach services to at least 10,000 individuals |
| Poor coverage, high dropouts and OPE, fragmented insurance coverage, and limited funds in the National Health Insurance Program | Improve Health Insurance Renewal | Implement a rapid, simplified process for National Health Insurance renewal and launch a high-visibility campaign to enroll poor and vulnerable groups with immediate, subsidized coverage. | • Massive awareness of the benefits of the package under the insurance by stakeholders<br>• Simplified renewal process and trained local staff.<br>• Increased coverage and renewal rates |
| High flow of outpatients in the tertiary hospitals, while the first-contact services is underestimated | Mandatory Clear Referral Protocols | Mandate and monitor the use of standardized referral forms and protocols across all three tiers of government to reinforce first-contact care, including conducting public awareness at the community level. | • Distributed and implemented the standardized forms and trained the HWs in about 50 HFs.<br>• Number of outpatients in tertiary hospitals decreased, while access to services at PHC increased |

**Pillar 4: Transparency and Accountability**

Corruption scandals such as the Omni Group's procurement of medical supplies during the COVID-19 pandemic[2] and inefficiencies erode trust in public services. Immediate measures can rebuild confidence:

| Problem | Action | Strategy | Outputs/outcomes |
|---|---|---|---|
| Systematic corruption during the procurement of medical logistic supplies | Pilot E-Procurement | Fast-track the pilot implementation of e-procurement for essential medicines and supplies in a selected federal or provincial hospital under the MoHP oversight | • Selected pilot sites and deployed the e-procurement platform.<br>• Conducted the first round of transparent procurement. |
| Conventional and poor public complaints reporting mechanisms lead to poor accountability | Free Hotline and Toll-Free Reporting Mechanism | Establish an efficient Hotline and SMS reporting system for public complaints and feedback on health services. | • Set up the hotline and ensured accessible reporting channels, such as texting<br>• Conducted a public awareness campaign for the hotline.<br>• Number of complaints reported |
| Government medical practitioners are engaging in private health facilities, while undermining the public trust in government hospitals | Regulate the Duel Practice of Government Doctors during official time | Issue and enforce new Standard Operating Procedures (SOPs) and regulatory guidelines to prevent unnecessary clinical procedures and regulate dual practice by government doctors. | • Finalized and issued the SOPs and guidelines.<br>• Availability of doctors in the assigned time period in government hospitals |
| Poor social audits and lack of transparency in the audit process | Pilot Hybrid Social Audits | Revive and pilot a simplified community-level hybrid social audit mechanism at a Palika level, focusing on primary health care centers. The expert panel can engage online. | • Trained local facilitators, HWs, and community stakeholders<br>• Completed the first cycle of community social audits in 10 Palikas |

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[2] https://kathmandupost.com/national/2020/06/23/public-accounts-committee-begins-investigation-into-omni-group-s-procurement-of-medical-supplies

**Federal–Provincial–Local Coordination Mechanism**

To implement reforms quickly, a Four-Month National Health System Strengthening Task Force is essential. An inter-governmental coordination guideline should be urgently formulated to harmonize roles and prevent duplication in the following responsibilities:

- Federal Level: policy, financing, standards, digital systems, procurement transparency.
- Provincial Level: supervision, logistics, hospital oversight, HR deployment.
- Local Level: service delivery, social accountability, community mobilization, and real-time needs assessment.

**Implementation and Coordination**

To ensure the success of this rapid action plan, immediate structural and policy decisions are required. The intergovernmental coordination body should facilitate the implementation process at the central, provincial, and local levels. In addition, all public and private stakeholders engaged in strengthening the health system should support and cooperate and assign clear roles and responsibilities.

**4-Month National Health System Strengthening Task Force**

Action: Urgently establish a multi-sectoral Task Force, chaired by the Minister of Health and Population, with representation from the Ministry of Federal Affairs and General Administration, the Ministry of Finance, and civil society. Mandate: To oversee the rapid implementation of the 15 short-term actions, harmonize roles, and prevent duplication between federal, provincial, and local governments.

**Gender Equality, Disability, and Social Inclusion Lens**

All actions must be implemented through a GEDSI lens to ensure equity and non-discrimination. Under the stewardship of local government, relevant stakeholders should uphold the GESI Strategy 2021 in all actions.

Action: Mandate and monitor the immediate implementation of a "Priority Service Window" for high-vulnerability groups (elderly, disabled, pregnant women) at all primary health care centers. Action: Ensure the newly established "Free-Hotline" is explicitly promoted to women and marginalized communities as an easy reporting channel.

**Conclusion**

The next four months represent a critical opportunity for the Government of Nepal to demonstrate decisive leadership and restore public faith in the health system. By focusing on these achievable, high-impact actions- centered on transparency, workforce support, targeted service delivery, and election preparedness- Nepal can not only improve health outcomes but

also reinforce the legitimacy of its democratic institutions. This roadmap provides the foundation for a more trustworthy and people-centered health system.

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