SEA-PDM-2
Distribution:General

WHO Country Cooperation Strategy Nepal

World Health Organization
Regional Office for South-East Asia
New Delhi
2000

CONTENTS

Page

Annexes

1. PREVIEW

Based on the guidance of the WHO corporate strategy as presented by the Director-General to the 105th session of the WHO Executive Board, a series of country missions have been initiated in the WHO South-East Asia Region. The purpose of these missions was to prepare WHO country cooperation strategies (WHO CCS), within the overall framework of the WHO corporate strategy[1,2].

The WHO corporate strategy is a framework for the WHO Secretariat to respond to a changing global environment. It is a process of organizational development and forms a policy framework for the work of WHO for the period 2002-2005. The purpose of the corporate strategy is to enable WHO to make a maximum contribution to world health, through enhancing its technical, intellectual, ethical and political leadership in international health. The WHO corporate strategy embraces four strategic directions: reducing excess burden of disease; reducing the risk factors for human health; developing sustainable health systems; and developing an enabling policy and institutional environment. Towards this end, the work of the WHO secretariat would concentrate on six core functions: policy and advocacy; information, research and development; technical and policy support; partnerships; norms and standards; and technologies, tools and guidelines. The WHO country cooperation strategy is a framework focusing on WHO's collaborative work in the country. It emphasizes areas in which WHO is considered to have comparative advantage, providing added value. The present document contains the proposed WHO country cooperation strategy with the Kingdom of Nepal for the period 2002-2005.

The formulation of the Nepal WHO country cooperation strategy was undertaken jointly by WHO country and regional office staff, involved extensive consultation and preparation at both the country office and at WHO SEARO prior to conducting the joint mission itself. In addition, consultations took place with WHO headquarters. All parties agreed to the draft framework and outline

1 WHO Documents – EB105/3 - A Corporate Strategy for the WHO Secretariat and EB105/2 – Towards a strategic agenda for WHO Secretariat, Statement by the Director-General to the Executive Board, January 2000

2 WHO Document – EB 106/7 – Working in and with countries, Report by the Director-General

of the WHO country cooperation strategy. The process of preparing for the mission reflected the joint nature of the undertaking as a whole. The preparatory phase for the Nepal WHO country cooperation strategy consisted of an analytical review and continuous dialogue on how to proceed from one step to the next. The analysis of the country's long-term health development was facilitated by the availability of the Strategic Analysis to Operationalize the Second Long-term Health Plan of Nepal.[3] The evaluation of the WHO collaborative programme in Nepal carried out in 1998[4] and the further review of the programmes in the last biennium (1998-1999) were also helpful in identifying the strengths and weaknesses of WHO collaboration. The major challenges and health needs of the country, as well as possible opportunities and areas for WHO intervention, were identified. This was done in a way which was integrated with the national planning process. Available country information was utilized for this purpose, including programme reviews, evaluation reports and the health sector profile.

The joint mission to formulate a draft WHO country cooperation strategy for Nepal took place from 11 to 18 March 2000. During the mission, the major challenges and health needs of the country were brought into strategic focus with areas identified for WHO collaboration. The list of participants and the programme of the mission are detailed in Annexes 1 and 2, respectively.

The method of preparing the Nepal WHO country cooperation strategy was a combination of round-table discussion and matrix-based analysis. Two sets of matrices were developed for the WHO country cooperation strategy. The first set was derived by identifying in sequence, as per the points given below, the components necessary to address the priority health problems facing the country (see also Section 4). One of the key components in the first set was the column containing the *proposed priority areas for WHO support*. The second set of matrices was derived by analysing these proposed priority areas for WHO support in terms of WHO core functions.

Identification of WHO priority areas was based on the principles and criteria laid down by the Director-General in her report to the Executive Board in January 2000, (such as values, evidence, strategy, specificity and continuity). The priority areas for WHO intervention also include those where

[3] Strategic Analysis to operationalize Second Long-term health Plan – Nepal (Vol.1), Draft, Ministry of Health, HMG Nepal, February 2000

[4] Report on WHO Programme Evaluation undertaken during 1998, WHO document SEA/PDM/ Meet.34/5 (August 1998) and Annexure – Evaluation of WHO Country Programme - Nepal

there is potential for a significant reduction in the burden of disease using effective technologies and where there is an urgent need for new information or technical strategies.

- Priority health problems. (These were identified from the Strategic Analysis to Operationalize the Nepal Second Long-term Health Plan. However, they were limited to those where WHO was considered to have a comparative advantage or can provide added value);
- The specific challenges (those faced by the country, in relation to each health problem area);
- The opportunities (which would allow for WHO collaboration with and in the country, in order to address the challenges of the particular problem/s);
- Priority areas for WHO support;
- Partnerships (additional to the Ministry of Health) with those whom WHO might involve and collaborate both externally and internally, including the private sector; and
- The anticipated results that might arise from WHO collaboration with the Government and other development partners during 2002-2005.

After identifying the priority areas for WHO support, a detailed analysis of the proposed collaboration was carried out in relation to WHO's six core functions. Both sets of matrices are given in Section 4 'Priority Concerns in Health 2002 - 2005'.

The draft Nepal WHO country cooperation strategy was circulated to HMG's Ministry of Health and development partners. A review meeting took place with senior HMG officials and representatives of development partners on Thursday 16 March 2000 at United Nations House. It was chaired by the WHO Representative to Nepal and attended by all WHO country staff and Nepal WHO CCS mission team. During a further meeting on 17 March 2000, the Ministry of Health of HMG Nepal indicated endorsement, in principle, of the WHO country cooperation strategy.

2. NATIONAL HEALTH SITUATION

2.1 Overall National Health Situation

Nepal is a landlocked Himalayan kingdom. A large part of its territory remains inaccessible to modern transport and communications. It is one of the least developed countries of the world with a per capita income of around 200 US

dollars per annum. Approximately 60% of the country's 23 million population are estimated to be below the poverty line (approximate figures for 2000). The economic and social development of Nepal has been hampered by the country's topography, limited natural resources, rapid population growth, rapid urbanization mainly in the Kathmandu Valley, heavy dependence on traditional agriculture, and substantial reliance on foreign assistance. Frequent changes of government have affected decision making and implementation of development programmes.[5]

Estimates of Nepal's relative burden of disease (BoD) were made in 1997. The burden of disease study indicates that the overall pattern of morbidity in Nepal is dominated by infectious diseases, nutritional disorders, and problems related to reproduction. In addition, newly emerging and re-emerging diseases are becoming a significant problem. The following table shows selected health indicators for Nepal.

