

# Evidence Informed Decision Making and Implementation in Health : Lessons from the Past and the Way Forward

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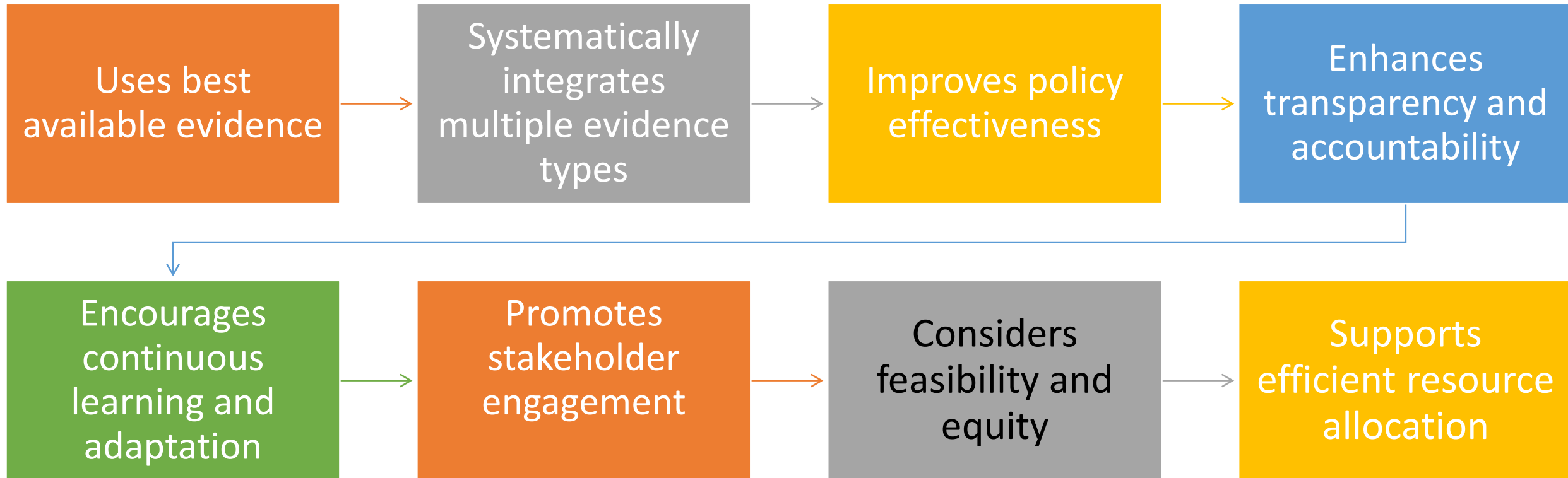
Former Minister of Health and Population

Government of Nepal

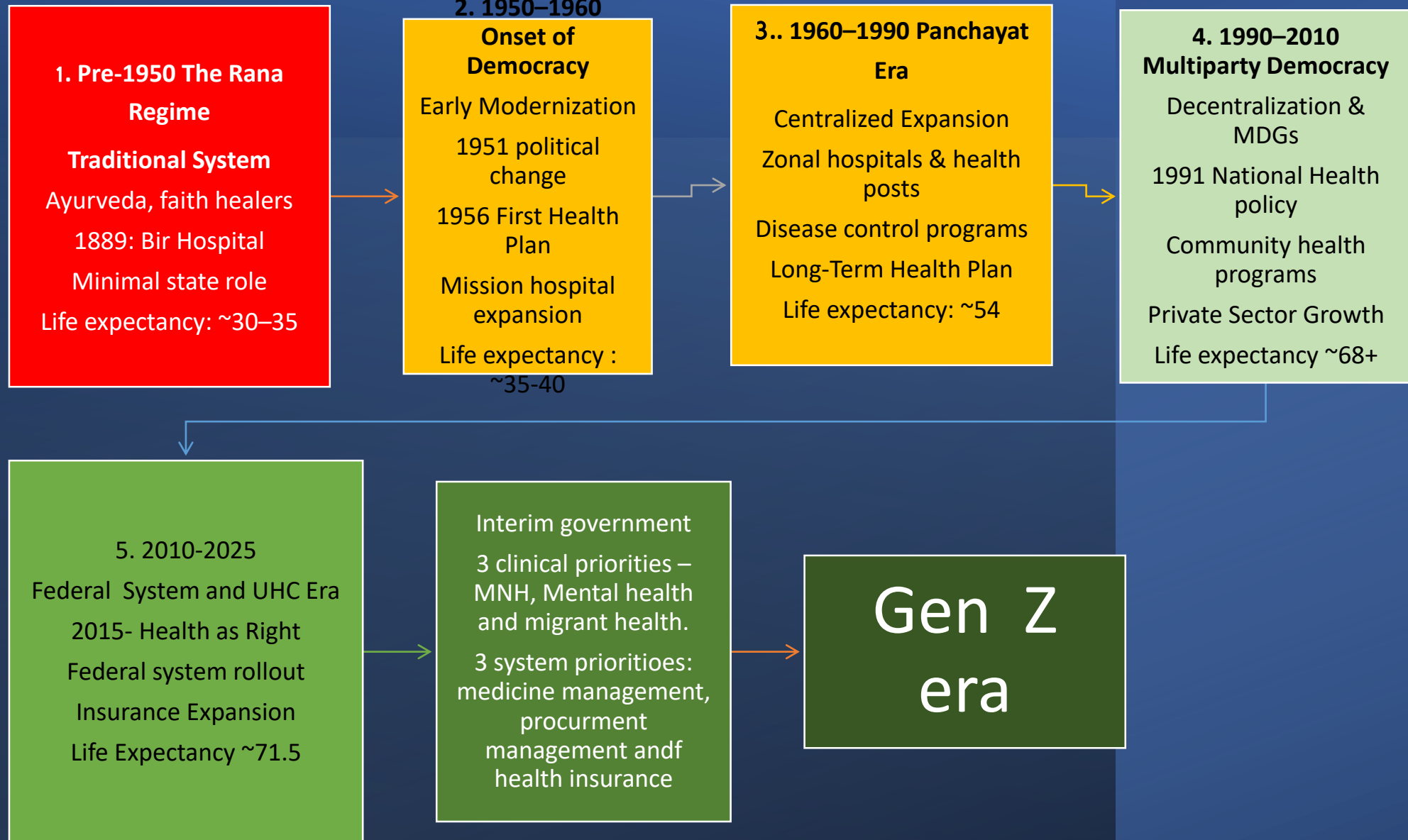
10<sup>th</sup> April 2026, Kathmandu

# Evidence-informed decision-making (EIDM) in health governance

## Why is it Important?



# Evolution of Nepal's Health Sector



How Nepal used  
evidence base to  
strengthen health  
systems – example  
National Health  
Policy 1991

