

Review

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Review

Nepal's National Health Policy 2019: A Critical Review

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Abstract

Nepal's health policy landscape has evolved significantly over the past decades, transitioning from curative-focused and centralized approaches toward preventive, equitable, and decentralized health governance. Beginning with the first National Health Policy of 1991, successive reforms in 1997, 2014, and 2019 have progressively aimed to expand access, strengthen institutional capacity, and align with global health commitments such as the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC). This review critically examines the National Health Policy 2019 (NHP 2019) through document analysis, comparative policy review, and evaluation using the World Health Organization's (WHO) health system building blocks framework. The findings reveal that NHP 2019 marks a major policy advancement by integrating federal governance structures, promoting health insurance and digital health systems, and recognizing emerging challenges such as non-communicable diseases, mental health, and environmental health risks. However, critical gaps persist in implementation, including weak coordination among federal, provincial, and local governments; inequitable financing and workforce distribution; insufficient data systems; and limited inclusion of marginalized populations and traditional health practices. The review concludes that while NHP 2019 is ambitious and forward-looking, its success depends on effective implementation, sustained financing, and evidence-driven governance. Strengthening intergovernmental coordination, promoting equitable resource allocation, enhancing workforce capacity, and integrating traditional medicine and community health systems are key to realizing the policy's vision of *"healthy, alert, and conscious citizens oriented to a happy life."*

Keywords: national health policy 2019; health system; universal health coverage; primary health care; public health policy; health governance

1. Introduction

Nepal's formal health policy landscape has evolved substantially over the past three decades, reflecting changing health needs, governance arrangements, and global commitments. The National Health Policy first promulgated in 1991 prioritized expansion of basic primary health services to rural populations and emphasized preventive and promotive care as a pathway to improved population health[1,2]. Baburam Marasini discussed briefly about health system development in Nepal[1]. Subsequent policy iterations - notably the 2014 policy - sought to update strategic priorities in line with emerging challenges such as health system strengthening, quality of care, and growing burdens of non-communicable diseases[3]. The National Health Policy 2019 represents the latest comprehensive statement of government intent, articulating goals for universal access to quality services, financial protection, and a modernized health system responsive to Nepal's federal governance structure[4].

The socio-political backdrop for NHP 2019 is especially important. The Constitution of Nepal 2015 recognized health as a fundamental right and introduced a federal system that redistributed responsibilities across federal, provincial, and local tiers. This constitutional shift required national

policies to be reoriented toward collaborative, multi-level implementation arrangements[5]. At the same time, Nepal's policy agenda has been shaped by global frameworks - notably the Sustainable Development Goals (SDGs)[6] and the World Health Organization's Universal Health Coverage (UHC)[7] agenda - which together emphasize equitable access, financial risk protection, and people-centered services. NHP 2019 explicitly references these commitments and positions the health sector to contribute to national and global targets.

Despite the clarity of its aspirations, NHP 2019 must be examined against persistent systemic constraints: limited and uneven financing, health workforce shortages and maldistribution, gaps in governance and regulatory capacity, and challenges in monitoring and accountability across federal levels. Moreover, translating policy into action in geographically diverse and resource-constrained settings remains a recurrent implementation hurdle. A critical review of NHP 2019 therefore, helps illuminate how well the policy addresses these barriers, where it leaves ambiguities, and what adjustments might improve feasibility and equity in the coming years. Stocktaking analyses and earlier policy reviews underline the need for such scrutiny to guide mid-course corrections and to inform future policy cycles[8]. Policy review of 22 different health policies, briefly summarized by the government of Nepal[9]. The Nepal health sector strategy 2015-2020 document by the government of Nepal discussed all approaches and strategies in detail [10]. And further strategies plan for 2023-2030 by the Nepal government explained a detailed roadmap[11].

This paper undertakes a focused, critical review of Nepal's National Health Policy 2019. The review synthesizes the policy's stated aims and strategies, traces continuities and departures from earlier policies (1991 and 2014), and evaluates NHP 2019 in light of Nepal's constitutional federalism, international commitments (SDGs/UHC), and practical implementation constraints. The scope includes policy content analysis, comparison with predecessor policies, and assessment along key domains: governance and intergovernmental coordination, health financing and insurance, human resources, service quality and equity, and monitoring and evaluation. Where relevant, the review draws on government publications, peer-reviewed literature, and independent assessments to identify strengths, gaps, and actionable recommendations.

2. Objectives of this Review

- a. To summarize the evolution of Nepal's health policy from 1991 through 2019 and identify major shifts in priorities.
- b. To critically assess the content and coherence of the National Health Policy 2019 in relation to constitutional changes and international commitments (SDGs and UHC).
- c. To evaluate the policy's readiness for implementation across federal, provincial, and local levels, highlighting specific strengths and gaps.
- d. To provide evidence-based recommendations to improve policy implementation, equity, and accountability.

1. Scope and limitations

- a. The review focuses on policy texts and authoritative government documents (1991, 2014, 2019 policies and the 2015 Constitution) and situates them within secondary literature and evaluation reports.
- b. It does not provide an exhaustive empirical evaluation of all health programs or real-time implementation data; rather, it assesses policy design and likely implementation challenges, referencing available evaluations where possible.
- c. Recommendations emphasize mid-term policy adjustments and governance mechanisms that can be pursued within Nepal's existing federal framework.