Selected Indicators	
Infant Mortality Rate	74.7
Under-Five Mortality Rate	118.0
Total Fertility Rate	4.58
Life Expectancy in Years	56.1
Crude Birth Rate	35.4
Crude Death Rate	11.5
Population Growth Rate	2.08
Maternal Mortality Rate	475.0
Contraceptive Prevalence Rate	30.1
Literacy Rate	52.6
– Male	67.9
– Female	37.8
Percentage with access to safe disposal of excreta	23.0
– Urban	74.0
– Rural	18.0
Percentage with access to safe drinking water	59.0
– Urban	61.0
– Rural	59.0

Source: Executive summary Second Long-Term Health Plan and HMG Nepal Health Information Bulletin 1997

[5] Overview of the Second Long-term Health Plan-1997-2017, HMG Ministry of Health, Nepal, 1998

The burden of disease study, classified diseases into three broad categories: Group I, which includes pre-transition disorders such as infectious diseases, maternal and perinatal disorders, and nutritional deficiencies; Group II, which includes degenerative and non-communicable diseases; and Group III comprising injuries and accidents. The estimates indicated that the Group I disorders were responsible for more than two thirds of the disease burden (68%) in Nepal. Group II disorders contributed to about a fifth of the estimated burden (23%), and Group III, injuries and accidents, accounted for the remaining (9%). When compared to other developing countries, the present estimates for Nepal indicate that its current burden of disease is quite high, especially for pre-transition disorders. This suggests that Nepal is still to pass through the epidemiological transition.

Mortality and morbidity rates, especially among women and children, are alarmingly high compared to countries of a similar socioeconomic status. The burden of disease estimates indicated that the needs of children and mothers are not adequately met by the existing health delivery system. The highest risk groups are children under five, particularly females, and women of reproductive age. Although children under 5 years of age represent only 16 per cent of the population, they contribute approximately one half of the total burden of disease. Furthermore, 80% of the under-five deaths are due to Group I causes, particularly perinatal conditions, acute respiratory infections, diarrhoea and measles. It is highly significant that for each age category between birth and 44 years (0-4 years, 5-14 years and 15-44 years) females lose approximately 25% more Disability Adjusted Life Years (DALYs) than males. In countries where health care is provided without gender bias, this huge discrepancy does not exist. The higher burden among females in the 15-44 age-group is essentially due to high maternal morbidity and mortality.

DALYs Lost Per 1,000 People by Age and Sex in Nepal			
Age Range	**Male**	**Female**	**Female/Male**
0 –4	976	1207	1.24
5 –14	118	146	1.24
15 –44	177	223	1.26
45 –59	314	269	0.86
60+	484	452	0.93
Total	2069	2297	1.11

Source: Strategic Analysis to Operationalize the Second Long-Term Plan, HMG 2000

In the case of adult males (15-44 years), tuberculosis, accidental falls, ARI and motor vehicle accidents were the leading causes contributing to the burden of disease for that age group. For females in the same age group the burden of disease was attributed to maternal disorders, tuberculosis, burns and major affective disorders. Injuries and accidents were estimated to contribute 9% of the total burden of disease. However, this is believed to be an underestimation as reliable data for injuries and accidents are not available. There is evidence of an increase in newly emerging and re-emerging diseases: malaria, kala-azar, Japanese encephalitis, tuberculosis and HIV/AIDS. Despite the fact that the health information system does not provide adequate data on non-communicable diseases, sample surveys suggest that they are beginning to increase in relative importance, though not yet to the same extent as they have in many low-income countries. Estimates of the burden of disease for the year 2011 suggest that in the absence of effective interventions, the Group I disorders - despite an evidently declining trend – would still predominate with a corresponding increase in the burden contributed by Group II disorders.

Infant, Child and Under-Five Mortality for the Ten-Year Period Preceding FHS Survey, 1996

Residence	Infant Mortality	Child Mortality	Under-Five Mortality
Urban/Rural			
– Urban	61.1	22.5	82.2
– Rural	95.3	53.2	143.4
Ecological Region			
– Mountains	136.5	82.2	207.5
– Hills	87.4	43.3	126.9
– Terai	90.9	53.0	139.1
Development Region			
– Eastern	79.4	36.3	112.8
– Central	86.3	56.1	137.5
Western	84.3	37.6	118.8
– Mid-Western	114.8	71.2	177.8
– Far-Western	124.3	62.3	178.9

Source: Nepal Family Health Survey 1996, DHS 1997

The issue of equity of access to the health services compounds the impact of the burden of disease. In Nepal the major equity issues relate to gender, age, caste, ethnic group, income and area of residence (such as rural, mountains and terai) and east-central-western regions. As noted, there are significant differences in child mortality rates by gender. The Nepal Family Health Survey (FHS), conducted in 1996 noted that child mortality rates are significantly higher (by 24%) among females than males (57 per 1,000 births for females and 46 per 1,000 births for males).

2.2 Major Health Problems and Key Issues in Health

The conclusions to be drawn from an analysis of the overall health situation suggest

- Considering the high burden contributed by pre-school children, there is a strong need for specific focus on interventions aimed at child survival.
- The high burden caused by diseases strongly influenced by the environment like ARI and diarrhoea emphasizes the need to ensure an improved domestic environment and better access to safe drinking water and sanitary disposal of excreta.
- The high burden due to maternal and perinatal disorders emphasizes the need for an effective reproductive health programme, especially in the remote areas.
- Interventions aimed at improving the status of women in society, including increasing female literacy, are needed in order to address the neglect of female children.
- The high burden due to preventable communicable diseases, such as tuberculosis, kala-azar and HIV-AIDS, requires that emphasis be placed on improving the operational efficiency of ongoing intervention programmes and enhancement of community awareness through effective IEC strategies.
- Interventions aimed at modifying lifestyles such as smoking and drinking need to be considered.

Issues directly related to the organization, operation and management of the health sector adversely affect the ability of the health sector to effectively address the above. These issues include:

- The organizational culture – the ways of working – within the Government which reduce the efficiency and effectiveness of the public health sector, and which hinder necessary change.
- 'Politicization" of the civil service which is exacerbated by frequent changes in government
- Weak planning and financial and human resources management, including the use of community volunteers, logistics and information management (which will have to be addressed within the context of civil service reform)
- Inadequate monitoring of sector performance (availability, accessibility, affordability, acceptability of services, equity)
- Inadequate staff motivation; deployment and retention problems
- Over-centralization and a resulting lack of responsiveness to local needs and insufficient clarity of organizational roles and responsibilities within the health sector, particularly in relation to decentralization
- A shift in government expenditure from primary to secondary/tertiary levels of care. Inputs are not linked to outputs and therefore it is not possible to monitor whether the inputs are used efficiently, effectively or equitably
- Inequity in service provision and health outcomes
- Insufficient community involvement in the planning, implementation and supervision of service delivery
- A rapidly expanding private sector with inadequate regulatory mechanisms. This is further complicated by an ad hoc public/private/NGO mix which has evolved in the absence of a public policy discussion that would have considered its implications for the financing, availability, accessibility and equity of service provision
- Weak strategy for intersectoral collaboration
- Inadequate framework for and implementation of alternative financing schemes

- Sub-optimal and limited coordination of development partner investment leading to duplication of efforts and/or gaps in needed support
- Inappropriate or unrealistic assumptions on the part of some development partners regarding the length of time required for projects to be sustainable in the public and NGO sectors.