Key elements of the situation  
analysis :

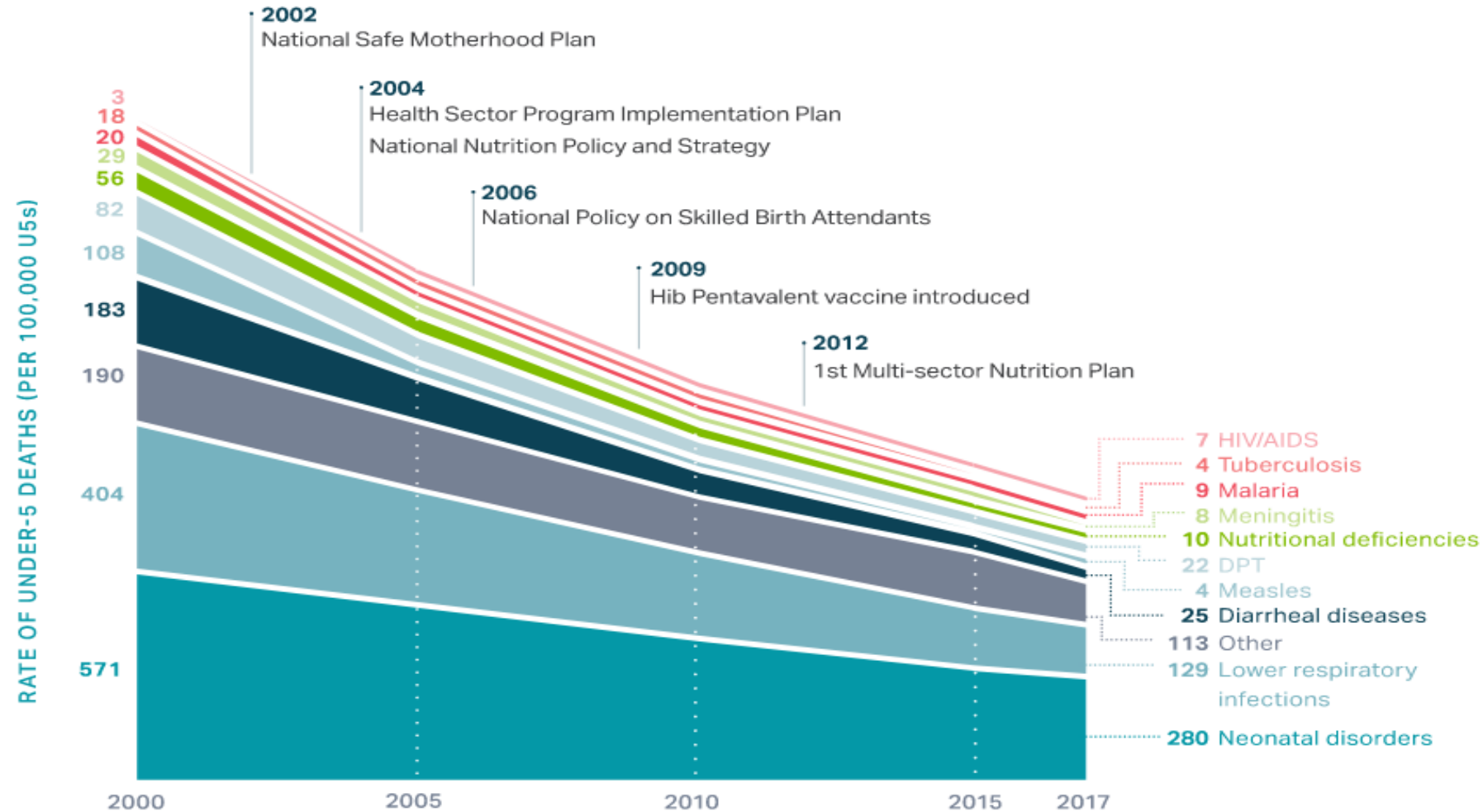
- **Existing Gaps:** while infrastructure existed, it was centrally focused, neglecting rural, poor, and vulnerable populations.
- **Health Status:** high crude death rate necessitating a shift towards primary health care.
- **Focus Areas:** The analysis recommended prioritizing primary healthcare, strengthening health system , integrating reproductive health, and addressing malnutrition to fill gaps from previous 5-year plans.