2. Methodology

This review adopted a qualitative, descriptive approach to critically examine Nepal's National Health Policy 2019 (NHP 2019) in the context of the country's health policy evolution, including the 1991 and 2014 policies. The study utilized document analysis of official government texts, strategic plans, constitutions, and policy reports, supplemented by peer-reviewed literature and international

reports from WHO, UNDP, and the World Bank. Policy content was evaluated using the WHO health system building blocks[12] - service delivery, health workforce, health information systems, access to essential medicines, health financing, and governance - to assess relevance, coherence, feasibility, evidence base, and inclusiveness. The analysis also applied a comparative framework to identify progress, gaps, and innovations across policy iterations, focusing on equity, quality, and implementation challenges within Nepal's federalized health system.

3. National Health Policy 2019

3.1. Vision, Mission, and Guiding Principles

The NHP 2019 envisions creating a *healthy, productive, and equitable society* by ensuring quality health services for all citizens without financial hardship. Formulated under the Constitution of Nepal 2015, which guarantees health as a fundamental right, this policy aims to operationalize the country's commitment to the SDGs and UHC. It emphasizes equitable access, efficiency, transparency, and social justice as its guiding principles. The policy further highlights good governance, inter-sectoral collaboration, evidence-based decision-making, and inclusion of traditional health systems such as Ayurveda and Yoga in national health planning[13].

3.2. Major Goals and Objectives

The overarching goal of NHP 2019 is to provide accessible, affordable, and quality health services through a federalized health system that promotes preventive, promotive, curative, rehabilitative, and palliative care[13]. The specific objectives include:

- a. Ensuring equitable access to quality health services for all citizens through effective utilization of resources, collaboration, and community participation.
- b. Integrating and expanding Ayurveda and traditional medicine systems alongside modern healthcare.
- c. Developing an efficient health financing system that minimizes out-of-pocket expenditure and expands health insurance coverage.
- d. Strengthening human resources for health through fair distribution, capacity building, and performance-based incentives.
- e. Expanding emergency and trauma care services, including air ambulance facilities for remote regions.
- f. Establishing reference laboratories and trauma centers across provinces.
- g. Reducing environmental pollution and promoting a healthy living environment.

3.3. Key Policy Areas

3.3.1. Primary Healthcare and Universal Access

NHP 2019 prioritizes strengthening primary healthcare (PHC) as the foundation of Nepal's health system. The policy aims to achieve universal health coverage by expanding the network of community health facilities and promoting a *one-door system* for essential health services. It emphasizes equitable service delivery through collaboration among federal, provincial, and local governments, with targeted programs for marginalized and rural populations[13].

3.3.2. Health Financing and Insurance

A major reform introduced in NHP 2019 is the focus on comprehensive health financing. The policy promotes mandatory, expanded health insurance to reduce financial hardship and improve access to specialized services (Policy 6.2). It encourages public-private partnerships (PPP) to mobilize additional resources (Policy 6.6), while maintaining state responsibility for essential health care. The

government is also tasked with defining clear cost-sharing mechanisms between the state and citizens to ensure long-term sustainability[13,14].

3.3.3. Human Resources for Health

The policy recognizes Nepal's longstanding challenges of insufficient and unevenly distributed human resources for health. It emphasizes that to ensure accessible, effective, and high-quality health services, the country must develop and expand a skilled health workforce in alignment with population size, geographic diversity, and the federal governance structure. Strengthening human resource planning and deployment is therefore positioned as a core strategy for improving health service delivery (Policy 6.8)[13].

3.3.4. Quality of Care and Regulation

NHP 2019 introduces provisions for quality assurance in all health institutions (Policy 6.18). It calls for the establishment of accreditation systems (Policy 6.18.1), patient rights protection (Policy 6.16), and enforcement of service standards through regular monitoring and evaluation. It also underscores the importance of informed consent, patient safety, and the use of technology to maintain transparency and accountability in service delivery[13].

3.3.5. Health Information Systems and Digital Health

Recognizing the importance of data-driven decision-making, NHP 2019 promotes a modern health information system (Policy 6.15) integrating electronic health records and telemedicine platforms. It envisions digitalization of health data across all government tiers to enhance monitoring, coordination, and policy responsiveness (policy 6.4.5)[13]. The policy aligns with global efforts to improve digital health governance and evidence-based planning[15].

3.3.6. Multisectoral Coordination and Governance under Federalism

NHP 2019 reflects Nepal's transition to a federal governance system, redefining the roles and responsibilities of the federal, provincial, and local governments in health service delivery. It stresses harmonized intergovernmental coordination, decentralization of authority, and improved accountability mechanisms. The policy encourages multisectoral collaboration, integrating health considerations into education, environment, agriculture, and infrastructure planning (Policy 6.6) - consistent with the "Health in All Policies" approach advocated by the WHO[16].

4. Comparative Analysis with Previous Health Policies

4.1. Evolution from NHP 1991 → 1997 → 2014 → 2019

The evolution of health policies in Nepal reflects the country's broader political and socio-economic transformation - from a centralized governance model to a federal, rights-based framework emphasizing universal access and social justice[5].