2.3 National Health Policy, Strategy and Programmes

HMG Nepal has a clear vision and a health policy framework for health sector development as set out in the Second Long-term Health Plan (SLTHP).[6] This plan is to be implemented through successive medium-term development plans of 3-5 years. In addition, the 1999 Local Self-Governance Act established a framework for planning and implementation at the local level, within the goals, objectives and targets of the Second Long-term Health Plan and the medium-term development plans.

The main thrust of the Second Long-term Health Plan was dedicated to the provision of an "Essential Health Care Services Package (EHCP)". This package consists of priority public health measures and essential health care services for the management of common illnesses and injuries – services which HMG Nepal will, in a phased manner, ensure making available to the total population. The policies of the long-term health development plan also specified the necessary strategies, programmes and actions for effective implementation, including those directed at:

- redirecting resources from high-cost, low-impact interventions to those that could substantially reduce morbidity, mortality and disability without increasing expenditures;
- adopting alternative financing mechanisms which seek to: mobilize non-governmental funds to support health care and increase the public-private mix in terms of financing and provision of services.
- improving the efficiency and effectiveness of the health care system;
- improving inter- and intra-sectoral coordination and providing the necessary conditions and support for effective decentralization;
- overcoming management and organizational constraints to effective public health sector service delivery;

[6] Second Long-term Health Plan of HMG Nepal –1997-2017

- ensuring that the appropriate numbers, types and distribution of technically competent and socially responsible health personnel are available to provide quality health care to all the people of Nepal, particularly those living in rural areas, and
- providing the requisite data, analysis and interpretation necessary for informed decision-making.

In implementing these policies, the current Ninth Development Plan calls for high priority to be given to ensuring the availability of the Essential Health Care Package at the district level and below, and expanding the system of health facilities and strengthening the referral system. Reproductive health and family planning programmes will be strengthened so as to reduce maternal and child mortality and morbidity. A master plan covering human resources, equipment, and medical instruments will be developed to support the ongoing health programmes. Participation of the private sector and NGOs will be encouraged and mobilized, particularly in the provision of specialized services to reduce the number of patients who would otherwise go abroad for treatment. Ayurvedic treatment will form part of the national health system, with naturopathy, homoeopathy, unani and other alternative systems of medicine developed in a phased manner.

To improve the quality of services, necessary policy and legal frameworks will be developed. Decentralization of the health sector will be undertaken. Human resources recruitment, deployment, career development, monitoring and supervision will be strengthened. Emphasis will be laid on in-country training of human resources in collaboration with the private sector. Alternative financing mechanisms will be developed and community participation including the involvement of local political bodies will be encouraged.

The ability of HMG Nepal to implement the policies, strategies and programmes outlined in these plans has been limited by the frequent changes in government and transfer of technical staff, the organizational culture, politicization of the civil service, and weak management.

2.4 Partnerships in Health

The Ministry of Health, HMG Nepal, enjoys close coordination and collaboration with its development partners, including national and international NGOs. Health development areas in which these relationships have been especially significant are: policy development and strategic

planning (GTZ, DFID, UNICEF, WB, WHO); polio eradication (NORAD, USAID, Rotary International, UNICEF, WHO); district health systems development (GTZ, DFID, JICA, UNFPA, UNICEF, WHO SDC, United Missions to Nepal, International Nepal Fellowship, World Bank); Safe Motherhood Initiative and reproductive health (DFID, UNICEF, UNFPA, GTZ, USAID, WHO and a network of over seventy NGOs that support SMI at the district level); CDD, ARI and other childhood diseases (UNICEF, USAID, JICA, WHO); and tuberculosis (NORAD, JICA, Norwegian Heart and Lung Association, WHO).

On a more formal basis, coordination and collaboration in health development are achieved through a system of sector-wide "theme groups", which bring together the UN system, bilateral agencies and INGOs. The health sector group convened by the WHO and UNDP Representatives meets every three months. There are also meetings around specific issues, such as health systems reform, district health systems, safe motherhood, EPI, HIV/AIDS. Within the UN System, collaboration has been strengthened through UN Country Team meetings. Moreover, members of the UN system have collaborated in the development of the Common Country Assessment and are currently engaged in the United Nations Development Assistance Framework (UNDAF) process.

HMG Nepal and its principal development partners in health have begun to move in the direction of joint planning and programming, as an initial step towards the development of a sector-wide approach. The establishment of a flexible financial framework for coordinated external support – arrangements for "pooling of funds" and other financing modalities – was explored *as regulations of the partners permit.* The joint planning and programming process, to be formalized through a Ministry of Health decision, will culminate in the formulation of the health component of the Tenth Development Plan, which would be collectively supported and financed by HMG Nepal and its development partners. Initial efforts have focused on the development of a strategic analysis of the requirements for implementing the Second Long-term Health Plan and, flowing from that, the establishment of a detailed health sector programme to be collectively supported and implemented prior to the start of the Tenth Plan.

As part of enhancing partnerships in health, various attempts have been made to strengthen intersectoral coordination and cooperation, including the National Nutrition Plan, Nepal Environmental Health Initiative and the Agricultural Development Plan, which established links with the health sector. These efforts have had mixed results due in part to the same issues which have plagued the Ministry of Health's ability to implement its strategic plans and programmes.

2.5 Flow of Resources for Health Development

Up-to-date and reliable information on overall health expenditure is difficult to come by. The last comprehensive analysis of spending in the sector relates to the 1995/6 financial year. There are significant gaps in knowledge, particularly in relation to out-of-pocket and donor expenditure. Depending on the nature of the partner's agreement with the Government, funds are either managed by the Ministry of Health, other ministries or units of the Government, international and national NGOs, or other development partners themselves. Nevertheless, a number of key characteristics and trends have emerged.

- Overall health expenditure in 1995/6 is low by international and regional standards at an estimated US$10.26 per capita in 1995/6, of which approximately US$ 1.50 was from external sources.
- Households are by far the most important source of health expenditure with out-of-pocket expenditure accounting for approximately 74% of this total (donors accounting for approximately 12.4% and HMG 10.6%). Around 59% of the out-of- pocket expenditure went towards services associated with public health facilities.
- There have been significant increases in HMG expenditure on health in real terms; the regular budget increased by 61% in real terms between 1993/4 and 1997/8, and the development budget by 127%.
- There have been large increases in HMG's health expenditure as a proportion of both overall public expenditure and GDP - from 3.17% to 5.12% and 0.56% to 1.00% respectively between 1992/3 and 1997/8.
- Despite these trends, health spending remains comparatively low and there is considerable donor dependence. Foreign aid as a percentage of government health expenditure was approximately 27.6% in 1994/1995, with donor partners providing approximately 58.47% of total expenditure for primary health care.
- Absorptive capacity is weak; utilization of funds has therefore been low, especially for the development budget, and is lower than that of other Ministries.

