PROCEEDING REPORT

12th National Summit of Health and Population Scientists in Nepal

NEPAL HEALTH RESEARCH COUNCIL, RAMSHAH PATH
KATHMANDU, NEPAL

12TH NATIONAL SUMMIT OF HEALTH AND POPULATION SCIENTISTS IN NEPAL

Proceeding Report

Theme: Health Research Governance for Evidence Informed Decision Making and Implementation in Nepal

Date: 10-12 April 2026

Venue: The Soaltee, Kathmandu

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EXECUTIVE SUMMARY

The Twelfth National Summit of Health and Population Scientists in Nepal, organised by the Nepal Health Research Council (NHRC) from 10 to 12 April 2026 in Kathmandu, was held under the theme "Health Research Governance for Evidence Informed Decision Making and Implementation in Nepal." The summit was inaugurated by the Right Honorable Vice President of the Federal Democratic Republic of Nepal, Mr. Ramsahay Prasad Yadav. Approximately 1,200 participants representing government institutions, academia, development partners, and the private sector took part. A total of 465 oral abstracts and 162 poster abstracts were received; following expert review, 91 oral and 120 poster abstracts were selected for presentation. The summit marked an important shift from focusing only on research generation to strengthening the systems, institutions, and processes that ensure evidence is effectively translated into policy and practice.

The background of the summit reflects Nepal's growing recognition that strong health research systems are essential for improving population health outcomes. While the country has made notable progress in health despite significant challenges, the use of evidence in policymaking remains inconsistent. Gaps between research production and its application continue to limit the effectiveness of policies and programmes. The summit therefore emphasized the need for stronger governance, better coordination, and institutional mechanisms that connect researchers, policymakers, and implementers.

The plenary session represented a historic development in the summit's evolution. For the first time, key government institutions directly engaged in the discussion, shifting the focus toward the users of evidence rather than only its producers. The session highlighted Nepal's resilience in achieving health gains despite conflict, disasters, and resource limitations. At the same time, it identified persistent systemic challenges, including human resource constraints, weak governance, fragmented research systems, and limited accountability. The panel discussions further deepened these insights by examining critical areas such as research governance, clinical

trial operations, academia industry collaboration, health financing, and the evolving disease burden. Across all panels, fragmentation emerged as a major constraint. Multiple institutions, parallel systems, and weak coordination mechanisms create delays, inefficiencies, and increased costs. Institutional capacity gaps, including limited skilled workforce and high staff turnover, further weaken system performance.

The parallel sessions provided detailed insights across a wide range of thematic areas, including non-communicable diseases, maternal and child health, artificial intelligence, health inequalities, mental health, infectious diseases, environmental health, clinical sciences, nutrition, pharmaceuticals, ageing, and migration. These sessions highlighted emerging evidence, innovative practices, and implementation challenges.

Across all sessions, the summit consistently called for integrated systems, digital transformation, workforce development, and stronger collaboration across sectors. It emphasised the importance of translating research into actionable policy, strengthening regulatory and ethical frameworks, and ensuring efficient use of resources. The discussions reinforced that achieving sustainable health improvements in Nepal will require coordinated reforms, institutional strengthening, and a long term commitment to evidence driven decision making.

In recognition of excellence in research and innovation, eleven awards were presented across different categories, celebrating outstanding contributions to Nepal's health research and policy ecosystem. The summit concluded with a short declaration reaffirming the collective commitment to institutionalise transparent and accountable health research governance; prioritise primary prevention and early risk reduction of non-communicable diseases through whole of government and whole of society approaches; develop a secure national health data repository and ethically apply artificial intelligence, big data, and digital health technologies; promote social justice, One Health, and climate resilient approaches in health research and implementation; and ensure sustainable financing and stronger academia industry partnerships for evidence informed policies and programmes.

This summary report consolidates the key proceedings, discussions, and recommendations and captures the major thematic sessions, keynote messages, panel deliberations, and actionable

outcomes of the summit, with the aim of informing policymakers, researchers, development partners, and other stakeholders working to strengthen health research governance and evidence-informed decision making in Nepal.

BACKGROUND

The Nepal Health Research Council (NHRC), an autonomous entity under the Government of Nepal, is entrusted with the mandate to promote, coordinate, and regulate health and population related research nationwide. Since 2015, NHRC has convened the annual National Summit of Health and Population Scientists in Nepal as a prominent platform to disseminate high quality research findings, foster interdisciplinary collaboration, and advocate for the use of evidence in health policy formulation and strategic planning.

Health research plays a pivotal role in reinforcing health systems, particularly in a country like Nepal where diverse geography, socio cultural heterogeneity, and limited resources create multifaceted challenges. The generation of context specific evidence and its effective translation into policies and programmes is essential to improve population health outcomes and ensure equitable access to quality health services.

Despite the acknowledged significance of research, its integration into policy and programme development in Nepal remains limited. The National Health Policy 2019 highlights the imperative to enhance the uptake of evidence in policymaking for both public health advancement and socio economic development. However, persistent gaps between evidence generation and policy implementation reveal the need for stronger governance mechanisms that bridge the divide among researchers, implementers, and policymakers.

The Twelfth National Summit of Health and Population Scientists in Nepal was held from 10 to 12 April 2026 under the theme **"**Health Research Governance for Evidence-Informed Decision Making and Implementation in Nepal." This theme reflected a strategic shift from generating evidence alone to strengthening the systems, policies, and institutions that govern how research is produced, shared, and used. It underscored the importance of institutionalising research governance to ensure that evidence reliably informs decisions at all levels of the health system.

This year, approximately 1,200 participants attended the summit, reflecting strong engagement from academia, government institutions, development partners, and provincial and local health authorities. A total of 465 oral abstracts and 162 poster abstracts were received; following expert review, 91 oral and 120 poster abstracts were selected for presentation. The summit featured one plenary session on Health Research Governance for Evidence-Informed Decision Making, five panel discussions, and twelve parallel sessions covering diverse topics such as research ethics, artificial intelligence, health technology, communicable and non-communicable diseases, mental health, climate change, disease burden, and health insurance. Additionally, the summit included eleven award categories recognizing outstanding researchers and concluded with a five point declaration. Through active participation from experts across sectors, the summit sought to advance practical approaches for embedding research into policy cycles, enhancing accountability in research use, and fostering implementation science. These efforts were aimed at building a sustainable, evidence driven health research ecosystem in Nepal capable of addressing current and emerging public health challenges.

Building on this context, the summit proceedings were structured to reflect both the strategic and operational dimensions of health research governance in Nepal. The sessions were designed to move from high level policy dialogue to focused thematic discussions and technical evidence sharing. This approach allowed participants to first examine national level priorities and institutional perspectives, and then engage in deeper discussions on specific system challenges, innovations, and implementation experiences. The following sections present the key insights from the plenary session, panel discussions, and parallel scientific sessions.

INAUGURATION AND OPENING SESSION

The inauguration ceremony was held on Friday, April 10, 2026, from 9:00 AM to 10:30 AM. Rt. Hon'ble Vice-President of the Federal Democratic Republic of Nepal, Mr. Ramsahay Prasad Yadav, inaugurated the summit. The following distinguished delegates in the dais graced the inaugural session:

- Dr. Bikash Devkota, Secretary, Ministry of Health and Food Safety,
- Prof. Dr. Narayan Bikram Thapa, Chairman, NHRC (Session chair),
- Dr. Dharmesh Kumar Lal, Scientist-E, Indian Council of Medical Research (ICMR),
- Dr. Pramod Joshi, Member Secretary (Executive Chief), NHRC

The Master of Ceremonies, Ms. Sama Thapa, formally welcomed and introduced all the dignitaries on the dais, as well as the participants attending the summit. The melodious National Anthem was played in the presence of the Chief guest, special guests, and other distinguished invitees.

The program commenced with a solemn, symbolic lamp lighting ceremony, symbolizing the dispelling of darkness and the illumination of knowledge, innovation, and collective progress. A short documentary was presented during the inauguration session, highlighting the entire scenario of NHRC. The chief guest formally inaugurated the event.

Welcome Remarks by Dr. Pramod Joshi, Member Secretary (Executive Chief), Nepal Health Research Council

Dr. Pramod Joshi, Member Secretary (Executive Chief) of the Nepal Health Research Council, delivered the welcome remarks during the inaugural session of the 12th National Summit of Health and Population Scientists in Nepal. He extended a warm and respectful welcome to all distinguished guests, including the chief guest, high level government officials, policymakers, representatives from national and international organizations, academicians, researchers, media personnel, and participants from across Nepal and abroad.

In his address, Dr. Joshi highlighted the central theme of the summit, "Health Research Governance for Evidence-Informed Decision Making and Implementation in Nepal." He emphasized the growing importance of aligning research, governance, and implementation to ensure that health policies are grounded in robust scientific evidence and translated effectively into practice. He noted that such integration is essential to achieving measurable, sustainable improvements in public health outcomes in Nepal.

Reflecting on NHRC's institutional journey since its establishment in 1991, Dr. Joshi described its evolution from a primarily regulatory body into a leading institution for health research governance in Nepal. He underscored NHRC's expanded role in ethical oversight, research regulation, and evidence generation to support national health priorities. He also highlighted the decentralization of research governance through Institutional Review Boards and Committees, which has strengthened ethical research practices nationwide.

Dr. Joshi further elaborated on the changing landscape of health research in Nepal. While earlier efforts were concentrated on infectious diseases and maternal and child health, current priorities have broadened to include complex and emerging challenges such as antimicrobial resistance, non-communicable diseases, mental health issues, climate change, and emerging and re-emerging diseases. He stressed that these multidimensional challenges require interdisciplinary collaboration and innovative research approaches.

Additionally, he outlined several key initiatives undertaken by NHRC, including the development of the Integrated Research Ethics Review Portal (IRERP), expansion of capacity building programs for researchers, and promotion of implementation research. He also highlighted ongoing collaborations with national and international partners to strengthen research capacity and foster evidence based policymaking.

In conclusion, Dr. Joshi reaffirmed NHRC's commitment to creating an enabling environment where ethical standards, scientific rigor, and societal needs converge. He encouraged all participants to actively engage in discussions, share insights, and collaborate effectively throughout the summit to advance evidence informed decision making and improve public health in Nepal.

Opening Remarks: Rt. Hon'ble Vice-President Mr. Ramsahay Prasad Yadav

The Rt. Hon'ble Vice-President of the Federal Democratic Republic of Nepal, Ramsahay Prasad Yadav, delivered the opening remarks at the inaugural session of the 12th National Health and Population Science Summit, organized by the Nepal Health Research Council. Addressing an esteemed gathering of government officials, policymakers, researchers, academicians, and international partners, he extended warm greetings and expressed his appreciation for the opportunity to participate in this important national event.

In his remarks, the Vice-President underscored the critical role of science and research in driving national development and strengthening public health systems. He commended NHRC for its longstanding contribution over the past decades in guiding Nepal's health sector toward a more systematic, evidence based, and accountable framework. He emphasized that the Council has evolved beyond its regulatory functions to become a strategic institution that supports national health priorities and promotes research informed governance.

Highlighting the theme of the summit, "Health Research Governance for Evidence-Informed Decision Making and Implementation in Nepal," the Vice-President noted its strong relevance in the current context. He stressed that effective governance, backed by reliable evidence and data, is essential for designing and implementing impactful health policies. He further emphasized that sustainable development can only be achieved when research findings are effectively translated into policy actions and service delivery.

The Vice-President also drew attention to the growing health challenges facing Nepal and the global community, including the rising burden of non-communicable diseases, the impacts of climate change on health, and the emergence of new infectious diseases. He highlighted the need to strengthen research capacity, foster innovation, and integrate traditional knowledge with modern scientific approaches to address these complex issues.

Furthermore, he acknowledged the vital role of young researchers and scientists in shaping Nepal's future health system. He emphasized the importance of creating an enabling environment that nurtures innovation, supports capacity development, and encourages youth's active engagement in research and policy processes.

In conclusion, the Vice-President expressed confidence that the summit would serve as a vital platform for knowledge exchange, collaboration, and policy dialogue. He extended his best wishes for the success of the summit and reaffirmed the government's commitment to promoting evidence based decision making and improving the health and well-being of all citizens of Nepal.

Opening Remarks: Dr. Bikash Devkota, Secretary, Ministry of Health and Food Safety

Dr. Bikash Devkota highlighted the critical theme of health research governance for evidence informed decision making and implementation in Nepal, calling it a timely agenda for strengthening the national health system. He emphasized five essential pillars research, governance, evidence, decision-making, and implementation believing that their integration ensures realistic policies and guaranteed implementation. Dr. Devkota emphasized that high quality research serves as the backbone of effective health policy, shifting decision making away from assumptions toward credible data. This evidence based approach is essential because Nepal's health system faces complex and evolving challenges, including emerging and non-communicable diseases, the impacts of climate change, and persistent health inequities. These pressing issues make the need for strong, evidence informed policy-making more critical than ever.

He further noted that quality health services are the visible outcomes of "invisible" governance and evidence systems, asserting that health outcomes improve only when governance, evidence, and delivery are properly aligned. Effective decision making within this framework requires transparency, accountability, and the rule of law. Simultaneously, service delivery must be efficient, responsible, equitable, and timely to meet the population's needs effectively.

From the Ministry of Health and Food Safety perspective, Dr. Devkota stated that research is no longer optional but a strategic necessity to bridge the gap between policy formulation and service implementation. He acknowledged the Nepal Health Research Council (NHRC) for its role in laying the foundation and institutionalizing health research in the country. Finally, he expressed confidence that the summit would yield scientific recommendations to help build a more resilient national health system.

Opening Remarks: Prof Dr. Narayan Bikram Thapa, Chairman, Nepal Health Research Council

Prof. Dr. Narayan Bikram Thapa emphasized the critical role of research and evidence in shaping the health sector, asserting that policies grounded in solid evidence are better able to address societal needs fully. He highlighted that the summit is a vital opportunity to strengthen the link between research and health governance. By doing so, the event aims to foster a framework for informed, effective, and sustainable decision-making within the health system.

In addressing modern public health concerns, Dr. Thapa noted that challenges such as pandemics and the rapid increase of non-communicable diseases require a fundamental rethinking of current strategies. He reaffirmed the necessity of integrating evidence into policymaking while maintaining a dedicated commitment to ethical research practices, acknowledging the Nepal Health Research Council's ongoing role in strengthening the national health system. Ultimately, he described the summit as more than a formal gathering, but rather a collaborative space for exchanging ideas and sharing experiences to find practical solutions that can be implemented across Nepal's health sector.

