



# National Health Financing Strategy 2023-2033:



## Ensuring the future, implementing Nepal's health financial strategy



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**Ministry of Health and Population**

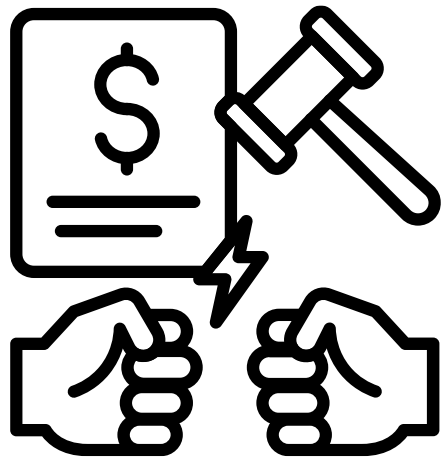
# Background



**Ensure universal access to health based on constitutional provisions, policies, strategies, plans and laws, Sustainable Development Goals and international commitments on health.**



**Need for Investment in the Health Sector**



**The “National Health Financing strategy 2023-2033” has been issued**

# Vision



**Healthy Nepali, Prosperous Nepal**

# Goal



**Ensure universal access to  
quality health care**

# Objectives



**To ensure the availability of financial resources for health services.**

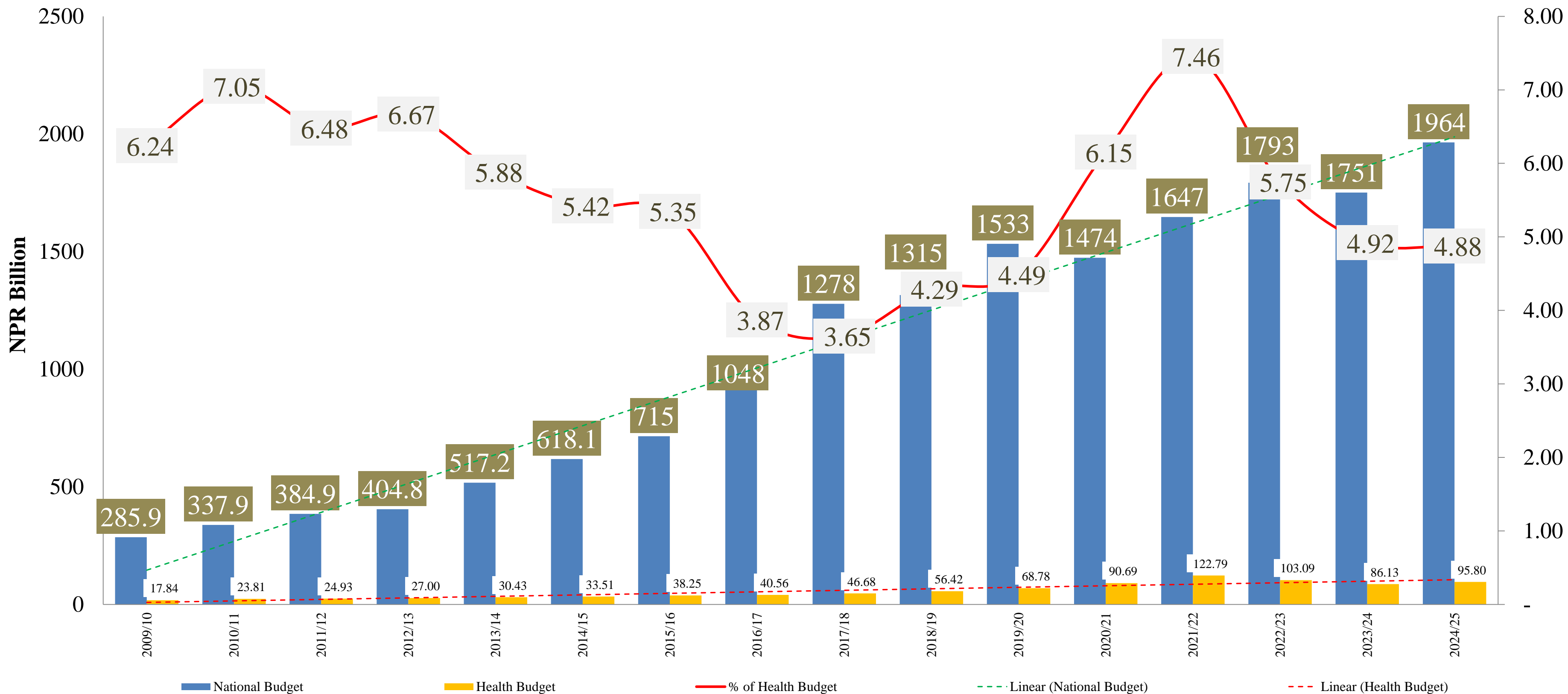