- The share of HMG Nepal's expenditure for primary health care (up to and including district hospitals) has been declining during the last decade. The share for primary health care, for example, fell from 76.8% in 1991/2 to 57.2% in 1997/8.[7] The share of expenditures for secondary and tertiary hospitals has been increasing over the same period.
- The majority of funds are allocated to salaries and allowances (especially in units at lower level).

3. WHO COLLABORATIVE PROGRAMMES

The WHO collaborative programme in Nepal over the past three biennia has embraced a broad-based approach towards meeting Nepal's national health development needs[8]. By adopting such an approach which acknowledges economic constraints, the epidemiological situation, difficulties posed by geographical factors and frequent political changes, the WHO country programme has been relevant. It has exhibited a high level of complementarity with HMG Nepal's and its development partners' programmes and has generally been effective and efficient in assisting HMG Nepal in meeting the country's needs and priorities. It has also been justified in social and public health terms.

The WHO collaborative programme focusing on essential public health and clinical care services has directly addressed Nepal's disease profile.

Underlying efforts to reduce the burden of disease and further respond to Nepal's health sector needs, the WHO country programme has also focused on developing the necessary "supportive framework" that is essential for sustainable health development. Included in the programme are the following:

- The development of national health policies and strategies, in order to assist in strengthening the capacity of the Ministry of Health in policy development, planning, and its ability to co-ordinate and manage its relationships with development partners and other sectors.

[7] Strategic Analysis to Operationalize Second Long-term Health Plan – Nepal, Draft February 2000, Table 6

[8] WHO is undertaking programmes in Nepal in the areas of Organization and Management of Health Systems Based on Primary Health Care; Human Resources for Health; Quality, Care and Technology; Essential Drugs; Reproductive Health; Community Health and Population; Healthy Behaviour and Mental Health; Nutrition, Food Security and Safety; Environmental Health, Eradication/Elimination of Specific Communicable Diseases; Control of Other Communicable Disease; and Control of Non-Communicable Diseases.

- Ensuring the appropriate numbers, types and distribution of technically competent and socially responsible health personnel.
- Strengthening district health systems by improving efficiency and ability to address disparities and improve the health status of the population, through assurance of equitable access to health care services of good quality.
- Full community participation, intersectoral collaboration and gender sensitivity.
- Collaborating in the development of a national drug policy, regulatory and quality assurance capacity, rational drug use, and national drug supply strategies.
- Supporting the development and implementation of an effective IEC strategy for both communicable and noncommunicable diseases, environmental health, including safe water supply and sanitation in urban and rural areas.

As noted above, the overall WHO country programme generally has been effective in terms of meeting Nepal's health development needs. Under Organization and Management of Health Systems based on Primary Health Care, WHO has been effective in the establishment of a close relationship with the principal development partners working in district health systems development. Flowing from this relationship has been a single steering committee and working group to coordinate the development partners' district development activities and the development of a common framework which identifies the essential health care interventions to be provided at the district and lower levels. It also notes the elements of the planning and management cycle and essential management systems to be developed, implemented and supported at the district level.

In the area of Human Resources for Health (HRH), the collaborative programme has been effective in promoting HRH development through the initiation of an HRH Master Plan and facilitating information-based HRH planning. Guidelines governing the selection of candidates for training; enhanced capacity of teaching hospitals, strengthening academic and training institutions to produce technically competent health personnel; and new academic programmes in required specialties, were also initiated and developed. In-country training relevant to the country's needs was organized, as was community-based learning with early practical/clinical experiences.

Planned educational programmes for pre-service training, with well-documented curricula, were established. Promotional activities were organized in order to increase awareness of quality assurance in health services.

With respect to Quality of care and health technology, WHO has supported improvements of health laboratories at the district, zonal and central levels by providing equipment, kits, reagents, training/education and supervision. Existing laboratories were upgraded or new laboratories established in primary health care centres. WHO provided equipment and training for the newly constructed Royal Drugs Research Laboratory.

Under the Reproductive, Family and Community Health and Population programme, WHO has supported the national Safe Motherhood Initiative since its inception by recruiting a national operations officer in 1992 to provide the necessary technical input. The 1996/97 biennium marked a shift of the safe motherhood activities to the district level. Orientation programmes were held at the central level as well as in the districts on the role and responsibilities of the district in safe motherhood activities. An IEC strategy for safe motherhood was developed that brought together government officials, donor agencies, NGOs and INGOs. In-service training programmes for nurses, ANMs, MCHWs and TBAs, were developed. Based on the WHO Regional Reproductive Health (RH) Framework for SEAR, the Family Health Division of the Ministry of Health formulated a National Reproductive Health Strategy with the safe motherhood initiative as the main vehicle for addressing reproductive health needs in the country.

In Environmental Health, a major step has been HMG's endorsement of the Nepal Environmental Health Initiative (NEHI), signifying that key HMG officials are sensitive to "Environment for Health". WHO also provided assistance in the development of a national policy on water supply; the regulatory mechanism for its implementation has also been developed.

Under Integrated Control of Diseases, National Immunization Days (NIDs) and sub-national NIDs for polio eradication were organized successfully. With WHO support, orientation training on EPI disease surveillance in several sentinel sites was conducted in the majority of districts and hospitals. An early warning system for imminent epidemics and their prevention and control was developed with WHO assistance. Neonatal tetanus immunization in high-risk areas has been carried out with success.

The National Tuberculosis Programme (NTP) continued to make progress towards achieving the global targets for tuberculosis (TB) control, with joint reviews of the NTP, the establishment of four national demonstration and training centres, and implementation of the strategy of Directly Observed Treatment, Short Course strategy (DOTS) for TB control, with encouraging results regarding smear conversion and increases in the national cure rate for new smear-positive patients. A National AIDS policy and strategy has finally been approved. WHO has assisted in the establishment of UNAIDS at country level, chairing the Theme Group for the first year.

The most significant advances beyond those achieved in specific programme areas are those which resulted from the added value provided by WHO staff. These included the ability of the WHO Country Office to leverage WHO financial and technical resources, expanding partnerships and bringing together other development partners with HMG Nepal in an effort to address common concerns. WHO inputs also acted as a catalytic factor for generating technical and financial support for HMG Nepal from bilateral and multilateral donors. For example, WHO inputs have influenced upgrading the technical capacity of the Vector-borne Diseases Research and Training Centre at Hetauda, resulting in USAID support for the Centre's renovation and modernization programme, including the provision of scientific equipment. They have also opened the way for a comprehensive USAID-funded programme to address anti-microbial resistance and for the control of emerging and re-emerging diseases, a programme estimated at US$ 5 million.

