

Evidence-Informed Health and Climate Policy-Making in Nepal

An Integrated Analysis of H-NAP, NHSSP, and NDC 3.0

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Government of Nepal
Ministry of Health and Population



Background

Federal Transition

Nepal's shift to federalism redistributed health and climate responsibilities across federal, provincial, and municipal levels - creating opportunities for locally responsive action.

The Policy Gap

Despite formal policy structures (H-NAP, NHSSP, NDC 3.0), translation into action is hampered by fragmented evidence use, limited coordination, and stakeholder engagement.

Study Purpose

This study applies integrated comparative policy analysis to examine how these three instruments were developed and what barriers limit their coherence and implementation effectiveness.

Federalism enables locally responsive, context-specific action on health-climate linkages, bringing decision-making closer to affected communities.

Study Design

This study examines how Nepal's three major policy frameworks — H-NAP, NHSSP, and NDC 3.0 — are formulated, integrated, and implemented across a governance structure.

Using qualitative methods, 38 key informants were interviewed across federal, provincial and local government tiers, academia, and development partners.

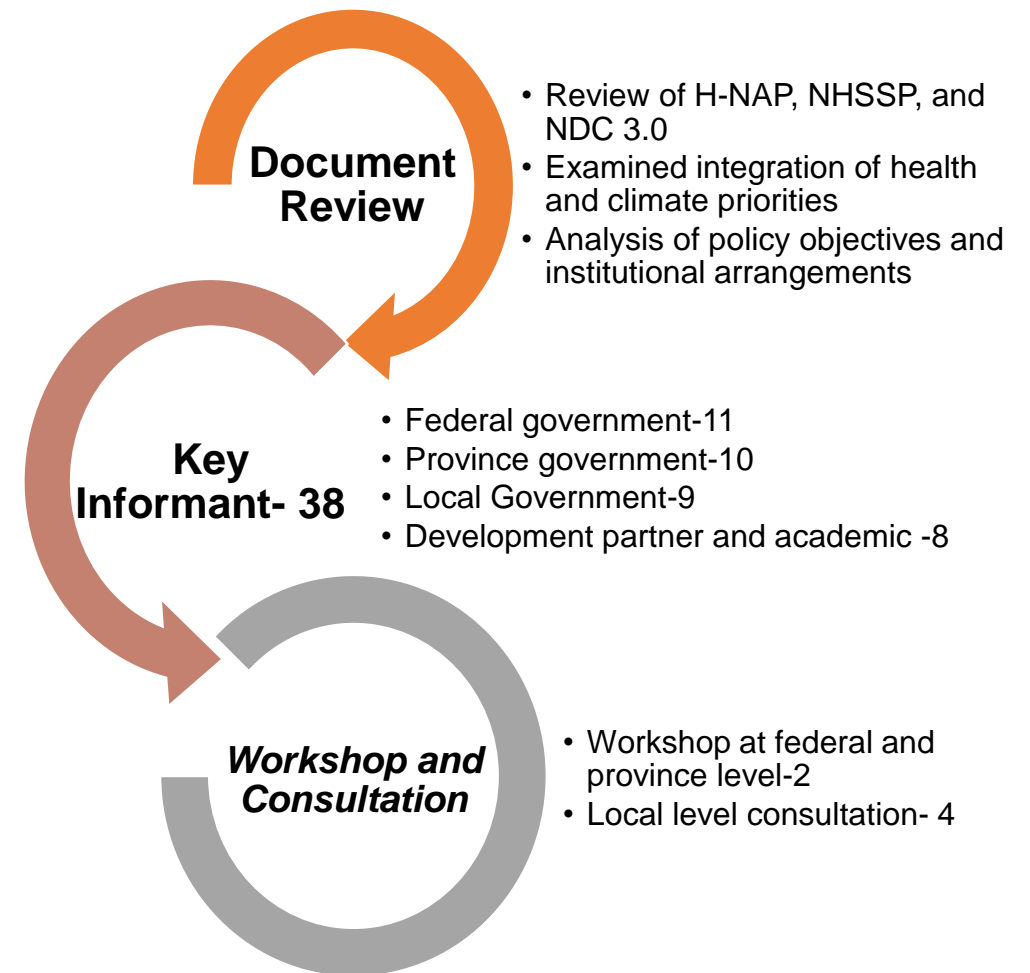
Workshops and Consultations- trace policy decision pathways and evidence use

Study Sites

Federal: Ministries, Development Partners, Academia

Province: Lumbini & Gandaki

Local: Ghorahi Sub-metro (Dang), Nepalgunj Sub-metro (Banke), Suklagandaki Municipality (Tanahu), Annapurna Rural Municipality (Kaski)





Health & Climate Change TWG, July 2025



Mini-workshop in Lumbini, Aug 2025



Workshop Outputs in Lumbini



Policy Frameworks



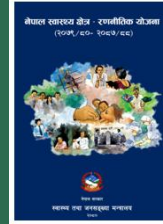
H-NAP

Health National Adaptation Plan

Integrates health sector concerns into national climate adaptation planning. Addresses climate-sensitive diseases, health system resilience, and extreme weather health impacts.