# National Health Policy 1991: SitAn for the design (1990) and review (2011) : Human Resource for Health

	<b>1990</b>	<b>2011</b>
# Gov Doctors	750	1798
# Nurses	601	18,346
# ANM	2,062	18,307
# Paramedics	1,017	7,491
VHW	2,626	3,190
MCHW	-	2,985
FCHV	4,570	48,489

# Measuring gains- under 5 mortality by cause of death

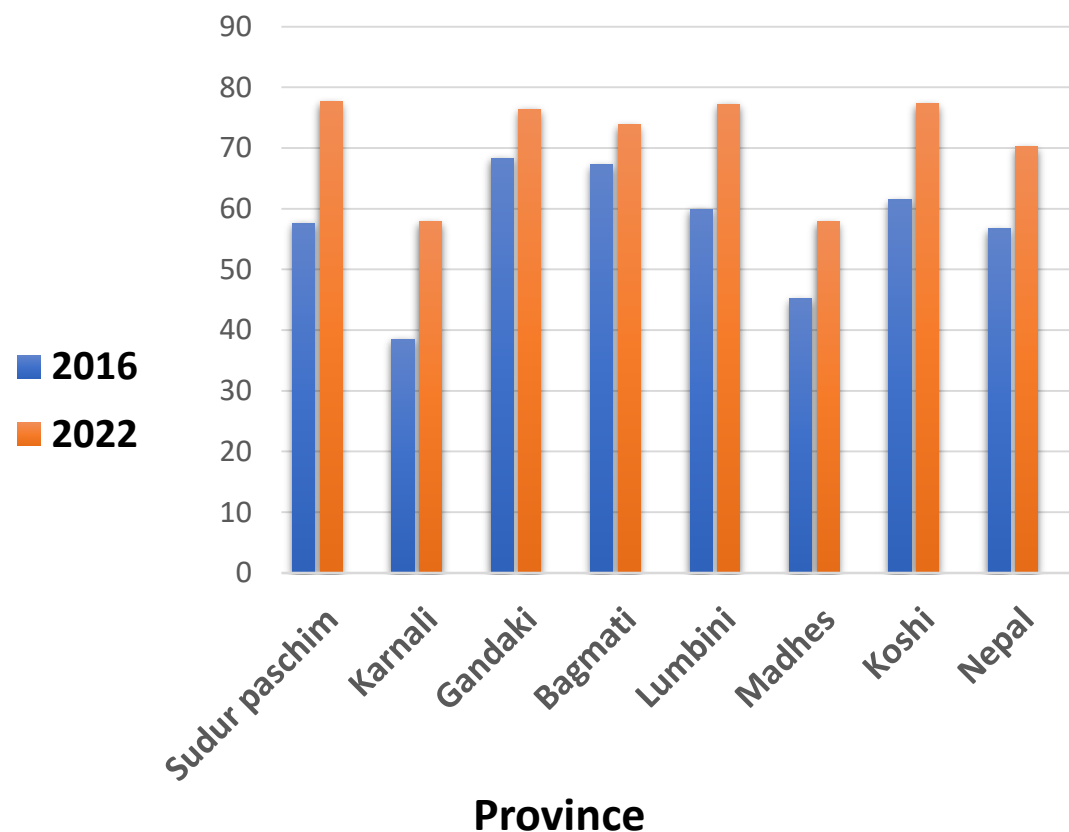
## Under-five mortality in Nepal, 2000-2015



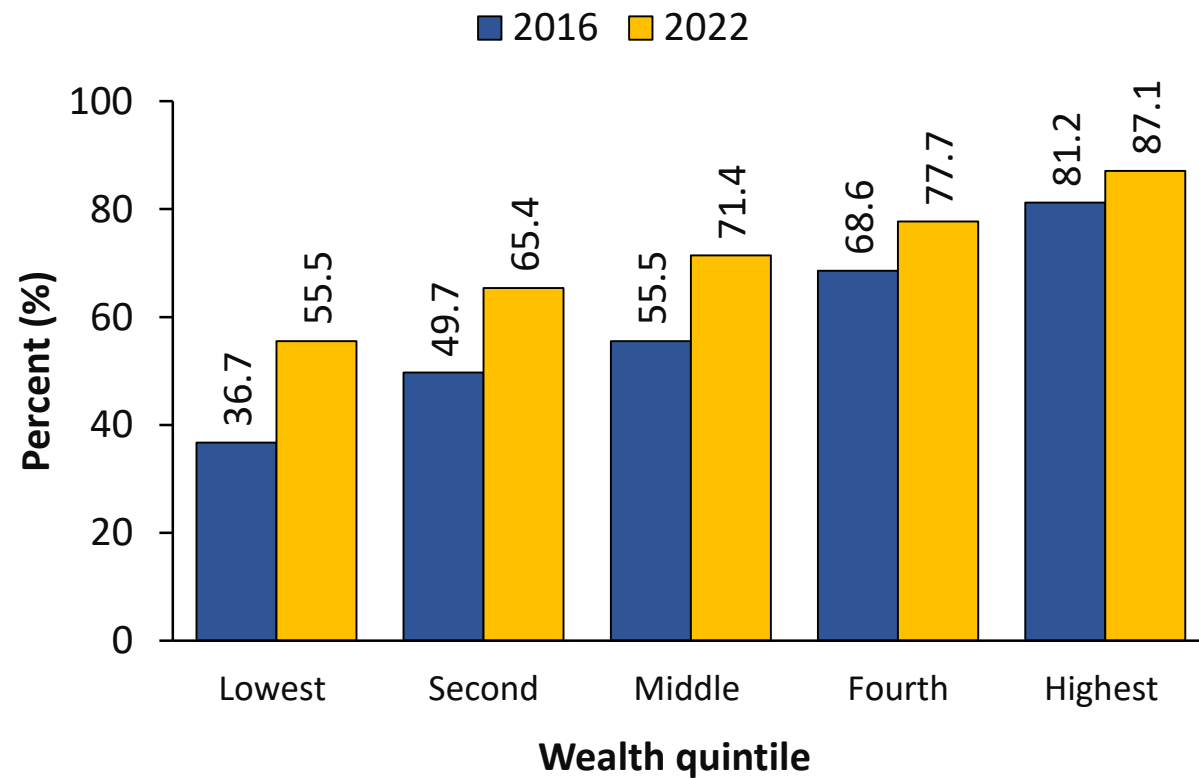
# More recent example: the equity lens

## PNC coverage by geography and wealth quintile (NDHS 2016 & 2022)

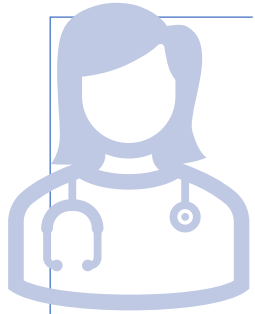
### PNC check up during the first two days after birth by province