The National Health Policy 1991[17] was Nepal's first comprehensive health policy, formulated after the restoration of democracy. Its primary goal was to extend primary health care (PHC) to all citizens by establishing sub-health posts in each Village Development Committee (VDC). The focus was largely on infrastructure expansion, essential medicine distribution, and community-based health programs through Female Community Health Volunteers (FCHVs). However, the policy lacked explicit strategies for quality assurance, financing, and human resource development[17-19].

In 1997, the government introduced the Second Long-Term Health Plan (1997-2017)[20], which, while not a separate health policy, acted as a strategic continuation of the 1991 framework. It focused on health system strengthening, expansion of essential health care services (EHCS), and decentralization of service delivery through local institutions. The 1997 plan was instrumental in

improving maternal and child health indicators but remained limited by weak governance, insufficient resources, and lack of intersectoral coordination[20].

The National Health Policy 2014[21] marked a significant shift toward a rights-based and equitable health system, aligning with Nepal's commitments under the Interim Constitution (2007) and the Millennium Development Goals (MDGs). This policy introduced universal health coverage (UHC) as a national objective and emphasized public-private partnerships, quality assurance, and health financing reform. It sought to reduce regional disparities, improve human resource distribution, and promote the integration of Ayurveda and alternative medicine. Despite these progressive intentions, the centralized governance structure and overlapping institutional mandates hindered effective implementation[21].

The National Health Policy 2019[13] was developed in response to the Constitution of Nepal 2015[5], which established health as a fundamental right and redefined governance under federalism. This policy builds upon the 2014[21] framework but introduces stronger mechanisms for accountability, technology integration, and decentralization. It expands the scope of health beyond curative services to include prevention, promotion, rehabilitation, and palliation, thus aligning with the SDGs[6] and UHC 2030 agenda[22].

Over three decades, Nepal's health policies have undergone a noticeable transformation in orientation, scope, and governance. The shift in focus is summarized in Table 1[13,17,20,21].

Table 1. The shift in focus in Nepal's health policies.

Policy Era	Focus	Governance Model	Key Characteristics
1991	Curative and service expansion	Centralized	Infrastructure development, basic service delivery
1997	Strengthening service delivery	Semi-decentralized	Institutional capacity building, essential care
2014	Equity and universal health coverage	Centralized with participatory tone	Rights-based approach, PPP, quality assurance
2019	Universal access and resilience	Federalized	Governance under federal system, technology, insurance, and integrated care

The most significant shift is from curative, urban-centered approaches toward preventive and community-based health care, integrating health promotion and disease prevention into the mainstream system. Likewise, the governance transition from centralized control to federal decentralization has aimed to bring decision-making closer to the community, although implementation remains uneven. The 2019 policy also signifies a paradigmatic shift from program-based to system-based reforms - emphasizing digital health, health financing sustainability, and intergovernmental accountability.

4.2. Introduction of New Approaches in NHP 2019

The NHP 2019[13] introduced several new features distinguishing it from its predecessors:

a. **Federalized Health Governance:** Clear delineation of roles among federal, provincial, and local governments to address overlapping responsibilities and resource disputes seen under the centralized system (Policy 6.4).

b. **Integration of Universal Health Coverage (UHC):** Establishment of a mandatory and expanded health insurance system to promote equitable access to specialized and basic services (Policy 6.2).

c. Digital Health and Data Systems: Promotion of modern health information systems (Policy 6.15) and telemedicine to enhance service delivery and monitoring. Right to information related to health (Policy 6.16).

d. Emergency Health Services: Introduction of air ambulance services and trauma centers along highways to ensure timely care in remote regions (Policy 6.3).

e. Environmental and Occupational Health: Inclusion of policies addressing environmental pollution, antimicrobial resistance, and urbanization challenges (Policies 6.22, 6.24).

f. Public-Private Partnerships: Institutional encouragement of non-governmental and private sector collaboration in health education, service and researches (Policy 6.6).

g. Patient Rights and Informed Consent: Recognition of the right to health information (Policy 6.16) to promote transparency, ethical practice, and patient autonomy.

h. Traditional Medicine Integration: Systematic inclusion of Ayurveda, naturopathy, Yoga, and homeopathy systems for holistic health promotion (Policy 6.7).

These new approaches reflect a maturing policy landscape that aligns with global health standards and emphasizes sustainability, resilience, and inclusiveness.

4.3. Areas Where Continuity or Stagnation Persists

Despite substantial progress, several persistent challenges and continuities remain across Nepal's health policy evolution:

a. Implementation Gaps: Although decentralization is emphasized, effective coordination between federal, provincial, and local governments remains weak, often leading to duplication of roles and delayed program execution (Section 4.2 and 10.1)[13,23].

b. Financing Constraints: The health budget continues to rely heavily on foreign aid, and government spending on health remains below the WHO-recommended 5% of GDP, limiting program sustainability[23].

c. Human Resource Shortages: Uneven distribution of skilled health workers, particularly in remote areas, continues to undermine service delivery despite repeated commitments since 1991[23].

d. Insurance System Inefficiencies: Health insurance coverage remains low, with wealthier, urban populations more likely to benefit than rural or marginalized groups[14,24,25].

e. Limited Private Sector Regulation: Weak regulation of private healthcare facilities leads to disparities in service quality and cost[24,26].

f. Health Inequalities: Persistent disparities by geography, income, and gender highlight the need for more targeted interventions and monitoring mechanisms[27,28].

g. Data and Digital Limitations: While digital health is prioritized, infrastructure and capacity for real-time data integration remain underdeveloped[29].