PLENARY SESSION

This session was chaired by Dr. Bikash Devkota, Secretary at the Ministry of Health and Food Safety, along with Professor Dr. Buddha Basnyat. The session commenced with the keynote presentation by Former Minister of Health and Population, Dr. Sudha Sharma, on “Evidence-Informed Decision Making and Implementation in Health: Lessons from the Past and the Way Forward.”, followed by four invitee presentation.

Presenters	Topics
Dr. Bikash Devkota Prof. Dr. Budha Basnyat	Session Chairs
Dr. Bhim Prasad Sapkota	Moderator

Dr. Sudha Sharma (Keynote)	Evidence informed Decision Making and Implementation in Health Lessons from the Past and the Way Forward
Prof. Dr. Shiva Raj Adhikari	Policy Gaps and Implementation Realities: Navigating the disconnect in Nepal's Health Sector
Dr. Dipak Khadka	Policy Research Institute Perspectives: Quality of knowledge production/evidence generation in Nepal for policy making ,Gaps and Way forward
Dr.Madan Kumar Upadhyaya	Department of Health Service Perspectives: Existing practices of research-based evidence collection, and policy implementation
Dr. Sujan Babu Marhatta	Medical Education Commission Perspectives: Quality of knowledge production/evidence generation in Nepal for policy making, Gaps and Way Forward

The plenary discussion focused on the central theme of health research governance for evidence-informed decision making. For the first time in the twelve-year history of the summit, the plenary intentionally brought together representatives from major government agencies and institutions, including the Ministry of Health and Food Safety, the Policy Research Institute, the Department of Health Services, and the Medical Education Commission to present their institutional perspectives on evidence generation, policy gaps, and implementation realities. This departure from previous summits marked a strategic shift: moving beyond academic discourse to directly engage the very bodies that produce, commission, or use health research in Nepal.

Dr. Sudha Sharma, Former Minister, Ministry of Health and Food Safety, delivered the keynote reflecting on lessons from the past and a way forward for evidence-informed decision making and implementation in health. She noted that Nepal has achieved major health gains despite being a low-income country, a decade long conflict, major earthquakes, COVID-19, and natural disasters, largely because the health system has demonstrated a strong culture of learning and adaptation. However, she cautioned that persistent challenges like human resources, health insurance, basic health services, brain drain, governance, leadership, and accountability, continue to undermine the system. Following the keynote, each panellist presented from their institutional lens, revealing a

shared recognition of the gap between constitutional mandates and implementation capacity, as well as the fragmented use of evidence despite substantial research output.

The session concluded with a consensus that stronger research governance, systematic institutionalization of evidence use, and better coordination among researchers, policymakers, and implementers are urgently needed.

Key Highlights

- **Historic first:** The 12th summit marked the first time in twelve years that a plenary session invited all key government agencies and institutions to present their viewpoints, moving the dialogue from research producers to research users and policy implementers.
- **Evidence policy gap:** A significant disconnect exists between ambitious constitutional provisions and actual on-ground implementation capacity. Evidence is central to effective policymaking, yet its use remains fragmented and often overridden by political or contextual factors.
- **Nepal's resilience and unfinished agenda:** Despite major health gains against a backdrop of conflict, earthquakes, and pandemics, the health system struggles with human resource shortages, health insurance implementation, basic service delivery, brain drain, and fragile leadership and accountability.
- **Fragmented research ecosystem:** Nepal has a broad research ecosystem, but challenges include research quality concerns, limited access to data, low Research and Development investment, and weak integration between research and policy.
- **Call for institutionalized evidence use:** Participants highlighted the need for systematic, quality-assured research governance that moves beyond ad hoc evidence generation to structured evidence synthesis and application.

Recommendations

1. **Digitalise health information systems** and create necessary specialist positions, ensuring multidisciplinary teams are available in hospitals.
2. **Align authority, incentives, and resources** rather than creating isolated health schemes. Ensure policy directions are driven by actual disease burden (DALYs and premature death metrics) and constitutional mandates, not political convenience.

3. **Clarify responsibilities across federal, provincial, and local governments** to resolve the "governance structure paradox" and improve accountability and service delivery.
4. **Strengthen Nepal's policy research ecosystem** by empowering a central coordinating body, promoting multi-sectoral collaboration, ensuring quality and validation of evidence, and improving research to policy translation.
5. **Institutionalise a National Evidence Synthesis Centre** to improve data systems, research quality, digital infrastructure, and capacity, while actively bridging the gap between researchers and policymakers.
6. **Embed research coordination within the Department of Health Services** and shift focus toward evidence synthesis and use, leveraging routine data for adaptive management and building leadership capacity to interpret and apply evidence effectively.

PANEL DISCUSSIONS

The summit featured five panel discussions that explored key challenges and opportunities across Nepal's health research and system landscape. Each panel brought together experts from research, government, academia, and industry to share perspectives and propose practical solutions. The discussions reflected a common goal of strengthening systems, improving coordination, and ensuring that research and policy lead to meaningful health outcomes for the population. The five panels addressed the following topics:

1. **Panel Discussion I:** Research Governance/Regulation and Ethics
2. **Panel Discussion II:** Advancing Clinical Trial Operations: From Landscape Analysis to System Level Approaches
3. **Panel Discussion III:** Research, Academia and Industry
4. **Panel Discussion IV:** Reforming Health Financing: Navigating Nepal's Health Insurance Program
5. **Standing Panel Discussion V:** Addressing Nepal's Evolving Disease Burden: Insights on Premature Mortality and Prevention Policies

The panel discussions highlighted that Nepal's health system stands at a critical transition point. Strong foundations exist in research, policy frameworks, and service delivery structures, but gaps in coordination, governance, and implementation continue to limit impact.

Participants emphasised that fragmentation remains a major barrier across multiple areas. Research governance involves several institutions with overlapping roles, which slows approvals and increases costs. Clinical trial operations face similar delays, along with challenges in participant recruitment and retention. Health financing systems also reflect fragmentation, with multiple parallel programs creating inefficiencies and financial strain. The discussions also pointed to weaknesses in institutional capacity. Limited human resources, high staff turnover, and gaps in technical expertise affect research oversight, clinical trial management, and health system administration. Many systems still rely on outdated processes and lack integration of modern technologies, including digital platforms and data systems.

Another strong theme was the gap between knowledge and application. Notably, the discussion on Research, Academia and Industry brought together such a large and diverse group of stakeholders for the first time at a national summit in Nepal. Academic research and innovation often fail to translate into practical solutions or market ready products. Industry representatives highlighted the need for graduates with stronger practical skills and critical thinking abilities. At the same time, existing laboratory infrastructure remains underused due to regulatory, financial, and operational barriers. The panels also stressed the growing burden of non-communicable diseases and the need to shift focus toward prevention. Health challenges are no longer limited to clinical care. Social, environmental, and economic factors play a major role, requiring coordinated action across sectors. Rising healthcare costs and premature mortality are placing increasing pressure on both households and the national economy.

Across all discussions, a clear direction emerged. Nepal must move toward integrated systems, stronger institutions, and evidence based decision making. Digital transformation, workforce development, and cross sector collaboration are essential to achieve this shift. Participants consistently called for reforms that simplify processes, improve accountability, and ensure that research and policy translate into real world impact.

Panel I: Research Governance/Regulation and Ethics

Chairpersons: Prof. Dr. Aarati Shah and Dr. Hari Prasad Dhakal

Moderator: Prof. Dr. Sudha Basnet

Panelists: Ms. Namita Ghimire, Prof. Dr. Rajeev Shrestha, Dr. Anip Joshi, Dr. Raj Kumar Mehta, Mr. Ram Chandra Silwal

Summary

This panel addressed the critical frameworks required to maintain scientific integrity and ethical standards in Nepal's rapidly evolving research landscape. The discussion brought together regulators, academic leaders, clinical experts, and implementers to examine current bottlenecks in research governance. A central metaphor emerged: Nepal's research environment resembles a house with too many doors, where researchers spend more time searching for the right key than conducting actual science. The panel highlighted fragmentation across approving bodies, NHRC for ethics, DDA for drugs, SWC for funding, and local governments for access resulting in approval delays from four weeks to seven months. Beyond time, researchers face cumulative fees and redundant paperwork. The panel also flagged risks in ethical clearance processes, where some institutions treat approval as a bureaucratic checkbox rather than a rigorous safety check. High staff turnover erodes institutional memory, undermining consistent oversight for long term trials. Current guidelines remain pre-digital, lacking rules for artificial intelligence and complex bioethics. A key message emerged: NHRC must evolve from a research facilitating agency into a strong regulatory institution by strengthening its own manpower, retaining skilled staff, and substantially increasing monitoring activities to ensure compliance and protect research subjects. The chairpersons closed by reinforcing a commitment to a productive, accountable, and ethically sound research environment.

Key Highlights

- **Fragmented approval landscape:** Researchers must navigate NHRC, DDA, SWC, and local governments sequentially, causing delays of 4 weeks to 7 months.

- **Excessive cost and redundancy:** Cumulative fees and repeated proposal reformatting burden local and NGO-led studies.
- **Ethical clearance as paperwork:** Some institutions treat ethical approval as a formality rather than a genuine safety check, compounded by lack of trained reviewers.
- **Human resource instability:** High staff turnover (six-month cycles) leads to loss of institutional memory, undermining oversight for long-term trials.
- **Outdated technology guidelines:** Current ethical guidelines lack provisions for artificial intelligence and data privacy.
- **Call for NHRC's regulatory strengthening:** The panel emphasized that NHRC should focus less on doing research itself and more on exercising its regulatory mandate by increasing its permanent workforce, retaining experienced personnel, and expanding on-site monitoring of active studies.

Recommendations

1. **Establish a unified digital platform "one door system":** NHRC should lead the creation of a single online portal where researchers submit one digital format that reaches NHRC, DDA, and SWC simultaneously, eliminating sequential approvals.
2. **Strengthen NHRC as a regulatory body:** NHRC must shift its primary focus from conducting or facilitating research to enforcing regulations. This requires:

- Increasing sanctioned permanent manpower positions.
- Implementing retention strategies to reduce staff turnover.
- Expanding routine monitoring and inspection activities for approved studies to ensure compliance with ethical and regulatory standards.

3. **Rationalize fees:** End double-taxation of research through policy dialogues that remove redundant provincial registration fees, especially for local and NGO-led studies.
4. **Empower local Institutional Review Committees (IRCs):** Decentralize review authority by ranking and training IRCs at universities and hospitals, enabling them to handle the majority of their own ethics reviews.
5. **Create institutional research support offices:** Academic institutions should establish dedicated pre-screening units to ensure proposals are high quality and ethically sound before formal submission.
6. **Update National Ethical Guidelines:** Incorporate clear rules for artificial intelligence in research and data privacy to address digital-era gaps.

7. **Bridge paper to policy:** Incentivize researchers to produce short policy briefs alongside publications, helping government translate evidence into actionable decisions.
8. **Develop career pathways for research monitors and administrators:** Create stable job series and promotion criteria to retain expert oversight for high risk and long term studies.

Panel II: Advancing Clinical Trial Operations: From Landscape Analysis to System Level Approaches

Chairpersons: Dr. Jeevan Bahadur Sherchand and Dr. Abhilasha Karkey

Moderator: Dr. Diptesh Aryal

Panelists: Dr. Dipesh Tamrakar, Dr. Suchita Shrestha, Ms. Namita Ghimire

Summary

This panel examined the operational landscape of clinical trials in Nepal and proposed system level approaches for improvement. Conducting clinical trials in Nepal faces significant operational challenges, including regulatory delays, repeated approval processes, and difficulties in study start up and participant recruitment due to stigma and fear within communities. Participant follow up and data quality remain major concerns, with common problems of dropouts. Strong trust building, proper counseling, and logistical support are essential to address these issues. The panel advocated for a system-level approach featuring centralised Clinical Trial Units (CTUs) to make processes more consistent, better coordinated, and more efficient while providing regulatory support. CTU development is gradual, growing from project based support into mature systems with standard operating procedures, dedicated teams, and strong quality management. Ensuring genuine understanding of study procedures among research participants especially those from diverse backgrounds even after informed consent remains a major ethical challenge. The panel also noted limited numbers of qualified personnel for both clinical trial conduct and regulatory oversight.

Key Highlights

- **Operational bottlenecks:** Regulatory delays, repeated approvals, and slow study start up hinder clinical trial implementation. Community stigma and fear complicate recruitment.

- **Participant retention and data quality:** Dropouts are common. Trust-building, proper counselling, and logistical support are necessary to keep participants engaged.
- **Centralized Clinical Trial Units (CTUs):** A system level approach with CTUs can improve consistency, coordination, efficiency, and regulatory support.
- **Gradual maturity of CTUs:** CTUs evolve from project-based support to mature systems with standard procedures, dedicated teams, and quality management, highlighting the importance of planned growth.
- **Ethical challenge of true understanding:** Ensuring participants from diverse backgrounds genuinely comprehend study procedures even after signing consent remains a major ethical concern.
- **Workforce shortage:** Limited numbers of qualified personnel exist for both conducting clinical trials and performing regulatory functions.

Recommendations

1. **Strengthen community and stakeholder engagement:** Use awareness campaigns, orientations, and trust building activities to increase volunteer recruitment and improve retention through study completion.
2. **Improve planning and regulatory processes:** Enhance preparedness, accelerate approval procedures, and ensure research site readiness to make trial operations smoother.
3. **Adopt the WHO CTU Maturity Framework:** Systematically assess gaps and guide stepwise strengthening of clinical trial systems using established international frameworks.
4. **Invest in workforce capacity and training:** Develop locally adapted CTU models and invest in sustainable, scalable clinical research systems tailored to Nepal's context.
5. **Strengthen regulator and ethics committee capacity:** Respond to the paradigm shift from traditional to new trial designs by building capacity among regulators, ethics committee members, and researchers.
6. **Explore diverse funding avenues:** Secure resources for medical research through government initiatives, collaborative partnerships, and international grants.
7. **Foster collaborative partnerships:** Engage with international organizations and academic institutions for good practice sharing, joint research projects, and overall improvement of the clinical trial ecosystem.

Panel III: Research, Academia and Industry

Chairpersons: Prof. Dr. Chop Lal Bhusal and Prof. Dr. Biraj Karmacharya

Moderator: Dr. Rajendra Kumar BC

Panelists: Dr. Aakriti Pokharel, Prof. Dr. Rajani Shakya, Mr. Kabin Maleku, Mr. Sailesh Vaidya, Dr. Balaram Gautam, Mr. Kiran Bajracharya

Summary

This panel examined the critical interface between research, academia, and industry in Nepal's health sector. Emerging technologies and innovations are rapidly transforming healthcare toward personalized, application driven approaches. Panelists agreed that strengthening collaboration among researchers, academic institutions, and industry is essential to translate these advances into meaningful impact. Classrooms must extend beyond textbooks by integrating academic learning with real-world innovation. Structured collaboration between faculty and industry, supported by clear regulations, standards, and memoranda of understanding can bridge the gap to advance applied research and solve practical challenges. In the industrial context, every molecule should ideally originate from research, as academic discoveries hold high value for industrial application. However, Nepali industry often observes that graduates lack strong practical skills and critical thinking for product development. Limited managerial capacity and weak process design further hinder translation of academic knowledge into industry ready outcomes. Nepal possesses well equipped medical and industrial laboratories that could convert academic research into market ready products, but their potential remains underutilized due to challenges in bioequivalence studies, clinical trials, and high investment demands despite strong growth prospects in the pharmaceutical sector.