### PNC check up during first 2 days after birth by wealth quintile



# Key lessons from history



Primary health care + community programs (e.g., FCHVs) were critical drivers



Post-2015, the main challenge under federalism is governance and accountability at various levels



Geographic, economic, educational, caste and gender-based inequities continue to be significant



Service has expanded but quality remains an issue

# How Nepal compares with other countries ?



Nepal's success is often called a "paradox": we have achieved major health gains despite low income, decade long conflict, major earthquakes, Covid and natural disasters

We use evidence and have a strong culture of learning and adaptation



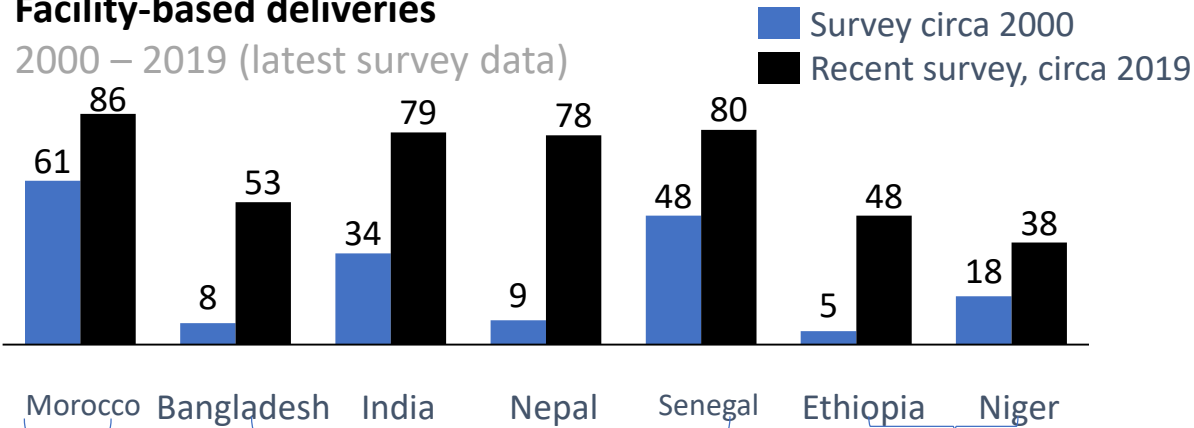
# CROSS-EXEMPLAR COMPARISON

Outcome: Improved access and demand for maternal health services

## Common Elements

### Facility-based deliveries

2000 – 2019 (latest survey data)



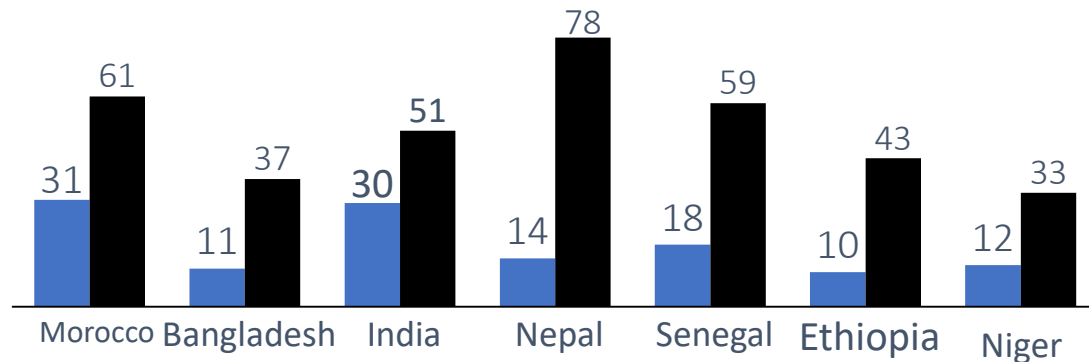
**Expanding** health infrastructure with **demand generation**



**Engagement of private sector**

### ANC visits: 4 or more

2000 – 2019 (latest survey data)

