



# Update on Policies, Strategy & Plan Development

Joint Annual Review 2015

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# Policy Environment

## *(updates from Last Year)*

- National Health Policy 2014 *(Endorsed)*
- Urban Health Policy *( Awaiting Cabinet Approval)*
- Population Policy 2014 *( Awaiting Cabinet Approval)*
- Revised Safe motherhood Policy 2014 *(Draft)*
- MPDSR implementation plan 2015-19
- National Immunization Fund Regulation 2014  
*(Endorsed)*
- National Blood Transfusion Policy 2014 *(2nd Revision  
Endorsed)*
- Framework Convention on Tobacco Control (FCTC)



# National Health Policy 2014

## **Vision**

*All Nepali citizens have the physical, mental, social and spiritual health to lead productive and quality lives*

## **Mission**

*Ensure citizens' fundamental rights to stay healthy by optimally utilizing the available resources optimally and fostering strategic cooperation between health service providers, service users and other stakeholders.*

## **Goal**

*Provide health services through equitable and accountable health system while increasing access of every citizens to quality health services to ensure health as a fundamental human right to every citizens*



# Guiding Principles

- Health as a basic right
- Access to poor, marginalized and at risk communities
- Peoples participation
- Meaningful participation of private sector
- Alignment with other policies and programs
- Responsiveness and regulation of the sector



# Policy Directives....

- 1. Access to quality health services (Universal Health Coverage)**
- 2. Basic health services free of cost**
- 3. Plan, produce, retain and develop skilled human resources**
- 4. Ayurvedic system of medicine complementing others**
- 5. Foster domestic production of quality drugs and health products**
- 6. Quality of health research**
- 7. Fundamental right to health information: Health related IEC**



# Policy Directives....

- 8. Reduce malnutrition through promotion and utilization of healthy food**
- 9. Professional councils capable, professional and accountable.**
- 10. Health in all policies**
- 11. Right to live in healthy environment**
- 12. Improve governance**
- 13. Public private partnership**
- 14. Increase state's investment in health sector and effectively utilize and manage support in health sector**



# Urban Health Policy 2015

- increasing access to quality health services to women, children, poor, marginalized and senior citizens(urban population)
- development of Integrated Urban Health Service Program to address all adverse issues directly related to health of the urban population
- Defining and clarifying the roles, responsibilities, and accountability of different stakeholders.
- Bring uniformity or standardize the delivery of the quality basic health care service and improving the quality of curative service delivery



# Urban Health Policy 2015

- enhancing capacity and empowerment of the institutions, fostering peoples participation to deliver quality health services in urban setting
- Increase equitable distribution and utilization of urban health centers
- Develop an effective mechanism to coordinate and monitor urban health services
- Resource mobilization and effective management for implementing the policy



# Safe Motherhood Policy

## ( *1st Revision Drafted* )

Safe Motherhood policy 1998: Revision initiated in 2014

**Rational for revision:** To incorporate emerging and contemporary issues

### **Revised Strategy highlights:**

- 1) Response and surveillance of every maternal death within 24 hrs.
- 2) Integrating newborn care properly in the maternal care
- 3) Respectful maternity care
- 4) Right based approach to maternal health
- 5) Maternal and newborn nutrition
- 6) Health network for care from home to highest level of care



# National Maternal Perinatal Death Surveillance and Response (MPDSR) Guidelines and Implementation Plan 2014 - 2018

- Drafted in 2013/2014
- Built on existing MPDR guidelines and tools
- Endorsed in Jan 2015