Thus, NHP 2019 represents a progressive and inclusive framework, its success largely depends on effective implementation, adequate financing, and intergovernmental coordination - areas that have historically hindered policy outcomes. The policy's vision aligns well with global health frameworks, but sustained political commitment and institutional capacity will determine whether Nepal can translate its ambitious goals into measurable health gains.

5. Strengths of the National Health Policy 2019

Nepal's NHP 2019[13] contains several important strengths that position the country to make measurable progress toward equitable, quality health care. The following subsections summarize the policy's most notable advantages and their likely practical implications.

a. **Clear alignment with SDG-3 and the WHO Universal Health Coverage agenda[6,7]**

NHP 2019 explicitly frames its goals within the global commitments of Sustainable Development Goal 3 (Good Health and Well-being)[30] and the WHO UHC agenda[31], anchoring national targets (maternal, neonatal and child mortality reduction; control of communicable and non-communicable diseases; and financial risk protection) in internationally recognized benchmarks. This alignment

strengthens policy legitimacy, makes Nepal eligible for technical and financial support from global partners, and enables the use of internationally comparable indicators to track progress. Operationally, it encourages integration of prevention, promotive and curative services under a single UHC-oriented framework - promoting continuity of care and reducing vertical fragmentation of programs.

b. Recognition of federal context and strengthening local governance

Unlike earlier policies written for a unitary system, NHP 2019[13] was formulated after the 2015 Constitution[5] and explicitly recognizes the federal structure of governance. The policy delineates responsibilities across federal, provincial, and local tiers and calls for harmonized planning, budgeting, and accountability mechanisms. This is a major strength because devolved decision-making brings planning closer to communities, allows adaptation of services to local epidemiological and social contexts, and creates clearer legal mandates for resource allocation. When implemented well, federalization can reduce bottlenecks caused by centralized bureaucracy, speed up responsiveness during local emergencies, and promote community ownership of health interventions.

c. Emphasis on health financing, insurance, digital health, and evidence-based decision making

NHP 2019 gives priority to sustainable health financing and institutionalizes health insurance as a means to expand financial protection and reduce out-of-pocket spending[25]. By promoting an expanded (and potentially mandatory) insurance mechanism and encouraging public-private partnerships, the policy seeks to mobilize domestic resources and improve access to specialized services[13]. In tandem, the policy's strong endorsement of digital health and modern information systems (electronic health records, telemedicine, integrated HMIS) and its insistence on evidence-based planning create conditions for smarter resource use: better targeting, real-time monitoring, and improved supply-chain management for medicines and commodities. Together these measures can increase efficiency, improve patient referral systems, and support data-driven performance management[29].

d. Inclusion of non-communicable diseases, mental health, and environmental health

NHP 2019 broadens Nepal's policy horizon beyond traditional maternal-child and infectious disease priorities to give explicit attention to non-communicable diseases (NCDs), mental health, and environmental health (including pollution control and antimicrobial resistance). This expanded scope reflects current epidemiological realities - the rising burden of diabetes, cardiovascular disease, cancer, and mental health problems - and integrates prevention, early detection, and long-term care into national planning. The policy's focus on environmental determinants (urbanization, pollution, climate-related risks) also promotes a Health-in-All-Policies perspective that links health outcomes to multisectoral action (environment, transport, urban planning), a necessary shift for sustainable improvements in population health[13,16].

These all strengths make NHP 2019 a forward-looking, comprehensive policy framework that is better aligned with global standards and domestic governance realities than prior documents. Its emphasis on UHC, federalized implementation, sustainable financing, digitalization, and an expanded disease agenda creates an enabling architecture for improved access, quality, and equity - provided that the enabling conditions (adequate financing, institutional capacity, and intergovernmental coordination) are secured during implementation.

6. Critical Gaps and Challenges

While Nepal's NHP 2019[13] demonstrates commendable ambition and modern orientation, its implementation has faced significant structural and operational challenges[32]. The following key gaps reflect systemic weaknesses that have constrained progress toward equitable and effective health service delivery.

a. Implementation challenges: coordination among federal, provincial, and local governments[23]

The transition to a federal governance structure has introduced both opportunities and confusion. Although NHP 2019 delineates roles for federal, provincial, and local governments, in practice there remains overlapping authority and weak coordination mechanisms. Ambiguities in resource sharing, workforce management, and service delivery responsibilities often delay program implementation. The absence of strong intergovernmental communication platforms has led to duplication of efforts in some areas and service gaps in others. Moreover, local governments frequently lack the technical capacity to translate policy goals into actionable health plans, undermining the intended benefits of decentralization[32–35].