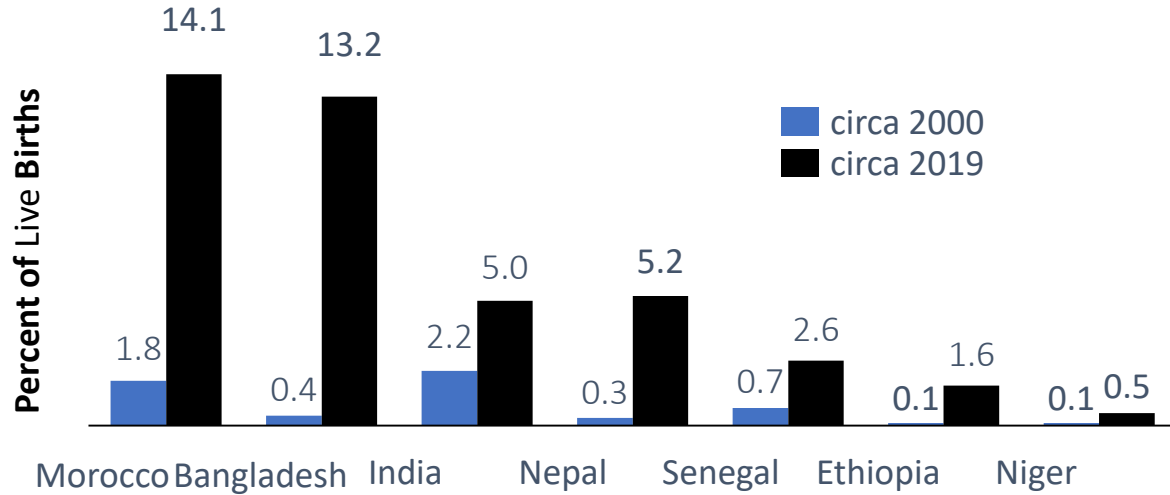


**Removing financial obstacles:**

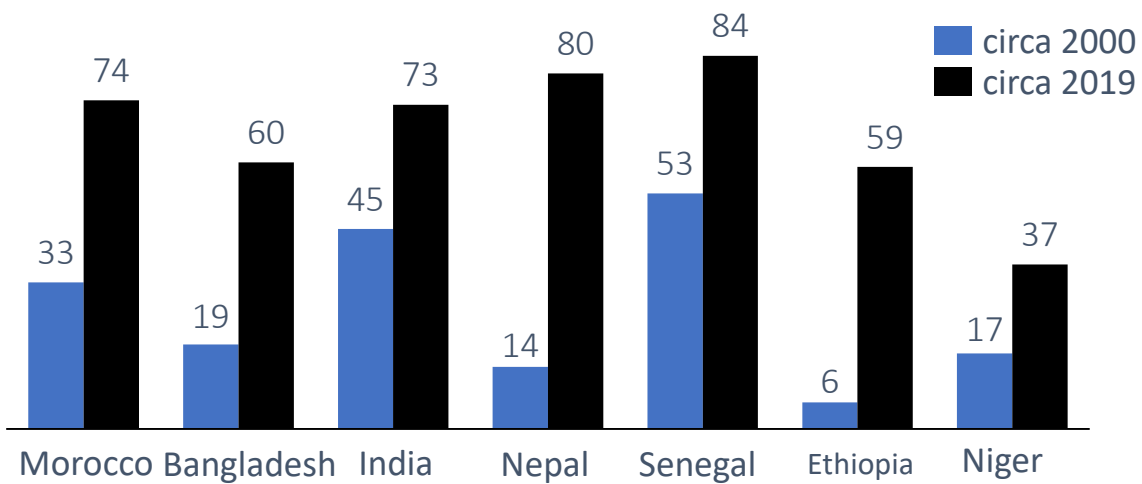
# CROSS-EXEMPLAR COMPARISON

## Outcome: Quality of care

C-SECTION AMONG POOREST WEALTH QUINTILE



BLOOD SAMPLE TAKEN (Percentage of all pregnant women)



Innovative approaches to HRH



System reforms to enhance management and decision making, monitoring, supervision



Investments in referral systems:

# How did we reach to the present stage ?

- Major political changes in Nepal
- Major national efforts – evidence based policies and strategies
- Important international events
- Input and influence from development partners
- Active participation by communities

What Next ?

# Rashtriya Swatantra Party's contract with the people on health and related issues

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Social protection policies include 100% insured health services, integrated social security from birth to death

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unified health service model, expanded access to remote areas, speciality services in schools, mental health programs, preventive care initiatives, and world-class specialised hospitals

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Social security reforms aim to eliminate duplication and misuse of benefits

# Health in the 100-point agenda for the first 100 days of the government

01

10% free  
beds in all  
hospitals

02

Improved  
services

03

Digital  
health

04

Grievance  
address  
mechanism

05

Sulabh  
medicines

06

Air-  
ambulance



Can these be achieved with existing strategies and mechanisms? Yes,



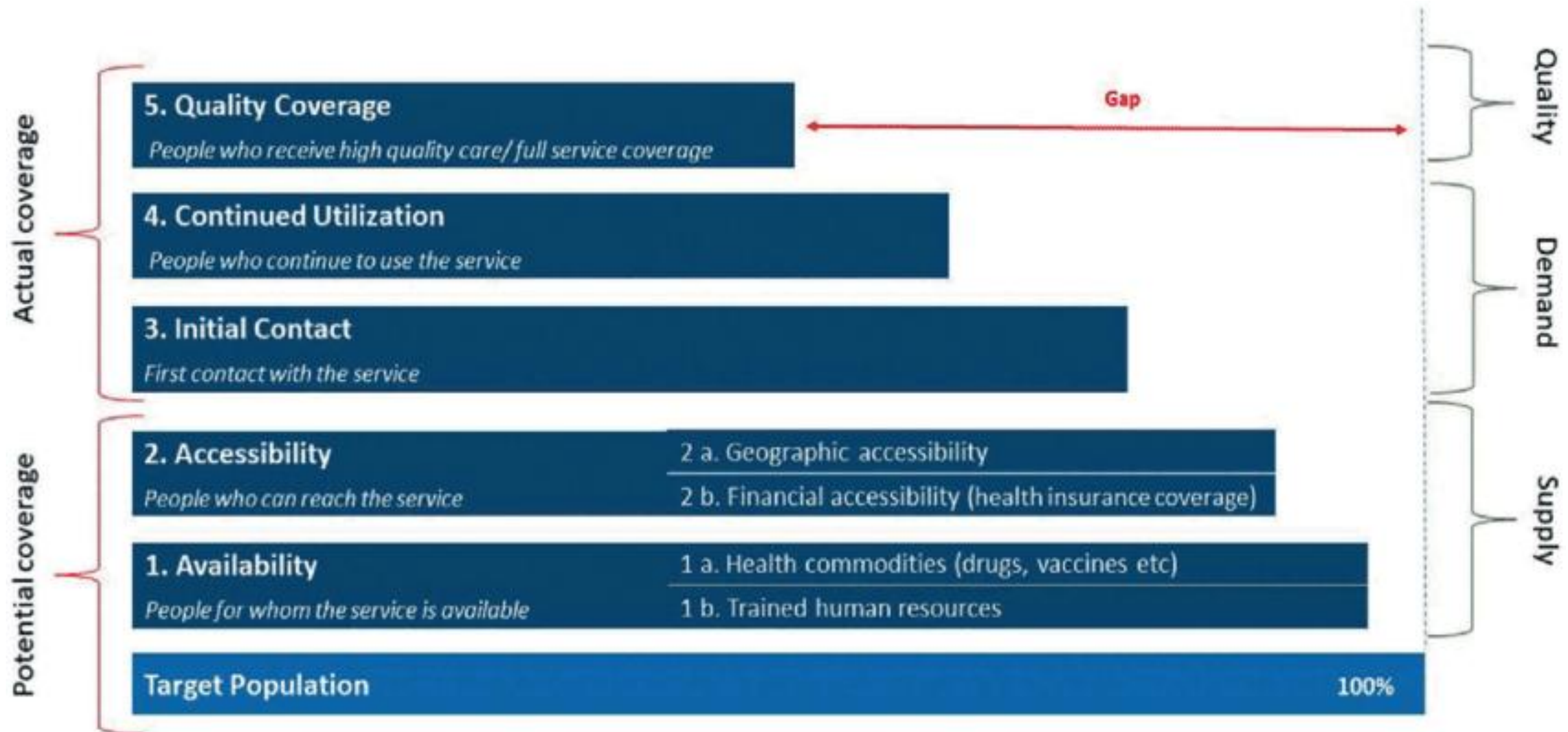
But, addressing shortfalls and results focused effective interventions will be the key to success