Key Highlights

- **Transformation through technology:** Emerging technologies are driving personalized, application-driven healthcare. Nepal must harness this shift through stronger research-industry ties.

- **Beyond textbooks:** Classrooms need integration of real-world innovation. Structured faculty-industry collaboration, backed by clear regulations and MoUs, advances applied research.
- **Academic discoveries drive industry:** Every molecule ideally originates from research. Academic findings are highly valuable for industrial application, with new molecules and innovations emerging yearly.
- **Graduate skill gaps:** Nepali industry reports that graduates lack practical skills and critical thinking for product development. Weak managerial capacity and poor process design worsen the gap.
- **Underutilized laboratory infrastructure:** Nepal has well-equipped medical and industrial labs, but bioequivalence studies, clinical trial challenges, and high investment demands prevent translation of research into market-ready products.

Recommendations

1. **Regularly update curricula:** Align academic programs with industry needs. Integrate emerging technologies, practical skills, and critical thinking to produce industry ready graduates.
2. **Strengthen academia industry partnerships:** Establish continuous dialogue, joint programs, and collaborative research initiatives to build trust and enhance the relevance and applicability of academic outputs.
3. **Create a national platform:** Establish a unified platform that brings together researchers, healthcare providers, and industry to accelerate emerging technologies and personalized care, translating research into scalable, real world solutions for Nepal's health sector.
4. **Leverage public private collaboration:** Fully utilize existing laboratory infrastructure through public private partnerships. Simultaneously invest in regulatory frameworks, funding mechanisms, and clinical research systems to speed the translation of academic innovation into market-ready health products.

Panel IV: Reforming Health Financing: Navigating Nepal's Health Insurance Program

Chairpersons: Prof. Dr. Narayan B. Thapa and Prof. Dr. Bhupendra Kumar Basnet

Moderator: Dr. Krishna K. Aryal

Panelists: Mr. Ravi Kanta Mishra, Dr. Krishna Prasad Paudel , Prof. Dr. Bhagwan Koirala, Ms. Pratima Rai

Summary

This panel served as a critical forum for addressing the operational and strategic hurdles facing Nepal's journey toward Universal Health Coverage (UHC). The discussion highlighted that while the legal and physical foundations of a health system exist, managerial capacities remain underdeveloped. Mr. Ravi Kanta Mishra noted moderate efficiency in service delivery across Nepal's 753 local governments. Dr. Krishna Prasad Paudel detailed the transition of the Health Insurance Board from a passive payer to a strategic purchaser. The panel identified three core challenges: an efficiency and management gap (20–40% of health resources wasted due to poor organization, supervision, and budgeting), fragmentation and fiscal strain (multiple coexisting initiatives without unified governance, creating duplication and financial pressure), and technological and operational bottlenecks (two separate software systems creating data barriers, plus pricing disparities where the same medication carries different price tags across hospitals under the same board). The panel proposed a strategic roadmap covering immediate stabilization, system integration, and legislative reform.

Key Highlights

- **Efficiency gap:** Research reveals 20–40% of health resources are wasted due to poor management, not insufficient infrastructure or local government size, but operational weaknesses in work organization, supervision, and budgeting across 753 local levels.

- **Fragmentation and fiscal strain:** Multiple initiatives (e.g., poor citizen drug programs vs. general insurance) coexist without unified governance, creating operational duplication and immense fiscal strain on local and provincial governments.
- **Technological bottlenecks:** Low technological integration with two separate software systems creates data barriers. Pricing disparities persist, with the same medication carrying different price tags across different hospitals under the same insurance board.
- **Transition to strategic purchasing:** The Health Insurance Board is moving from a passive payer to a strategic purchaser, using bargaining power to demand higher quality and fairer prices.

Recommendations

1. **Pharmaceutical standardisation:** Implement strict ceiling rates for medications to eliminate price disparities across providers.
2. **Strategic purchasing:** Transition the Health Insurance Board fully into a strategic purchaser, using its bargaining power to demand higher quality and fairer prices.
3. **Solution oriented dialogue:** Convene high level meetings involving the Ministry of Finance to secure long-term funding and resolve fiscal bottlenecks.
4. **Unified digital core:** Finalize integration of all health programs using the National ID (NID) as the primary key to prevent fraud and ensure seamless data flow.
5. **Professionalise management:** Move beyond one-off studies and integrate routine efficiency assessments into local government planning, focusing on training leaders in planning and budgeting.
6. **Member autonomy:** Launch self-service portals and digital wallets for automated enrolment and renewals to increase retention.
7. **Legislative amendments:** Update the Health Insurance Act to allow flexible benefit package revisions rather than keeping them static.
8. **Inland Revenue Department (IRD) linkage:** Establish a link with the Inland Revenue Department (IRD) to enable automatic premium calculations based on income tax records, creating a seamless, contribution-based model that scales with the economy.

Standing Panel V: Addressing Nepal's Evolving Disease Burden: Insights on Premature Mortality and Prevention Policies

Chairpersons: Dr. Keshar Bahadur Dhakal and Dr. Diego Moroso

Background Presentation: Dr. Achyut Raj Pandey

Panelists: Dr. Bhim Prasad Sapkota , Dr. Ghanshyam Gautam, Ms. Abhilasha Gurung

Summary

This standing panel addressed Nepal's shifting disease burden, with a focus on premature mortality and prevention policies. Nepal has extended life expectancy, but many additional years are lived in poor health, creating higher demand for chronic care and rehabilitative services. The non-communicable disease (NCD) burden is driven by determinants outside the health sector, demanding strong prevention and coordinated intersectoral action. One in three Nepalese dies before age 70, making achievement of SDG and "50 by 50" targets dependent on accelerated efforts, innovations, and more efficient health spending supported by Health Technology Assessment. A key discrepancy exists between total life expectancy (averaging 73.5 years) and healthy life expectancy, with a significant portion of later years spent battling chronic morbidity. This "expansion of morbidity" increasingly burdens the health system with long-term care rather than acute illnesses. The high cost of managing conditions like cardiovascular disease and diabetes is a leading cause of poverty. Because NCDs increasingly affect the working-age population (30–69 years), the nation suffers massive losses in labor productivity.

Key Highlights

- **Expansion of morbidity:** Nepal's life expectancy has risen to 73.5 years, but many extra years are lived in poor health, increasing demand for chronic and rehabilitative services.
- **Premature mortality:** One in three Nepalese dies before age 70, underscoring the urgency of achieving SDG and "50 by 50" targets through innovation and efficient health spending.
- **NCD drivers beyond health:** The NCD burden is shaped by social, environmental, and commercial determinants, requiring coordinated action across sectors.

- **Economic impact:** High costs of long-term NCD management (cardiovascular disease, diabetes) drive poverty. NCDs disproportionately affect the working-age population (30–69 years), causing substantial loss of national labor productivity.
- **Need for Health Technology Assessment:** Achieving targets demands HTA to guide efficient spending and innovation.

Recommendations

1. **Implement multisectoral NCD prevention policies:** Address broader social, environmental, and commercial determinants through coordinated action beyond the health sector.
2. **Regulate metabolic risk factors:** Enforce policies on tobacco, alcohol, sugar sweetened beverages, trans fats, and sodium to reduce the burden of NCDs.
3. **Address air pollution:** Treat air pollution as a primary driver of respiratory and cardiovascular deaths, and implement targeted interventions to reduce exposure.
4. **Design healthy urban spaces:** Plan cities and communities that encourage physical activity, including safe walkways, parks, and active transport infrastructure.
5. **Regulate trans fats in food supply:** Introduce and enforce standards to eliminate industrially produced trans fats from available food products.
6. **Leverage Health Technology Assessment:** Institutionalize HTA to evaluate cost effectiveness of interventions and guide efficient allocation of health spending toward high impact NCD prevention and care.

PARALLEL SESSIONS

After a robust series of panel discussions that set the stage for systemic reform, collaboration, and evidence informed action, the summit moved into its parallel scientific sessions. Over the course of three days, these sessions ran across three halls, each designed to dive deeper into specialized themes. From non-communicable diseases, reproductive and child health, and AI-driven health technologies to infectious diseases, clinical sciences, mental health, environmental health, nutrition, and pharmaceutical access, the parallel sessions brought together emerging evidence, innovative methodologies, and implementation realities. The following observations and key highlights have been synthesized from notes taken during these sessions.

Parallel Session I: Non-Communicable Diseases

Prof Dr. Mohan Raj Sharma and Dr. Pomawati Thapa jointly chaired parallel session.

This session comprised twelve paper presentations.

S. N	Presenters	Topics
1.	Uday Narayan Yadav	Evidence, Policy implementation Progress and Future Directions: Addressing Non-Communicable Disease in Nepal.
2.	Samir Kumar Adhikari	NCD governance in Nepal
3.	Sweta Koirala	Metabolic syndrome (Mets) among Scale – NCD trial participants: Preliminary results
4.	Khechar Nath Paudel	Stroke Awareness in Rural Nepal Evidence, Gaps, and the Way Forward
5.	Chiranjivi Adhikari	Waist-to-Height Ratio, Glycemic Moderation, and Differential Cardiovascular Aging in Gujarati-Indian and Pokhareli-Nepalese Adults
6.	Gerda Pohl	Exploring Enabling factors and Barriers to Implementing a Systematic Cervical Cancer Screening Programme for ex-Gurkha Veterans' Wives and Widows in Nepal
7.	Sajani Manandhar	Patterns and Determinants of Cervical Cancer Risk Factors Among Nepalese Women
8.	Anu Dahal	A Pilot Study of Systematic Colorectal Cancer Screening Using FIT in Primary Care
9.	Subash Wagle	The Dual Burden of Cancer Caregiving: Out-of-Pocket Costs and Psychological Distress among Cancer Caregivers at Tertiary Cancer Care Centers in Nepal
10.	Rachana Pandey	Simplifying Metabolic Syndrome Screening

11.	Arjun Poudel	Bridging the Gap: Availability and Accessibility of Free Medicines for NCDs and Mental Disorders Across Health Facility Levels in Bagmati Province: A Mixed Method Study
12.	Binod Kumar Aryal	Transitioning to the New Public Health Paradigm: Shaping the Future of Health Promotion Practice in Nepal:A Qualitative Analysis

Key Points

- NCDs (cardiovascular disease, diabetes, cancers, respiratory disease) are now a leading cause of death in Nepal, straining the health system and economy.
- Metabolic syndrome affects 1 in 8 high-risk adults in urban Nepal; women, smokers, and disadvantaged ethnic groups have significantly higher odds.
- Cervical cancer screening uptake remains <10%, but overweight/obesity as a risk factor is rising sharply (7% → 29%).
- FIT-based colorectal cancer screening is feasible (88% uptake) and highly acceptable (96% satisfaction). Free NCD medicines – especially for mental health are scarce at primary level.

Future Directions

- Strengthen PEN implementation through local governance, digital tracking, and community-based screening.
- Promote simple tools like the TyG index for metabolic syndrome screening in primary care.
- Scale up organised screening programmes (cervical, colorectal) alongside public awareness campaigns.
- Reorient health system toward prevention, equity, and intersectoral action.

Parallel Session II: Reproductive Health, Maternal, Neonatal and Child Health, Family Planning

Dr. Laxmi Raj Pathak and Dr. Chuman Lal Das jointly chaired this parallel session.

The session comprised twelve paper presentations.

S.N.	Presenters	Topics
1.	Khem Bahadur Karki	Where is 'S' in SRHR? A Policy Perspective
2.	Abhiyan Gautam	Measles Surveillance, Recent Outbreaks and Interventions
3.	Roshani Tuitui	SRMNCH: Service Status and Health System Strengthening in Nepal
4.	Apsara Cheetri	Geographical accessibility to Comprehensive Emergency Obstetric and Newborn Care in Nepal
5.	Sajana Maharjan	Maternal and newborn health status in Dhanusha: Increased dependency on private sector
6.	Bhagwati Shrestha	Scaling a simulation-based training methodology to build the competency of maternal and newborn health service providers across Nepal
7.	Khem Narayan Pokharel	Effectiveness of simulation-based training intervention in improving neonatal resuscitation knowledge and skills among newborn care service providers in Sarlahi district, Nepal: A Cluster Randomized Controlled Trial
8.	Sulochana Manandhar	Prophylactic obstetric antimicrobial use, maternal colonization and vertical transmission of antimicrobial-resistant bacteria among mother-newborn pairs in Nepal
9.	Pooja Paudel	Development and validation of pelvic floor muscle exercise education program for postnatal women: A mixed method study
10.	Sara E Baumann	हाम्रो आवाज) छाउपडी अन्त्य परिवर्तित जीवन :Our Voice: Transforming Lives through the End of Chhaupadi) Integrating Human-

		Centered Design, Arts-Based Research, and Intervention Mapping to Co-Design a Menstrual Health Intervention in Nepal
11.	Mina Shrestha	Ensuring ethical conduct and safeguarding participants safety in a randomized controlled trial of a multi-component family intervention for intimate partner violence and depression in Nepal
12.	Jagadishwor Ghimire	Evolution of the funding landscape and its impact– A case from reproductive, maternal, newborn, and child health for last 35 years in Nepal

Key Points

- Sexual health is neglected due to stigma and data gaps; RMNCH outcomes have improved but high C-section rates (e.g., 40% in Dhanusha) raise concern.
- Simulation based training improves neonatal resuscitation knowledge (+18%) and skills (+46%).
- Inappropriate prophylactic antibiotic use in obstetrics drives antimicrobial resistance with ~70% vertical transmission.
- Broader (non-earmarked) health funding shows more consistent impact on RMNCH outcomes than targeted RMNCH funds.

Future Directions

- Scale up simulation based training with continuous mentoring; strengthen antimicrobial stewardship.
- Integrate community driven, co-designed interventions to address stigma and social norms (e.g., *chhaupadi*).
- Digitalise health information systems for better tracking and evidence use.
- Strengthen local ownership of immunisation programmes and investigate drivers of high C-section rates.

Parallel Session III: AI, Health Technology and Innovation

Dr. Guna Nidhi Sharma and Prof. Dr. Prakash Ghimire jointly chaired this parallel session. The session comprised eleven paper presentations.