b. Financing issues: budget allocation and sustainability of health insurance

Despite the policy's commitment to UHC[22], public health financing remains inadequate and unevenly distributed. The national health budget, although increasing in nominal terms, continues to hover below the WHO-recommended 5% of GDP. The Social Health Security Program (SHSP)-Nepal's health insurance scheme-faces sustainability concerns due to limited enrollment, weak risk pooling, and delayed reimbursement to service providers. Fragmented budget allocation across tiers of government and insufficient financial autonomy for provincial and local levels have further weakened health system responsiveness. Without robust financial protection mechanisms and predictable funding flows, universal coverage risks becoming aspirational rather than attainable[14,24,25,36].

c. Human resources for health: distribution, motivation, and capacity-building gaps

Human resource constraints remain one of the most persistent challenges in Nepal's health system. Although NHP 2019 recognizes the need for a well-trained, equitably distributed, and motivated health workforce, progress has been slow. Rural and remote regions-particularly in Karnali and Sudurpashchim provinces-continue to face acute shortages of doctors, nurses, pharmacists, and public health professionals. Retention is hindered by limited career growth opportunities, inadequate living conditions, and inconsistent incentive structures. Furthermore, weak institutional capacity for in-service training, leadership development, and performance management undermines workforce quality. The lack of an integrated human resource information system also limits data-driven deployment and planning[4,13].

d. Equity and inclusiveness: marginalized populations and remote areas

Despite its inclusive language, the policy's equity objectives remain weakly operationalized. Disparities in access to health services persist across geography, gender, and socio-economic status. Populations in remote districts such as Jumla, Humla, and Dolpa continue to experience higher disease burdens, poor maternal and child health outcomes, and limited access to quality care. Similarly, marginalized groups-including Dalits, indigenous communities, and persons with disabilities-often face social and economic barriers to healthcare. While NHP 2019 aspires to "leave no one behind," the absence of targeted strategies and adequate resource prioritization for these populations perpetuates health inequities[2,13,37].

e. Monitoring and evaluation: lack of robust indicators and accountability framework

NHP 2019 lacks a comprehensive monitoring and evaluation (M&E) framework with measurable indicators, timelines, and clear lines of accountability. Many of the policy's objectives are framed broadly without corresponding output or outcome measures, making performance assessment difficult. Health information systems remain fragmented, with inconsistent data quality and underutilization of digital reporting tools at local levels. Inadequate coordination among the Department of Health Services, the National Planning Commission, and provincial health directorates further complicates monitoring. Consequently, policy implementation often proceeds without systematic evaluation, limiting opportunities for learning and mid-course correction[23,28,29].

f. Integration with traditional and alternative medicine (Ayurveda and complementary systems)

Although the policy acknowledges the importance of Ayurveda, homeopathy, and traditional healing practices, integration remains largely superficial. Institutional support for the Department of Ayurveda and Alternative Medicine is limited, and coordination with the mainstream health system is minimal. There are no clear mechanisms for research, standardization, or evidence-based validation of traditional practices. The neglect of these systems overlooks Nepal's rich heritage of medicinal knowledge and the potential for complementary roles in preventive and promotive health, especially in rural communities where traditional healers remain influential[13,38–41].

Thus, NHP 2019 presents a progressive framework but suffers from implementation inertia and systemic fragmentation. Effective operationalization will require not only increased financing and human resource capacity but also stronger intergovernmental coordination, robust accountability systems, and genuine integration of traditional and community-based approaches. Without these corrective measures, the policy's transformative potential may remain unrealized, widening the gap between policy intention and ground realities.

7. Discussion

a. Policy coherence with Nepal's constitutional right to health

Nepal's Constitution 2015[5] enshrines health as a fundamental right, guaranteeing every citizen access to basic healthcare services free of cost. The NHP 2019[13] is largely coherent with this constitutional mandate, emphasizing equitable service delivery, decentralization, and accountability through a federal governance structure. By prioritizing universal access, primary healthcare, and social justice, the policy attempts to operationalize constitutional ideals into actionable strategies. However, coherence between policy intent and implementation[32] remains partial. In many cases, the right to health is interpreted as an aspirational rather than enforceable entitlement due to weak institutional capacity, uneven resource allocation, and lack of legal mechanisms ensuring accountability[3,4,6,23,25,37,40]. Thus, while NHP 2019 aligns well at the conceptual level, its practical realization of the constitutional right to health still requires robust enforcement frameworks and sustained political commitment.

b. Feasibility of achieving universal health coverage under resource constraints

Achieving UHC[40] under Nepal's economic and institutional constraints poses substantial challenges. Despite progressive commitments, the health sector continues to receive less than 5% of total GDP—well below the WHO recommendation. Limited fiscal space, dependence on external aid, and inefficiencies in resource utilization hinder the expansion of quality healthcare. Additionally, disparities in infrastructure, logistics, and human resources between urban and remote regions make equitable service delivery difficult[27,28]. The introduction of the SHSP[42] has improved financial protection for some groups, but its sustainability is questionable due to low enrollment, fragmented administration, and weak monitoring. To move toward UHC, Nepal must enhance domestic resource mobilization, strengthen risk pooling, and ensure strategic purchasing of services to balance efficiency and equity.