# Nepal Health Sector Strategic Plan 2023-2030

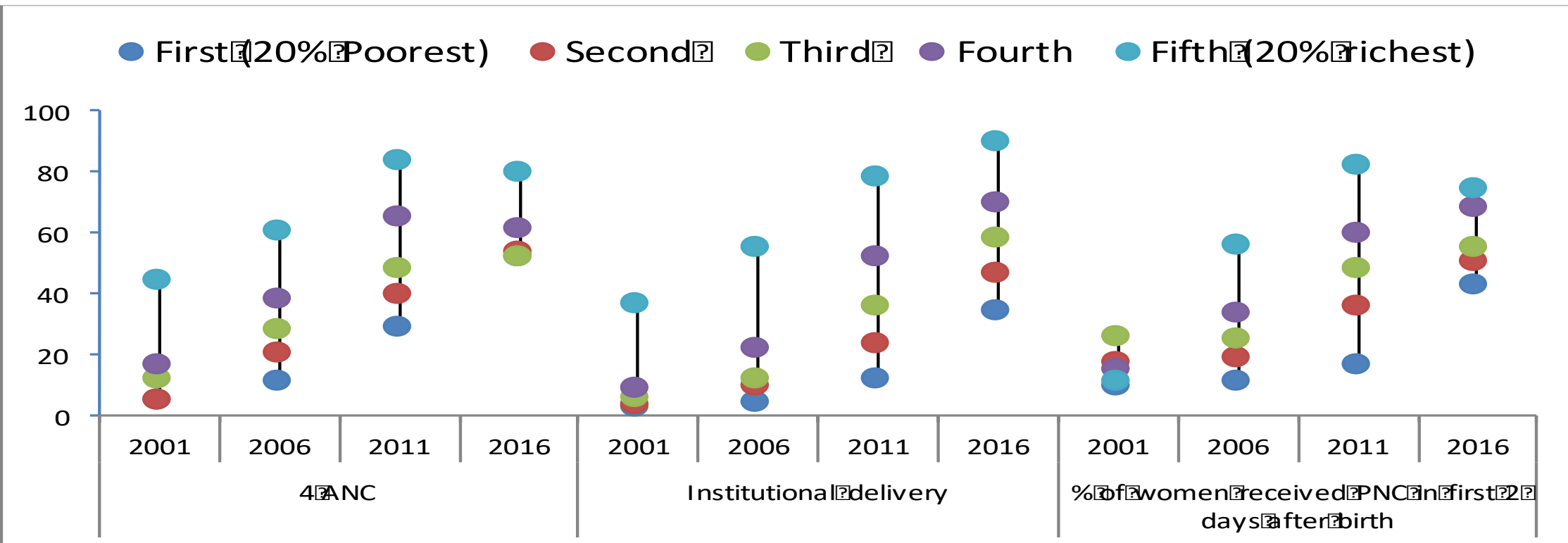
## Five Strategic Objectives

Enhance	Enhance efficiency and responsiveness of health system
Address	Address wider determinants of health
Promote	Promote sustainable financing and social protection in health
Promote	Promote equitable access to quality health services
Manage	Manage population and migration

# Are We Providing Effective Coverage, including specialized services?



# Coverage Changes per Wealth Quintiles



Source: Nepal Demographic and Health Surveys, 2001, 2006, 2011, 2016

Decreasing Inequities, but not enough : Trends in Percentage of Women having ANC, institutional delivery and postnatal care by income group

# Major Current Challenges: and “What” next

Despite significant progress, the health system suffers from many challenges. Some of these should be addressed as a priority to deliver the results promised by the government

- Human resources
- Health insurance
- Medicine, devices, medical products
- Basic Health Services : Integrated with prevention and traditional medicine
- Capacity and Quality overall . Including specialist care in federal and provincial hospitals
- Special Focus areas: Mental Health, Injury Prevention, Environmental Health
- Governance : Coordination, Accountability

# Human Resource Situation

**Doctors, nurses, midwives ~27.6 per 10,000 population in 2023**

## **Issues:**

- Out migration - job satisfaction, salary, opportunities
- Maldistribution, including for scholarship bond (gov, samiti, contracts )
- Not enough positions- specially for specialists
- Lacks required specialists in teams

## **Address:**

1. Generate actual data on working HR- start with public sector
2. Plan service type per facility and create necessary positions and/or redistribute, prioritize training per need , teams essential
3. Conducive environment

