

**Policy Research Institutions and  
the Health SDGs:  
Building Momentum in Nepal**

**Country Report**

**2017**

**Prepared by**

Nepal Public Health Foundation (NPHF)  
Kathmandu, Nepal

# Table of Contents

	<b>Pages</b>
<b>Abbreviations</b>	<b>4-5</b>
<b>Executive Summary</b>	<b>6-7</b>
<b>Chapter 1: Introduction</b>	<b>8-11</b>
<ul style="list-style-type: none"><li>• Overview and background of study</li><li>• Country profile<ul style="list-style-type: none"><li>• Demographic trends and patterns</li><li>• Socioeconomic and cultural characteristics</li><li>• Social determinants of health</li></ul></li><li>• Transition from MDGs to SDGs</li><li>• Rationale of conducting the study</li><li>• Study questions of the study</li></ul>	
<b>Chapter 2: Study Design and Methodology</b>	<b>11-12</b>
<ul style="list-style-type: none"><li>• Key variables</li><li>• Selection of study sites and study period</li><li>• Methods of data collection<ul style="list-style-type: none"><li>▪ Desk review</li><li>▪ Identifying, Analyzing, Mapping, Prioritizing</li><li>▪ Consultation, Brainstorming, KII/ FGDs</li><li>▪ Work Plan</li></ul></li><li>• Analytical Framework</li></ul>	
<b>Chapter 3: National Level Institutional Arrangements for SDGs</b>	<b>13-17</b>
<ul style="list-style-type: none"><li>• National level arrangements for SDGs</li><li>• Priority and the sectoral primacy being accorded to the SDGs</li><li>• Type of institutions and their nature of work</li><li>• Geographical location of the institutions and geographical coverage of services</li><li>• Key stakeholders and their roles in terms of implementation and monitoring of SDGs<ul style="list-style-type: none"><li>▪ Influence and Impact</li></ul></li></ul>	
<b>Chapter 4: National Level Institutional Arrangements for Health related SDGs: Health System and Sustainable Development - National Scenario</b>	<b>17-24</b>
<ul style="list-style-type: none"><li>• Health systems and health policy – (enabling policy environment)</li><li>• Alignment of health policy with health related SDGs and the Gaps</li><li>• Incorporation of health related SDGs in other policies</li><li>• National Level Institutional Arrangements for health related SDGs<ul style="list-style-type: none"><li>• Prioritizing health related SDGs by sector at country level</li></ul></li></ul>	

- Type of institutions and their nature of work
  - Geographical location of the institutions and geographical coverage of services
  - Key stakeholders and their roles in evidence based policy making, implementation and monitoring of health related SDGs
    - Influence and Impact
  - Multi-Sectoral Approach towards health-related SDGs
  - Gaps in terms of SDGs implementation, research and monitoring

**Chapter 5: Potential Role of Policy Research Institutes for achieving The Health related SDGs** **25-28**

- Relevance and Capacity of PRIs in context of health related SDGs -
- PRIs work to fill the gaps and accelerate implementation of the SDGs
- PRIs working modality and build partnerships for achieving the common agenda
- PRIs as a bridge between government and CSOs/NGOs and other implementing partners
- Challenges faced by PRIs
- Enhanced Involvement of PRIs in the policy making process

**Chapter 6: Conclusion and Key Findings** **29**

- Key finding – role of different stakeholders
- Key finding role of PRIs in accelerating progress on health related SDGs
- Challenges faced by stakeholders/ PRIs in fulfilling their role in implementation and monitoring of (health related) SDGs

**Chapter 7: Recommendations** **30**

**Bibliographic References** **31**

## Abbreviations

ADS	Agriculture Development Strategy
ANC	Antenatal Care
BMI	Body Mass Index
CBOs	Community based Organizations
CBS	Central Bureau of Statistics
CNI	Confederation of Nepalese Industries
CSOs	Civil Society Organizations
DoHS	Department of Health Services
EDCD	Epidemiology & Disease Control Division
EDPs	External Development Partners
FGD	Focus Group Discussion
FNCCI	Federation of Nepal Chamber and Commerce and Industry
FY	Fiscal Year
GDP	Gross National Product
GNI	Gross National Income
GoN	Government of Nepal
Hon.	Honorable
IDRC	International Development Research Centre
IMR	Infant Mortality Rate
INGOs	International Non-government Organizations
KIIs	Key Informant Interviews
km	Kilometers
LDC	Least Developed Country
MDGs	Millennium Development Goals
m	Meter
MMR	Maternal Mortality Ratio
MoAD	Ministry of Agriculture Development
MoH	Ministry of Health
MoHP	Ministry of Health and Population

MSNP	Multi-sectoral Nutrition Plan
MIYCN	Maternal Infant and Young Child under-nutrition
NCC	Nepal Chamber of Commerce
NCD	Non-communicable Diseases
NGO	Non-government Organization
NHP	National Health Policy
NHSP	Nepal Health Sector Program
NHSS	Nepal Health Sector Strategy
NMR	Neonatal Mortality Rate
NPHF	Nepal Public Health Foundation
NPC	National Planning Commission
ODA	Official Development Assistance
PLHIV	People Living with HIV
PM	Prime Minister
PNC	Postnatal Care
PRI	Policy Research Institute
RTA	Road Traffic Accident
SBA	Skilled Birth Attendants
SDGs	Sustainable Development Goals
SDPI	Sustainable Development Policy Institute
SSDP	School Sector Development Plan
SWAp	Sector-wide Approach
TB	Tuberculosis
TRIPS	Trade-related aspects of Intellectual Property Rights
UHC	Universal Health Coverage
UN	United Nations
VC	Vice Chairperson
WASH	Water and Sanitation and Health
WHA	World Health Assembly
WTO	World Trade Organization

## **Executive Summary**

Nepal, as a member state of the United Nations (UN), has initiated implementing the SDGs since 2016, and intends to become a middle-income country by 2030. In order to do so, Nepal places health at the centre of overall socio-economic development including SDGs. As various determinants of the social sector effects health outcomes in Nepal, it is felt that the monitoring of health related targets and indicators is of critical importance. For which, quality data are required from the multiple sources, so that it can lead to evidence based policy making and attainment of the health related SDGs. Therefore, it is important to go for mapping of the major stakeholders and policy research institutions in relation to health related SDGs in Nepal. Desk review method coupled with key informant interviews (KII) were conducted with the important persons of the health policy and related research institutions. In addition to this, brainstorming of the institutional arrangement of national level policy institution for SDG implementation was also conducted.

Nepal has developed strong institutional mechanisms for SDGs implementation, and formed three types of committees' namely (1) high level steering committee, (2) coordination & implementation committee, and (3) implementation & monitoring thematic committees. The Government of Nepal (GoN) is putting lot of emphasis to strengthen four (finance, technology, institutions & their capacity, and partnership) means of SDGs implementation. High level steering committee provides policy directives with creating a conducive policy environment for SDGs implementation at central, provincial and local levels, and enhances development partnership for implementation of SDGs with various sectors through diplomatic channel. Similarly, coordination and implementation committee guide line ministries for mainstreaming SDGs into national, provincial and local level plans, and implementation and monitoring thematic committees help to prepare SDGs related plans, policies, programs, budget implementation, monitoring and evaluation.

The civil society organizations (CSOs)/community based organizations (CBOs), cooperatives, private and academic sectors including international non-government organizations (INGOs) and research centres are directly and indirectly contributing to materialize SDGs in Nepal. Although most of these (60 to 70 percent) are located in the Kathmandu valley of Nepal, CSOs/CBOs and cooperative sectors are mostly situated outside of the Kathmandu valley. There are about 33,599 cooperatives spread across country, among which 12,440 and 112 cooperatives are involved in agricultural and health sectors in Nepal. Nearly 25,403 NGOs and 116 INGOs in Nepal are complementing in community development, whereas 1,146 NGOs and 12 INGOs working in moral development, preserving cultural value and practices. Similarly, 2967 NGOs and seven INGOs are complementing women development programs in Nepal, and 5,395 NGOs and three INGOs are working in youth sector in Nepal. Some NGOs (n=517) and INGOs (n=11) involved in complementing and supplementing the national education program in Nepal, whereas 1451 NGOs and nine INGOs are involved in environmental protection and mitigating the climate change impact in Nepal. There are about 875 NGOs and 57 INGOs working in health sector. Out of which, 98 NGOs and three INGOs are involved in HIV/AIDS prevention, management,

and drug control in Nepal. There are 1,149 NGOs and 37 INGOs working in child welfare sector and about 758 NGOs are working for providing services including medical treatment for handicapped and disables people in Nepal.