c. Role of public-private partnerships

Public-private partnerships (PPPs)[43] have emerged as a crucial mechanism for bridging gaps in service delivery, infrastructure, and technology. The NHP 2019 recognizes the private sector as a key stakeholder in achieving national health goals[13]. In urban areas, private hospitals and diagnostic centers have expanded service availability, while NGOs have contributed to maternal, child, and community health programs[44]. However, lack of a clear regulatory framework and transparent contracting mechanisms has limited the effectiveness of PPPs[26,43]. The dominance of profit-oriented motives in private healthcare often compromises affordability and equity[26]. Strengthening PPP governance through standardized service agreements, performance-based financing, and independent oversight could enhance quality and accountability, making PPPs a more effective tool for health system strengthening.

d. Lessons from other low- and middle-income countries

Nepal can draw valuable lessons from other low- and middle-income countries (LMICs) that have pursued similar health system reforms. For instance, Thailand's Universal Coverage Scheme[45] demonstrates how political commitment and sustained financing can make UHC attainable even in resource-constrained settings. Sri Lanka's investment in primary healthcare[46,47] and Bangladesh's success in community-based health programs highlight the importance of decentralized service delivery and community engagement[48–50]. These experiences suggest that Nepal should focus on primary healthcare revitalization, robust monitoring systems, and social health insurance expansion with strong government stewardship. Regional cooperation in South Asia could further enable knowledge exchange and capacity building in health governance and technology adoption.

e. Opportunities for reform and future directions

Looking ahead, several opportunities exist for reform within Nepal's evolving health landscape. The federal system offers a platform for context-specific health planning where local governments can address unique population needs. Strengthening digital health and data systems could improve monitoring, resource tracking, and evidence-based policymaking. Similarly, integration of traditional and modern medicine systems presents a culturally appropriate path toward holistic healthcare. Expanding investment in health workforce development, particularly in remote provinces, is essential for service equity. Moreover, implementing a results-based financing system, enhancing intersectoral collaboration (especially with education, agriculture, and environment), and institutionalizing policy evaluation mechanisms will ensure sustained progress[2,35]. Nepal can think in health tourism direction as well[51].

Thus, while NHP 2019 aligns well with Nepal's constitutional and global health commitments, its transformative potential depends on effective governance, sustainable financing, and inclusive implementation. Learning from regional best practices, investing in human and institutional capacity, and embracing innovation will be key to realizing the vision of "healthy, alert, and conscious citizens oriented to a happy life."

8. Recommendations

Based on the critical review and comparative analysis of Nepal's National Health Policy 2019, the following recommendations are proposed to strengthen its implementation and effectiveness across federal, provincial, and local levels:

a. Strengthen policy implementation mechanisms: Develop a robust institutional framework that clearly delineates the roles and responsibilities of all three tiers of government. Establish functional monitoring units within the Ministry of Health and Population (MoHP) and provincial health directorates to ensure timely implementation, coordination, and reporting of health policy activities.

b. Improve intergovernmental coordination and accountability: Strengthen vertical and horizontal communication among federal, provincial, and local governments to avoid duplication of efforts and resource mismanagement. Introduce accountability frameworks with clear performance indicators, regular audits, and transparency mechanisms to ensure responsible governance.

c. Ensure equitable resource allocation and decentralization: Adopt a need-based budgeting approach that prioritizes remote and underserved regions such as Karnali and Sudurpaschim Provinces. Fiscal transfers and grants should be linked to population size, geographic challenges, and disease burden to ensure equity in access to essential health services.

d. Promote health workforce development and retention: Implement targeted strategies for recruitment, training, and retention of healthcare professionals in rural areas. Introduce career development incentives, rural service allowances, and continuous professional development programs to build capacity and reduce workforce migration.

e. Enhance data-driven planning and monitoring: Strengthen the national health information system by integrating digital health tools, electronic health records, and real-time data

dashboards. Promote the use of evidence-based decision-making through regular publication of health indicators, research data, and progress reports at all levels of government.

f. Integrate traditional medicine and community health systems: Foster collaboration between modern healthcare and traditional systems such as Ayurveda and yoga to promote culturally acceptable and holistic healthcare. Expand community-based programs through Female Community Health Volunteers (FCHVs) and local health promoters to enhance preventive care and community engagement.

g. Regular policy evaluation and mid-term review: Institutionalize a periodic policy review mechanism-every three to five years-to assess the progress, challenges, and emerging health priorities. Mid-term evaluations should inform adaptive policy reform, resource reallocation, and innovation in service delivery models.

9. Conclusion

Nepal's *National Health Policy 2019* represents a significant step forward in aligning the nation's health system with constitutional mandates, the Sustainable Development Goals (SDG 3), and the global Universal Health Coverage (UHC) agenda. Building on the foundations laid by the health policies of 1991, 1997, and 2014, the 2019 policy demonstrates a notable shift toward decentralization, integration of traditional and modern health systems, and strengthening of institutional accountability within the federal governance framework.