# Drug Regulatory System in Nepal

## Area

Governance

Resources

Infrastructure

Structure

## Problem

Weak enforcement, outdated law

Budget + human resource shortage

Labs, IT systems, surveillance

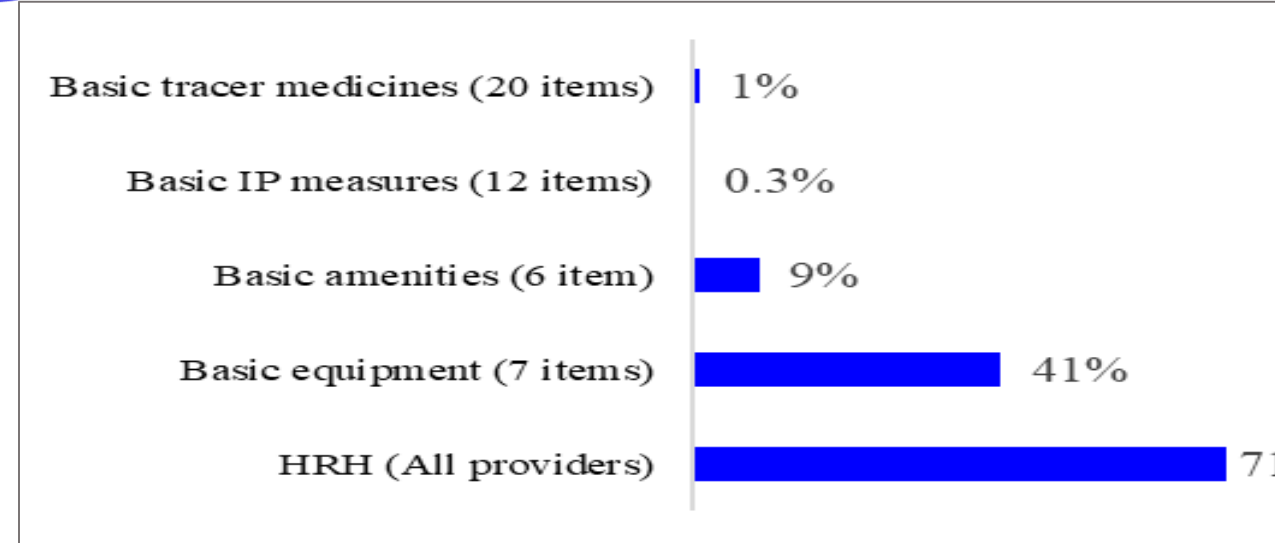
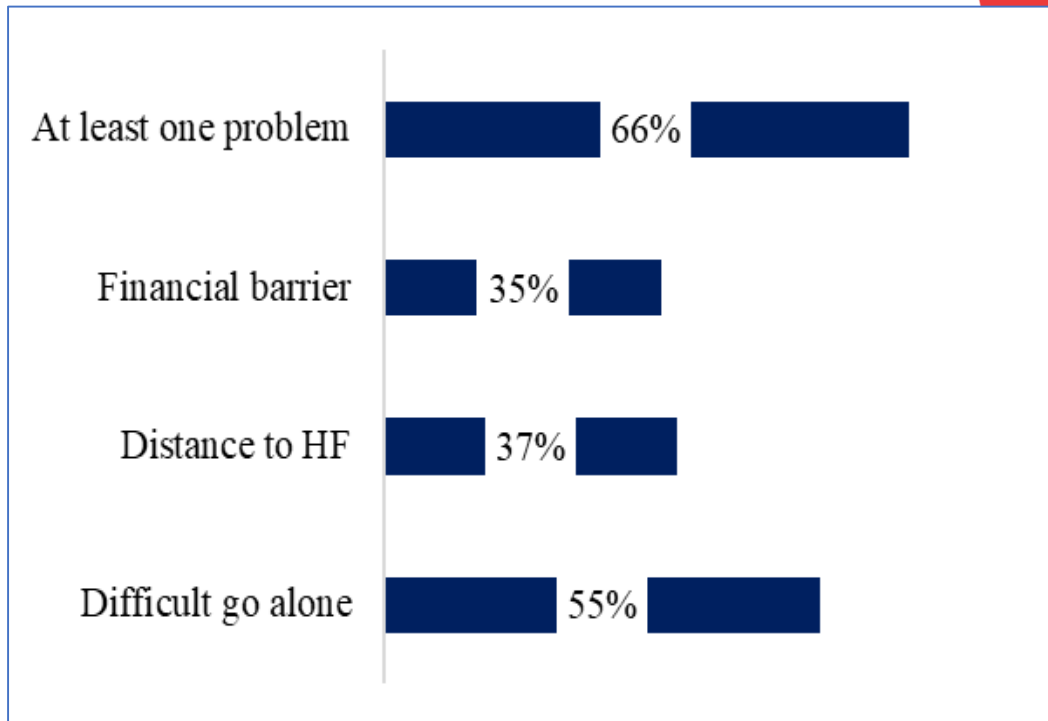
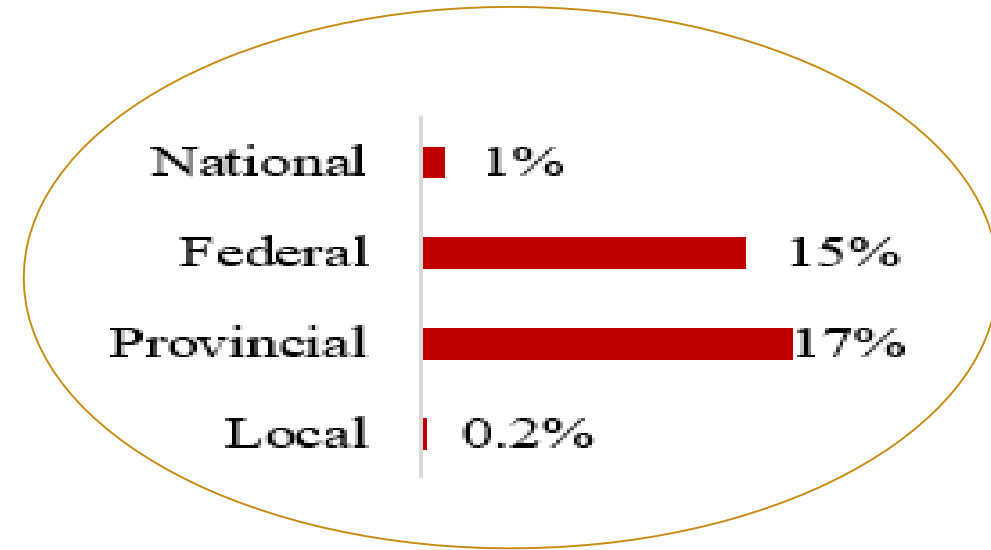
Centralization + poor coordination