S.N.	Presenters	Topics
1.	Shruti Patil	AI Policy for Healthcare
2.	Bishesh Khanal	Existing Situation (Global, SEA, Nepal), Relevant Policy framework, its Implementation Status (Nepal), Health research using AI and HT
3.	Suraj Prakash Aryal	Digital Health in Nepal: Navigating the Broad Landscape Toward Nationwide Coverage
4.	Bishnu P. Marasini	Rational Application of Artificial Intelligence and AI-Driven Tools
5.	Raba Thapa	Assessment of Accuracy, Feasibility, Acceptability and Cost Implications for Enhancing Access to Refractive Error Services through Technology and task reallocation in Lalitpur and Dhading district in Nepal
6.	Ram Chandra Thapa	Designing Resilient Assistive Technology Systems through Distributed Manufacturing and Local Production: Case studies from Nepal
7.	Alisha Karki	Co-Designing a Digital Health Tool for Intersectional stigma assessment and reduction at multiple Levels and multiple Dimensions (INCLUDE) to improve HIV care in ART centers in Nepal
8.	Ranjana Koirala	AI-powered Task-shifting for High Quality Fetal Ultrasound Service in Community Healthcare Settings

9.	Sandhya Niraula	Assessment of ownership, frequency of smart device uses and the acceptability of digital health data sharing among hypertensive patients in a Tertiary Hospital in Nepal
10.	Shristi Singh	Surveillance of community acquired pneumonia: Potential for wearable devices and Remote monitoring system in Nepal
11.	Amshu Dhakal	Implementation Bottlenecks in Evidence-Informed Decision Making in Nepal's Federal Health System: An Inter-level Participatory Policy Analysis

Key Points

- AI reports achieved 87% accuracy (vs. 73% human), with false negatives down to 0.3%, surpassing specialist benchmarks.
- Digital health is fundamental for equity, but governance, ethics, and legislation must lead technology alone cannot deliver Universal Health Coverage.
- Most hypertensive patients have strong digital access but privacy concerns remain; low-income, illiterate, and non-English speakers face significant digital divides.
- Weak intergovernmental coordination and routine driven budgeting hinder evidence informed decision making.

Future Directions

- Adopt Standard Protocol Items (SPIRIT-AI) for Interventional Trials and Consolidated Standards of Reporting Trials (CONSORT-AI) standards; build Nepal representative datasets; NHRC to lead Artificial Intelligence (AI) ethics guidelines.
- Transition from short term donor pilots to pooled strategic investments aligned with MoHP Blueprint.
- Develop multilingual, low literacy platforms; establish robust privacy and data use policies.
- Clearly define roles across federal provincial local levels and promote evidence driven, participatory budgeting.

Parallel Session IV: Infectious Diseases and Epidemic Preparedness and Disaster Management

Dr. Prakash Budhathoki and Dr. Tarun Saluja jointly chaired this parallel session.

The session comprised twelve paper presentations.

S.N	Presenters	Topic of presentation
1.	Usha Tandukar	Overview of AMR in Nepal context
2.	Surendra Kumar Uranw	Spreading Endemicity of Kala-azar in Nepal: an emerging threat to ongoing elimination initiative
3.	Kanchha Shrestha	Epidemiological Trends of Leprosy Cases in Pre- and Post-Elimination Era: A Comprehensive District-Level Data from an In-Situ Leprosy Center
4.	Anchal Thapa	Cost-effectiveness analysis of household contact tracing with 3HP preventive therapy for tuberculosis prevention in Nepal
5.	Divya Raj Shamsher JB Rana	Cost of treatment of Dapsone Hypersensitivity episodes for leprosy patients: A hospital based retrospective study
6.	Sona Gautam	Knowledge, Attitude, and Perceptions toward HPV Vaccination in Nepal: Comparison between Girls and Mothers of Girls
7.	Lalita Roy	Mapping the distribution of phlebotomine sand fly species with emphasis on Leishmania vectors in Nepal and exploring the potential of DNA barcoding for their identification
8.	Archana Maharjan	Expression and analysis of Dengue-1 recombinant antigens for vaccine prototype development
9.	Narayan Kunwar	Impact of antibiotic therapy on gut microbiome and antimicrobial resistance in enteric fever patients enrolled in randomized controlled trial

10.	Dipendra Bajracharya	The synergistic potential of silver nanoparticles and antibiotics in multidrug-resistant isolates in a tertiary care hospital
11.	Saraswoti Budhathoki	Building Evidence for Enteric Fever Treatment across South Asia: From Early Trials to the Azithromycin and Cefixime Typhoid Trial
12.	Prinka Singh	Preparing for the Unexpected: An Assessment of Disaster Preparedness Level in Nepalese Hospitals

Key Points

- AMR is a growing threat driven by irrational antibiotic use, weak enforcement, and limited diagnostics.
- Kala-azar is expanding beyond traditional endemic zones, threatening Nepal's 2030 elimination target.
- Leprosy persists with ~14 districts above elimination prevalence thresholds; high smear positive cases indicate delayed diagnosis.
- Azithromycin alone is as effective as combination therapy for enteric fever useful in resource limited settings without culture diagnostics.
- Nepalese hospitals remain vulnerable due to fragmented, reactive disaster preparedness approaches.

Future Directions

- Strengthen integrated AMR surveillance with digitised dashboards, scaled-up diagnostics, and antimicrobial stewardship.
- Expand Kala-azar surveillance and vector control to newly affected areas; re-evaluate risk classification.
- Scale up 3HP preventive therapy for TB household contacts using decentralised, locally tailored delivery.
- Develop national health disaster preparedness guidelines with strategic resource allocation and targeted interventions.

- Conduct in vivo studies and clinical trials for AgNP antibiotic combinations against multidrug resistant infections.

Parallel Session V: Clinical Sciences, Ayurveda and Traditional Medicine, Specialist Care

Dr. Shyam Babu Yadav and Dr. Pushpa Raj Poudel jointly chaired this parallel session.

The session comprised thirteen paper presentations.

S.N.	Presenters	Topics
1.	Usha Singh	Prevalence, Trends and Determinants of Low Birth Weight in Nepal: A Pooled Analysis of NDHS (2011-2022) Data with Multiple Imputation
2.	Satya Narayan Yadav	The role of self-determination theory in investigating factors that contribute to performance in active malaria case surveillance among female community health volunteers in high-endemic areas of Nepal
3.	Jaya Satyal	Effect of Electro acupuncture in Neurogenic Bladder: A Quasi-Experimental Study
4.	Bipin Ghimire	How Physiotherapists and Orthopedic Surgeons Manage Patients with Knee Osteoarthritis in Nepal? A Nationwide Cross-Sectional Study
5.	Binod Kumar Yadav	Impact of Genetic polymorphisms in Vitamin D pathway-related Genes on Vitamin D status in Human Health: Evidences from local studies in Nepalese population.
6.	Lily Rajbansi	Early Detection of Diabetic Retinopathy: Physician's Role in Preventing Blindness
7.	Nisha Acharya	Targeting TRPV1 via epigenetic modulation: Implications for chronic orofacial pain management
8.	Laxmi Prasad Ghimire	Nagarik arogya program at urban health setting and its contribution in preventing NCDs
9.	Dev Raj Pokharel	Burden of Mycoses and Emerging Antifugal Drug Resistance in Nepal Across the one Health Interface

10.	Bishun Dayal Prasad Patel	Overview of the Traditional Medicine Guideline
11.	Nirmal Bhusal	Strengthening Ayurveda Research in Nepal: Evidence-Informed Policy and Implementation
12.	JN Pandey Himali	An Introduction to Infective RHD Diseases in Nepal-Foundation of Academic Characteristics and Medical Pratice
13.	Buddhi Man Shrestha	Assessment of Oral Health Status among Rural Population of Nepal

Key Points

- Low birth weight remains a concern linked to poor maternal nutrition and inadequate ANC.
- Electro acupuncture (30 minutes plus conventional care) significantly improves overactive/underactive bladder symptoms.
- Diabetic retinopathy detection at early stage reduces economic burden; yearly fundus examination recommended.
- Traditional medicine is widely accepted but requires stronger evidence based validation; Ayurveda research in Nepal remains limited and fragmented.
- Oral diseases highly prevalent in rural Nepal due to low awareness and limited access to dental care.

Future Directions

- Strengthen maternal nutrition, ANC (≥4 visits), and birth spacing to reduce LBW.
- Develop national FCHV curriculum with refresher training, e-health tools, stipends, and recognition.
- Strengthen Ayurveda research through high quality clinical trials (WHO/GCP), ethno medicine documentation, and policy integration.
- Scale up community based oral health awareness, fluoride use, and dental care infrastructure in rural areas

Parallel Session VI: Mental Health and Wellbeing/ Primary and UHC/Health Financing

Dr. Mahesh Kumar Maskey and Prof. Dr. Madhu Dixit Devkota jointly chaired this parallel session. This session comprised twelve paper presentations.

S.N	Presenters	Topics
1.	Binita Dhungel	National Mental Health Program: Achievements, Challenges, and Way Forward
2.	Sachin Ghimire	Social sufferings in Russia and Ukraine tussle: A necropolitical analysis of Nepali citizens exposed in Sordid Trafficking
3.	Pashupati Mahat	From Design to Delivery: Exploring the Implementation of MHPSS Interventions through Stakeholder Perspectives
4.	Jeeban Ghimire	Implementation Challenges of Nepal's National Mental Health Strategy 2020–2025: Governance, Financing, and Stigma Barriers Amid Polycrises
5.	Manish Kayastha	Quality of Life and Associated Factors among Parents of Children with Autism Spectrum Disorder: A Comparative Study in Kathmandu Valley, Nepal
6.	Umesh Belbase	Validation of the Symptom Questionnaire for Visual Dysfunctions (SQVD): A psychometric analysis within the Nepalese population
7.	Renasha Ghimire	Barriers and Facilitators to Implementing WHO mhGAP Suicide Protocols in Rural Primary Care Settings of Nepal
8.	Pushpa Raj Poudel	Securing the Future: Implementing Nepal's Health Financing Strategy 2080-2090
9.	Puskar Raj Paudel	Leveraging Community Health Worker-driven Longitudinal Care to Strengthen Primary Health Care and Universal Health

		Coverage: Early Insights from a Community Based Integrated Mental Health and NCD Intervention in Nepal
10.	Gaurav Bhattarai	National Health Insurance and Healthcare Utilization in Nepal: A Stratified Community-Based Study of Insured vs Uninsured Households
11.	Babita Ghimire	Patient Safety: Nursing Students' Knowledge and their Attitude
12.	Sabina Dangol	Addressing diagnostic Limitations in enteric fever in resource limited settings

Key Points

- Mental disorder prevalence is rising while unmet service needs remain striking; integrated mental health legislation is still absent.
- Nepali men joining foreign militaries (e.g., Russia) under economic pressure or trafficking creates forensically vulnerable bodies a humanitarian crisis.
- National Health Insurance Program (NHIP) significantly increases curative care use (2.7×) but does not improve preventive care; community data show strong comorbidity between depression/anxiety and NCDs (28% vs 18%).
- Suicide risk is rarely assessed providers wait for self-disclosure while patients stay silent due to mistrust.

Future Directions

- Advocate for universal coverage of mental health conditions; integrate MHPSS into health insurance with medical supplies and special care.
- Bring humanitarian forensics and critical policy analysis to understand Nepali involvement in foreign conflicts as geopolitical inequality.
- Strengthen community engagement and local governance support for MHPSS services; systematically examine how trained providers apply mhGAP suicide modules.
- Improve health insurance by adding preventive services, enrolling disadvantaged groups, and using shared digital cards with better provider payment methods (e.g., DRG)

Parallel Session VII: Environmental Health, Occupational Health, Climate Change and One Health

Dr. Ananda Ballabh Joshi and Dr. Dharmesh Lal jointly chaired this parallel session.

This session comprised eleven paper presentations.

S.N	Presenters	Topics
1.	Bhushan Tuladhar	Environmental Health and Children in South Asia: Challenges and Opportunities
2.	Bijaya Sharma	Evidence-Informed Health and Climate Policy-Making in Nepal
3.	Deepak Paudel	Applying Systems Thinking in Health and Climate Change Policy Making in Nepal
4.	Kusumsheela Bhatta	Climate Anxiety and its Associated Factors among Indigenous Community from a One Health Perspective: A Mixed Methods Study
5.	Pratikshya Gyawali	From Participation to Co-Design: Engaging Workers and Communities in Ethical Climate–Health Priority-Setting in Nepal
6.	Sujan Karki	Status on Climate Resilient Capacity of Households for Sexual and Reproductive Health and Rights in Nepal
7.	Ajay Kumar Rajbanshi	Knowledge, Handling Practices and Health Risk Perceptions of Pesticides among Farmers in Thaha Municipality, Makwanpur
8.	Archana Bhaila	Pulmonary Function and Occupational Risk Among Metal Craftsmen of Handicraft Industry in Nepal
9.	Sunita Dhungel	Heart's Intervention Design Targeting Younger Adults & Ageing Population (HRIDAYA): Process and lesson learnt from the stakeholders' engagement
10.	Santosh Thapa	Acceptability, Feasibility, and Appropriateness of Police-Based Basic Life Support Training and Public-Space AED

		Integration in Nepal: A Mixed-Methods Implementation Evaluation
11.	Santosh Pandey	A One Health Perspective for Psycho-Social and Environmental Determinants of Lymphatic Filariasis Preventive Practices in Nepal–India Border Endemic District

Key Points

- Environmental risks (air pollution, lead exposure) are major preventable threats in South Asia, especially harming children's health.
- Strong federal policies Health National Adaptation Plan (H-NAP), National Health Sector Strategic Plan (NHSSP), Nationally Determined Contribution (NDC 3.0) exist, but lack implementation guidelines, budgets, and role clarity for provincial/local governments.
- Climate anxiety is highly prevalent (71%) among indigenous Tharu communities, revealing an under recognised mental health burden.
- Farmers and metal craftsmen face significant occupational health risks poor pesticide safety practices and reduced lung function from dust/fume exposure.

Future Directions

- Strengthen multi sectoral action on clean energy, air quality, and lead monitoring to protect children's health.
- Institutionalise systems thinking in health climate policy; build capacity and inter sectoral coordination.
- Integrate mental health support into climate adaptation programmes using a One Health approach.
- Scale up police Basic Life Support (BLS) training and Automated External Defibrillator (AED) deployment; adopt participatory co design with vulnerable communities for equitable climate health planning.

Parallel Session VIII: Health Inequalities and Social Determinant of Health, Health Education and Promotion, Implementation Research

Dr. Radhika Thapaliya and Prof. Madhusudan Subedi, jointly chaired this parallel session.
The session comprised twelve paper presentations.