Although some WHO/Nepal country programmes may not have been perceived as priority areas for funding, they were essential building blocks in Nepal's efforts to develop an effective and sustainable health care system. Despite the "correct definition" of the problems and the existence of well-designed programmes at the country level, planned budget allocations might not necessarily reflect the overall programme needs of the Organization. In some areas, funding may have been greater than required or more than can be effectively absorbed, while in other areas the situation may be the reverse. Funding patterns have become skewed because of the fact that budgetary adjustments have been mandated to reflect WHO's global and regional priorities without *necessarily* considering the financial and technical resources available to Nepal through other development partners.

In some instances, WHO collaborative programmes that aim to design specific responses in order to optimally address global, regional or national health problems, might be hindered by the "vertical nature" and artificial boundaries imposed on plans of action by the WHO programme classification, and by the felt need of some WHO expertise at various levels to maximize the visibility of individual programmes.

4. PRIORITY CONCERNS IN HEALTH 2002 –2005

4.1 Current and/or Anticipated Needs for National Health Development

In order to complement the efforts already made by HMG Nepal and its development partners in support of the Second Long-term Health Plan, the Ninth Development Plan and relevant national plans, additional actions are required to help ensure equity. Resources need to be equitably and efficiently used to meet the needs of the most vulnerable groups –women and children; the rural population; the poor; the disadvantaged and the marginalized. These priority concerns reflect those noted in the WHO Corporate Strategy and HMG Nepal's Strategic Analysis to Operationalize the Second Long-term Health Plan. The latter forms the basis for the Government's Medium-term Strategic Plan and Tenth Development Plan. As such, HMG envisages that those concerns will guide the government and its development partners in providing support for national health development.

There are two broad areas of focus. The first area of priority concerns – health systems development – addresses three inter-related aspects: decentralization of health systems management and health care delivery and, within the context of decentralization, strengthening health sector management and improving the public-private-NGO mix. The second area addresses the provision of the Essential Health Care Package (EHCP) at the district level and below. The broad interventions included in the EHCP are: Appropriate Treatment of Common Diseases and Injuries, Reproductive Health, Condom Promotion and Distribution, Leprosy Control, Tuberculosis Control, Integrated Management of Childhood Illness (IMCI), Nutritional Supplementation Enrichment, Nutrition Education and Rehabilitation, Prevention and Control of Blindness, Environmental Sanitation, School Health Services, Vector-borne Disease Control, Oral Health Services, Prevention of Deafness, Substance Abuse including Tobacco and Alcohol Control, Mental Health Services, Accident Prevention and Rehabilitation, Community-based Rehabilitation, Occupational Health, and Emergency Preparedness and Management. The specific services to be provided by service delivery level and their phased introduction are currently being defined.

4.2 WHO Country Cooperation Strategy

The framework and content of the Nepal WHO country cooperation strategy have been developed with the aim of responding appropriately to priority health problems in the country. They are reflected through two sets of matrices. The first set of matrices is entitled 'Identification of Priority Areas for WHO Support'. The second set of matrices is entitled 'Priority Areas for WHO Support in terms of WHO Core Functions'.

The first column of the first set of matrices contains the selected priority health problems as defined in the Strategic Analysis to Operationalize the Second Long-term Health Plan. A number of areas identified in the Strategic Analysis were *not* included among the priority concerns for the WHO country cooperation strategy. The reasons were: (1) WHO may not enjoy a comparative advantage in those areas, or (2) they are being addressed adequately by HMG's other development partners. These areas included financial and information management, management of drugs, supplies and logistics, physical assets management and alternative financing, community-based rehabilitation, occupational health, and emergency preparedness.

For each priority health problem, the following were identified in subsequent columns: challenges and opportunities for WHO; priority areas for WHO support; potential partners (additional to HMG's Ministry of Health), and anticipated results from WHO collaboration. These are linked to specific aspects of health systems development, or to the provision of the "Essential Health Care Package".

The first set of matrices is followed by a second set of matrices which expresses each priority area for WHO support in terms of WHO core functions involved.

Nepal WHO Country Cooperation Strategy
First Set of Matrices - Identification of priority areas for WHO support

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Health Systems Development					
Human Resources	Implementation of the revised human resources master plan including the necessary educational policies to support the plan. Improving staff deployment and career development practices and associated low levels of staff motivation and performance.	The improvement of human resources development and management has been identified as one of four principal areas to be addressed by HMG in collaboration with development partners in the Medium Term Plan, 10th Development Plan.	Identification of future requirements for different categories of health workers – covering all levels of service delivery for government, non-government and private sectors. Assessing the capacity of training institutions to deliver the necessary quantity and quality of paraprofessional health workers and strengthen capacity as appropriate. Develop standards, criteria and the requisite compliance mechanisms governing establishment and operation of public and private medical schools and paraprofessional training institutions. Develop strategies and "plans of action" to address staff deployment and career development issues particularly those that could be implemented with the strong participation of INGOs/ NGOs/locally elected bodies.	MoE, GTZ, DFID, UNFPA, UNCIEF, USAID, WB, Medical Council, Nursing Council, Para-Medical Council.	Human resources projections covering all levels of service delivery for government, non-government and private sectors. Training institutions capable of providing the necessary quantity and quality of paraprofessional health workers to meet the projected requirements. A legal and administrative framework to control the quantity and quality of public and private medical schools and paraprofessional training institutions. Career development and staff deployment practises which are "less politicised".

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Quality Assurance (QA)	An organizational culture which does not place a high value on performance. Absence of quality assurance standards and criteria. Deficiencies in human resources, physical facilities, management and support services – major barriers to quality care.	Ministry of Health has initiated the development of 'hospital accreditation standards ". Quality assurance has been identified as an element within the four principal areas to be addressed by HMG in collaboration with its development partners in the Medium Term Plan, 10th Development Plan.	Development and implementation of programmes to build a concept of quality assurance in the health sector. Strengthening of a quality assurance unit as the focal point for QA in the Ministry of Health. Strengthen capacity to develop and use local problem solving approaches to improve quality. Development of mechanisms for regular joint community/ facility reviews of services . Development and implementation of a system for regular re-licensing/re-registration of health professionals / para-professional linked to evidence of technical competence. Development of a system for regular monitoring of diagnostic centres (laboratories, radio-diagnosis). See Human Resources.	Ministry of Health, GTZ, DFID, UNICEF, UNFPA, USAID, UMN, DDC Federation, VDC Association, Medical Council, Nursing Council, Para-Medical Council.	Raised awareness among politicians, health sector managers, care providers and the community regarding the concept of quality including the cost and impact of poor quality DDC, VDC and facility health committees identifying and resolving issues related to quality of health services. Health professionals/ paraprofessional re-licensed/ re-registered on the basis of their technical competence . Improved quality of diagnostic centres (labs, radio-diagnosis) and clinical usefulness of their results. See Human Resources .