**To reduce the financial risk for citizens in health services and ensure easy access to necessary health services.**

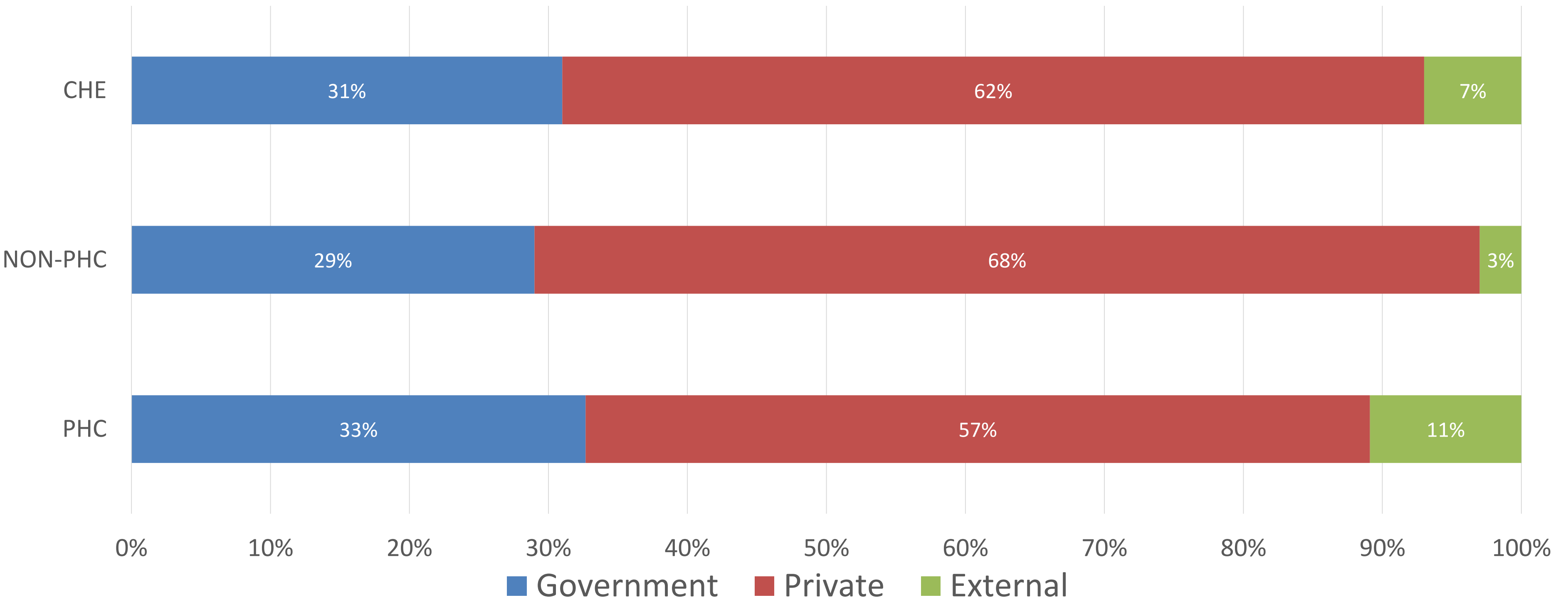
# Glimpse of our Current Health System



# Budget in Health sector of Nepal

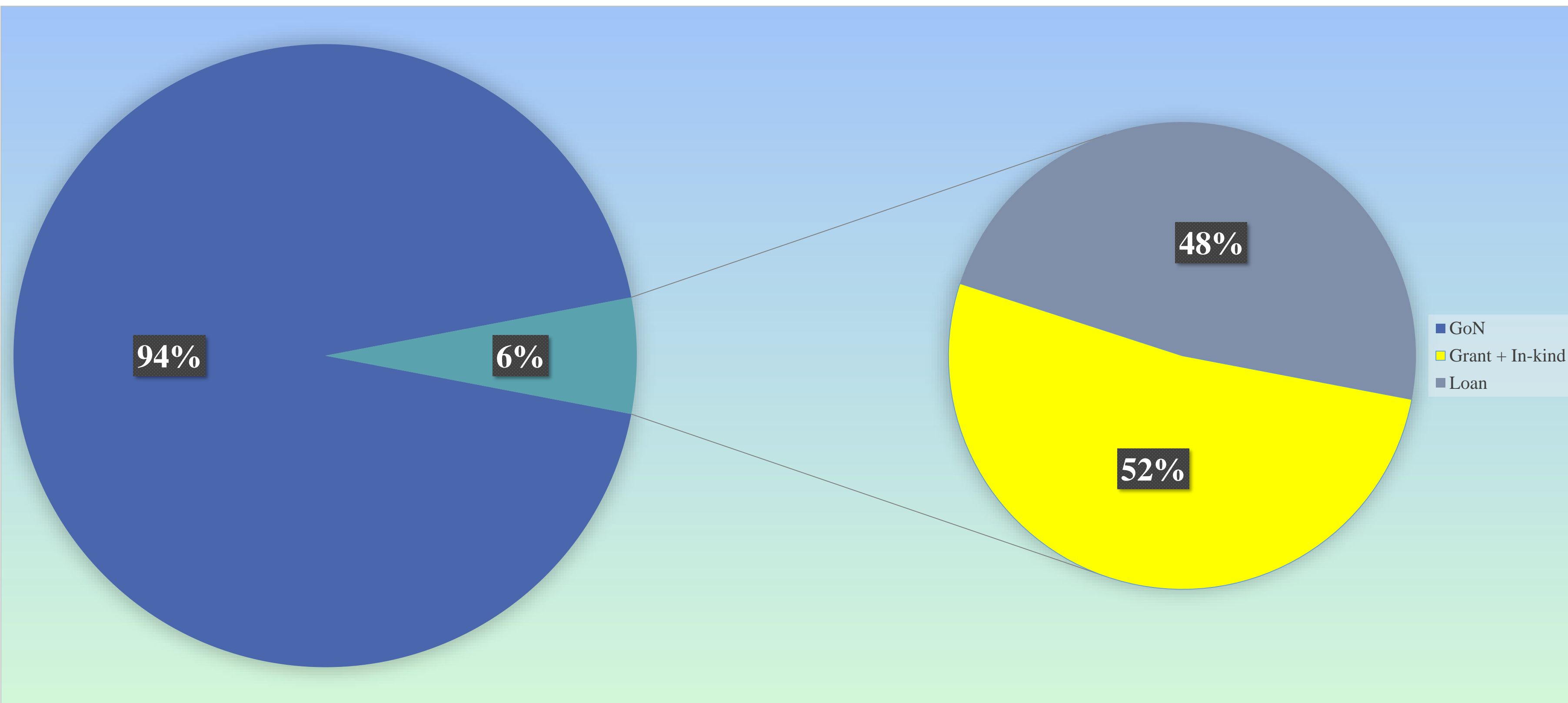


# PHC, Non-PHC, Current healthcare expenditure in Nepal



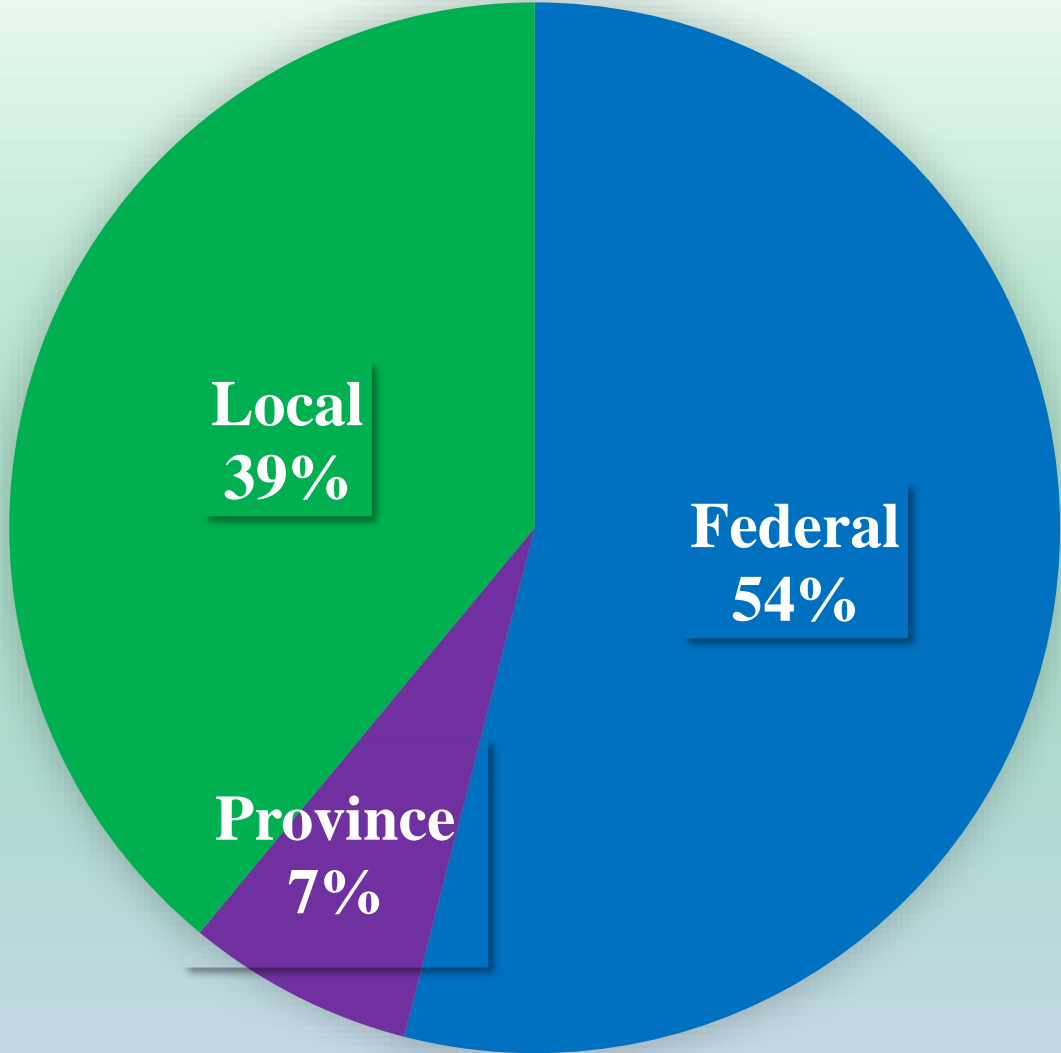
*Source: Global Health expenditure database*