S.N.	Presenters	Topics
1.	Sharad Raj Onta	Health in Nepal from the Perspective of Equity
2.	Bipin Adhikari	Community engagement for ethical health research
3.	Aubree E. McMahon	Exploring Key Influencers of Menstrual Seclusion in Nepal using Social Network Analysis
4.	Kritika Dixit	Healthcare providers' perception of tuberculosis-related stigma: Drivers and manifestations within Nepal's cultural context
5.	Sulata Karki	Engaging community members in co designing interventions to address non communicable disease risk: Lessons from forming co-production groups in Kathmandu, Nepal
6.	Rajan Shrestha	Effectiveness of a Female Community Health Volunteer-Led Physical Activity Promotion Intervention in Semi-Urban Nepal: An Open-Label, Cluster Randomized Controlled Tril
7.	Amy Gray Szacilo	Contextual influences on the implementation of a community-based oral health program in rural Nepal: A PRISM guided mixed methods study
8.	Ratna Mishal	Effectiveness of three manual toothbrushes with different bristle designs in terms of plaque removal

		and gingival inflammation: A randomized controlled trial
9.	Susmita Neupane	Health system factors influencing the implementation of physical activity information provision in antenatal and postnatal care services in Nepal
10.	Archana Shrestha	Overview of the Implementation Research Guideline
11.	Bala Rai	Advancing Health Promotion in Schools: Evidence and practice
12.	Hari Krishna Banskota	Inequities on Child Health and Nutrition insights from NMICS 2024-2025

Key Points

- National health progress masks deep structural disparities across socioeconomic, geographic, and access dimensions.
- Stigma, cultural norms, and social factors strongly influence care seeking and treatment adherence, especially among vulnerable groups.
- Preventive health services remain poorly integrated due to weak policies, limited guidelines, and inconsistent counselling.
- Fragmentation, weak coordination, and limited implementation capacity undermine service quality and equity.

Future Directions

- Use disaggregated data and equity focused frameworks to measure and address health disparities.
- Integrate preventive and community based interventions into primary care with clear guidelines and structured tools.
- Design culturally appropriate, community driven interventions that tackle stigma and leverage social networks.

- Invest in implementation research and strengthen governance, workforce training, and institutional support for sustainable delivery.

Parallel Session IX: Nutrition and Food Security

Mr. Lila Bikram Thapa chaired this parallel session. The session comprised nine paper presentations.

S.N.	Presenters	Topics
1.	Shiva Ranjan Poudel	Multi-Sector Nutrition Plan: A Policy Perspective
2.	Samadhan B. Dahikar	Microbial Biotransformation of Plant-Derived Bioactive Compounds: A Probiotic Strategy for Functional Foods and Improved Health
3.	Anu Maharjan	From Food Security to Public Health: Assessing Emerging Mycotoxin Contamination Across Nepal's One Health Landscape
4.	Prabina Makai	Screening Coverage as a Key Bottleneck in the Early Identification of Acute Malnutrition among Children 6–59 Months in Lumbini Province, Nepal
5.	Dirghayu K.C.	Uneven Progress: Declining Undernutrition and Rising Over-nutrition in Nepal
6.	Leela Khanal	Elemental iron release from Nepali karai (iron Pot) and rationale for field testing in Nepal
7.	Shakun Sharma	Determinants for implementing information provision on healthy eating and weight management in the antenatal care services in Nepal
8.	Shrijana Shakya	Traditional Nepali Fermented Foods as Reservoirs of Functionally Relevant Microbes
9.	Usha Ghimire	Factors associated with multiple forms of under nutrition among under five children in Nepal

Key Points

- Nepal faces a double triple burden of malnutrition: undernutrition declining slowly, overweight obesity rising, and micronutrient deficiencies persisting.
- Screening coverage for acute malnutrition remains suboptimal; health system readiness and active FCHV engagement are key determinants.
- Traditional Nepali fermented foods are rich sources of functionally important microbes (vitamin production, gut health, antimicrobial properties).
- Cooking with iron based pots significantly increases elemental iron content in foods, especially with acidic ingredients.

Future Directions

- Strengthen nutrition friendly local governance; integrate nutrition into sectoral planning and budgeting.
- Implement “double duty” nutrition programmes that simultaneously address undernutrition, obesity, and micronutrient deficiencies.
- Train ANC providers on BMI based personalised nutrition and weight counselling; move beyond one size fits all approach.
- Transition iron pot intervention from laboratory to household field trials to assess real world acceptability and biological impact (haemoglobin, ferritin).

Parallel Session X: Migration and Health, Population Health and Demographics

Dr. Nisha Acharya and Dr. Mahesh Chandra Puri jointly chaired this parallel session.

The session comprised five paper presentations.

S.N.	Presenters	Topics
1.	Dhruba Raj Ghimire	Migration, Demography, and Health: Evidence, Transitions, and Policy Pathways for Nepal
2.	Anup Adhikari	Conjugal Relationships and Sexual Health of Left Behind Spouses of International Migrants in Eastern Nepal: A Mixed Methods Study
3.	Anuj Kapali Swami	Advancing migration health for equitable health system and responses.
4.	Obindra B. Chand	Tackling Health at the Intersections of Disability, Mobility & Precarity: The Everyday Experiences of Returnee Migrants in Nepal
5.	Ganesh Gurung	Health governance and system responses: Identifying evidence and policy gaps to advance the regional agenda for migration health

Key Points

- Migrants face major risks throughout the migration cycle: occupational injuries, mental health issues, infectious diseases, sexual and reproductive health challenges, and limited health system access.
- Weak health systems, poor data, lack of insurance portability, stigma, and limited psychosocial support create hidden physical, mental, and economic burdens for migrants and left behind families.
- Returnee migrants with disabilities and diseases face mental health challenges, limited psychosocial support, and poor service access, making recovery and reintegration difficult.
- Health policies are limited by weak migration sensitive data systems and evidence gaps.

Future Directions

- Establish routine migrant health surveillance and strengthen migration data systems across the full migration cycle.
- Expand pre departure health interventions, mental health services, and returnee reintegration support; assess cost effectiveness of migrant health programmes.
- Integrate sexual and reproductive health, mental health, and marital wellbeing support into migration related policies and community health programmes for left behind spouses.
- Strengthen inclusive mental health, rehabilitation, and social protection services for returnee migrants with disabilities, supported by evidence based policies.

Parallel Session XI: Aging and Geriatric Health

Prof. Dr. Lochana Shrestha and Ms. Hira Kumari Niraula jointly chaired this parallel session. The session comprised five oral presentations.

S.N.	Presenters	Topics
1.	Kabita Aryal	Health response to ageing : Reorienting health care from institution to home setting
2.	Sandhya Khatri	Assessing Medication Adherence Risk Levels and Usage Patterns among Elderly Residents in Selected Care Homes: A Cross-Sectional Study
3.	Rohit Agrawal	Predictors of medication-related quality of life among older adults with chronic illness in Nepal: Insights from multi-model predictive analytics
4.	Rekha Timalsina	Development and Psychometric Evaluation of Self-Compassion Scale for Nepalese Older Adults with Chronic Diseases (SSC-NOACD): A Mixed-Method Sequential Exploratory Research Design

5.	Kritika Shrestha	Health Care Utilization and Its Associated Factors and Health Care Expenditure Among Elderly Population of Banepa Municipality

Key Points

- Health systems remain hospital centric with limited geriatric workforce, weak integrated care, and significant urban rural inequities.
- Polypharmacy and inappropriate medication use are highly prevalent one third of elderly exposed to potentially inappropriate medications.
- Healthcare use among older adults in Banepa is low (56.7%); many rely on private hospitals, increasing out of pocket costs due to high expenses, low awareness of insurance, and social barriers (e.g., no companion).
- Weakening family support systems contribute to a growing care gap; home based and community oriented care models show strong potential.

Future Directions

- Reorient health systems toward home based, community centred, and integrated care models for ageing populations.
- Strengthen geriatric care capacity through workforce development, improved screening, and integration of health and social care services.
- Implement systematic medication management (regular reviews, rational prescribing, pharmacist involvement); leverage predictive analytics to identify high risk patients.
- Increase awareness of health insurance and elderly care services; create community support programmes (e.g., companion services) to enhance access and reduce financial hardship.

Parallel Session XII: Pharmaceuticals and Access to Medicine

Dr. Pradip Gyanwali and Dr. Hari Dhakal jointly chaired this parallel session.

The session comprised of five oral paper presentations.

S.N.	Presenters	Topics
1.	Sumit Chandra Shrestha	Strengthening Domestic Pharmaceutical Manufacturing in Nepal
2.	Sunil Shrestha	Access to Essential Medicines in Nepal: Bridging Evidence, Policy, and Practice
3.	Nisha Jha	Implementation of a national program to promote Rational Use of Medicines (RUM) in Nepal: a secondary analysis
4.	Heem Sunder Shakya	Understanding Forecasting/Quantification for Paracetamol and Iron tablets in Nepal's Public Health System: A sub-national level assessment
5.	Sajala Kafle	Assessment of potential drug-drug interactions among the inpatient departments of a tertiary care centre

Key Points

- Nepal's pharmaceutical manufacturers face infrastructure, financial, and regulatory constraints, limiting domestic production and competitiveness.
- Federal restructuring created ambiguity in drug regulation across provinces; essential medicine lists are not consistently procured or distributed.
- Access to essential medicines is a health system issue (availability, affordability, accessibility, appropriate use) not just supply.
- Pain is undertreated: 43.7% of cancer patients receive inadequate pain management, severely affecting quality of life.

Future Directions

- Invest in Good Manufacturing Practices (GMP) upgrading, Active Pharmaceutical Ingredient (API) and Packaging Materials production, and technology transfer to reduce import dependency from 50% to below 20% within a decade.
- Restrict imports of medicines that domestic industry can produce sufficiently; diversify morphine manufacturers and integrate palliative care medicines into national supply chains.
- Train workforce by integrating palliative care into medical/pharmacy curricula and pain management Continuing Professional Development (CPD) programmes.
- Develop integrated, digital, well-coordinated systems across all government levels for efficient supply, fair pricing, and rational use of medicines.

AWARD PRESENTATIONS AND CLOSING SESSION

In the formal closing session of the summit, distinguished delegates represented the Dais.

1. Dr. Bikas Devkota, Secretary, Ministry of Health and Food Safety, Government of

Nepal

2. Dr. Pramod Joshi, Member Secretary-Executive Chief of NHRC

The awards were presented jointly by Dr. Bikash Devkota and Dr. Pramod Joshi. List of the various awards and the awardees is as follows:

S.N.	Awardee and Title	Awardee
1.	JNHRC Best Research Paper Award Title: Comparison Between Hyperbaric Bupivacaine with and Without Fentanyl in Reducing Visceral Pain During Cesarean Delivery Under Spinal Anesthesia	Rashmi Thapa, Pooja Poudyal, Biswas Pradhan, Megha Koirala, Bashu Dev Parajuli
2.	Health Research Award 2025	Dr. Abhilasha Karkey

3.	Young Health Research Award	Dr. Adeesh Bhandari
4.	Mrigendra Samjhana Medical Trust Young Health Researcher Award (Medical Doctor)	Dr. Mitesh Karn
5.	Health Researcher Life-Time Achievement Award 2025	Dr. Subarna Kumar Khatry
6.	Best Paper Presentation Award (Poster)	Mr. Anil Khadka
7.	Best Paper Presentation Award (Oral)	Mr. Subash Wagle
8.	NHRC Best Section Award	Finance Administration Section
9.	NHRC Best Performer Award	Mr. Sudip Poudel
10.	Health Journalist Award	Mr. Saroj Dhungel
11.	NHRC Dirgha Sewa Padak	Mr. Saraswati Prasad Bhattarai Ms. Bina Devi Sitaula

Following the award presentations, the closing session continued with remarks from the distinguished dignitaries, reflecting on the conference and emphasizing evidence-based health research and implementation in Nepal.

Dr. Bikas Devkota, Secretary at the Ministry of Health and Food Safety, Government of Nepal, expressed his sincere gratitude to all participants and congratulated everyone on the successful completion of the event. He stated that a recurring challenge in Nepal's health sector is the persistent gap between well-formulated policies and their effective implementation, emphasizing the need to better align the two and continuously work toward minimizing this gap.

He highlighted that this year's theme reflects a complete cycle from research to governance to implementation where evidence-based findings can directly inform service delivery and improve outcomes. He noted that Nepal is currently transitioning toward a more sustainability-focused approach, requiring new thinking, systems, and stronger evidence to guide future actions.

He acknowledged the important work being carried out by the Nepal Health Research Council but stressed the need for greater expansion across provinces and stronger inclusion of young researchers. He emphasized that meaningful change begins with small, practical steps, including behavior change, reviewing existing achievements, and identifying gaps through evidence and recommendations.

Dr. Devkota further underlined the importance of multi-sectoral collaboration, noting that health challenges require coordinated efforts across sectors. He expressed the Ministry's commitment to supporting research-informed policies and highlighted the current opportunity to influence upcoming policies, budgets, and programs. He encouraged alignment of research and institutional efforts with national priorities, including the government's reform agenda.

In his concluding remarks, he encouraged young researchers to continue generating evidence and contributing to national development, stressing that meaningful impact comes from sustained effort and collaboration. He also called on researchers to hold institutions accountable for implementation and reaffirmed the importance of collective action among government, academia, and stakeholders.

Key Points

- Highlighted the persistent gap between policy and implementation and the need to better align them.
- Emphasized evidence-based research as a full cycle guiding governance and service delivery.
- Called for expansion of NHRC and greater youth engagement in research.
- Stressed multi-sectoral collaboration and alignment with national priorities for effective impact.

CLOSING REMARKS

Dr. Pramod Joshi extended his heartfelt greetings and expressed sincere gratitude to the chief guest, distinguished participants, and all attendees on the successful completion of the three-day 12th National Summit of Health and Population Scientists, organized on the occasion of the 35th anniversary of the Nepal Health Research Council. He highlighted that the conference was conducted under the core theme, "**Health Research Governance for Evidence-Informed Decision Making and Implementation in Nepal**" emphasizing the importance of strengthening research governance to guide policy and practice.

He stated that since its establishment in 1990 (2047 B.S.), the council has been consistently working to regulate health research, promote a culture of ethical and quality research, and translate research findings into health policies and programs. He noted that the summit brought together scientists, researchers, and stakeholders through oral presentations, poster sessions, panel discussions, and cultural exchanges, contributing significantly to advancing the importance of health research in Nepal.

He further elaborated that extensive discussions were held on a wide range of relevant and timely topics, including research ethics, artificial intelligence, health technology and innovation, communicable and non-communicable diseases, mental health, clinical sciences, environmental health and climate change, disease burden, and health insurance.