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Decentra-lization	Adjust the roles, responsibilities, organizational structure of the Ministry of Health at all levels to conform to decentralization as per the Local Self-Governance Act.	HMG has begun implementation of the 1999 Local Self-Governance Act and is requiring all ministries to begin to conform to the framework for decentralization outlined in the Act . The decentralization has been identified as one of four principal areas to be addressed by HMG in collaboration with its development partners in the Medium Term Plan, 10th Development Plan.	Reconciling the specific roles, responsibilities, organizational structure of all levels of the public health system to the mandates of decentralization, and developing the necessary capacity to enable them to assume their new roles and responsibilities . Development of strategies and "plans of action" for the sequenced devolution of the management and delivery of health services . Development of strategies and phased "plans of action" for the appropriate integration of what are traditionally seen as "vertical programmes" within a decentralising health system.	MLD, DFID, GTZ, UNDP, UNICEF, USAID, WB, DDC Federation, VDC Association.	Roles and responsibilities of all levels of public health system reconciled with the mandates of decentralization, with Ministry of Health, local government and community personnel capable of effectively exercising authority and taking responsibility for management and delivery of health services under decentralization. Sequenced devolution of management and health service delivery to the DDC and VDC levels . Phased integration of "vertical programmes" within a decentralized system without interruption of essential preventive and curative services nor the curtailment of necessary technical and managerial support .

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Public/ private/ NGO mix	Lack of information on actual and potential contribution of private/ NGO sectors to health system. Lack of a "pro-active "stance on the part of government to involve private and NGO sectors in delivery/financing of health services. The absence of defined roles responsibilities, accountability and lines of communications at all levels of service delivery among the public, private and NGO sectors. Unclear policies, laws and regulations pertaining to private/ NGO sectors	Actions to improve public/private/NGO mix has been identified as one of four principal areas to be addressed by HMG and supported by its development partners in the Medium Term Plan, 10th Development Plan.	Strategy development to ensure effective public/ private/NGO collaboration. Development of incentive systems to facilitate private/ NGO sector participation in health sector within the context of national health policies, priorities and strategies. Development of transparent and effective frameworks to regulate private and NGO participation in the health sector .	DFID, GTZ, USAID, WB.	Mutual confidence and understanding between HMG and private/NGO sectors with more effective public/private/ NGO participation and collaboration in health sector development.

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Strengthening Service Delivery – The Essential Health Care Package					
Malaria	Early detection of falciparum malaria. Effective monitoring system for drug resistance. Integrated vector control	Malaria control incorporated in different elements of HMGs EHCP. HMG commitment to 'Roll Back Malaria Initiative ".	Strengthening the epidemiological surveillance system . Strengthening system to respond to malaria outbreaks.	USAID	Early detection and treatment of malaria cases with reduction in malaria related mortality and morbidity
HIV/AIDS	HIV/AIDS is not broadly perceived as a significant development problem . Inadequate coordination among HMG, development partners, private and NGO sectors. Inadequate counselling and management of HIV/AIDS.	HMG has established within Ministry of Health a 'National Centre for AIDS and STD Control " which is the focal point for all AIDS/STD related activities involving government ministries, the private and NGO sectors. UNAIDS Theme Group and Technical Working Group have been revitalized. Membership in the former has been broadened to include national counterparts from MoH, NPC, MLD. The technical working group has been expanded to include: MoH, NPC, MLD MoE, MWSW, and NGOs.	Strengthening coordination among Ministry of Health, other ministries, local government bodies, development partners, private and NGO sectors. Strengthening sentinel surveillance system for STD and HIV. Counselling and home-based care.	UNAIDS, AIDSCAP, EU, GTZ,Heidelberg University, NGOs, DDC Federation, VDC Association	Joint and unified approach and expanded national response to HIV/AIDS in Nepal. Early detection and counsel-ling for HIV/AIDS and STDs. Standardised home-based care for persons with HIV/ AIDS.

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Tuber-culosis	Inadequate supervision of TB control activities . Expansion of diagnostic and treatment services to remote and underserved areas. Default from treatment due to patients returning to India for work.	An effective National Tuberculosis Centre which is the focal point for all government, development partner and NGOs TB control activities in Nepal. DOTS has been adopted as the national strategy for TB control. Existence of a broad network of local DOTS committees.	Strengthening of diagnostic facilities for early detection. Expansion of DOTS treatment centres. Surveillance system for drug resistance.	Norwegian Heart and Lung Association, UMN, INF, NORAD, SAARC, JICA, Nepal TB Control Network.	Improved case detection rates. Increased cure rates for TB. Nationwide DOTS coverage.
Tobacco Control	Smoking is culturally accepted for men and women (particularly for the latter in mountain and hilly areas). There is a significant use of noncommercial tobacco products (particularly in mountain and hilly areas). Government receives significant revenues from tobacco sales.	HMG has taken action suggesting its commitment to control the use of tobacco products (i.e. broadcasting anti-tobacco messages; banned advertisement of tobacco products in the electronic media etc.).	Development of legal and administrative framework (policy, rules, regulations etc.) to support anti-tobacco activities. Advocate for development of alternative sources of income for individuals involved in the production and sale of tobacco products. Development of IEC programmes with principal focus on women and youth to raise awareness of the detrimental effects of using tobacco.	UNICEF, UNDP, FAO, 'Migendra Trust on Non-tobacco ".	A legal and administrative framework to assist in the control/limitation of tobacco usage. HMG and development partners implementing programmes to provide alternative sources of income for individuals involved in the production and sale of tobacco products. Raised women and youth awareness of the detrimental effects of tobacco usage.

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Repro-ductive Health	Unacceptably high maternal mortality and morbidity rates . Limited and in-equitable access to safe motherhood services.	An active, broad based safe motherhood net-work with high level political support that incorporates govern-ment and NGO sectors. A "National Plan of Action and Policy Guidelines for Safe Motherhood " which forms the basis for government, develop-ment partner and NGO involvement in Safe Motherhood. HMG and develop-ment partner commit-ment to expand the number of Safe Motherhood districts in line with the "National Plan ". HMG decision to select the same districts for safe motherhood and strengthening district health systems interventions.	Safe motherhood advocacy activities related to best practices at national, district level and below. Expansion of safe mother-hood services to additional districts (in parallel with programme for extension of "strengthening district health systems districts ") . Monitoring of midwifery services including intro-duction of standards of midwifery practice including safe delivery.	CEDPA, DFID, GTZ, JICA, Red Barna, SCF US, UNFPA, UNICEF, USAID, "Nepal Safe Motherhood Network ".	Increased access to quality safe motherhood services. Reduction in maternal and neonatal morbidity and mortality.