The National Health Policy (NHP) (2014) and Nepal's new constitution (2015) articulates nation's commitment towards achieving Universal Health Coverage (UHC). The Nepal Health Sector Strategy (NHSS) (2015-2020) adopted four pillars strategy including equitable access to health services, quality health services, health systems reform and multi-sectoral approach, which are considered as means of health related SDGs implementation in Nepal. Nepal has started working towards achieving UHC by addressing the needs of the poor, women and excluded groups through pro-poor and target-free health-care policies and programs. It has been realized that good governance and the rule of law are essential for sustained, inclusive health gain, and sustainable health development. It has also been realized that no substantial, sustainable improvements in the health of Nepalese people unless and until coverage, care, and quality human resource/supplies are dealt with. Although stakeholders of Nepal has started to mainstream the SDGs into the national level planning and budgeting systems, such action has not been fully taken place as Nepal has recently undergone for state restructuring process. SDGs mainstreaming into their planning and budgeting systems will take place once all the elected governments are in place at provincial and local levels. The NGO federation of Nepal as being the lead CSO has formed a SDG forum and is educating community people and conducting advocacy with policy makers for effective implementation of SDGs. The private sector also joined hand with government for SDGs implementation in job creation and infrastructures building. The external development partners (EDPs) including UN agencies working in health and related sectors are providing technical support and funding to the government for health related SDGs implementation.

Nepal has updated the national targets and indicators with baseline information, started SDGs costing, established SDGs implementation and process monitoring mechanisms and began to strengthen the data base systems. Main challenges in SDGs implementation include mainstreaming SDGs into the provincial and local level planning and budgeting systems. Unavailability of disaggregated data at sub-national level are the challenges for progress monitoring. The government, private sector, CSOs/CBOs, cooperatives, and development partners are on board for SDGs implementation. The triangular partnership between the government, non-state actors and development partners worked well in Nepal. Similarly, The Sector Wide Approach (SWAp) adopted by Nepal in health and related sectors demonstrated better results compared to other sectors. In Nepal, progress monitoring of the outcome and impact level indicators is found relatively difficult. As Nepal has limited financial, materials and technological resources to push equally of all SDGs at a time, SDG priorities are needed based on fiscal, financial, managerial, technological, institutional and other capacity constraints. Therefore, prioritization should be made in those SDGs preferably health related SDGs which have multiplier effect and larger impact on the poor and marginalized people, small holder, peasants, children and women in Nepal. Similarly, Nepal's federal, provincial and local governments also needs to prioritize SDGs following sequencing approach during implementation.

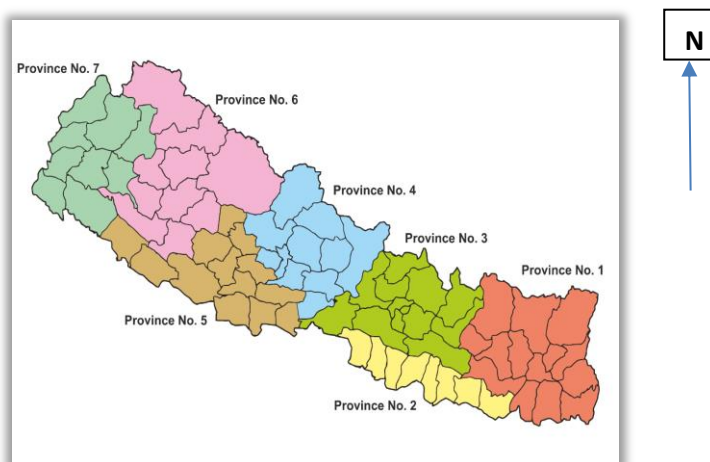
# Chapter 1

## Introduction

**Overview and background of study:** Sustainable Development Goals (SDGs) are an ambitious agenda and require efforts from all the relevant stakeholders due to their complexity and interrelatedness. Sustainable Development Policy Institute (SDPI), Islamabad, Pakistan with the support of International Development Research Centre (IDRC), Canada organized the first south Asian regional consultation meeting on health policy research institutions in Islamabad, Pakistan on December 5 to 7, 2016. The participants showed great interest and suggested to conduct the mapping exercise on health policy research institutions and key stakeholders, foremost to understand the current situation of the south Asian countries, and stakeholders within and where they stand in regards to implementing health-related SDGs.

### Country profile:

**Demographic trends and patterns:** Federal democratic republic of Nepal is the most beautiful and stunning Himalayan country in the world. Although Nepal is considered as the least developed country (LDC), it is rich in its bio-diversity because of its unique geographical position and altitude variation. It is a landlocked country and sandwiched between India and China. It has a total land area of 147,181 Kilometres (km)<sup>2</sup>. It has divided into seven provinces and 77 districts (Figure 1). Altogether, Nepal has 744 urban and rural municipalities. Its elevation ranges from 60 meters (m) above the sea level in the south eastern *Tarai* to the highest point on earth, the Mount Everest at 8,848 m. Wide altitudinal variation and diverse climatic conditions within a distance of 150 km make the physiography of the country unique in the world. Nepal has eight of the world's ten tallest mountains and contains more than 240 peaks over 6,096 m above sea level.



**Figure 1:** Federal democratic republic of Nepal showing its seven provinces and 77 districts



The total size of Nepalese population is 26.41 million (CBS, 2012). It is growing by 1.35 percent per annum during the inter census period 2001-2011. Around half of the total population is concentrated in *Tarai* (low land) area, 43 percent in hill area and remaining in the mountain area. Population density at the national level is 180 persons per square kilometer of land. The sex ratio (number of males per 100 female) is skewed towards the female, which is 94.2. Population aged 0-14 years comprises 31.91 percent of the total population, adolescent and youth 10-24 years comprises 33.72 percent population, working age 15-59 years population comprises 57 percent and 60 years above comprises 7.65 percent of the total population (CBS, 2012). However, 25.42 percent households (1.38 million) have at least one household member outside the country.

The country is a potpourri of 125 caste/ethnic groups who speak 123 languages and dialects. However, majority of the Nepalese people (44.6 percent) are speaking Nepali language (CBS, 2012).

**Socioeconomic and cultural characteristics:** Nepal has one of the lowest gross national income (GNI) per capita in south Asia region. The GNI per capita in absolute term increased marginally over last decade from United States Dollar (USD) 352 in the fiscal year (FY) 2005/06 to 862 in FY 2016/17. Although average economic growth rate over the last decade was four percent, Nepalese economy is expected to grow rapidly in coming years. The gross domestic product (GDP) growth rate is project around seven percent for FY 2016/17. Implementation of newly promulgated constitution is expected to stabilize the political transition and open new avenues for economic growth.

Majority of people in this country believe in Hinduism followed by Buddhism, Islam and Christianity. There is a good social harmony among these religious beliefs and faiths in this country.

Nepal's social system put a high value on joint family arrangements in which the sons of a household, along with their parents, wives, and children, live together, sharing resources and expenses. Within the household, the old have authority over the young men and women. However, there is growing tendency among young couple to live in a nuclear family due to growing educational status and connection to outside world.