Dr. Joshi also shared that the council has continued its efforts to encourage excellence in research by recognizing outstanding researchers through awards in 11 different categories. He emphasized the council's commitment to strengthening coordination and collaboration among scientists and researchers for effective implementation of research outcomes.

He highlighted ongoing efforts to expand the Nepal Health Research Council beyond Kathmandu Valley, stating that after months of coordination with all seven provinces and relevant stakeholders, necessary procedures have been developed and the council is moving toward establishing its presence at the provincial level within the current fiscal year.

He reaffirmed the council's strong commitment to utilizing the key outcomes of the conference to strengthen evidence-based decision-making and implementation processes in health research governance. In conclusion, he expressed appreciation to all supporting institutions, national and international partners, researchers, media personnel, security teams, and all contributors for their valuable support, and extended best wishes for the upcoming New Year 2083, while formally announcing the closure of the summit.

Key Points

- The conference emphasized evidence informed decision making and implementation as central to strengthening health research governance in Nepal.
- It brought together broad stakeholders and addressed key health issues (e.g., AI, climate change, diseases, health systems), contributing to policy and research advancement.
- NHRC is committed to expanding nationwide and applying conference outcomes to improve health policy, coordination, and service delivery.

SUMMIT DECLERATION

"Health, Research Governance for Evidence Informed Decision Making and Implementation in Nepal,"

The Twelfth National Summit of Health and Population Scientists in Nepal, held in Kathmandu, affirms the critical importance of health research governance as the foundation for evidence-informed decision-making and effective implementation, reaffirming our commitment to the Sustainable Development Goals. We hereby declare and commit to the following:

No. 1.

Strengthening and institutionalizing a comprehensive health research governance system that is transparent and accountable for effective stewardship of health research in Nepal.

No. 2.

Advocating for bold priority investment in primary prevention and early risk reduction of Non-Communicable Diseases using a "whole-of-government" and "whole -of-society "approach.

No. 3.

Developing and sustaining a centralized and secure national health data repository along with the ethical use of Artificial Intelligence, big data, and digital health technologies underpinned by regulatory frameworks of research.

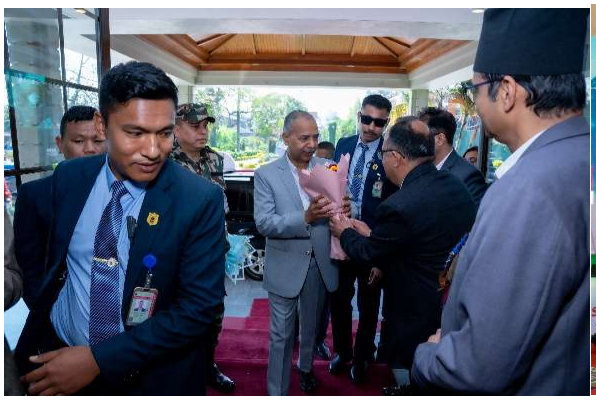
No. 4.

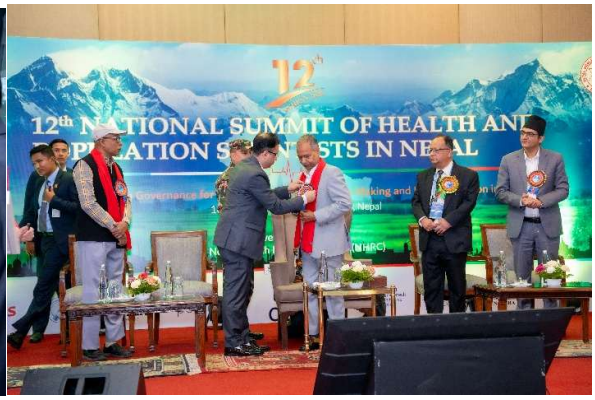
Promoting social justice, One Health, and climate-resilient approach within health research, governance systems and its implementation.

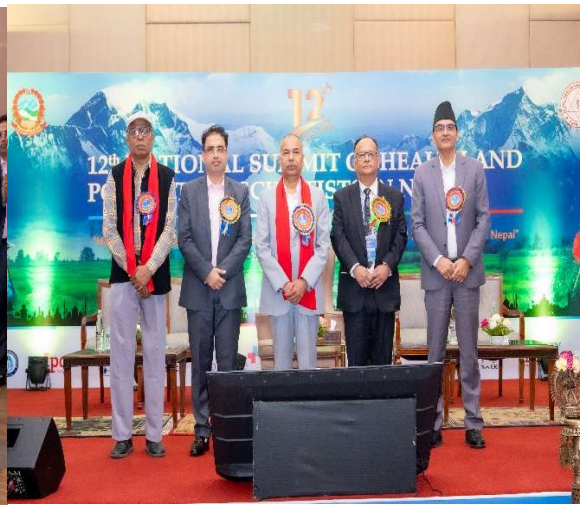
No. 5.

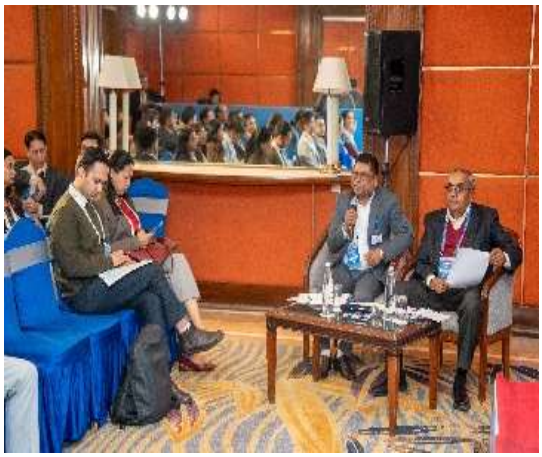
Advocating for sustainable financing and strengthening academia and industry partnerships to ensure the effective implementation of evidence- informed policies and program.

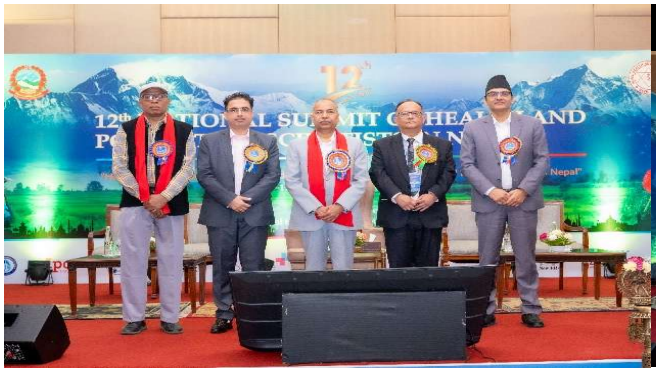
ANNEX 1: PICTURES

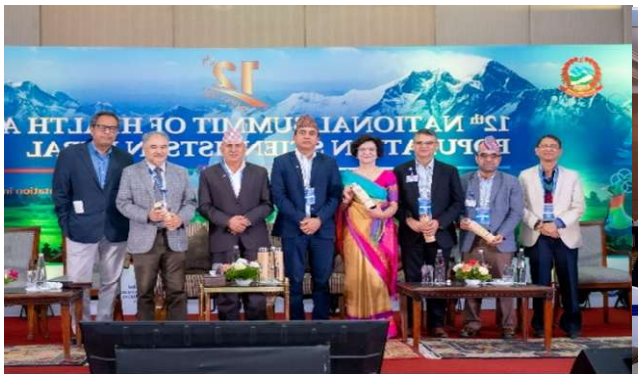










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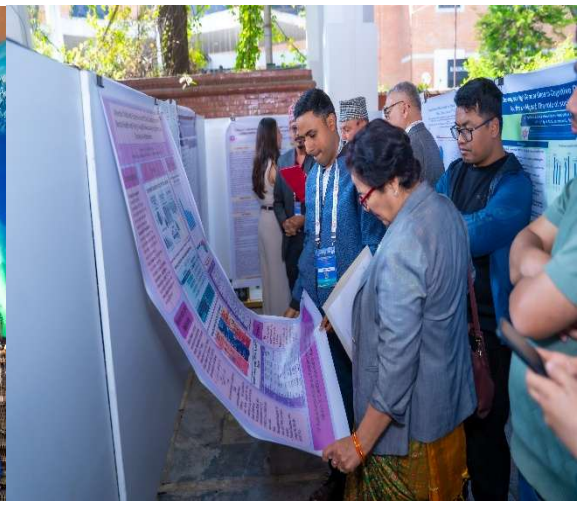


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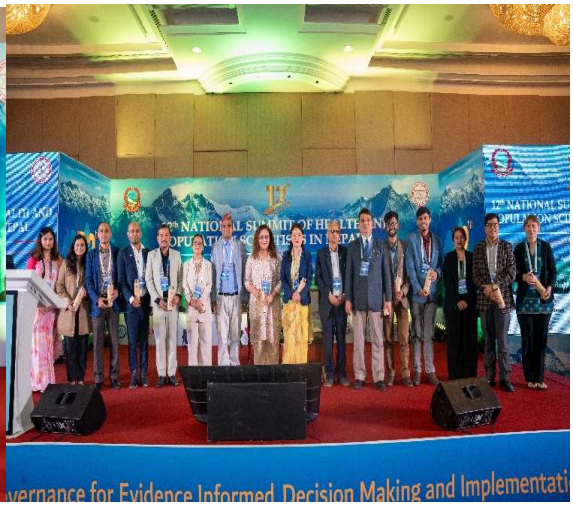
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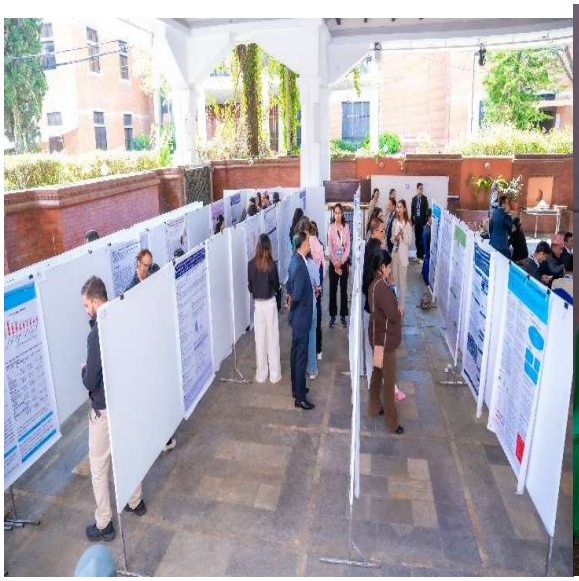


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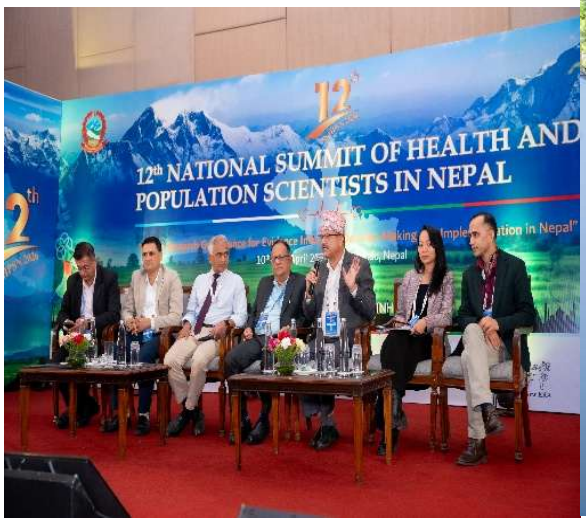
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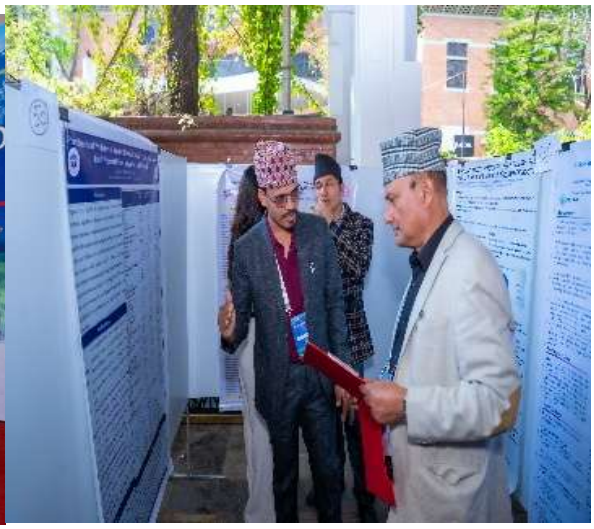

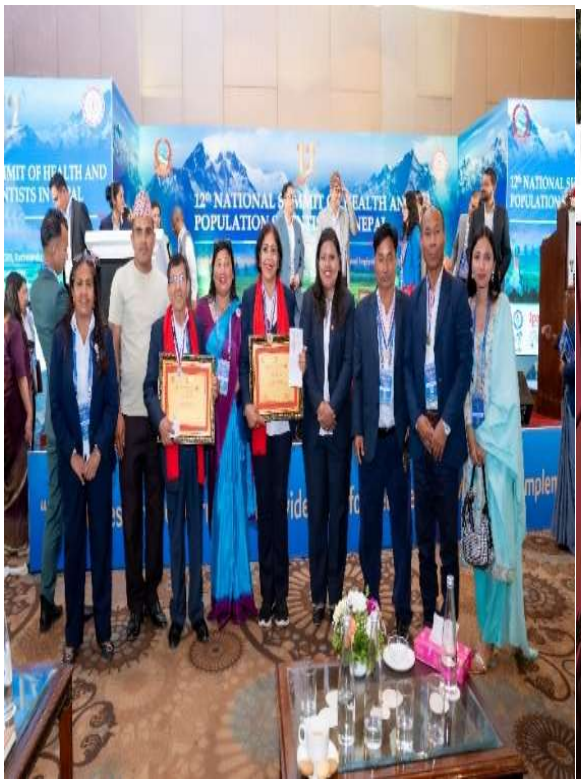

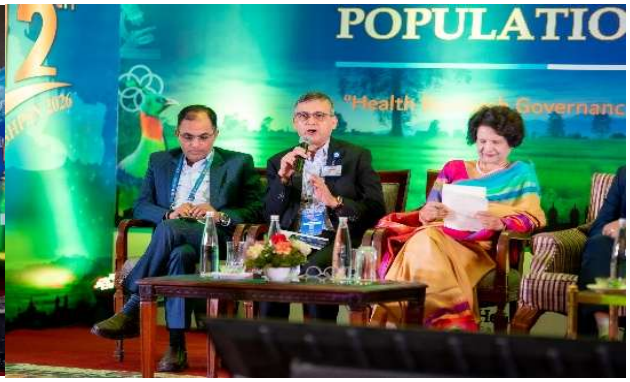
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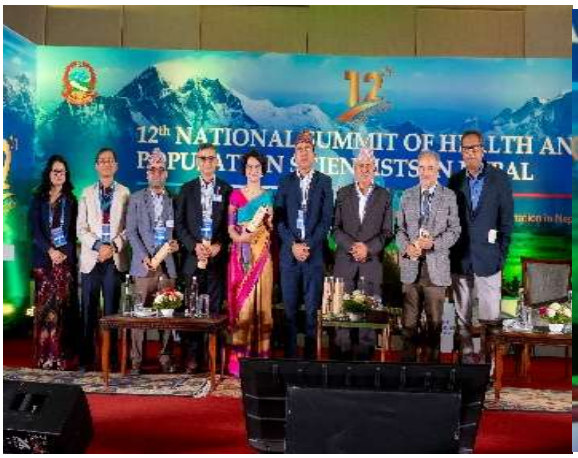
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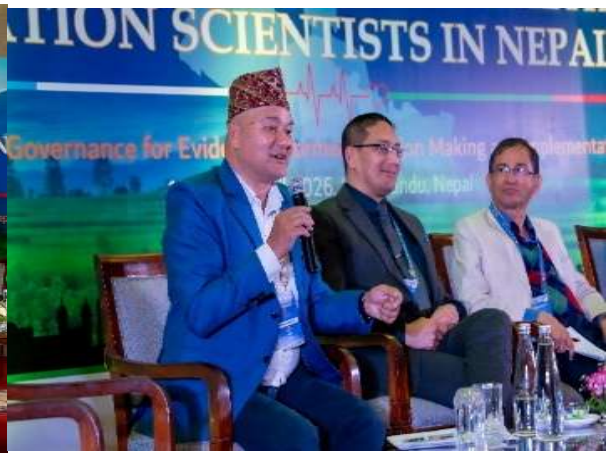
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Background: Nepal's TB burden and stigma