Despite its progressive vision, the realization of NHP 2019's goals remain constrained by practical challenges. Weak coordination among the three tiers of government, inconsistent financing mechanisms, inadequate human resource distribution, and persistent health inequalities-particularly in remote regions like Karnali-continue to hinder implementation. Furthermore, limited monitoring and evaluation frameworks, data gaps, and insufficient digital infrastructure have slowed progress toward evidence-based policy execution.

Nevertheless, NHP 2019 provides a strong strategic foundation for the country's health sector transformation. Its emphasis on health insurance, environmental health, digital systems, and multisectoral collaboration underscores Nepal's readiness to modernize its health governance. Moving forward, the government must prioritize implementation over formulation, ensuring adequate funding, robust coordination, and equitable resource distribution.

In essence, achieving the aspirations of NHP 2019 requires a sustained political commitment, enhanced technical capacity, and a participatory approach that empowers communities and local governments. If effectively operationalized, the policy can serve as a blueprint for building a resilient, equitable, and people-centered health system-one that truly embodies Nepal's constitutional promise of health as a fundamental right for all citizens.

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References

1. Marasini, B., *Health system development in Nepal*. JNMA: Journal of the Nepal Medical Association, 2020. **58**(221): p. 65.
2. Mishra, S.R., et al., *Transforming health in Nepal: a historical and contemporary review on disease burden, health system challenges, and innovations*. Health Research Policy and Systems, 2025. **23**(1): p. 61.
3. Dumka, N., et al., *Understanding key factors for strengthening Nepal's healthcare needs: health systems perspectives*. Journal of Global Health Reports, 2024. **8**: p. e2024010.
4. Khadka, D., et al., *National Health Policy and Factors Predicting Its Implementation at the Local Level in Nepal: An Exploratory Cross-Sectional Study*. Frontiers in Public Health, 2025. **13**: p. 1592213.
5. Secretariat, C.A. and S. Durbar, *Constitution of nepal 2015*. Kathmandu: Constituent Assembly Secretariat, 2015. **19**: p. 505.
6. Ghimire, B.J., *Localization of Sustainable Development Goals in Nepal*. Rural Development Journal, 2025. **5**(1): p. 25-34.
7. Kieny, M.-P. and D.B. Evans, *Universal health coverage*. East Mediterr Health J, 2013. **19**(4): p. 305-306.
8. NHSSP, M., *Report on stocktaking the health policies of Nepal*. Nepal Health Sector Support Programme III, 2018.
9. Government of Nepal, Ministry of Health and Population. [cited 2025 Nov. 17]; Available from: https://herdint.com/wp-content/uploads/2024/02/Health_policies_revisited.pdf.
10. NEPAL HEALTH SECTOR STRATEGY 2015 - 2020. 2015; Available from: https://www.nhssp.org.np/NHSSP_Archives/health_policy/NHSS_english_book_2015.pdf.
11. Nepal Health Sector Strategic Plan 2023-2030. 2023 [cited 2025 Nov. 17]; Available from: <https://publichealthupdate.com/nepal-health-sector-strategic-plan-2023-2030/>.
12. Al Ghafri, T., et al., *The Experience of an Accelerated COVID-19 Immunization Campaign in Oman: A Review Within the WHO Health System Building Blocks Framework*. Vaccines, 2025. **13**(10): p. 1002.
13. National Health Policy 2019. [cited 2025 Nov. 15]; Available from: <https://drive.google.com/file/d/1K2fAzRhEYLfYIMs52hDRIwRYvGf03C92/view>.
14. Acharya, D., S. Sharma, and K. Bietsch, *Status and Associated Factors of Health Insurance Enrollment in Nepal: Findings from the 2022 Nepal Demographic and Health Survey.; 2024*.
15. Sharma, A., et al., *Using digital health technology to better generate evidence and deliver evidence-based care*. Journal of the American College of Cardiology, 2018. **71**(23): p. 2680-2690.
16. Organization, W.H., *Health in all policies: Helsinki statement. Framework for country action*. 2021.
17. NATIONAL HEALTH POLICY, 1991 [cited 2025 Nov. 15]; Available from: https://scalingupnutrition.org/sites/default/files/2021-12/Nepal-National-Health-Policy-1991_en.pdf.
18. Pradhan, P.M., *A Critical Review of National Health Policy-1991*. 2009.
19. Ishwar BS, L.R. *Review of National Health Policy 1991*. [cited 2025; Available from: http://www.nhssp.org.np/health_policy/Review%20of%20National%20Health%20Policy%201991.pdf.
20. *Second longterm health plan 1997-2017*. [cited 2025 Nov. 15]; Available from: <https://publichealthupdate.com/second-long-term-health-plan-1997-2017/>.
21. *National Health Policy-2014*. [cited 2025 Nov. 15]; Available from: <https://publichealthupdate.com/national-health-policy-2014-nepali-and-english-version/>.
22. *UHC agenda 2030*. [cited 2025 Nov. 16]; Available from: <https://www.uhc2030.org/advocacy/action-agenda-from-the-uhc-movement/>.
23. Wasti, S.P., et al., *Overcoming the challenges facing Nepal's health system during federalisation: an analysis of health system building blocks*. Health Research Policy and Systems, 2023. **21**(1): p. 117.
24. Khanal, G.N., et al., *Evaluation of the National Health Insurance Program of Nepal: are political promises translated into actions?* Health research policy and systems, 2023. **21**(1): p. 7.
25. Ghimire, S., et al., *Factors affecting health insurance utilization among insured population: evidence from health insurance program of Bhaktapur district of Nepal*. BMC Health Services Research, 2023. **23**(1): p. 159.