# MoHP Budget by GoN, and External Grant and Loan (2025/26)

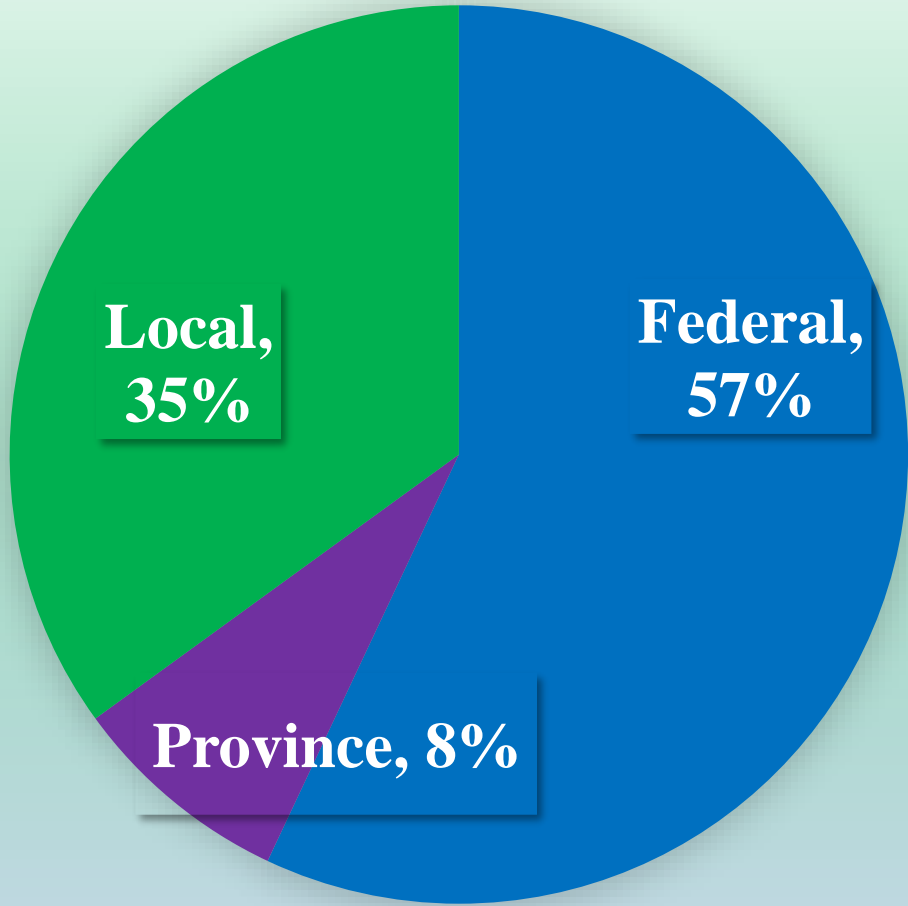


# Health Budget Distribution among Governments

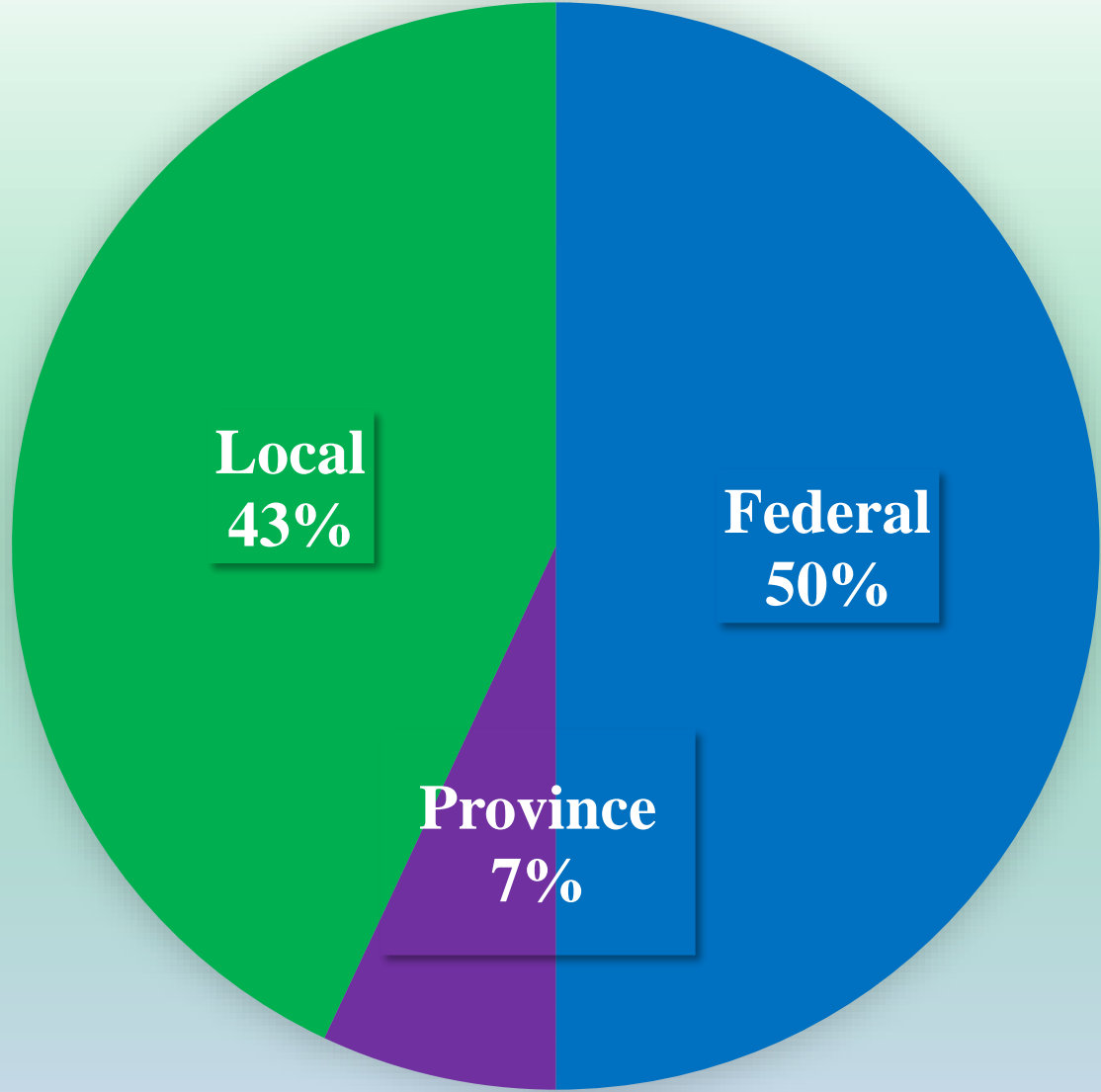
Fiscal Year 2024/25



Fiscal Year 2025/26



Fiscal Year 2026/27 (ceiling)



# Nepal Health Financing Strategy (2080– 2090 BS) in a nutshell

## Action Policies

- Ensure that federal, provincial, and local governments allocate at least **10% of their budget** to the health sector
- Strengthen national revenue as the main source of financing

- Implement Milestone Tracking **system** at all levels
- Re-prioritize and invest based on **cost-effectiveness analysis** and **cost-benefit analysis**
- Provide grants only after performance-based agreements
- Establish a system for “**central bidding–local purchasing**”
- Conduct **Performance Audit (Public Assets Assessment)** and allocate budgets based on audit recommendations

- Enroll **every citizen in the national health insurance program**
- Adopt **capitation-based, case-based, and Diagnostic Related Group (DRG)** payment modalities for provider payment.
- Make Health Insurance Card interoperable with Citizen App

- Ensure the provision of basic health services through a balanced and equitable budget allocation and resource mobilization system.

- Improve pre-hospital and emergency referral services with a structured network across federal, provincial, and local levels.