12th NATIONAL SUMMIT OF HEALTH AND POPULATION SCIENTISTS IN NEPAL
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ANNEX 2: SCHEDULE

12th National Summit of Health and Population Scientists in Nepal

"Health Research Governance for Evidence-Informed Decision Making and Implementation in Nepal."
April 10-12, 2026

DAY I: APRIL 10, 2026 (FRIDAY)

7:30-9:00	**REGISTRATION/BREAKFAST**
09:00-10:30	Inauguration Session Prof. Dr. Narayan Bikram Thapa Chairman, NHRC (Chair of Session) Rt. Hon'ble Vice-President of the Federal Democratic Republic of Nepal, Mr. Ramsahay Prasad Yadav (Chief Guest) Hon'ble Minister Ms. Neesha Mehta, Ministry of Health and Food Safety & Water Supply (Special Guest) Hon'ble Vice-Chair, Dr. Gunakar Bhatta, National Planning Commission (Guest) Hon'ble Vice-Chair, Prof. Dr. Anjani Kumar Jha, Medical Education Commission (Guest) Mr. Dilliram Sharma, Secretary, Ministry of Health and Food safety (Guest) Dr. Bikash Devkota, Secretary, Ministry of Health and Food Safety (Guest) Dr. Pramod Joshi, Member-Secretary (Executive Chief), NHRC
10:30-11:00	**TEA/ COFFEE BREAK**
11:00-13:00	**Plenary Session:** Health Research Governance for Evidence-Informed Decision Making **Chairs:** Dr. Bikash Devkota / Prof. Dr. Buddha Basnyat **Moderator:** Dr. Bhim Prasad Sapkota
11:00-11:20	**Dr. Sudha Sharma (Keynote):** Evidence Informed Decision Making and Implementation in Health: Lessons from the Past and the Way Forward
11:20-11:30	**Prof. Dr. Shiva Raj Adhikari:** Policy Gaps and Implementation Realities: Navigating the Disconnect in Nepal's Health Sector
11:30-11:40	**Dr. Deepak Kumar Khadka:** Policy Research Institute Perspectives: Quality of knowledge production/evidence generation in Nepal for Policy making, Gaps and Way forward

11:40-11:50	**Dr. Madan Kumar Upadhyaya:** Department of Health Service Perspectives: Existing practices of research-based evidence collection, and policy implementation
11:50-	**Dr. Sharad Kumar Sharma:** National Statistics Office Perspectives: Research Data

12:00	Governance, Research-based evidence generation and its challenges, Gaps and Way Forward
12:00-12:10	**Dr. Sujan Babu Marhatta:** Medical Education Comission Perspectives: Quality of knowledge production/evidence generation in Nepal for Policy making, Gaps and Way forward
12:10-12:50	**Plenary Discussion:** Health Research Governance for Evidence-Informed Decision Making
12:50-13:00	**Chair's remarks and closing**
13:00-14:00	**LUNCH AND POSTER PRESENTATION**
14:00-15:30	**Panel Discussion I: Research Governance/Regulation and Ethics** **Chairs:** Prof. Dr. Aarati Shah/ Dr. Hari Prasad Dhakal **Moderator:** Prof. Dr. Sudha Basnet **Panellists:** NHRC Representative Prof. Dr. Rajeev Shrestha, KU Mr. Sharad Sharma, NSO SWC Representative Dr. Anip Joshi, NAMS Dr. Raj Kumar Mehta, CMC Mr. Ram Chandra Silwal, Green Tara Nepal **Chair's remarks and closing**
15:30-16:00	**TEA BREAK AND POSTER PRESENTATION**

Parallel Sessions:

Time	**HALL A**	**HALL B**	**HALL C**

16:00-18:00	**Parallel Session I: Non-Communicable diseases** **Chairs:** -Prof. Dr. Mohan Raj Sharma -Dr. Pomawati Thapa	**Parallel Session II: Reproductive Health, Maternal, Neonatal and Child Health, Family Planning** **Chairs:** - Dr. Laxmi Raj Pathak - Dr. Chuman Lal Das	**Parallel Session III: AI, Health Technology and Innovation** **Chairs:** -Dr. Guna Nidhi Sharma -Prof. Dr. Prakash Ghimire
16:00-16:10	Evidence, Policy implementation Progress and Future Directions: Addressing Non Communicable Diseases in Nepal	Where is 'S' in SRHR? A Policy Perspective **-Khem Bahadur Karki**	AI Policy for Healthcare **-Shruti Patil**
	- UN Yadav		
16:10-16:20	NCD Governance in Nepal **-Samir Kumar Adhikari**	Measles Surveillance, Recent Outbreaks and Interventions **-Abhiyan Gautam**	Existing Situation (Global, SEA, Nepal), Relevant Policy framework, its Implementation Status(Nepal), Health research using AI and HT **-Bishesh Khanal**
16:20-16:30	Metabolic Syndrome (MetS) among Scale-NCD trial participants: Preliminary Results **-Sweta Koirala**	SRMNCH: Service Status and Health System Strengthening in Nepal **-Roshani La\mi Tui Tui**	Digital Health in Nepal: Navigating the Broad Landscape Toward Nationwide Coverage **-Suraj Prakash Aryal**
16:30-16:40	Stroke Awareness in Rural Nepal: Evidence, Gaps, and the Way Forward **-Khechar Nath Paudel**	Geographical accessibility to Comprehensive Emergency Obstetric and Newborn Care in Nepal **-Apsara Cheetri**	Rational Application of Artificial Intelligence and AI-Driven Tools

			-Bishnu P. Marasini
16:40-16:50	Waist-to-Height Ratio, Glycemic Mediation, and Differential Cardiovascular Aging in Gujarati-Indian and Pokhareli-Nepalese Adults **- Chiranjivi Adhikari**	Maternal and newborn health status in Dhanusha: Increased dependency on private sector **-Sajana Maharjan**	Assessment of Accuracy, Feasibility, Acceptability and Cost Implications for Enhancing Access to Refractive Error Services through Technology and task reallocation in Lalitpur and Dhading district in Nepal **-Raba Thapa**
16:50-17:00	Exploring enabling factors and barriers to implementing a systematic cervical cancer screening programme for ex-Gurkha veterans' wives and widows in Nepal **-Gerda Pohl**	Scaling a simulation-based training methodology to build the competency of maternal and newborn health service providers across Nepal **-Bhagwati Shrestha**	Designing Resilient Assistive Technology Systems through Distributed Manufacturing and Local Production: Case studies from Nepal **-Ram Chandra Thapa**
17:00-17:10	Patterns and determinants of cervical	Effectiveness of simulation-based training intervention in improving neonatal	Co-Designing a Digital Health Tool for INterseCtional stigma

	cancer risk factors among Nepalese women **- Sajani Manandhar**	resuscitation knowledge and skills among newborn care service providers in Sarlahi district, Nepal: A Cluster Randomized Controlled Trial **-Khem Narayan Pokharel**	assessment and reduction at multiple Levels and mUltiple DimEnsions (INCLUDE) to improve HIV care in ART centers in Nepal **-Alisha Karki**

17:10-17:20	A Pilot Study of Systematic Colorectal Cancer Screening Using FIT in Primary Care: A Single-Center Study in the Nepalese Population **-Anu Dahal**	Prophylactic obstetric antimicrobial use, maternal colonization and vertical transmission of antimicrobial-resistant bacteria among mother-newborn pairs in Nepal **-Sulochana Manandhar**	AI-powered Task-shifting for High Quality Fetal Ultrasound Service in Community Healthcare Settings **-Ranjana Koirala**
17:20-17:30	The Dual Burden of Cancer Caregiving: Out-of-Pocket Costs and Psychological Distress among Cancer Caregivers at Tertiary Cancer Care Centers in Nepal **-Subash Wagle**	Development and validation of pelvic floor muscle exercise education program for postnatal women: A mixed method study. **-Pooja Paudel**	Assessment of ownership, frequency of smart device uses and the acceptability of digital health data sharing among hypertensive patients in a Tertiary Hospital in Nepal **-Sandhya Niraula**
17:30-17:40	Simplifying Metabolic Syndrome Screening: Validation of the Triglyceride–Glucose Index in Nepalese Adults **-Rachana Pandey**	हाम्रो आवाज : छाउपडी अन्त्य परिवर्तित जीवन (Our Voice: Transforming Lives through the End of Chhaupadi) Integrating Human-Centered Design, Arts-Based Research, and Intervention Mapping to Co-Design a Menstrual Health Intervention in Nepal **-Sara E Baumann**	Surveillance of community acquired pneumonia: Potential for wearable devices and Remote monitoring system in Nepal **-Shristi Singh**
17:40-17:50	Bridging the Gap: Availability and Accessibility of Free Medicines for NCDs and Mental Disorders Across Health Facility Levels in Bagmati Province, Nepal – **Arjun Poudel**	Ensuring ethical conduct and safeguarding participants safety in a randomized controlled trial of a multi-component family intervention for intimate partner violence and depression in Nepal **-Mina Shrestha**	Implementation Bottlenecks in Evidence-Informed Decision Making in Nepal's Federal Health System: An Inter-level Participatory Policy Analysis **-Amshu Dhakal**
17:50-18:00	Building a Resilient Nepal: Health Workforce	Evolution of the funding landscape and its impact– A	

	Perspectives on New Public Health Approaches to NCDs, Emerging Health Threats, and Population Health **-Binod Kumar Aryal**	case from reproductive, maternal, newborn, and child health for last 35 years in Nepal- **-Jagadishwor Ghimire**	
18:00-18:10	**Chair's remarks and closing**		
18:10-21:00	**Snacks and Dinner/ Social and Scientific Networking/ Cultural Program**		

DAY II: APRIL 11, 2026 (SATURDAY)

7:30-9:00	**REGISTRATION/BREAKFAST**

9:00-10:30	**Panel Discussion II: Advancing Clinical Trial Operations: From Landscape Analysis to system level approaches** **Chairs:** Dr. Jeevan Bahadur Sherchand / Dr. Abhilasha Karkey **Clinical Trial Landscape in Nepal**: Ms. Namita Ghimire **Operational Challenges conducting a clinical trial in Nepal:** Dr. Dipesh Tamrakar **System-Level Approaches to Strengthening Clinical Trials and The OUCRU Nepal CTU E\perience:** Dr. Suchita Shrestha **Moderator**: Dr. Diptesh Aryal **Panellists:** Mr. Narayan Prasad Dhakal,DDA Dr. Dipesh Tamrakar,KUSMS Dr. Suchita Shrestha,OUCRU Ms. Namita Ghimire,NHRC **Chair's remarks and closing**
10:30-11:00	**TEA BREAK AND POSTER PRESENTATION**

Parallel Sessions

Time	HALL A	HALL B	HALL C

11:00-13:00	Parallel Session: IV Infectious Disease and Epidemic Preparedness and Disaster Management **Chairs:** -Dr. Prakash Budhathoky -Dr. Tarun Saluja	Parallel Session: V Clinical Sciences, Ayurveda and Traditional medicine, Specialist Care **Chairs:** -Dr. Shyam Babu Yadav -Dr. Pushpa Raj Poudel	Parallel Session VI: Mental Health and Wellbeing/Primary and UHC/Health Financing **Chairs:** -Dr. Mahesh Kumar Maskey -Dr. Madhu Dixit Devkota
11:00-11:10	Overview of AMR in Nepal context **-Usha Tandukar**	Prevalence, Trends and Determinants of Low Birth Weight in Nepal: A Pooled Analysis of NDHS (2011-2022) Data with Multiple Imputation **-Usha Singh**	National Mental Health Program: Achievements, Challenges, and Way Forward **-Binita Dhungel**
11:10-11:20	Spreading Endemicity of Kala-azar in Nepal; an emerging threat to ongoing elimination initiative **-Surendra Kumar Uranw**	The role of self-determination theory in investigating factors that contribute to performance in active malaria case surveillance among female community health volunteers in high-endemic areas of Nepal **-Satya Narayan Yadav**	Social sufferings in Russia and Ukraine tussle: A necropolitical analysis of Nepali citizens exposed in Sordid Trafficking **-Sachin Ghimire**
11:20-11:30	Epidemiological Trends of Leprosy Cases in Pre- and Post-Elimination Era: A Comprehensive District-Level Data from an In-Situ Leprosy Center **-Kanchha Shrestha**	Effect of Electroacupuncture in Neurogenic Bladder: A Quasi-Experimental Study **-Jaya Satyal**	From Design to Delivery: Exploring the Implementation of MHPSS Interventions through Stakeholder Perspectives **-Pashupati Mahat**