**Social determinants of health:** Social determinants effects health outcomes in Nepal. Rural people in Nepal have less access to health care compared to urban people. Access to health service is a key intervention that can reduce social inequalities in health outcomes. Sanitation and hygiene practices were poor in rural Nepal. Fertility was lower among urban women than rural women (NDHS, 2016). Teenage pregnancy is an issue, where children born from teenage mothers are at increased risk of sickness and death. Such mothers are more likely to experience adverse pregnancy outcomes. Teenage pregnancy was highest (27 percent) in State Two and lowest (10 percent) in State Three (NDHS, 2016). Education and socio-economic status effects the teenage pregnancy as 10<sup>th</sup> and higher education holders and those in the highest wealth quintile tend to start childbearing later than those

with lower level of education and those in other quintiles (NDHS, 2016). Women in rural areas were not likely more to use a contraceptive method than women in urban areas (49 percent and 55 percent, respectively). The use of contraception was highest (61 percent) in State Three compared to other States. The unmet need for family planning was lowest (20 percent) in State Three and highest (30 percent) in State Four. Rural women were less likely to receive antenatal care (ANC) than urban women from a skilled health care providers. Women who have less education were less likely to receive ANC than women who have more education from a skilled providers (NDHS, 2016). The proportion of women receiving a postnatal care (PNC) within two days of delivery was lower in rural areas than urban areas (48 percent and 64 percent, respectively) (NDHS, 2016). Basic vaccination coverage differs slightly by rural and urban settings. Urban children were more likely to receive all basic vaccination than rural children (NDHS, 2016). Stunting was more prominent in State Six. Children in the mountain areas were more likely to be stunted<sup>1</sup> than the children in the hill and *Tarai* areas. Children of women with education were less likely to be stunted than those whose mothers didn't have any education. Stunting was inversely related with wealth quintile: less stunting among highest wealth quintile (17 percent) whereas highest stunting among lowest wealth quintile (49 percent). The proportion of children who were underweight<sup>2</sup> was lesser (23 percent) in urban areas than in rural areas (31 percent). Underweight was also inversely related with wealth quintile: highest underweight among lowest wealth quintile (33 percent) whereas lowest underweight among highest wealth quintile (12 percent) (NDHS, 2016). People in the lowest quintile were less likely to have hypertension<sup>3</sup> than people in the highest quintile. People belonging to State Four were most likely to be hypertensive (NDHS, 2016).

On the whole, it can be said that the gross inequality in the economic status, education, and rural poverty of the people within Nepal suggest the disparities in the health status of people.

**Transition from MDGs to SDGs:** The Millennium Development Goals (MDGs) provided a shared framework for global action and cooperation on development from 2000 to the end of 2015. This MDG has set foundation for SDGs to be achieved by 2030. Within the various SDGs, health related SDGs is a prerequisite to promote overall health development and outcome of development policies in a sustainable way. Under the various SDGs, goal 3 is related to specifically to health, but there are many other goals which play as risk factors for showing huge impact on health, whether it directly relates to nutrition (SDG 2), water & sanitation (SDG 6), clean household energy (SDG 7) and air pollution (SDG 11), or indirectly relates to poverty (SDG 1), education (SDG 4), and gender (SDG 5). Taking the health sector into account, SDG 3, which focuses on "ensure healthy lives and promote well-being for all at all

---

<sup>1</sup>A condition reflecting the cumulative effect of chronic malnutrition. A child who is below minus two standard deviation from the reference median for height-for-age is considered short for his/her age, or stunted.

<sup>2</sup>It is defined as low weight-for-age for children and adolescents. For more than 19 years, body mass index (BMI) (kg/m<sup>2</sup>) is used to say underweight (<18.5)

<sup>3</sup>Individuals were classified as hypertensive if their blood pressure was 140 mm of Hg or higher or if their diastolic blood pressure was 90 mm of Hg or higher.

ages", has 13 targets and 25 indicators. Of these, only six indicators were included during MDG era indicating proposition of several new indicators during SDG<sup>4</sup>.

**Rationale of conducting the study:** In the wake of implementation of the globally set SDG targets and indicators, the monitoring of health related targets and indicators is of critical importance. To implement and monitor health related SDG, the data are required from the multiple sources. The timely availability of quality data can lead to evidence based policy making and attainment of the health related SDGs as well as helping to strengthen the accountability of key stakeholders responsible for implementation of health related policy, programs and strategy. In this context, it is important to understand the institutional arrangements in Nepal as well as to explore and identify the extent to which they are involved in implementation and monitoring of health related SDGs. Therefore, it is important to go for mapping of the major stakeholders and policy research institutions in relation to health related SDGs in Nepal, and analyze country's strength for implementing health related SDGs.

**Study questions of the study:**

- What are the national-level institutional arrangements that already exist for SDGs implementation and where are the gaps?
- Who are the key stakeholders involved in the implementation and monitoring of the health-related SDGs in Nepal?
- What role health policy research institutions are playing with respect to SDGs and what role could they play in future to help strengthen national and regional-level institutional arrangements?
- What are the priority and the sectoral primacy being accorded to the SDGs?

## Chapter 2

### Study Design and Methodology

**Key variables:** Variables used for stakeholder analysis were: types of stakeholders, categories of stakeholders, stakeholders role, impact by SDG work, influence over the health related SDG work, important to the stakeholder, contribution of stakeholders to the health related SDG work, strategy for engaging the stakeholder, stakeholder's interests, factors that affect the strength of stakeholder organizations, challenges faced by key stakeholders, communication strategy adopted by key stakeholders, and ways to facilitate the functional capacity of these key stakeholders for flourish their role for achieving the health related SDGs.

**Selection of study sites and study period:** Study was mostly conducted in Kathmandu valley comprised of three districts namely *Kathmandu*, *Lalitpur* and *Bhaktapur*. The study was conducted in between period of June to July 2017.

---

<sup>4</sup>Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators, United Nations Economic and Social Council, E/CN.3/2016/2/Rev.1 (9 February 2016).

**Methods of data collection:**

**Desk review** of the national level institutional arrangements for health related SDG implementation have been conducted.

**Identifying, analyzing, mapping and prioritizing:** Relevant stakeholders have been identified, analyzed, mapped and prioritized.

**Consultation, brainstorming, KIIs:** Ten individual consultative meetings and one focus group discussion (FGD) were organized in order to interact with the relevant stakeholders and collect their view points in terms of identifying Nepal's strength for implementing SDG and localization of SDG at the community level and establishing relationship between policy research institutions (PRI) and CSOs/CBOs in the context of engaging health-related SDGs, and identify their opportunities in the context of multispectral approach towards SDGs.

Brainstorming of the institutional arrangement of national level policy institution for SDG implementation was conducted.

KIIs were conducted with the important persons (who have high potential to influence the policy environment) of the health policy and related research institutions and they shed light on Nepal's strength, opportunities and future role of their functions for achieving the health related SDGs.

**Work plan:** The study was conducted as per the work plan. First of all desk review of the national level institutional arrangements for health related SDG implementation was conducted. Then relevant stakeholders have been identified, analyzed, mapped and prioritized. After these activities, 10 individual consultative meetings and one FGD with relevant key stakeholders were organized, and then brainstorming of policy institution for their institutional arrangement with KIIs were conducted.

**Analytical framework:** An analytical framework on Nepal's strength for implementing SDG and localization of SDG at the community level, including establishing the relationship between policy research institutions and civil societies/CBOs in the context of engaging health-related SDGs, and opportunities for policy research institutions in the context of multispectral approach towards SDGs developed. This contributed in facilitating the analysis of health related SDGs governance and institutional arrangements in Nepal.

## Chapter 3

### National Level Institutional Arrangements for SDGs

**National level arrangements for SDGs:** The GoN has formed national level three committees for SDGs implementation in Nepal. These are (1) High level steering committee, (2) Coordination and implementation committee, and (3) Implementation and monitoring thematic committees.

High-level steering committee has six members [*Chair:* the Right Honourable (Hon.) Prime Minister (PM) of Nepal, *Vice-chair:* Hon. Vice-chairperson (VC) of the National Planning Commission (NPC), *Member:* Finance Minister, *Member:* Foreign Minister, *Member:* Chief Secretary of the GoN, and *Member-Secretary:* Secretary of the NPC].

National level SDG coordination and implementation committee has eight members [*Lead:* Hon. VC of NPC, *Coordinator:* Hon. NPC member who looks the economic sector of the NPC, *Member:* Secretary of the Ministry of Finance, *Member:* Secretary of Foreign Affairs, *Member:* Chairperson of the Federation of Nepalese Chamber of Commerce and Industry (FNCCI), *Member:* Chairperson of the Nepal Chamber of Commerce (NCC), *Member:* Chairperson of the Confederation of Nepalese Industries (CNI), *Member-Secretary:* Joint Secretary at the Management Division of the NPC].