## Strategies

Expand the Fiscal Space for Health

**Ensure Efficient, Accountable, and Transparent Health Financing Governance**

**Ensure Quality Health Services Through Effective Resource Allocation and Strategic Purchasing**

**Strengthen Resource Mobilization for Basic Health Services Based on Population, Geography, and Need**

Improve Financial Preparedness and Sustainability of Emergency Health Services

## Goal

**To establish a resilient, equitable, efficient and accountable health financing system**

## Vision

Healthy  
Nepali

Prosperous  
Nepal

# Strategies - 5



**To expand the fiscal space for health**



**Strengthen HF governance by ensuring health investments are efficient, responsible, and transparent.**



**Mobilize resources for quality public health services and expand health insurance coverage in line with social health security.**



**Allocate basic healthcare resources per unit based on population, geography, and disease burden.**



**The arrangement of resources will be made for emergency health services**

## 1. To expand the fiscal space for health (4)

1

The main source of national investment will be tax revenues. The following additional resources will be deployed:

- Foreign Aid management,
- Health insurance premiums,
- Corporate social responsibility from the private sector
- Other sources.

2

At least 10 percent budget for all levels in health sector

3

Mutual investment and benefits -  
"Public-Private Partnership in Health"

4

Medicines, equipment, and medical supplies, as well as health service fees will be made scientific, uniform and transparent.

## **2. Strengthen HF governance through efficient management by making investments in health responsible, accountable, and transparent (13)**

**1. An implementation calendar system-implementation of federal, provincial and local level budget and programs.**

**2. Investment will be prioritized primarily in preventive and curative services. It will also be made in rehabilitative and promotional services based on population, geography, and disease burden.**

**3. Investment- Ayurveda and alternative medicine systems based on effectiveness.**

**4. Investment in health programs will be reprioritized and made based on effective periodic cost-effectiveness analysis and cost-benefit analysis.**

**2. Strengthen HF governance through efficient management by making investments in health responsible, accountable, and transparent (13)**

**5. Grants will be provided to health institutions through performance-based grant agreements.**

**6. A policy will be made to implement the concept of "central bidding-local Purchasing" for procurement of tools, equipment, medicines and medical supplies by the Federal, provincial and local governments.**

**7. Relocation, establishment and management of health institutions will be done without duplication based on geography, population and disease burden.**

**8. Reporting and banking will be digitized to make all investments in health sector transparent and effective.**

**9. Arrangements will be made for operational budget by grouping health programs and activities.**

**2. Strengthen HF governance through efficient management by making investments in health responsible, accountable, and transparent (13)**

**10. Budget allocation - Performance Audit and Public Assets Assessment reports of health institutions.**

**11. The cash-based accounting system in hospitals will be made more transparent and will be gradually converted to Modified Cash Basis Accounting and Accrual Basis in potential health institutions.**

**12. Arrangements will be made to provide incentive allowances to health workers based on the evaluation of the service quality of the service recipients, clinical referrals and care.**

**13. Quality of health services by updating the quality and timeliness of the quality of medical treatment and standards.**

**3. Mobilizing resources for quality public health service delivery and ensuring health insurance coverage for service users in line with the concept of social health security (8)**

**1**

**Update health insurance policies, laws, regulations and other regulations in a timely manner. Citizens will be covered by health insurance.**

**2**

**The health insurance policy will be evaluated in accordance with the determination of the action plan in a timely manner.**

**3**

**Institutionalized Health Insurance Board and expand its fiscal space**

**4**

**Health insurance cards will be managed in a manner that is consistent with national identity cards to monitor the individual's health and service utilization details.**

**3. Mobilizing resources for quality public health service delivery and ensuring health insurance coverage for service users in line with the concept of social health security (8)**

**5**

**For the payment of services, new methods of payment will be adopted such as Capitation Based, Case Based, and Diagnostic Related Groupings.**

**6**

**Payment for all social health security programs, including the Safe Motherhood Program and the Poor Citizen Health Treatment Program, will be managed through a single-door system by the state through the Health Insurance Fund.**

**7**

**By expanding the scope of health insurance, the financial resources that have been provided for medicines and chronic diseases will be used exclusively from the insurance.**

**8**

**Health insurance claims will be paid. Arrangements will be made to test through the financial control system.**

**4. Manage resources for Basic Health care on a per-unit basis based on population, geography, and disease burden (3)**

**1. Arrangements will be made to provide the necessary budget for basic health service delivery through equalization grants.**

**2. The provincial government will have the primary responsibility for monitoring basic health service delivery.**

**3. The responsibility for ensuring the delivery of basic health services will lie with the local community.**

## 5. The arrangement of resources will be made for emergency health services (3)

**The cost of providing free emergency health services to the vulnerable groups will be borne by the hospital's income and donations received.**