11:30-11:40	Municipality-Level Spatial Clustering and Socio-Environmental Determinants of Tuberculosis in Nepal, 2019-2024 **-Nabin Bisth**	How Physiotherapists and Orthopedic Surgeons Manage Patients with Knee Osteoarthritis in Nepal? A Nationwide Cross-Sectional Study **-Bipin Ghimire**	Implementation Challenges of Nepal's National Mental Health Strategy 2020–2025: Governance, Financing, and Stigma Barriers Amid Polycrises **-Jeeban Ghimire**
11:40-11:50	Cost-effectiveness analysis of household contact tracing with 3HP preventive therapy for tuberculosis prevention in Nepal **-Anchal Thapa**	Impact of Genetic polymorphisms in Vitamin D pathway-related Genes on Vitamin D status in Human Health: Evidences from local studies in Nepalese population **-Binod Kumar Yadav**	Quality of Life and Associated Factors among Parents of Children with Autism Spectrum Disorder: A Comparative Study in Kathmandu Valley, Nepal **-Manish Kayastha**
11:50-12:00	Cost of treatment of Dapsone Hypersensitivity episodes for leprosy patients: A hospital based retrospective study **- Divya Raj Shamsher J B Rana**	Early Detection of Diabetic Retinopathy: Physician's Role in Preventing Blindness **-Lily Rajbansi**	Validation of the Symptom Questionnaire for Visual Dysfunctions (SQVD): A psychometric analysis within the Nepalese population **- Umesh Belbase**
12:00-12:10	Knowledge, Attitude and Perceptions toward HPV Vaccination in Nepal: Comparison between Girls and Mothers of Girls **-Sona Gautam**	Targeting TRPV1 via epigenetic modulation: Implications for chronic orofacial pain management. **-Nisha Acharya**	Barriers and Facilitators to Implementing WHO mhGAP Suicide Protocols in Rural Primary Care Settings of Nepal **- Renasha Ghimire**

12:10-12:20	Mapping the distribution of phlebotomine sand fly species with emphasis on Leishmania vectors in Nepal and exploring the potential of DNA barcoding for their identification **-Lalita Roy**	Nagarik arogya program at urban health setting and its contribution in preventing NCDs **-La\mi Prasad Ghimire**	Securing the Future: Implementing Nepal's Health Financing Strategy 2080-2090 **-Pushpa Raj Poudel**
12:20-12:30	Expression and analysis of Dengue-1 recombinant antigens for vaccine prototype development **-Archana Maharjan**	Burden of Mycoses and Emerging Antifungal Drug Resistance in Nepal Across the One Health Interface **- Dev Raj Pokharel**	Leveraging Community Health Worker-driven Longitudinal Care to Strengthen Primary Health Care and Universal Health Coverage: Early Insights from a Community-Based Integrated Mental Health and NCD Intervention in Nepal **-Puskar Raj Paudel**
12:30-12:40	Impact of antibiotic therapy on gut microbiome and antimicrobial resistance in enteric fever patients	Overview of the Traditional Medicine Guideline **-Bishun Dayal Prasad Patel**	National Health Insurance and Healthcare Utilization in Nepal: A Stratified Community-Based Study of

	enrolled in randomized controlled trial **-Narayan Kunwar**		Insured vs Uninsured Households **-Gaurav Bhattarai**
12:40-12:50	The synergistic potential of silver nanoparticles and antibiotic in multi-drug-resistant isolates in tertiary care hospital **-Dipendra Bajracharya**	Strengthening Ayurveda Research in Nepal: Evidence-Informed Policy and Implementation **-Nirmal Bhusal**	A Political Economy Analysis of Nepal's Out-of-Pocket Expenditure on Medicines: Interactions between the National Health Insurance Programme and the Pharmaceutical Market **-Gehanath Khanal**

12:50-13:00	Building Evidence for Enteric Fever Treatment across South Asia: From Early Trials to the Azithromycin and Cefixime Typhoid Trial **-Saraswati Budhathoki**	An Introduction to Infective RHD Diseases in Nepal -Foundation of Academic Characteristics and Medical Practice **-JN Pandey Himali**	Patient Safety: Nursing Students' Knowledge and their Attitude **-Babita Ghimire**
13:00-13:10	Preparing for the Unexpected: An Assessment of Disaster Preparedness Level in Nepalese Hospitals **-Prinka Singh**	Assessment of Oral Health Status among Rural Population of Nepal **-Buddhi Man Shrestha**	Addressing diagnostic Limitations in enteric fever in resource limited settings **-Sabina Dangol**
13:10-13:20	**Chair's remarks and closing**		
13:20-14:00	**LUNCH BREAK AND POSTER PRESENTATION**		

14:00-15:30	**Panel Discussion III: Research, Academia and Industry Chairs:** Prof. Dr. Chop Lal Bhusal /Prof. Dr. Biraj Karmacharya **Moderator**: Dr. Rajendra Kumar BC **Panellists:** Dr. Aakriti Pokharel Prof. Dr. Rajani Shakya Mr. Kabin Maleku Mr. Sailesh Vaidya Dr. Balaram Gautam Mr. Kiran Bajracharya **Chair's remarks and closing**
15:30-16:00	**TEA /COFFEE BREAK AND POSTER PRESENTATION**

Parallel Sessions:

Time	HALL A	HALL B	HALL C
16:00-18:20	**Parallel Session: VII Environmental Health, Occupational Health, Climate Change, One Health** **Chairs:** -Dr. Ananda Ballabh Joshi -Dr Dharmesh Lal	**Parallel Session: VIII Health Inequalities and Social Determinant of Health Health Education and Promotion, Implementation Research** **Chairs:** -Dr. Radhika Thapaliya -Prof. Madhusudan Subedi	**Parallel Session: IX Nutrition and Food Security** **Chairs:** -Mr. Lila Bikram Thapa - Dr. Anil Bikram Karki
16:00-16:10	Environmental Health in South Asia: Challenges and Opportunities **-Bhusan Tuladhar**	Health in Nepal from the Perspective of Equity **-Sharad Raj Onta**	Present status of Multi- Sector Nutrition Plan: A Policy Perspective **-Nabaraj Dhungana**
16:10-16:20	Evidence-Informed Health and Climate Policy-Making in Nepal: An Integrated Analysis of H-NAP, NHSSP, and NDC 3.0 **-Bijaya Sharma**	Community engagement for ethical health research **-Bipin Adhikari**	Microbial Biotransformation of Plant-Derived Bioactive Compounds: A Probiotic Strategy for Functional Foods and Improved Health **-SB Dahikar**
16:20-16:30	Applying Systems Thinking in Health and Climate Change Policy Making in Nepal **-Deepak Poudel**	Exploring Key Influencers of Menstrual Seclusion in Nepal using Social Network Analysis **- Aubree E. McMahon**	A scoping review of nutrition-specific and nutrition-sensitive interventions addressing all forms of malnutrition in Nepal

			- Sharada Prasad Wasti
16:30-16:40	Climate Change Anxiety and its Associated Factors among Indigenous Community from a One Health Perspective: A Mixed Methods Study **-Kusumsheela Bhatta**	Healthcare providers' perception of tuberculosis-related stigma: Drivers and manifestations within Nepal's cultural context **-Kritika Di\it**	From Food Security to Public Health: Assessing Emerging Mycotoxin Contamination Across Nepal's One Health Landscape **-Anu Maharjan**
16:40-16:50	From Participation to Co-Design: Engaging Workers and Communities in Ethical Climate Health Priority Setting in Nepal **-Pratikshya Gyanwali**	Engaging community members in co-designing interventions to address non-communicable disease risk: Lessons from forming co-production groups in Kathmandu, Nepal **-Sulata Karki**	Screening Coverage as a Key Bottleneck in the Early Identification of Acute Malnutrition among Children 6–59 Months in Lumbini Province, Nepal **-Prabina Makai**
16:50-17:00	Status of climate resilient capacity of households for STHR in Nepal **-Sujan Karki**	Effectiveness of a Female Community Health Volunteer-Led Physical Activity Promotion Intervention in Semi-Urban Nepal: An Open-Label, Cluster Randomised Controlled TriaL **-Rajan Shrestha**	Uneven Progress: Declining Undernutrition and Rising Overnutrition in Nepal **-Dirghayu K.C.**

17:00-17:10	Air Pollution and Neonatal and Child health in Nepal: Role of child Health Professional Organization **-Ramhari Chapagain**	Contextual influences on the implementation of a community-based oral health program in rural Nepal: A PRISM guided mixed methods study **- Amy Gray Szacilo**	Elemental iron release using a traditional cast iron Karai: a viable option to increase iron intake **-Leela Khanal**
17:10-17:20	Knowledge, handling practices and health risk perceptions of pesticides among farmers in Thaha Municipality, Makwanpur **- Ajay Kumar Rajbhandari**	Effectiveness of three manual toothbrushes with different bristle designs in terms of plaque removal and gingival inflammation: A randomized controlled trial **-Ratna Mishal**	Factors associated with iron and folic acid supplementation adherence among adolescent girls in a hilly rural municipality of Nepal **-Mahesh Bhatta**
17:20-17:30	Pulmonary Function and Occupational Risk Among Metal Craftsmen of Handicraft Industry in Nepal **-Archana Bhaila**	Health system factors influencing the implementation of physical activity information provision in antenatal and postnatal care services in Nepal **-Susmita Neupane**	Determinants for implementing information provision on healthy eating and weight management in the antenatal care services in Nepal **-Shakun Sharma**

17:30-17:40	Heart's Intervention Design Targeting Younger Adults & Ageing Population (HRIDAYA): Process and lesson learnt from the stakeholder engagement **-Sunita Dhungel**	Overview of the Implementation Research Guideline **-Archana Shrestha**	Traditional Nepali Fermented Foods as Sources of Functionally Relevant Microbes for Nutrition and Food Security **- Shrijana Shakya**

17:40-17:50	Acceptability, Feasibility, and Appropriateness of Police-Based Basic Life Support Training and Public-Space AED Integration in Nepal: A Mixed-Methods Implementation Evaluation **-Santosh Thapa**	Advancing Health Promotion in Schools: Evidence and practice **-Bala Rai**	Factors associated with multiple forms of undernutrition among under five children in Nepal **-Usha Ghimire**
17:50-18:00	A One Health Perspective for Psycho-Social and Environmental Determinants of Lymphatic Filariasis Preventive Practices in Nepal India Border Endemic District **-Santos Pandey**	Inequities on Child Health and Nutrition insights from NMICS 2024-2025 **-Hari Krishna Banskota**	
18:00-18:20	**Chair's remarks and closing**		

DAY III: APRIL 12, 2026 (SUNDAY)

7:30-9:00	**REGISTRATION/BREAKFAST**

9:00-10:40	**Reforming Health Financing: Navigating Nepal's Health Insurance Program** **Chairs:** Prof. Dr. Narayan B Thapa/ Prof. Dr. Bhupendra Kumar Basnet
9:00-9:15	**Invitee: Mr. Ravi Kanta Mishra** Efficiency of basic health care service delivery across all 753 local governments in Nepal
9:15-9:30	**Invitee: Dr. Krishna Prasad Paudel**
09:30-10:30	**Panel IV: From Policy to Implementation – Nepal's Health Insurance Program and the Path to Universal Health Coverage** **Moderator:** Dr. Krishna K. Aryal **Panellists:** Dr. Krishna Prasad Paudel, Prof. Dr. Bhagwan Koirala, Ms. Pratima Rai, Mr. Ravi Kanta Mishra
10:30-10:40	**Chair's remarks and closing**
10:40-10:50	**BREAK**
10:50-11:35	**Standing Panel Discussion V: Addressing Nepal's evolving disease burden: Insights on premature mortality, and prevention policies** **Chairs:** Dr. Keshar Bahadur Dhakal/Mr. Diego Moroso **Moderator:** Dr. Krishna K. Aryal **Background Presentation:** Mr. Achyut Raj Pandey **Panellists:** Dr. Bhim Prasad Sapkota Dr. Ghanshyam Gautam Ms. Abhilasha Gurung
11:35-11:45	**Chair's remarks and closing**
11:45-12:10	**TEA BREAK AND POSTER PRESENTATION**

Parallel Sessions:

Time	HALL A	HALL B	HALL C
12:10-13:10	**Parallel Session: X Migration and Health, Population Health and Demographics** **Chairs:** -Dr. Nisha Acharya - Dr. Mahesh Chandra Puri	**Parallel Session: XI Aging and Geriatric Health** **Chairs:** -Prof. Dr. Lochana Shrestha -Ms. Hira Kumari Niraula	**Parallel Session: XII Pharmaceuticals and Access to Medicine** **Chairs:** -Dr. Saroj Sharma -Dr. Pradip Gyanwali
12:10-12:20	Migration, Demography, and Health: Evidence, Transitions, and Policy Pathways for Nepal **-Dhruba Raj Ghimire**	Health response to ageing : Reorienting health care from institution to home setting **-Kabita Aryal**	Strengthening Domestic Pharmaceutical Manufacturing in Nepal **-Sumit Chandra Shrestha**
12:20-12:30	Conjugal Relationships and Sexual Health of Left-Behind Spouses of International Migrants in Eastern Nepal: A Mixed- Methods Study **-Anup Adhikari**	Assessing Medication Adherence Risk Levels and Usage Patterns among Elderly Residents in Selected Care Homes: A Cross-Sectional Study **-Sandhya Khatri**	Access to Essential Medicines in Nepal: Bridging Evidence, Policy, and Practice **-Sunil Shrestha**
12:30-13:00	Health governance and system responses: Identifying evidence and policy gaps to advance the regional agenda for migration health **-Anuj Kapilashrami** **-Ganesh Gurung** **-Obindra B. Chand**	Predictors of medication-related quality of life among older adults with chronic illness in Nepal: Insights from multi-model predictive analytics **-Rohit Agrawal**	Implementation of a national program to promote Rational Use of Medicines (RUM) in Nepal: a secondary analysis **-Nisha Jha**
		Development and Psychometric Evaluation of Self-	Understanding Forecasting/Quantification for Paracetamol and Iron

		Compassion Scale for Nepalese Older Adults with Chronic Diseases (SSC-NOACD): A Mixed-Method Sequential Exploratory Research Design **-Rekha Timalsina**	tablets in Nepal's Public Health System: A sub-national level assessment **- Heem Sunder Shakya**
		Health Care Utilization and Its Associated Factors and Health Care Expenditure Among Elderly Population of Banepa Municipality **-Kritika Shrestha**	Assessment of potential drug-drug interactions among the inpatient departments of a tertiary care centre **-Sajala Kafle**
13:00-13:10	**Chair's remarks and closing**		
13:10-14:10	**Summit Declaration, Award Distribution and Closing Ceremony Session Chair:** Dr. Pramod Joshi, Executive Chief, NHRC **Chief Guest:** Hon'ble Minister Ms. Neesha Mehta, Ministry of Health and Food Safety **Special Guest:** Dr. Bikash Devkota, Secretary, Ministry of Health and Food Safety		
14:10-15:10	**LUNCH**		
15:00-15:30	**Press Meet**		

END