There are nine SDG Implementation and monitoring thematic committees under the leadership of Hon. NPC member specialized in specific sector. They are (1) Economic development, (2) Industrial development, (3) Urban development, (4) Social development, (5) Labour and employment, (6) Agriculture, (7) Climate change and environment, (8) Infrastructure development, and (9) Energy development.

**Note:** Health sector SDG will be dealt by NPC member designated for social development sector, which means this sector is looking after education, health, social welfare, women and children.

In each of these thematic committees, there are several members such as secretary/joint Secretary of the concerned ministries, invitees (from private sector, CSOs and development partners as required) and the relevant joint secretary/program director of the NPC works as a member secretary.

**Priority and the sectoral primacy being accorded to the SDGs:** The GoN has given priority for four components such as finance, technology, institutions & their capacity, and partnership, which are considered as means of SDGs implementation in Nepal. The GoN is putting lot of emphasis to strengthen these means of SDGs implementation in current years.

As it is viewed as meeting SDGs goal will be a shared responsibility of the national and international communities, the GoN is trying to manage **financial** resources from a triangular partnership of public, private and EDPs of Nepal. The GoN is taking an initiation

to attract fund and conduct relevant research and development works required to meet the SDGs goals.

Strengthening **technology** transfer provisions under World Trade Organization (WTO)'s Trade-related aspects of Intellectual Property Rights (TRIPS) agreement is important for Nepal. The GoN calls for better coordination and cooperation with its EDPs for suitable technology transfer so that all the SDGs can be achieved in time. Nepal needs smart technology for small scale agro-based entrepreneurs and producers, technical knowhow on low carbon emission engineering for increase industrial outputs, efficient construction technology for mega hydropower project, international airport, road and bridge, housing apartment and rail way construction, hardware and software on building electric motor/car and rail engine, and technical assistance on science, technology and innovation for industry and service oriented sustainable transformation of Nepal.

Building capable **institutions** at all level of governance to tap the opportunity for SDGs implementation for the benefiting the poorest of the poor is very important in Nepal. The Central Bureau of Statistics (CBS), which is responsible for data generation and management in Nepal has formed an inter-ministerial SDGs Indicators Coordination Committee. This Committee is expected to coordinate among the ministries, provinces and local levels and track the SDGs indicators in Nepal. The NPC is regarded as lead agency to implement the SDGs related activities. It formulates the major plan and policies related to SDGs and provide overall guidance to other stakeholders. High level steering and coordination & implementation committees were formed to guide and implement the SDGs related issues.

Nepal is trying its best to strengthen the **partnership** among its stakeholders for managing the means of SDGs implementation. For better managing the means of SDGs implementation, the GoN is trying to enter into the partnership approach between the state & non-state actors, private sector, CSOs/CBOs, cooperatives, EDPs, and three tires (federal, provincial and local levels) of Governments within the Country.

**Type of institutions and their nature of work:** The CSOs/CBOs and cooperatives sector is emerging as one of the important actors of development in Nepal. The cooperatives provide member based services though their initiatives highly complement to the government and private sector initiatives for SDGs implementation. The CSOs mobilize a handsome amount of financial and materials resources through internal and external sources and they invest in those areas as prioritized by the government.

These cooperative sectors can help in reaching the hard to reach population groups like disabled, socially and geographically excluded, poorest of the poor, orphan children, single women, people living with HIV/AIDS and their children. Their role is also expected in capacity building of provincial and local governments in SDGs based planning and budgeting, monitoring and evaluation of local level programs and providing policy feedback, awareness raising on SDGs at community level.

The private sector is expected as a larger contributor to materialize SDGs in Nepal. It is seeking incentives to increase investment in production and infrastructures sectors. So, they

are slightly behind than development sectors in Nepal. Academic sector is basically busy in human resource production and they are involved in research activities.

**Geographical location of the institutions and geographical coverage of services:**

Most of the private and academic sectors including INGOs and research centers (60 to 70 percent) are located at the center (Kathmandu valley of Nepal). However, CSOs/CBOs and cooperative sectors are mostly situated outside of the center. There are about 33,599 cooperatives spread across country, among which 450 cooperatives involved in energy sector while 112 cooperatives involved in health sector in Nepal. Nearly two third of NGOs (n=25,403) and 116 INGOs in Nepal are complementing in community development. Most of the activities of such NGOs/INGOs are related to SDG goal one ending poverty and goal two ending hunger. They implement small scale activities scattered across country. There are 517 NGOs and 11 INGOs involved in complementing and supplementing the national education program in Nepal. The educational supports of these NGOs are focused on children, women and disabled people. A sizable number of NGOs (n=1,451) and nine INGOs are involved in environmental protection and mitigating the climate change impact in Nepal. There are 1,146 NGOs and 12 INGOs working in moral development, preserving cultural value and practices. They help to protect our culture and natural heritage. A good number of NGOs (n=2,967) and seven INGOs are complementing women development programs in Nepal. They support women in their leadership development, micro-enterprise development, cooperative development for their saving and credit, para legal services and women empowerment. There are 5,395 NGOs and three INGOs working in youth sector in Nepal. They provide support to establish and operate Youth Information Centre.

**Key stakeholders and their roles in terms of implementation and monitoring of**

**SDGs:** Researchers provide evidences and those who study or critically analyzed such evidences provide policy directives for SDG implementation. National level stakeholders included in the high level steering committee recommends policy directives for SDGs implementation across the country. The key role of these national level stakeholders (*the Right Hon. PM of Nepal, VC of NPC, Finance Minister, Foreign Minister, Chief Secretary of the GoN, and Secretary of the NPC*) is to create a conducive policy environment for SDGs implementation at central, provincial and local levels, and to enhance development partnership for implementation of SDGs with foreign countries, EDPs, multi-national companies, and private sector investors through diplomatic channel. Their role also included for finding the various resources (*particularly financial, human and technical*) required implementation of SDGs. Apart from these, they review the yearly progress report of SDGs implementation and also play an advisory role for national level SDGs coordination and implementation committee and thematic implementation and monitoring committees.

Other key stakeholders included in the national level SDG coordination and implementation committee guide line ministries for mainstreaming SDGs into national, provincial and local level plans. The key role of these stakeholders (*Hon. VC of NPC, Hon. NPC member who looks the economic sector of the NPC, Secretary of the Ministry of Finance, Secretary of Foreign Affairs, Chairperson of the FNCCI, Chairperson*

*of the NCC, Chairperson of the CNI, and Joint Secretary at the Management Division of the NPC*) is to arrange necessary resources (financial, human and technical) through mobilization of internal and external resources for SDGs implementation, and to coordinate between public and private sectors, CSOs and development partners for SDGs implementation. Their role also included for monitoring and evaluating the progress on implementation of SDGs on yearly basis and present report to the high level steering committee on the same. In addition to these, they prepare periodic national reports and present the same in UN and other relevant institutions, and also provide feedback to all the nine SDG implementation and monitoring thematic committees for enhancing effectiveness in SDGs implementation.

Stakeholders included in the SDG Implementation and monitoring thematic committees help to prepare SDGs related plans, policies, programs, budget implementation, monitoring and evaluation. The key role of these stakeholders (*Hon. Member of NPC, Secretary/Joint Secretary of the concerned ministries, relevant Joint secretary/program director of the NPC, and representatives from private sector, CSOs and development partners*) for each specific sector is to coordinate among sectoral government agencies, private sector, CSOs/CBOs, INGOs and other EDPs. Stakeholders from the specific sectors prepare central and sectoral database and monitors SDGs related indicators. Their role is to coordinate among programs and projects implemented under Official Development Assistance (ODA) and make arrangement for mobilizing ODA through national budgetary system. Apart from these, they assist in preparing voluntary national review report of their sector and submit trimester report to the SDGs coordination and Implementation committee through economic management division of the NPC secretariat.

**Influence and Impact:** The CSOs/CBOs and cooperatives sector may influence federal, provincial and local governments for allocation of adequate resources for SDG implementation. In addition, this sector may conduct advocacy at regional and international level for mobilization of global resources to meet the financing gaps of Nepal for SDGs implementation. In addition to these, civil society in Nepal plays an important role in promoting transparency as well as having a voice in planning process.