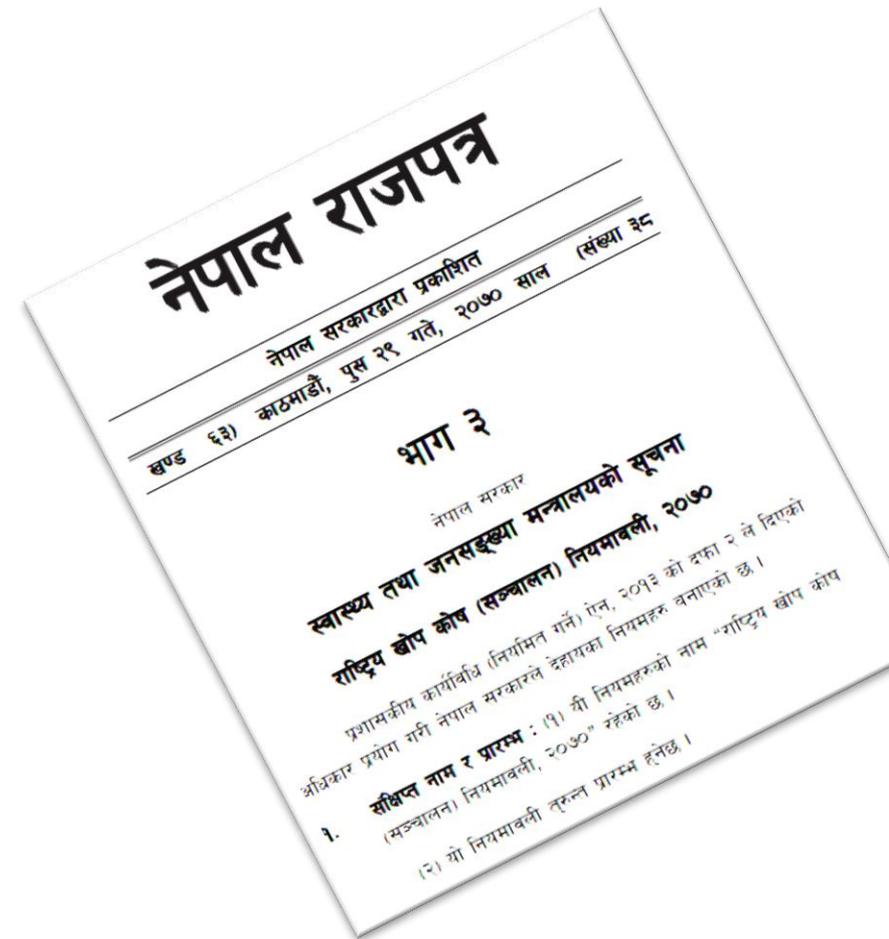
## **Designed to:**

- track all maternal deaths within 24 hrs
- understand underlying factors contributing to mortality
- Provide guidance on appropriate response and prevention
  - Serves as a *quality improvement tool* at community and facility
- Links curative services to preventive and promotes services
- link the health information system and quality improvement processes from local to national level



# National Immunization Fund Regulation-2014

- sustainable financing for immunization
- fund pooling
- Use for Vaccine procurement, NIP implementation
- A committee chaired by Mr. Secretary and CHD director as a member secretary



# Tobacco Product Control and Regulatory Law, 2010

- Nepal signed Framework Convention on Tobacco Control (FCTC) in 2003.
- Ratified FCTC by the parliament in 2006.
- Promulgated national law in 2010/11.
- Faced legal cases filed by the tobacco industry and its front groups (2011-2013).
- **Legal cases were turned down by supreme court in 2014.**
- **Pictorial warnings appeared in cigarette and smokeless tobacco packs from 2014 (75 percent).**
- **Size of the warnings increased to 90 percent from 2015 (will be implemented from mid may).**



# National Blood Transfusion Policy - 2014

## **Vision**

*All Nepali citizens have sufficient and safe to blood supply*

## **Mission**

*Raise blood transfusion services to international standards by optimizing available resources and cooperation among health service providers, service users and other stakeholders.*

## **Goal**

*Improve access of every citizen to quality and safe blood supply of all people living in Nepal*



# National Blood Transfusion Policy - 2014

## Objectives

1. Establish services by developing a national blood supply programme, along with legal framework and needed infrastructure
2. develop capacity for National Blood Supply
3. Integrate into health services
4. Ensure sustainability Programme
5. Collect blood supply through safe blood donation and promote blood donation



# National Blood Transfusion Policy - 2014

## **Objectives**

6. Improve safety and quality of blood and blood products
7. Establish safe and effective utilization of blood supply by physicians
8. Establish Quality Assurance System
9. Promote cooperation among international stakeholders



# National Blood Transfusion Policy 1991, 2006 & 2014

- 1991 Policy:
  - Nepal Red-cross society was mandated to take care all blood transfusion related activates in 1991 and continued till 2014 policy
  - Regulatory and Service provider function NRCS
  - No any liaison committee with NRCS and MOHP
- 2006 policy
  - Steering committee was chaired by DG
  - Technical Committee chaired by NPHL director
- 2014 Policy
  - Steering committee chaired by Secretary
  - Regulatory function through : National Bueauro of Blood transfusion service



Public Health Act Formulation process as envisioned in the NHP is initiated



Thank You