**The resources required to strengthen the pre-hospital emergency service system will be managed jointly by the provincial and local governments, and the main responsibility for its implementation will lie with the local government.**



**For emergency health services, an "Emergency Health Treatment Fund" will be established and managed in accordance with Section 33 of the Public Health Service Act, 2075.**



# Federal steering committee for the health financing strategy

Hon. Minister, Ministry of Health and Population: Coordinator

Secretary, Ministry of finance: Member

Secretary, Ministry of Women, Children and Senior Citizens: Member

Secretary, Ministry of Federal Affairs & General Administration: Member

Secretary, Ministry of Health and Population: Member

Secretary, Ministry of Labour, Employment and Social Security: Member

Secretary, National Natural Resources and Fiscal Commission: Member

Secretary, National Planning Commission: Member

Division Chief, Health coordination division, Ministry of Health and Population: Member

Director General, Department of Health services: Member

Director General, Department of Ayurveda and alternative medicine: Member

Director General, Department of Drug Administration: Member

Division Chief, Policy planning and monitoring division, Ministry of Health and Population: Member secretary

# Provincial committee for the health financing strategy

Hon. Minister,  
Ministry of Health:  
Coordinator

Secretary, Chief  
Minister and Council  
of Ministers: Member

Secretary, Ministry of  
Economic Affairs and  
Planning: Member

Secretary , Ministry of  
Health : Member

Secretary, Province  
Planning Commission:  
Member

Director, Province  
Health Directorate:  
Member

Medical  
Superintendent of any  
one hospital: Member

Director, Province  
Health Logistic  
Management Center:  
Member

Division Chief, Policy  
planning and  
monitoring division,  
Ministry of Health:  
Member secretary

# Local committee for the health financing strategy

Mayor/Chair,  
Local Level:  
Coordinator

Deputy  
Mayor/Deputy  
Chair, Local Level:  
Member

Chief  
Administrative  
Officer: Member

Chief, Basic Level  
hospital: Member

Female who have  
been insured under  
Health Insurance  
board: Member

3 FCHV  
nominated by  
community:  
Member

Admin and  
Finance Officer:  
Member

Chief of Health  
section of Local  
level: Member  
secretary

# Monitoring and Evaluation

<b>Result oriented framework:</b>	<b>Mid-term review:</b>	<b>Regular progress review:</b>
<ul style="list-style-type: none"><li>• Used to measure the achievements of the programme on an annual basis.</li><li>• Identified key indicators for measuring the objectives, impacts, results and outcomes.</li><li>• Outlines the necessary breakdown of the indicators, the timing of measurement, and the means of verification.</li></ul>	<ul style="list-style-type: none"><li>• MoHP in collaboration with development partners will conduct mid term review in 5 years and a review in 10 years.</li><li>• The main objective of this review will be to assess the status of implementation of the strategy and look into achievements.</li><li>• Based on the findings of this review, necessary adjustments to the strategy will be made.</li></ul>	<ul style="list-style-type: none"><li>• The implementation status of the key actions identified in this strategy will be regularly monitored and reviewed</li><li>• Challenges to achieving the goals will be effectively addressed.</li></ul>

**अनुसूची १ : नतिजा अनुगमन खाका**  
**राष्ट्रिय स्वास्थ्य वित्त रणनीति (२०८०-२०९०)**  
**नतिजा अनुगमन खाका (Results Monitoring Framework)**

	सूचक	आधार वर्ष उपलब्धि (Baseline)	वर्ष	स्रोत	विस्तृतीकरण (Disaggregation)	Milestone 1 (२०८०/८१)	Milestone 2 (२०८४/८५)	२०८८/८९ लक्ष्य (Target)	स्रोत
लक्ष्य	स्वास्थ्यमा सर्वव्यापी पहुँचका लागि समतामूलक वित्त व्यवस्थापन गर्ने।								
	अत्यावश्यक स्वास्थ्य सेवामा सर्वव्यापी पहुँचको संयुक्त सूचकाङ्कमा प्रतिशत (UHC services coverage index of essential health services)	५०	२०७७/७८	Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the WHO SEARO	राष्ट्रिय	६५	८५	१००	Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the WHO SEARO
<b>रणनीतिहरू</b>									
१	स्वास्थ्य क्षेत्रको वित्तीय दायरा (Fiscal Space for Health) विस्तार गर्ने।								
	स्वास्थ्यमा सरकारी लगानीबाट हुने प्रति	२०	२०७७	राष्ट्रिय स्वास्थ्य लेखा	राष्ट्रिय	३६	४९	८६	राष्ट्रिय स्वास्थ्य लेखा