Private sector is sought for ending poverty in all its forms everywhere through mobilization of domestic resources for investment, jobs creation, social security, enterprise development, and social protection. This sector may influence for ending hunger, achieve food security, improved nutrition, and promote sustainable agriculture through production and trade of safe, nutritious and sufficient food, raising agricultural productivity and incomes of small-scale food producers through supply of modern agro inputs, value chain financing, and farm mechanization.

Public-private partnership may ensure healthy lives and promote well-being for all at all ages through the investment in specialized hospitals, sophisticated laboratories, teaching hospitals, and tertiary care health services. Production and distribution of drugs & medical equipment support to implement health insurance services and financial risk protection. This sector also can contribute in innovation in quality



essential health care services, safe, effective, quality, and affordable essential medicines. This sector may help in reducing hazardous chemicals, minimizing air, water, and soil pollution, & contamination, tobacco control, medical research and trainings, etc. through responsible business practices.

## Chapter 4

### National Level Institutional Arrangements for Health related SDGs

#### Health System and Sustainable Development – National Scenario

**Health systems and health policy – (enabling policy environment):** Nepal's progressive policy environment has developed rapidly since the introduction of the NHP in 1991. A series of effective programs have since been implemented at different levels of the health system. Nepal Health Sector Program (NHSP) – I (2004 to 2009) and NHSP – II (2010 to 2015) were developed on the basis of NHP (1991) and health sector strategy (2004), which provided the basic framework for health program implementation. This strategy guides the health sector to revise the NHP in 2014. The NHP (2014) sets out a forward observing agenda for improving the health and well-being of all Nepalese citizens. This articulates nation's commitment towards achieving UHC. This together with GoN's development cooperation policy of 2014 provides the basis for NHSS (2015-2020) to advance the agenda of aid effectiveness in the health sector. The NHSS adopted four pillars strategy including equitable access to health services, quality health services, health systems reform and multi-sectoral approach. It highlighted the need of equitable service utilization, strengthening service delivery and demand generation to underserved populations, including the urban poor. It responds to the existing socio-political environment and the changes that have taken place in the national and global health agenda including SDGs (MoH-NHSS, 2016).

The constitution of the federal democratic republic of Nepal (2015) has mandated that *"every citizen shall have the right to free basic health services from the State, and no one shall be deprived of emergency health services....Every citizen shall have equal access to health services... Every woman shall have the right to safe motherhood and reproductive health."* These constitutionally enshrined rights are the result of a long struggle to ensure *health as a human right* in Nepal. So Nepal has the legislation mandating universal access to health care services.

Therefore, Nepal has started working towards achieving UHC by addressing the needs of the poor, women and excluded groups through pro-poor and target-free health-care policies and programs.

It places health at the center of overall socio-economic development of Nepal. It guides the health sector's response in realizing government's vision of transforming

Nepal from low to middle-income country by 2030 and achieving SDGs goals, targets and indicators as envisaged in the national and sector plans.

**Alignment of health policy with health related SDGs and the Gaps:** Good governance and the rule of law at the national level are essential for sustained, inclusive health gain, and sustainable health development. Currently Nepalese health care system is trying to accommodate changing socio-political and economic contexts and moving forward in accordance with the recently developed NHSS and the NHP (2014). More recently Nepal is also working towards achieving UHC.

The present pace of declining infant mortality rate (IMR) and under 5 mortality rate (U5MR) cannot be sustained unless reduction of neonatal mortality rate (NMR) is accelerated. The community component of the neonatal service is in increasing trend whereas availability and access to the neonatal services at health facilities is still a big gap. Moreover, these services have not been able to reach the marginalized community. The competency of neonatal health care providers has to be improved.

Many factors including malnutrition contribute to high child mortality. Therefore, multi-sectoral approach has already been initiated to address multiple causes. The aim of the plan is to reduce malnutrition by linking child health program with the nutrition program as well as water, sanitation and hygiene and agriculture and education programs. Six ministries as well as I/NGOs are working together addressing both nutrition specific and nutrition sensitive programs.

Adequate infrastructure, equipment, drugs and skilled human resources including skilled birth attendants (SBAs) should be put in place in all birthing centers, so that they will be able to provide 24 hours delivery service. Awareness should be raised at community level to encourage delivery at the health facilities and with SBA assistance.

Adolescent pregnancy and motherhood is a major social and health issue, which is associated with early marriage and can cause severe health problems leading to pregnancy-related complications and death. The health sector alone cannot address these issues. The proportion of women attending four ANC visits is low although ANC coverage shows an improving trend.

Most of the current programs dealing with communicable (HIV, TB, Malaria, etc.), non-communicable (*cardiovascular diseases, cancers, chronic obstructive pulmonary diseases, etc.*), water-borne, and neglected tropical (*leprosy, Kala-azar, lymphatic filariasis, dengue, rabies, trachoma, soil transmitted helminthes, etc.*) diseases have heavily been supported by EDPs, which may not be sustainable in the long run. Imported diseases are a major challenge, which might be coming from Indian border or migrant workers. Climate change may alter the behavior, life cycle and geographical survival of the vectors, and hence the pattern of the vector-borne disease epidemic in Nepal may change. Although various strategies and guidelines for other diseases have already been published, Nepal has recently developed multi-

sectoral action plan for the prevention and control of non-communicable diseases (NCD) (2014-2020).

Nepal has already adopted the WHO Framework Convention on Tobacco Control in 2011. Although variety of tobacco control activities have been conducted in Nepal, effective control of tobacco use is still in challenging phase.

Road Traffic Accident (RTA) is a serious public health problem in Nepal, and is in increasing trend. Recently Nepal prepared a Road Safety action plan (2012-2020) which is under implementation. Under this effort, traffic police started to use breathalyzer test among drivers which have been effective in reducing the accidents due to drunk driving. There is no rapid response team once the RTAs occur, so injured people are not getting immediate health care services. However, disaster management section has been established within Epidemiology and Disease Control Division (EDCD) of Department of Health Services (DoHS).

Alcohol consumption rate is on the rise in Nepal. Negative consequences of alcoholism are frequently seen in the society. Nepal is in the process of preparing a comprehensive alcohol policy and pass an act to address harmful use of alcohol.

Although Nepal has adopted the Pesticide Act 1991 and Regulations 1993, its use in agriculture by the farmers is beyond limits as the majority of Nepali farmers are poor and those who use it do not use it properly. The low level of awareness about the proper use of pesticide has been a great threat to human health.

Drug abuse and its trafficking is a matter of multilateral concern. This problem appears to be prevailing increasingly in almost all urban areas, border markets and urban-oriented rural areas of the country, in addition to the Kathmandu valley. The number of hard drug users in Nepal is in increasing trend.

Nepal has recently drafted the Mental Health Act 2012 and is in line with the international human rights conventions and it is in approval process. The Mental Health Policy 1997 is outdated and needs revision. Both are under the process for approval.

Nepal is currently improving the health workforce to deliver quality health services. File Tracking System and Digital Attendance System have newly been initiated. National Health Training Centre of MoH is providing quality training for human resource development.

Considering the current size of economy, Nepal will have a big financing gap to meet the SDGs targets by 2030. The size of Nepal's national annual budget stands USD 9989.9 million (below five percent of which is the national health budget) in the FY 2016/17, which is not sufficient to meet the ambitious SDGs targets and indicators set by Nepal.

No substantial, sustainable improvements in the health of Nepalese people can be realized unless all three issues—coverage, care, and quality human resource/supplies—are dealt with.

SDGs indicators need strong alignment in annual work plan of all line ministers, constitutional bodies, commissions and other government institutions so that they can help in SDGs progress monitoring.

Most of the sectoral master plans, medium term plans and strategies were developed before the start of SDGs or at the early stage of SDG and the line ministries are implementing same plans and strategies. Therefore, revisit of their targets and indicators to align with SDGs is a felt need during this study process.

There is data gap in many SDG goals and even the available data at national level. Monitoring the SDGs progress within the existing institutional framework of data generation and management is very difficult. Therefore, disaggregation of data by province and local village/municipal level in geographic terms and by social groups, sex, poverty, age and disability, and adjustment of these requirements in new census, surveys and administrative recoding systems are essential.