Key Focus Areas

- Climate-health risk assessment
- Health system adaptation
- Surveillance & early warning



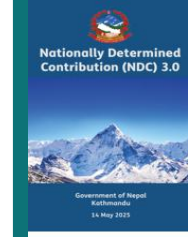
NHSSP

Nepal Health Sector Strategy & Plan

The overarching strategic framework for Nepal's health sector, guiding service delivery, workforce, financing, and cross-sectoral integration over a multi-year period.

Key Focus Areas

- Universal health coverage
- Multi-tier service delivery
- Evidence-based programming



NDC 3.0

Nationally Determined Contribution 3.0

Nepal's updated climate commitment under the Paris Agreement, outlining mitigation and adaptation targets across sectors including health, forests, energy, and agriculture.

Key Focus Areas

- Emissions reduction targets
- Sector-wise adaptation
- Health-climate co-benefits

Formulation process- Province and Local Engagement

NDC 3.0

- Lead by Ministry of Forest and Environment
- Consulted at provincial level through structured workshops
- Implementation plan- through provincial consultation, limited engagement of local government
- Sector consultations included provincial environment & health offices
- Feedback loops incorporated into final NDC 3.0

“Creating something from a 'zero draft'... the pre-legislative stage. After that, in the legislative stage, a draft is discussed by Parliament... published in the Gazette.”- KII federal

H-NAP

- Primarily level drafting process- Ministry of Health and Population
- Process led by climate change technical working group (TWG)
- Provincial and local levels engagement was limited
- Limited outreach to sub-national health and climate offices
- Province and local level received final document with inadequate guidance for implementation and budget

“Ambitious policies: Gaps in implementation and challenges to link Policy to Practice... Policies based on felt needs are more likely to be implemented”- KII province

NHSSP

- Led by MoHP at federal level
- Limited structured consultation mechanism with sun national governments
- Sub-national priorities fed into the strategy but lack guidance for implementation
- Sub national level- informed post-approval, not during formulation

“Policies should be formulated in a way that makes them practically implementable...” – KII local level

Implementation- Sub-national Level

Implementation Guidelines

- No Standard Operating Procedures (SOPs) for province/local implementation
- Sub-national governments lack technical guidance to operationalize policy mandates
- Translation of national policy into local action remains largely undefined
- Absence of implementation roadmaps or action plan templates

Budget for Implementation

- Provincial and local governments depend on federal transfers — no dedicated climate-health line items
- Fiscal federalism gaps: budget planning not aligned with policy mandates
- Donor-funded implementation creates sustainability risks

Roles & Responsibilities

- No clear delineation of responsibilities across federal, provincial, and local tiers
- Accountability mechanisms for sub-national implementation
- Local officials unsure of their authority to adapt or implement policy
- Limited problem understanding and uptake at the local level

Policies are like a ship without a rudder at the sub-national level — we received the document, but no budget, no guidelines, and no clarity on who does what.

— Provincial KII Respondent

Evidence Use and Data Integration

Evidence use

- Voices from elected representatives: considered as public voice
- Climate change considerations are only partially integrated in health (e.g. limited to vector-borne diseases)
- Evidence use is selective, often driven by immediate needs
- Resource constraints, donor priorities and political changes influence the decision

Evidence Use by Governance Level

FEDERAL	<ul style="list-style-type: none">• National datasets & prior policies• Expert consultations• International frameworks
PROVINCIAL	<ul style="list-style-type: none">• Stakeholder feedback• Policy replication from federal• Limited context-specific data
LOCAL	<ul style="list-style-type: none">• Experiential knowledge• Community feedback• Minimal formal evidence use

Equity & Indigenous Knowledge

In Policy Frameworks

- Equity principles referenced in H-NAP, NHSSP, and NDC 3.0
- Indigenous and traditional knowledge acknowledged as a policy resource
- Vulnerable populations — women, elderly, marginalized communities — identified
- Gender-sensitive indicators mentioned in health sector plans

In Practice — Critical Gaps

- No standardized mechanisms to include vulnerable groups in consultations
- Indigenous knowledge not formally integrated into standard operating procedures
- Disaggregated data on marginalized populations rarely collected or used
- Climate-health impacts on poorest communities inadequately addressed

"Recognized but not translated into practice" — the central equity challenge across all three instruments

Key Finding

01 Policy Process

Structured multi-stage processes led by federal institutions, formally structured but often reactive; rapid drafting limits wide evidence use

02 Stakeholder Engagement

Broad consultation in practice, largely indirect participation; limited use of standardized consultation tools; minimal direct involvement of vulnerable groups

03 Evidence Integration

Federal policymakers draw on national data and expert inputs; provincial and local levels rely primarily on experiential knowledge and policy replication.

