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Building a Healthier Nepal: Transformation to Federal Era, Challenges, and Future Directions

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INTRODUCTION

The World Health Organization (WHO) defines health not merely as the absence of disease, but as a state of complete physical, mental, and social well-being [1]. This visionary approach resonates internationally and Nepal stands impressively among the nations welcoming this holistic vision of health. Aligned with these principles, Nepal's health sector has undergone a transformative shift from a centralized unitary system to a decentralized three-tier federal structure. Previously, healthcare system was exclusively managed by the central government, resulting in limited accessibility, especially in remote areas [2].

The adoption of the new constitution in 2015 established Nepal as a federal democratic republic, restructuring the country into seven provinces, 77 districts, and 753 local governments (municipalities and rural municipalities). This reform recognized healthcare as a fundamental right and empowering each level to tailor healthcare planning and delivery to local needs [3]. Over the last few decades, Nepal has made remarkable progress in reducing maternal mortality, neonatal mortality, along with mortality due to infectious diseases, with a significant decrease in under 5 mortality rate and an infant mortality rate lower than expected [3]. The country also was able to interrupt and reverse the course of tuberculosis, HIV, and malaria with the elimination of polio, trachoma, maternal and neonatal tetanus, and leprosy [2].

These achievements are not just considered the result of disease control efforts but a systemic commitment to the comprehensive well-being intended by WHO.

Evolution of Health Sector Development in Nepal

Nepal's health sector began systematic progress with the development of periodic planning in 1956. In 1975 a significant milestone was achieved with the launch of the first 15-year Long-Term Health Plan, followed by the second 20-year Long-Term Health Plan in 1997.

After the political changes in 1990, the National Health Policy (1991) was introduced to address the growing desire of the society. Consecutive reforms led to the National Health Policy (2014), which stressed participatory and free basic health services, aligning with the principles of the Interim Constitution of Nepal (2007). To communicate with emerging challenges and confirm the constitutional right of citizens to quality health services under a federalized system, the National Health Policy (2019) was enacted.

This policy aims to strengthen healthcare delivery through a decentralized approach [4]. Nepal's health sector began systematic progress with the development of periodic planning in 1956. In 1975 a significant milestone was achieved with the launch of the first 15-year Long-Term Health Plan, followed by the second 20-year Long-Term Health Plan in 1997.

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Global Influence on Nepal's Health System

Nepal's health sector development has been significantly influenced by global commitments. The Alma-Ata Declaration (1978) on Primary Health Care (PHC) laid the foundation for expanding accessible and equitable healthcare, a vision later supported by the Millennium Development Goals (MDGs) and subsequently the Sustainable Development Goals (SDGs) [5, 6]. In line with these international efforts, Nepal declared its dedication to universal primary healthcare at the 2018 Astana Global Conference, which reviewed progress since Alma-Ata and renewed the worldwide journey toward universal health coverage [7].

Nepal's health system transition directly responds to equitable healthcare access, as evidenced by landmark policies including the Right to Health Act (2018) and National Health Policy (2019). These strategic frameworks specifically target crucial health imbalances in three priority areas: maternal and child health, communicable diseases, and non-communicable diseases (NCDs) [4,8]. While these policy successes indicate Nepal's strong commitment to SDG 3.2 (eliminating preventable newborn and child mortality) and SDG 3.8 (achieving universal health coverage), constant health discrimination underlines the need for fast tracked implementation and focused actions [9, 10].

Twin Challenges for Global Health Equity

Globally, 260,000 women die per annum from pregnancy or childbirth-related etiology, while over 2 million newborns expire within their first month of life. Shockingly, one preventable death occurs every seven seconds. If current trends continue, four out of five countries will miss the 2030 targets for maternal survival, and one in three will fail in decreasing newborn mortality [11]. Noncommunicable diseases caused 43 million deaths, where 75% of non-pandemic deaths occurred in 2021, with 73% occurring in low- and middle-income countries. Premature deaths (<70 years) reached 18 million, unequally affecting developing countries (82%). Eighty percent of premature NCD deaths occur due to these four conditions (cardiovascular diseases, cancers, respiratory diseases, and diabetes), primarily driven by preventable risk factors like tobacco use, unhealthy diets, physical inactivity, alcohol abuse, and air pollution - demanding urgent global action [12]. As many other developing countries, Nepal also reflects these dual challenges with surging proportion of NCDs along with constant prevalence of many neglected tropical diseases and vector-borne diseases [13, 14]. Nepal has made promising progress in maternal and child health: the maternal mortality ratio has dropped from 539 to 151 per 100,000 live births between 1996 and 2022. Institutional deliveries have increased from 57% in 2016 to over 79% in 2022, ensuring safer births, and neonatal deaths account for 3/4 of infant deaths, at 21 per 1,000 live births, as well as under-5 mortality has declined in Nepal from 118 deaths per 1,000 live births in 1996 to 33 deaths per 1,000 live births in 2022, thanks to improved healthcare access [13].

Despite these advances, Nepal is experiencing an epidemiological transition from communicable to non-communicable diseases. Jumping from 31.3% of total deaths in 1990 to 71.1% in 2019, Nepal has seen a sharp rise in NCD-related deaths, affecting both genders similarly. COPD (16.3%) and ischemic heart disease (12.3%) were the top killers, with higher COPD mortality among women (17.4%) than men (15.4%). These conditions also drove significant disability, accounting for 7.3% and 6.0% of NCD-related DALYs, respectively, with notable gender disparities in disease burden [15].

Critical Gaps in Nepal's Health System: Barriers to Universal Coverage

Nepal faces diverse societal challenges, including social and health inequities, environmental pollution, large-scale labor migration, inadequate disaster preparedness, and notable disparities between rural and urban populations that demand an extensive health systems approach. Despite efforts, the health system continues to face constant challenges that obstruct progress toward national and SDG targets [16]. While widely recognized obstacles like geographical barriers and resource limitations have resulted in severe consequences. For instance, women in remote mountain regions experience maternal mortality rates nearly double the national average, and many health facilities lack essential equipment and trained personnel to manage emergency care [17]. Low- and middle-income countries (LMICs), including Nepal's health systems, often bear a high disease burden due to weak primary healthcare (PHC) infrastructure and inadequate emergency preparedness, further exacerbating morbidity and mortality. Bridging these gaps requires a critical analysis of the factors influencing service delivery and health outcomes across all levels of the health system [6].

Securing Nepal's Healthy Future: The Critical Future Directions

Decentralization processes are dynamic, and reforms take time to implement. Implementation processes are frequently characterized by modification, adaptations in practice, and positive or negative feedback processes. Health system reforms impact all levels differently—from federal policymakers to frontline female community health volunteers (FCHVs). Each tier holds unique insights for identifying challenges, solving problems, and promoting best practices [16]. Yet, the journey is far from the demarcation line with an unfinished agenda - marked by persistent inequities and new health threats. Investing in healthy beginnings

today ensure not just individual futures but the health and prosperity of all citizens. Federalism presents an important opportunity for Nepal to achieve Universal Health Coverage but success demands strong legislation and quality standards, along with sound financing, logistics, human resources, and an emphasis on empowering and capacitating local and provincial governments through strengthening leadership and governance mechanisms. Healthy beginnings today open the way for a flourishing Nepal tomorrow.

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