26. Sah, M.K., R.K. Sangroula, and S. Arul Kumar, *Comparative analysis of performance of private and public healthcare systems in Nepal*. International Journal of Community Medicine and Public Health, 2020. 7(7): p. 2462.
27. GC, S. and N. Adhikari, *Decomposing inequality in Maternal and Child Health (MCH) services in Nepal*. BMC public health, 2023. 23(1): p. 995.
28. Sharma, S., *Health inequality and equity in rural and urban setting in Nepal*. International Education & Research Journal [IERJ], 2018. 4(11): p. 21-23.
29. Parajuli, R., et al., *Challenges and opportunities for implementing digital health interventions in Nepal: a rapid review*. Frontiers in digital health, 2022. 4: p. 861019.
30. Goal 3: *Ensure healthy lives and promote well-being for all at all ages*. [cited 2025 Nov. 13]; Available from: <https://www.un.org/sustainabledevelopment/health/>.
31. *Universal health coverage (UHC)*. 2025 [cited 2025 Nov. 17]; Available from: [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).
32. *Health Policy and Implementation Gaps in Nepal*. Kathmandu. [cited 2025 Nov. 17]; Available from: <https://herdint.com/health-policy-and-implementation-gaps-in-nepal-2/>.
33. Thapa, R., et al., *Implementing federalism in the health system of Nepal: opportunities and challenges*. International journal of health policy and management, 2018. 8(4): p. 195.
34. Adhikari, B., S.R. Mishra, and R. Schwarz, *Transforming Nepal's primary health care delivery system in global health era: addressing historical and current implementation challenges*. Globalization and health, 2022. 18(1): p. 8.
35. Dahal, K., *Opportunities and Challenges of Nepal's Health Systems: A Critical Study in Federal Context*. Journey for Sustainable Development and Peace Journal, 2024. 2(1): p. 128-138.
36. Mishra, S.R., et al., *National health insurance policy in Nepal: challenges for implementation*. Global health action, 2015. 8(1): p. 28763.
37. Dulal, T.D., *Gender equality and social inclusion policies: Considerations in health sectors in Nepal*. Patan Pragma, 2023. 12(02): p. 106-119.
38. Pham, T.V., et al., *Traditional healers and mental health in Nepal: A scoping review*. Culture, Medicine, and Psychiatry, 2021. 45(1): p. 97-140.
39. Prasad, S.M., et al., *Traditional healers of nepal: their knowledge, skill, practices and technology*. Journal of Ayurveda Campus, 2020. 1(1): p. 7-15.
40. Giri, B. and V.K. Chattu, *Achieving Universal Health Coverage and Health-Related Sustainable Developmental Goals in Nepal through Traditional, Complementary and Integrative Medicine*. Journal of the Nepal Medical Association, 2025. 63(289).
41. Choi, S.J., et al., *Traditional and complementary medicine use among cancer patients in Nepal: a cross-sectional survey*. BMC Complementary Medicine and Therapies, 2022. 22(1): p. 70.
42. Panday, R., *Social Health Security Program in Nepal: Opportunities and Challenges*. Nepalese Journal of Insurance and Social Security, 2019. 2(2): p. 59-69.
43. Bhatt, L.D., R. Shrestha, and V.P. Bhandari, *The public-private partnership (PPP) initiative in healthcare system: As the pathways to achieve the SDGs in nepal*. Europasian journal of medical sciences, 2021. 3(2): p. 120-123.
44. Karki, B.K., *Policies and Practices of Health Promotion in Nepal*. KMC Research Journal, 2018. 2(2): p. 107-118.
45. Evans, T.G., et al., *Thailand's universal coverage scheme: achievements and challenges*. An independent assessment of the first, 2012. 10: p. 2001-2010.
46. Karunathilake, I.M., *Health changes in Sri Lanka: benefits of primary health care and public health*. Asia Pacific Journal of Public Health, 2012. 24(4): p. 663-671.
47. Perera, S., et al., *Accelerating reforms of primary health care towards universal health coverage in Sri Lanka*. WHO South-East Asia Journal of Public Health, 2019. 8(1): p. 21-25.
48. El Arifeen, S., et al., *Community-based approaches and partnerships: innovations in health-service delivery in Bangladesh*. The Lancet, 2013. 382(9909): p. 2012-2026.
49. Sarker, A.R., et al., *Clients' experience and satisfaction of utilizing healthcare services in a community based health insurance program in Bangladesh*. International journal of environmental research and public health, 2018. 15(8): p. 1637.

50. Sheikh, N., et al., *Implementation barriers and remedial strategies for community-based health insurance in Bangladesh: insights from national stakeholders*. BMC Health Services Research, 2022. **22**(1): p. 1200.
51. Khanal, B.P. and T. Shimizu, *Potential of health tourism development in Nepal: Literature review and future view*. Journal On Tourism & Sustainability, 2019. **2**(2): p. 14-29.

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