#### **Incorporation of health related SDGs in other policies:**

The policies and plans formulated after the promulgation of new Constitution of Nepal (which came into effect on 20 September 2015) have given adequate attention to safeguard right to live in clean environment, right to education, right to health, right to food, right to equality, right against untouchability and discrimination, etc. of Nepalese people, which largely contributes to achieve Nepal's SDGs by 2030.

The 14<sup>th</sup> Three-Year Development Plan of Nepal (2016/017-2018/019) aims at mainstreaming SDGs into the national plans and building a socialism-oriented prosperous nation based on norms and values of democracy. The main objective of this plan is to build an independent and prosperous state ensuring basic social services and maintaining food, health, and energy and job security for building a welfare state.

The GoN also incorporated SDGs into its yearly work plan in the FY 2016/17. The current 14<sup>th</sup> development plan of Nepal started its implementation since second half of 2016.

The NHSS (2015-2020), which is developed based on the Health Policy 2014, and New Constitution 2015 of Nepal, guides the health sector's response in achieving SDGs goals, targets and indicators as envisaged in the national and sector plans.

The GoN developed a long term "Water Supply, Sanitation and Hygiene Sector Development Plan 2016-2030" aligning it with SDGs of Nepal. This plan adopted a Sector-wide approach and aims at improving public health and living standard of

people in Nepal through safe, sufficient, accessible, acceptable, and affordable water, sanitation and hygiene services – any time, everyone and everywhere.

The GoN's Agriculture Development Strategy (ADS) 2014-2034 aims to increase food and nutrition security (SDG 2) and poverty reduction (SDG 1).

The GoN has developed the School Sector Development Plan (SSDP) 2016-2023 period to continue its efforts for ensuring equitable access to quality education for all. The SSDP is considered an important vessel to enable Nepal to achieve the SDGs. The GoN developed a "Nature Conservation National Strategic Framework for Sustainable Development" (2015-2030) to guide all development sectors of Nepal for nature conservation during the SDGs era 2016-2030. This strategic framework intends to promote the nature responsive development and thereby contribute on achieving SDGs in Nepal.

Apart from these, mainstreaming SDGs into local plans is also taking place gradually in Nepal. The upcoming local government will have authority to plan and implement development programs of their own. Mainstreaming SDGs into local level plan and program will be expedited as the new local governments are in place at the end of 2017.

**National Level Institutional Arrangements for health related SDGs:** The Government of Nepal (GoN) has formed national level SDG Implementation and monitoring thematic committee for social sector, wherein health, education, women, children and social welfare have been covered. The thematic committee for social sector has eight members [*Lead: Hon. Member (social sector) of NPC, Member: Secretary/joint secretary of the health ministry, Member: Secretary/joint secretary of the education ministry, Member: Secretary/joint secretary of the women, children and social welfare ministry, Member: Private sector representative, Member: CSO representative, Member: Development partner representative, Member-Secretary: Joint Secretary/Program director of the social sector of the NPC*].

#### **Prioritizing health related SDGs by sector at country level:**

For health related SDGs, the Ministry of Health (MoH) has given priority for four strategies such as equitable access to health services, quality health services, health systems reform and multi-sectoral approach, which are considered as means of health related SDGs implementation in Nepal. The MoH is putting more emphasis on the achieving UHC, need of equitable service utilization, strengthening service delivery and demand generation to underserved populations, including the urban poor (MoH-NHSS, 2016). Nepal has also prioritized its commitment to undertake Zero Hunger Challenge. For achieving such commitment, Nepal has given its priority for five strategic Pillars (MoAD, 2016): (1) cent percent access to adequate food all year round, (2) zero stunted children less than 2 years, (3) all food systems are sustainable, (4) cent percent increase in smallholder productivity and income, and (5) zero loss or waste of food. Nepal also emphasize on changing nutritional behavior for best utilization of selected food items.

The GoN also focuses on universal access to basic water and sanitation & hygiene (WASH) services and improved service levels and reconstruction (MoWS, 2016).

### **Type of institution and their nature of work**

There are plenty of CSOs/CBOs working in health and related sectors and these sectors can help in reaching the hard to reach population groups like disabled, socially and geographically excluded, poorest of the poor, orphan children, single women, people living with HIV/AIDS and their children. As number of private health and related institutions including NGOs are many and involved in providing health services, health program implementations and research related activities, such institutions are expected as a larger contributor to materialize SDGs in Nepal. Such institutions are also existed even in rural parts of the country but they are very less compared to urban parts of the country. Academic sector (medical/nursing/public health colleges) is basically busy in human resource production and they are also involved in health research activities.

### **Geographical location of the institutions and geographical coverage of services:**

Majority of the health research centers (70 percent) are located in the center. There are about 875 NGOs and 57 INGOs working in health sector. They provide family planning and maternal child health services, help to strengthen nutrition, immunization, tuberculosis, malaria and leprosy control programs. The health services of these NGOs are focused on children, women, disabled people and people living with HIV/AIDS. There are 98 NGOs and three INGOs involved in HIV/AIDS prevention, management, and drug control in Nepal. They are implementing HIV/AIDS prevention and awareness raising program, operation of PLHIV homes, and education for PLHIV children and drugs control. There are 1,149 NGOs and 37 INGOs working in child welfare sector in Nepal. They work with the street, orphans, disabled and abandoned children. There are 112 health cooperatives in Nepal, which provide health care to people at relatively low cost compared to private clinics. There are about 12,440 agriculture production related cooperatives in Nepal and contribute to food security and improving nutritional status of their members. About 758 NGOs are working for providing services (psychological counselling, medical treatment, education and other material support) for handicapped and disables people.

### **Key stakeholders and their roles in evidence based policy making, implementation and monitoring of health related SDGs:**

Key stakeholders included in the SDG Implementation and monitoring thematic (social sector<sup>5</sup>) committee guide line ministries for mainstreaming SDGs into national, provincial and local level plans. The key role of these key stakeholders [Hon. Member (social sector) of NPC, Secretary/Joint Secretary of the concerned ministries, Joint secretary/program director of the NPC (social sector), and representatives from private sector, CSOs and development partners] is to coordinate among social sector government agencies, private sector, CSOs/CBOs, INGOs and other EDPs. Social sector stakeholders sectors prepare central and sectoral database and monitors SDGs

---

<sup>5</sup>Social sector includes health, education, women, children and social welfare.

related indicators. Their role is to coordinate among programs and projects implemented under ODA and make arrangement for mobilizing ODA through national budgetary system. They also help in preparing voluntary national review report of social sector and submit trimester report to the SDGs coordination and Implementation committee through economic management division of the NPC secretariat.

**Influence and Impact:** All the health related agencies (CSOs/CBOs/Cooperatives) may influence federal, provincial and local governments for allocation of adequate resources for SDG implementation. These agencies may conduct advocacy at regional and international level for mobilization of global resources to meet the financing gaps of Nepal for SDGs implementation. These agencies also plays an important role in promoting transparency as well as having a voice in planning process.

Private sector may influence for ending hunger, achieve food security, improved nutrition, and promote sustainable agriculture. Public-private partnership may ensure healthy lives and promote well-being for all at all ages through the investment in specialized hospitals, sophisticated laboratories, teaching hospitals, and tertiary care health services. Production and distribution of drugs & medical equipment support to implement health insurance services and financial risk protection. Social sector also can contribute in innovation in quality essential health care services, safe, effective, quality, and affordable essential medicines.

**Multi-Sectoral Approach towards health-related SDGs with examples:** There are 13 targets in the SDG 3. Each of these target has one or two indicators, with the exception of SDG target 3.3 which has five indicators, and SDG 3.9 which has three indicators. The SDG 3 has the largest number (26) of proposed indicators of the 17 SDGs. Most of the targets of the SDG 3 can be linked to strategies and global action plans that have been adopted by the World Health Assembly (WHA). Majority of the health related SDGs are integrated and indivisible, which means the progress in one area is dependent upon progress in many other areas.

For example, a multispectral nutrition steering committee has been formed at national level. It is chaired by the VC of NPC. The decentralised coordination platforms of the steering committee has been created at the district and village/urban municipality levels, and are functional. Since 2013, the GoN launched a Multi-sectoral Nutrition Plan (MSNP) to improve nutritional status of Nepalese people. The NPC and other key ministries (*Health and Population, Agriculture Development, Education, Urban Development, Federal Affairs and Local Development*) come together and implement this program in a harmonized manner. The MSNP 2013-2017 has the goal of improving maternal and child nutrition, which resulted in the reduction of Maternal Infant and Young Child under-nutrition (MIYCN), in terms of maternal BMI and child stunting, by one third. Nepal has also adopted sector wide approach in health, education and WASH sectors.