04 Implementation Gaps

Policies circulated without adequate budgets or operational guidance. Unclear role delineation leads to duplication and weak accountability.

05 Barriers

Resource constraints- both financial and human, limited academia–government linkages limits the usability of available evidence.

06 Cross-sectoral Integration

Climate–health linkages within policies are often symbolic, implementation hampered by financing and staffing gaps

Takeaway Message

1

Strengthen Evidence Systems

Enhance generation, accessibility, and use of context-specific data. Establish mechanisms to translate scientific evidence into policy-relevant formats.

2

Enhance Multi-level Governance

Clarify roles and responsibilities across federal, provincial, and local governments. Strengthen intergovernmental coordination to reduce duplication and gaps.

3

Promote Participation

Promote inclusive processes that enable stakeholders to practically influence policy decisions.

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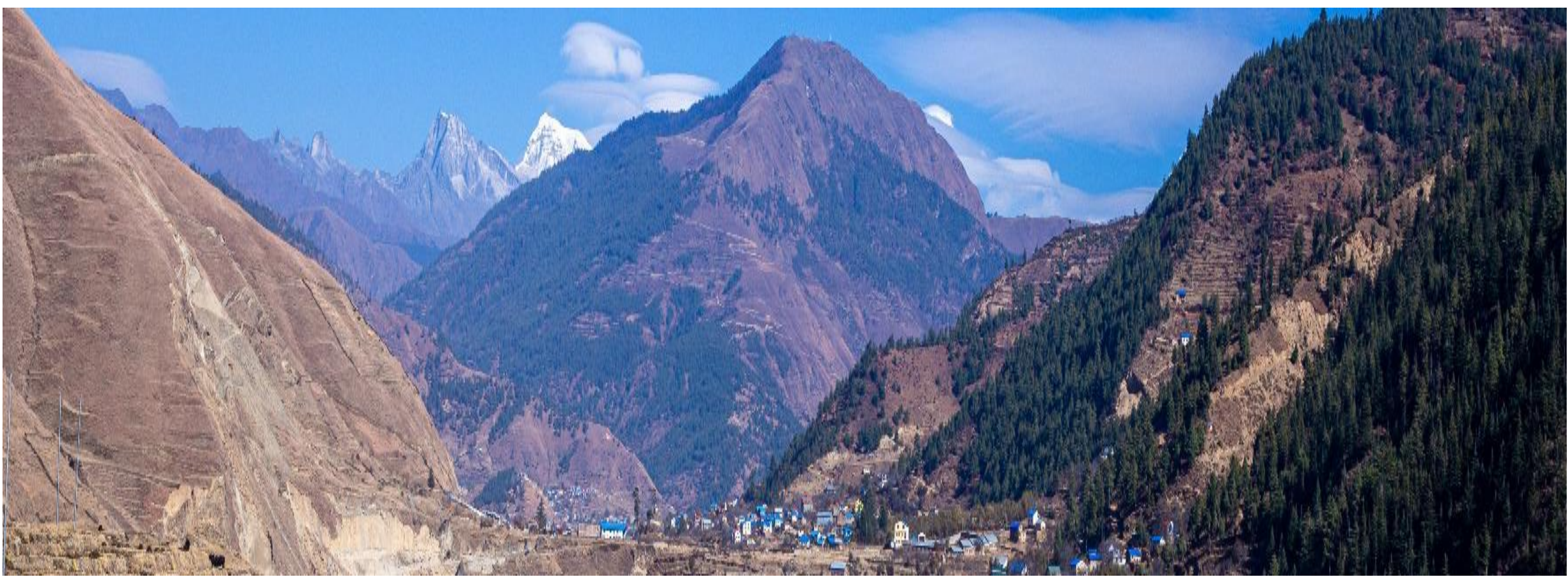
Align with Resources

Ensure policies are accompanied by realistic budgeting, human resource planning, and implementation frameworks to avoid unfunded mandates.

5

Systems Thinking

Institutionalize cross-sectoral collaboration, particularly between health, environment, and climate-related ministries, to address interdependent challenges.



Thank You



Government of Nepal
Ministry of Health and Population



Alliance
for Health Policy
and Systems Research

HERD
International

Bio of presenter

Hello, I'm Bijaya Sharma, a Senior Officer in Environmental Health at HERD International. I bring over nine years of experience in the development sector, with a strong focus on project management across Disaster Risk Reduction (DRR), Climate Change Adaptation (CCA), and Water, Sanitation, and Hygiene (WASH). I am particularly passionate about engaging with youth and communities, fostering their capacity to lead and drive meaningful change and dedicated to promoting evidence-based approaches that strengthen community resilience.

