

State of UHC: Nepal

This snapshot summarises the key points raised in a focus group discussion held on 5 July, 2021, with 25 representatives of different vulnerable and marginalised communities in Nepal, and follow-up conversations.

What needs to be done?

1. Strengthen the capacity of marginalised and vulnerable people to advocate, and involve them in annual planning and budget allocation processes at the local government level.
2. Assess the mental health needs of marginalised and vulnerable populations and develop new policies and community-led programmes to address these needs.
3. Improve the quality of health care by increasing the number and skills of health professionals at the local level and improving the physical infrastructure.
4. Adopt a more holistic approach to health care, which also takes into account people's mental health needs at all levels of the system – particularly at the community level to overcome geographic barriers to care.
5. Improve information communication to ensure that people – particularly marginalised and vulnerable populations – are aware of their rights, how to access health insurance.
6. Build accountability into the federal structure of the health system to ensure consistent implementation of the UHC mandate.
7. Ensure that community-based services are increasingly funded by the government to ensure their sustainability.



UHC context

1. UHC is a new term in Nepal, although WHO and civil society are beginning to discuss it the Ministry of Health. The Government's 2019 Global Action Plan includes UHC terminology, but no clear guidance exists on how it will be implemented.
2. A government health insurance programme in 55 districts, covering up to 100,000 Nepalese rupees began in the last two years under the Health Insurance Board. PLHIV face no additional premiums, and access is quite straightforward, however many Nepalis either do not know about it, or do not know how to access it.

Challenges facing those who risk being left behind

1. Marginalised and vulnerable communities face stigma and discrimination in public health care settings, and most cannot afford to pay for private services. This poor treatment not only results in reduced treatment seeking and adherence, and therefore worse health outcomes, but also worse mental health.
2. Many services needed by different vulnerable and marginalised groups, including certain diagnoses and treatments, are unavailable outside the capital, and are therefore out of reach for many, unless they are provided by community-based organisations.
3. People in vulnerable situations sometimes also lack the means to ensure they have access to good nutrition, which can create further health challenges.



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Discussions included representatives from marginalised and vulnerable communities including people living with HIV, sex workers, people who use drugs, LGBTQI+ community.



What's working



1. The health insurance allowance can be used for anything, which gives people flexibility and choice in what they can access.
2. Accessing health insurance is quite a straightforward process.
3. The government has established a counselling section at all health care facilities, which is a step in the right direction.
4. Community care centres, run by community-based organisations, including PLHIV and other vulnerable or marginalised groups, are providing accessible health services.

The impact of COVID-19



1. The lockdown and travel restriction enacted in response to COVID-19 risked denying people access to critical health care. Thanks to support provided by the Global Fund and USAID, many community-based organisations were able to continue to offer services – including home-based care, minimising the interruption of critical services, particularly for PLHIV.
2. Mental health issues increased, particularly for vulnerable groups with compromised immune systems, fuelled by an alarmist media. The deterioration of some PLHIV's mental state resulted in depression, anxiety, and even suicide.

What needs to be improved



1. The federal system with 753 local governments result in inconsistent application of national policy. It is necessary to build a sense of accountability and responsibility among all public servants at all levels towards the public they serve, starting by ensuring they are well paid and supported, followed by clear performance management.
2. Increase information dissemination on health insurance, and incentivise local governments to increase enrolments, particularly among marginalised and vulnerable populations.
3. Improve the quality of health care, both in terms of skills of health care professionals, and the infrastructure and facilities.
4. Increase the quantity and quality of mental health services, taking a more holistic approach to health care in general.
5. Provide support to overcome the challenging geographic barriers to accessing health care in Nepal, starting by ensuring that community-based services are well supported and able to deliver more services – particularly those needed routinely by vulnerable populations, such as baseline tests for PLHIV.



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