**Gaps in terms of SDGs implementation, research and monitoring:** The SDGs are interlinked, undividable and ambitious due to which their implementation is a big challenge in Nepal that has inadequate resources, skills and technology. Although GoN (as per new constitution) has delegated political, administrative and financial power to provincial and local governments, it is very difficult for SDGs planning and implementation as the province and local village/urban municipalities have no institutional set up for this. There might be number of gaps in finding the answer of pertinent questions such as how to transform Nepal from currently centralized to decentralized federal system of governance and how to build consensus among ideologically divided political parties responsible for development activities and taking ownership of SDGs at provincial and local levels.

Some of the SDGs indicators have no base year statistics, which require new baseline research based survey especially for intra household nutritional status, poverty, education and health status disaggregated by sex, age, disability status, social groups, geography, income level and administrative units. It is very important to have disaggregated data to monitor the SDGs progress and their outcomes. So, there are data gaps in the number of segments, which will make the work more challenging during SDG implementation. There might be a significant gap in finding the answer of question like how to establish a system for collecting disaggregated service data, its continuation, technical refinement and systemic data generation for SDGs implementation and progress monitoring.

Other problematic gaps in SDGs data management are: systematic and routine data update, identifying the appropriate data sources for different indicators lacking base year data, development of a strong data management system to monitor the indicators of SDGs at all levels (national, provincial and local level) are significant. Apart from this, some other problematic gaps are laying while setting values for SDG targets and limiting them in measurable and manageable number, building national consensus on setting 2030 benchmark for each SDG indicator, harmonization between SDGs and sectoral targets and indicators, harmonization between SDGs and national goals of graduating Nepal from LDC to developing country by 2022, and from low to middle income country by 2030 are also significant.



## Chapter 5

### **Potential Role of Policy Research Institutes for Achieving the Health related SDGs**

There are plenty of CSOs/CBOs working in health and related sectors. The health related private institutions located in urban parts of the country is expected as a larger contributor to materialize SDGs in Nepal. Academic sector (medical/nursing/public health colleges) is basically busy in human resource production and they are also involved in health research activities.

More than two-third health research centers are located in the center. Approximately 875 NGOs and 57 INGOs are working in health sector in Nepal. Similarly, there are 112 health co-operatives in Nepal.

Although there are plenty of agencies contributing towards health related SDGs in Nepal, five agencies namely Nepal Health Research Council (NHRC), Nepal Public Health Foundation (NPHF), Health Research & Social Development Forum (HERD), New ERA, and NGO-Federation of Nepal (NFN) are showing their strong presence for not only generating the research-based evidences but also advocating for its implementation gearing towards health related SDGs.

**Relevance and Capacity of PRIs in context of health related SDGs:** For the implementation of SDGs at all levels (central, seven federal states and 744 local level urban/rural municipalities), good governance is essential in Nepal. In order to ensure the good governance at all levels, capacity development of all concern PRIs/stakeholders including government machinery for SDGs implementation is important, so that they can properly manage finance, economic and technological resources. In addition to this, they can develop a mechanism for making public services result oriented and people centric, and also put SDGs implementation in first priority at all levels of governance.

For achieving targets of SDGs, there is a need of capacitating the PRIs/stakeholders in health hazards, disaster management, formulation of health disaster management strategy and strengthening health disaster response systems in Nepal as the April and May 2015 earthquakes caused huge physical and human loss with severe disaster prone health consequences.

Organization structure of the SDG Implementation and monitoring thematic committee for social sector has been placed within the SDG coordination and implementation committee. It has its office within NPC, and has eight members lead by Hon. member (social sector) of NPC with seven members namely secretary/joint secretary of the health ministry, secretary/joint secretary of the education ministry, secretary/joint secretary of the women, children and social welfare ministry, private

sector representative, CSO representative, development partner representative, joint secretary/program director of the social sector of the NPC.

The NPC is an apex government body responsible for coordination and formulation of periodic development plan, annual plan and central organization to lead the SDGs related activities.

Most of the programs and projects supported by development partners are implemented through the government system in Nepal. Their grant and loan supports are aligned with national programs and priorities for SDGs implementation. Development partners in Nepal have taken initiatives to align their ODA even in social sector development especially improving quality of education and health services and inclusive development and governance.

**PRIs work to fill the gaps and accelerate implementation of the SDGs:** Cooperatives in Nepal are providing health care to people at relatively low cost by operating small-scale cooperative clinics and hospitals. In Nepal, health care is paid by out of pocket money and the cooperatives provide borrowing and loan to their members in difficult situation.

Nepalese cooperatives contribute to food security and improving nutritional status of their members by helping small farmers, livestock keepers, forest user groups and other producers to solve numerous challenges that confront them in their endeavors to produce food. These cooperative help their member for improving access to improved seed, fertilizer, technical knowhow, and production loan. As their member achieve higher yield form these inputs their food security and nutritional status is gradually improved.

The private sector is showing interest in expanding existing capacity of their health related industries (pharmaceuticals/hospitals, etc.) and demanding favorable policy environment and incentives to increase their investment, including one door policy to get production or service operation license.

Some CSOs are playing supplementary and complementary role in SDG implementation in Nepal. Some CSOs implementing HIV/AIDS awareness raising program, its prevention, operation of homes for people living with HIV (PLHIV), and providing health education for children of PLHIV and controlling of drugs. Some CSOs are gearing their activities like providing food, shelter and education to the street, orphans, disabled and abandoned children. Some CSOs are implementing adult literacy program, supporting to provide informal education to school dropout and bringing out of school children to the school.

Some NGOs and INGOs are providing family planning and MCH services and also support the tuberculosis, malaria, leprosy control programs including nutrition and immunization related programs.

### **PRIs working modality and build partnerships for achieving the common agenda:**

In Nepal, the partnership initiatives have been organized in an unstructured manner leading to sub-optimal outcomes. Contracts have been developed without adequately defining essential features such as financing, procurement process, supervision and monitoring, payment, performance indicators, etc., in a uniform manner. However, a number of CBOs are working with the MoH for establishing and managing community hospitals at the local level. The MoH has been providing ad-hoc financial support to such efforts. The GoN has also entered into partnerships with the private for-profit sector in tertiary care services. Most state non-state partnerships in health sector till date could be characterized as partnerships in 'good faith'.

**PRIs as a bridge between government and CSOs/NGOs and other implementing partners:** As the GoN has already formed SDGs Implementation and Monitoring Thematic Committee for social sector (education, health, women, children and social welfare) under the leadership of Hon. NPC member specialized in social sector, it at first help to prepare SDGs related plans, policies, programs, budget implementation, monitoring and evaluation, and then start coordination among sectoral government agencies, private sector, CSOs, NGOs, INGOs, and other development partners. This committee (which is act as PRI) will prepare central and sectoral database and monitors SDGs related indicators. It will function as a bridge to make arrangement to mobilize ODA through national budgetary system.

**Challenges faced by PRIs (including suggestions to cope with these challenges):** The private sector in Nepal has grown in an unorganized manner. There is inadequate data available on the size, composition, distribution and characteristics of the private health sector in Nepal. Inadequate data on private-for-profit sector is primarily due to the fact that hospital registration can be made in various government institutions: the office of company registrar of the ministry of industry under the company registration act; district administrative office and social welfare council for an NGO working in health; and under the department of co-operatives in the ministry of agriculture for a cooperative hospital. However, before operating the hospital, it should seek approval from MoH as provisioned by the operation policy and infrastructure guidelines (2003). Since hospital establishments are licensed and registered under various authorities, the non-state health care providers have grown without adequate physical/clinical standards, accreditation, quality norms or protocols. This is compounded by the fact that there is a lack of legal framework to supervise, monitor or regulate the non-state especially for profit private sector. While recognizing the importance of independence of the non-state sector, The GoN would like to create an enabling environment for non-state sector whose growth would be guided under certain legal and regulatory framework. Better coordination and closer interface would enable each other to identify and exploit opportunities for a mutually partnership and in achieving better health outcomes for the country. In order to achieve this, MoH is taking initiative to ensure that all clinical establishments, and health care providers are covered under a uniform regulatory framework. Partnerships under legal and regulatory framework would improve legitimacy,

accountability and transparency, paving way for better governance in achieving the health related SDGs.