	सूचक	आधार वर्ष उपलब्धि (Baseline)	वर्ष	स्रोत	विस्तृतीकरण (Disaggregation)	Milestone 1 (२०५०/५१)	Milestone 2 (२०५४/५५)	२०५५/५९ लक्ष्य (Target)	स्रोत
	व्यक्ति खर्च (अमेरिकी डलर)								
	वार्षिक बजेटमा स्वास्थ्य क्षेत्रको प्रतिशत	८.१५	२०७८/७९	रातो किताब	राष्ट्रिय	९.१५	१०	१०	रातो किताब
२	स्वास्थ्यमा गरिने लगानीलाई जन-उत्तरदायी, जवाफदेही र पारदर्शी बनाउँदै कुशल व्यवस्थापनमार्फत स्वास्थ्य वित्त सुशासन सुदृढ गर्ने।								
	विनियोजित बजेटको खर्च अनुपात (प्रतिशत)	८०	२०७७/७८	रातो किताब	राष्ट्रिय	८५	९०	९५	महालेखा नियन्त्रक कार्यालयको प्रतिवेदन
	खर्च भएको बजेटको अडिट क्लियरेन्स (प्रतिशत)	NA							
३	सामाजिक स्वास्थ्य सुरक्षाको अवधारणा अनुरूप गुणस्तरीय स्वास्थ्य सेवा प्रवाहका लागि स्रोतको सङ्कलन र सेवा खरिद स्वास्थ्य बीमामार्फत सुनिश्चित गर्ने।								
	स्वास्थ्यमा हुने व्यक्तिगत खर्च (प्रतिशत)	५७	२०७६/७७	राष्ट्रिय स्वास्थ्य लेखा	राष्ट्रिय	४०	३०	२५	राष्ट्रिय स्वास्थ्य लेखा
	स्वास्थ्यमा हुने व्यक्तिगत खर्चका	१०.७	२०७३/७४	राष्ट्रिय स्वास्थ्य लेखा	राष्ट्रिय	६	४	२	राष्ट्रिय स्वास्थ्य लेखा

सूचक	आधार वर्ष उपलब्धि (Baseline)	वर्ष	स्रोत	विस्तृतीकरण (Disaggregation)	Milestone 1 (२०५०/५१)	Milestone 2 (२०५४/५५)	२०५५/५९ लक्ष्य (Target)	स्रोत
कारण आर्थिक सङ्कटमा धकेलिएका जनसङ्ख्याको प्रतिशत (१०% श्रेसहोल्डमा)								
स्वास्थ्यमा हुने व्यक्तिगत खर्चका कारण गरिबीमा धकेलिएका जनसङ्ख्याको प्रतिशत (१.९९ अन्तर्राष्ट्रिय डलर, PPP)	१.७	२०७३/७४	राष्ट्रिय स्वास्थ्य लेखा	राष्ट्रिय	१	०.५	०	राष्ट्रिय स्वास्थ्य लेखा
गरिबीको रेखामुनि रहेका कुल जनसङ्ख्या मध्ये स्वास्थ्य बीमामा आबद्ध जनसङ्ख्याको प्रतिशत	९.१६	२०७७/७८	राष्ट्रिय स्वास्थ्य बीमा बोर्ड	राष्ट्रिय	५०	१००	१००	राष्ट्रिय स्वास्थ्य बीमा बोर्ड

	सूचक	आधार वर्ष उपलब्धि (Baseline)	वर्ष	स्रोत	विस्तृतीकरण (Disaggregation)	Milestone 1 (२०५०/५१)	Milestone 2 (२०५४/५५)	२०५५/५९ लक्ष्य (Target)	स्रोत
४	जनसङ्ख्या, भूगोल, र रोगभारको आधारमा प्रति इकाईका दरले आधारभूत स्वास्थ्य सेवाको लागि स्रोत व्यवस्थापन गर्ने।								
	सबै आधारभूत स्वास्थ्य सेवाहरू प्रदान गर्ने स्थानीय तहहरूको प्रतिशत	(तथ्याङ्क उपलब्ध नभएको तर विधि तय गरी प्राप्त गर्ने)			राष्ट्रिय				
५	आपत्कालिन तथा आकस्मिक स्वास्थ्य सेवा प्रणाली सुदृढीकरण गर्न वित्तीय स्रोतको व्यवस्था गर्ने।								
	आकस्मिक सेवा लिने सेवाग्राही मध्ये विमित भएकाहरूको प्रतिशत	(तथ्याङ्क उपलब्ध नभएको तर विधि तय गरी प्राप्त गर्ने)							



Thank you !