- **Enhance capacity of DDA and NML : HR, Infrastructure, Legal reform**
- **Oversight- Medical Affairs Division in MOHP**

# Governance, Leadership, and Accountability: A snapshot of basic services

## OOP - BHS Service

- ANC – 26%
- Normal Delivery – 30%
- Sick childcare service – 20%



# Quality of Services – an Example

Since the 2015 NHFS, the availability of basic amenities has improved- 2021 NHFS

But, there is much room for further improvements.....

## Observed Elements of Client History for First-visit ANC Clients among observed consultations ( N=420) NFHS 2021

- **All elements required in patient history is taken only in 12% of cases**
- Availability of routine tests: urine protein or glucose 52%, hemoglobin 61%

# Governance, Leadership, and Accountability : Changing the scenario

- Strict adherence to MSS- Palika level facilities ( from HP to Palika hospitals) are for Primary Health Care- Adharbhut Sewa, including preventive care and emergency services, as defined by the law
- Revisit the Palika level organogram in health
- Ensure teams in hospitals for providing care- health service is multidisciplinary
- More of multi- skilled health professionals ( MD-GP) specially for the remote and rural areas
- Strengthen monitoring mechanism across the board

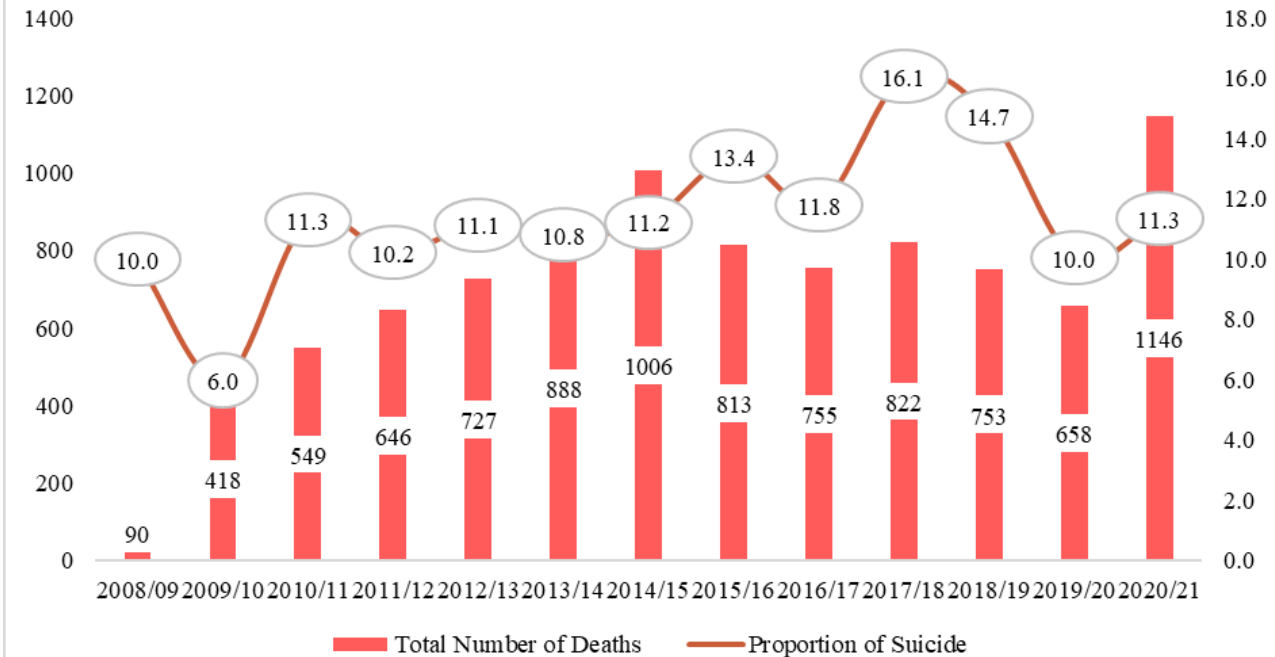
# Mental Health

- *Suicide has become a significant and escalating public health threat that requires immediate, coordinated action*
- *The disproportionately high burden among labour migrants signals the need for targeted interventions and cross-sector accountability*

Suicide mortality per 100,000 population - Nepal



Trend of Deaths and Suicide among Labour Migrants



# Road traffic accidents

Vehicle crashes **more than quadrupled** from ~11000 in 2009/10 to 2024/25

**Key causes:** Driver negligence , Over-speeding , Mechanical failure , Poor road conditions , Pedestrian exposure, Weather , Weak traffic enforcement

**Health Impact :** 1,233 deaths in 6 months (FY 2024/25)

High disability burden (DALYs) ~20,000-40000 injuries/year

**Total cost (2017):** ~USD 122.9 million, equivalent to: ~1.5% of Nepal's GNP

**Multi sectoral approaches and strict enforcement of rules**

# Way forward : the “How”

- **Focus on:**

- **Attaining SDG ( already committed )**
- **Prioritization- Review existing strategic plan**
- **Setting implementation milestones – each activity**
- **Digitize- health information systems**
- **Track Results**

**While doing so, pay attention to:**

- **Minimizing inequity**
- **Morale of health workers**
- **Minimizing wastages (value for money)**
- **Multi sectoral coordination- all levels**

# Way forward : the **How**

Capacity-  
building  
fellowships

Evidence  
synthesis  
centers

Use AI and  
recent  
advances

Thank you for your kind attention !