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Mental Health including substance abuse and violence against women	Introduce essential community mental health services. Reverse increasing rates of intravenous drug use, alcohol abuse, suicide and violence against women.	Community mental health services has been incorporated into HMG EHCP. HMG has identified services for alcohol and substance abuse as integral elements of the EHCP. Intravenous drug users have been targeted as a priority by the National Centre for HIV/AID and STD Control. The Ministry of Health is under-taking a survey and situational analysis on suicides as a preliminary step in developing a programme to address the issue.	Development and implementation of strategies and a "plan of action" to provide essential mental health services at the district level and below as per the EHCP. Development of strategies to address suicide, violence against women, alcohol abuse and intravenous drug use within the context. Training health workers at the household/community through district hospital levels to implement strategies noted above.	DANIDA, UMN, Maryknoll Nepal, Asha Deep.	Community mental health services at the district level and below with trained health workers for detection-/identification and referral of common mental disorders; basic management of common mental disorders. Specific intersectoral strategies and "plans of action" that make use of public, private and NGO sectors to address suicide, violence against women, alcohol abuse and intravenous drug use and their underlying causes.
Safe Blood	Provide safe blood supply at district hospital level and above.	Ministry of Health recognized need to have blood transfusion facilities at district hospitals to support safe motherhood.	Development and implementation of a quality assurance approach in blood services (human resources, structures and management systems upon which safe blood supply depends).	IFRCRCS/Red Cross Society of Nepal.	Transfusion services meet minimum standards for blood collection, storage, distribution and delivery.

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Cancer, Diabetes, Cardio-vascular	Lack of data to establish the nature and extent of problem vis-à-vis Nepal ś burden of disease. Altering health behaviours to minimize known cancer, cardio-vascular disease risks and reduce the risks of developing diabetes and development of complication. Early identification and management of diabetic patients.	Development partners in the health sector are pressuring government to refocus support from high-level secondary and tertiary care to PHC. This would imply that HMGs involvement in cancer and cardiovascular disease be shifted to prevention activities .	Development of baseline data on incidence and prevalence of cancers. Health education and promotion activities focused on changing health behaviours related to known cancer, cardiovascular disease risks and reducing the risks of developing diabetes and development of complication.	Cancer (Nepal Cancer Society). Cardiovascular disease (Gangalal Heart Foundation, Mighendra Trust). Diabetes (National Diabetic Association).	Baseline data on the incidence and prevalence of cancers. Raised public awareness and reduction in risky health behaviours vis-à-vis cancer, cardiovascular disease, development of diabetes and its complications.
Chronic Respiratory	Reducing cigarette consumption. Reducing indoor (cooking smoke) and outdoor air pollution)	HMG has taken action suggesting its commit-ment to control cigarette smoking. HMGs adoption of the "Nepal Environmental Health Initiative " with respect to ambient air pollution control. HMG and NGO introduction of smoke-less cooking stoves.	See "Tobacco ". Development of legal and administrative framework (national ambient air quality standards, regulations, establishment of implemen-ting agencies etc.) to control air pollution.	Ministry of Population and Environment, Ministry of Health, DANIDA, LEADERS Nepal.	See "Tobacco ". A legal and administrative framework to assist in the control of air pollution.

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Food Safety	Lack of awareness, knowledge and improper attitudes of households towards hygienic handling of foods. Absence of effective regulation and monitoring of commercial food processing and handling .	HMGs commitment to nutrition/health education component of IMCI and environmental sanitation and hygiene as part of the EHCP. HMG participation in the development of a SEA Regional Strategy for Food Safety. HMGs adoption of the "Nepal Environmental Health Initiative "with respect to food safety.	Health education and promotion activities focused on providing households with the necessary knowledge, attitude and practice for hygienic food handling. Establish a strategy for implementation of an effective framework for regulating and monitoring commercial food processing and handling.	Ministry of Agriculture, Consumer Protection Association.	Reduction of events related to unsafe food handling practices at the household and commercial levels.
EPI	Unacceptable and persistently low coverage for OPV, DPT, BCG, Measles and NTT.	Polio eradication initiative as an encouragement to improving EPI coverage. HMG commitment to IMCI, measles control programme, NTT elimination.	Strengthen the functioning of the EPI Inter-agency Coordination Committee. Training of health workers at the district level and below in EPI. Strengthening the epidemiological surveillance system to detect and respond to EPI targeted diseases. Development of monitoring and supervision system for EPI (within the context of Ministry of Health integrated supervision system and community based supervision).	CDC (US), Japan Government, Rotary International, NORAD, UNICEF, USAID, Nepal Paediatric Association.	Reduction in morbidity related to EPI targeted diseases. Sustained high effective coverage for the different EPI antigens.

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Leprosy control	Low community awareness of early or multiple symptoms of leprosy. Unacceptability high leprosy prevalence rate visa-a-via the goal of leprosy elimination . High defaulter rate for leprosy treatment (MDD). Weak supervision of leprosy programme.	Multi-sectoral National Task Force composed of government, development partners, NGOs to monitor and supervise "national plan of action" for leprosy elimination. Inclusion of leprosy in EHCP. Ongoing leprosy elimination campaigns supported by WHO and other principal development partners.	Strengthening technical and managerial support for leprosy programme at all levels of service delivery within the context of decentralization. Strengthening mechanism to ensure the sustainability of leprosy elimination activities.	Netherlands Leprosy Relief, Leprosy Mission International, International Nepal Fellowship, Nepal Leprosy Relief Association, Society of Dermatologist, Venerialogists, and Leprologists of Nepal.	Achievement of leprosy elimination target.
IMCI	Limited and in-equitable access to early treatment services for the five common childhood illnesses. Cultural bias against the provision of health care to the girl child. See Environmental Sanitation.	HMG commitment to IMCI which is shared by the principal health development partners vis-à-vis the EHCP and through direct programme support.	Strengthening national capacity to train health workers at the district level and below in prevention, early recognition, case management and referral of the five common childhood illnesses. Development of monitoring and supervision systems for IMCI (within the context of Ministry of Health integrated supervision system and community based supervision).	ADRA, CARE, JSI, Plan International UNICEF, USAID, Nepal Paediatric Association.	Reduction in morbidity and mortality related to the five common childhood illnesses . Increased and equitable access to early treatment services for the five common childhood illnesses.