Quality of care has repeatedly been emphasized by the GoN in various policy and plan documents as one of the objectives of health sector program. Nepal National Medical Standards emphasized the need for infection prevention practices. MoH developed a “policy on quality assurance in health care services 2006” dwelling on quality for child health, family health, disease control, and out-patient services. Adherence to such standards in both public and private sectors has to be supervised through district level quality assurance groups in each district, and the Nepal needs to develop an appropriate infrastructure in order to monitor quality in the non-state especially for profit private sector.

**Enhanced Involvement of PRIs in the policy making process:** All the policy making process has been geared for uplifting the health status of poor, underserved, and socially vulnerable population in the country. While recognizing the vital importance of the non-state health sector (both for-profit and not-for-profit), and state non-state partnership, the GoN has already taken its initiative for deploying contextually appropriate partnership strategies to improve the health system to achieve UHC, escalate access to and utilization of quality essential health care services at all levels, reduce cultural and economic barriers to accessing health care services and harmful cultural practices, ensure equal opportunity for all to receive high quality and affordable health care services, and strategically evolve its role as financing direct delivery of services to that of financing, regulating, and monitoring of equitable access to quality health care services for all in Nepal. The GoN recognizes that it must assume stewardship role in order to cooperate in such a way that all sections of the population particularly women, children, aged, and disadvantaged have access to affordable and quality health services across the country. The GoN is also creating an enabling environment for a harmonious and mutually beneficial partnership between the state and non-state sector health care providers in order to achieve desired health outcomes for the country, so that all the indicators as mentioned in the health related SDGs will be achieved in time.

## Chapter 6

### Conclusion and Key Findings

**Key finding - role of different stakeholders:** As GoN has well established institutional mechanisms for SDGs implementation, monitoring and evaluation at national level, stakeholders such as private sector, CSOs, cooperatives and development partners are coming to play a role in mainstreaming the SDGs into the national planning and budgeting system. Nepal is concentrating its resources in constructing sustainable infrastructures followed by social sector development, inclusive economic growth and poverty reduction and governance.

**Key finding role of PRIs in accelerating progress on health related SDGs:** Nepal adopted SWAp in three social sectors namely health, education and water & sanitation during the MDG implementation (2000-2015) and demonstrated better results compared to other sectors. This sort of experiences will be utilized during implementation of health related SDGs. Although most of the stakeholders are on board for mainstreaming health related SDGs, the health related private sector stakeholders, being as a larger contributor to materialize SDGs, is somewhat behind; so these stakeholders need to be taken on board for health related SDG implementation.

**Challenges faced by stakeholders/PRIs in fulfilling their role in implementation and monitoring of (health related) SDGs:** In Nepal, output level indicators of health related SDGs are easily obtained from administrative data and annual program reports, whereas the progress monitoring of the outcome and impact level indicators is relatively found difficult. Stakeholders felt that monitoring the SDGs progress within the existing institutional framework of data generation and management is difficult.

Before the start of SDGs or at the early stage of SDG, most of the plans and strategies were developed, and the stakeholders are implementing the same plans and strategies. Now, they are facing problems in fulfilling their role in implementation and monitoring of health related SDGs.

## Chapter 7

### Recommendations

As it has been evident that achievement of one SDG has a synergy effect on other SDG, it means SDGs are interconnected. Although SDGs prioritization is difficult, Nepal, as being a LDC country which has no financial, materials and technological resources to push equally of all goals at a time, needs to prioritize SDG goals and its indicators based on fiscal, financial, managerial, technological, institutional and other capacity constraints. It has been recommended that prioritization should not rigidly be bound by only the constraints but also by the country's need. Therefore, prioritization should be made in those SDGs which have multiplier effect and larger impact on the poor and marginalized people, small holder, peasants, children and women. Similarly, Nepal's federal, provincial and local governments also needs to prioritize SDGs following sequencing approach during implementation.

As monitoring of the SDGs progress is difficult, it is recommended to have the disaggregation of data by province and local village/municipal level by geographical terms, social groups, sex, poverty, age and disability. Moreover, it is highly recommended to adjust these requirements in upcoming record systems of various tiers of administration and surveys. While performing such things, an adequate attention is required during the revision to disaggregate the targets and indicators at sub-national level, by social groups, age, sex and disability. Similarly, such system requires alignment with SDGs so that the SDGs targets and indicators can be monitored using the established Monitoring & Evaluation systems.

As stakeholders are implementing the same plans and strategies, which were developed before the start of SDGs, it is highly recommended to revisit of their targets of various indicators of health related SDGs in order to align with SDGs.

As it is realized that partnership approach is very important for the implementation of the health related SDGs, it is important to encourage non-state sector (both for-profit and not-for-profit) to expand their services not only in routine clinical aspects, but also in diagnostic services, and clinical support services like emergency transport, blood banks, etc. in those areas where need is more. Such partnership may also include for training and skills development in clinical as well as non-clinical areas covered by government's health and related sectors.

In order to implement SDGs, the government's commitment of ensuring the rule of law and access to justice, adopting transparent policy and practice in all government works needs to be translated into actions. In this context, civil service reform is equally important in all tires of governance. In addition, the governments at all level need to address the legal deficits among NGOs, INGOs, cooperatives sector, CSOs, CBOs, and the private sectors by forming essential regulatory institutions.

## Bibliographic References

1. CBS (Central Bureau of Statistics), 2012. *Population Census Report 2011*, CBS, Thapathali, Kathmandu, Nepal
2. MoHP (Ministry of Health and Population), 2004. *Nepal Health Sector Programme – I (NHSP-I) 2004-2009*, Ministry of Health and Population, Ramshah Path, Kathmandu Nepal
3. MoHP (Ministry of Health and Population), 2010. *Nepal Health Sector Programme – II (NHSP-II) 2010-2015*, Ministry of Health and Population, Ramshah Path, Kathmandu Nepal
4. MoHP, 2014. *National Health Policy of Nepal 2014*, Ministry of Health and Population, Ramshah Path, Kathmandu Nepal
5. MoHP-NHSS (Ministry of Health and Population-Nepal Health Sector Strategy) 2015. *Nepal Health Sector Strategy 2015-2020*, Ministry of Health and Population, Ramshah Path, Kathmandu Nepal
6. MoHP, 2016. *Nepal Demographic and Health Survey 2016*, MoHP, New Era and ICF International, Kathmandu Nepal
7. MoAD (Ministry of Agriculture Development) 2016. *Nepal: Zero Hunger Challenge National Action Plan (2016 - 2025) 2016*, Ministry of Agricultural Development, Singhadurbar, Kathmandu, Nepal
8. MoAD-ADS, 2014. *Agriculture Development Strategy (ADS) of Nepal, 2014-2034*, Ministry of Agriculture Development, Singhadurbar, Kathmandu, Nepal
9. MoWS (Ministry of Water Supply and Sanitation), 2016. *Nepal Water Supply, Sanitation and Hygiene Sector Development Plan (2016 – 2030)*, Ministry of Water Supply and Sanitation, Sector Efficiency Improvement Unit, Singhadurbar, Kathmandu Nepal
10. Nepal Gazette, 2015. *The Constitution of Nepal Published in Nepal Gazette*, 20th September 2015, Kathmandu, Nepal
11. NPC (National Planning Commission), 2012. *Multi-sector Nutrition Plan 2013-2017*, NPC, Singhadurbar, Kathmandu Nepal
12. NPC, 2015. *Sustainable Development Goals, 2016-2030, National (Preliminary) Report*, NPC, Singhadurbar, Kathmandu Nepal
13. NPC, 2016. *Nepal and the Millennium Development Goals Final Status Report 2000-2015*, NPC, Singhadurbar, Kathmandu Nepal
14. NPC, 2017. *Nepal's Sustainable Development Goals, Baseline Report (Draft)*, 2017, NPC, Singhadurbar, Kathmandu, Nepal