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Blindness	Expansion of diagnostic and treatment services to remote and underserved areas. Inadequate coordination among HMG, its development partners, private and NGO sectors.	HMG has recently established within the Ministry of Health an "Apex Body" to coordinate the planning, programming, implementation and monitoring of Eye Care Services within government and among development partners and NGOs.	Development of strategies to ensure that programmes which make essential eye care services available in remote and underserved areas are sustainable. Strengthening mechanisms for coordination of eye care services among Ministry of Health and its development partners including private and NGO sectors.	Nepal Eye Hospital, Nepal Netrajyoti Sangh, B.P. Koirala Ophthalmic Lions Centre, SEVA Foundation, Ilaganga Eye Centre, Nepal Blindness Association	A joint and unified approach and "plans of action" that make use of public, private and NGO sectors to provide essential eye care services in remote and underserved areas.
Deafness	Expansion of diagnostic and treatment services to remote and underserved areas.	Inclusion of prevention of deafness and early diagnosis and treatment services of otitis media as part of IMCI in the EHCP. HMGs commitment to expand specialised ear care service to twenty-five bedded hospitals.	Training of health workers at the community through district hospital level for provision of essential ear care services. Establishment of referral system for remote and underserved areas.	Nepal Deafness Association.	Early detection, referral and treatment for hearing related problems in remote and underserved areas.

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Environ-mental Sanitation and Hygiene	Providing effective environmental sanitation to the 80% of the population which lack access to such services. Provide for the treatment of waste water before it is released into local water sources. Reducing the high levels of morbidity-/mortality caused by diseases strongly influenced by poor domestic environment and unsanitary disposal of excreta (e.g. ARI and diarrhoea). Ensuring safe disposal of hazardous wastes including health care waste products.	A "National Policy on Environmental Sanitation" and "National Plan of Action" for its implementation recently has been approved by HMG focusing on domestic sanitation and hygiene, and availability of safe water. Local government acceptance of "Healthy Cities" programmes. HMGs adoption of the "Nepal Environmental Health Initiative" with respect to environ-mental sanitation.	Strengthening coordination among Ministry of Health, other ministries, governmental units and the NGO sector engaged in environmental sanitation. Education and promotion activities focused on providing the community and households with the necessary knowledge, attitude and practice for safe sanitary practice. Introducing environmental sanitation standards (waste water effluent, waste water re-use and air quality standards). Development of a legal and administrative framework for management of health care waste products (regulations, technical and operational guidelines, establishment of responsible agencies etc.)	Ministries of, Population and Environment, Housing and Physical Planning, FINNIDA, UNICEF.	Coordinated planning, implementation, and monitoring of environmental sanitation programmes and activities undertaken by public and NGO sectors. Adoption by households and communities of behaviours that reduce health hazards due to unsafe sanitary practices. Reduce health risk due to water quality, air pollution and infectious health waste products

Identification of priority areas for WHO support					
Priority Health Problems	**Challenges**	**Opportunities**	**Priority Areas for WHO Support**	**Partners additional to Ministry of Health 2002 - 2005**	**Anticipated Results from WHO Collaboration**
Oral health	Underdeveloped public oral health sector not able to respond to the increasing morbidity in terms of caries and its complications, periodontal diseases and oral cancer.	Private sector and INGOs actively engaged in provision of oral health services. Appropriate low-cost technology (Atraumatic Restorative Therapy) not requiring specialised dental profession has been introduced in Nepal.	Strengthening of health education focusing on oral health. Expanding the provision of the Atraumatic Restorative Therapy (ART). Training in the early detection of oral cancer in its pre-cancerous stages.	UMN, National Dental Hospital.	Availability of primary oral health care services in rural areas (particularly remote areas).

Nepal WHO Country Cooperation Strategy –Second Set of Matrices

After identifying priority areas for WHO support, the next step was to analyze these areas in terms of WHO core functions. In this way, a second set of matrices was developed, which follows. The set is entitled Priority Areas for WHO Support in terms of WHO Core Functions 'and summarizes the anticipated work for the WHO Secretariat.

Second Set of Matrices - Priority Areas for WHO Support in terms of WHO Core Functions

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
Health Systems						
Human Resources						
1. Identification of future requirements for different categories of health workers – covering all levels of service delivery for government, non-government and private sectors.			Technical support to continue carrying-out HRH projections.			
2. Assessing the capacity of training institutions to deliver the necessary quantity and quality of paraprofessional health workers and strengthen capacity as appropriate.					Adaptation of norms and standards for paramedical training institutions.	Development of guidelines for realising the assessment of institutional capacity.
3. Develop standards, criteria and the requisite compliance mechanisms governing establishment and operation of public and private medical schools and paraprofessional training institutions.	Advocacy and development of policy on the establishment and operation of public and private medical schools and paraprofessional training institutions.		Technical assistance for policy development.		Adaptation of norms and standards for medical schools and paramedical training institutions (accreditation standards).	Development of compliance mechanisms.

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
4. Develop strategies and "plans of action" to address staff deployment and career development issues particularly those that could be implemented with the strong participation of INGOs/ NGOs/locally elected bodies.	Advocacy for the depoliticization of the "civil service".		Technical assistance for policy support for systems of career development and deployment.			
Quality Assurance (QA)						
1. Strengthening of a quality assurance unit as the focal point for QA in the Ministry of Health.			Technical assistance in the fields of • Strengthening capacity at all levels to develop and use local problem solving approaches to improve quality • development of mechanisms for regular joint community/facility reviews of services • system for regular re-licensing /re-registration of health professionals/ paraprofessional linked to evidence of technical competence • regular monitor-ing of diagnostic centres (labs, radio-diagnosis)			

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
2. Development and implementation of programmes to build a concept of quality assurance in the health sector.	Advocacy at all levels of the health care delivery system to strengthen government, private and NGO sector support of quality assurance.		Technical support for development and implementation of quality assurance programmes at all levels of the health delivery system.			Adaptation of guidelines for quality assurance for PHC at the district level and below.
Decentralization						
1. Reconciling the specific roles, responsibilities, organizational structure of all levels of the public health system to the mandates of decentralization, and developing the necessary capacity to enable them to assume their new roles and responsibilities.			Technical assistance and policy support for adapting roles, responsibilities, organizational structure of all levels of the public health system to the mandates of decentralization and developing the necessary capacity to enable them to assume their new roles and responsibilities.	Exercise WHO catalytic role to involve other development partners in adapting roles, responsibilities, organizational structure of all levels of the public health system to the mandates of decentralization and developing the necessary capacity to enable them to assume their new roles and responsibilities.		Development of guidelines for roles, responsibilities, organizational structure of all levels of the public health system to the mandates of decentralization and developing the necessary capacity to enable them to assume their new roles and responsibilities.
2. Development of strategies and "plans of			Technical assistance and	Exercise WHO catalytic role to involve other		Development of guidelines for strategies and "plans of

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
action "for the sequenced devolution of the management and delivery of health services.			policy support for development of strategies and "plans of action "for the sequenced devolution of the management and delivery of health services.	development partners in development of strategies and "plans of action "for the sequenced devolution of the management and delivery of health services.		action "for the sequenced devolution of the management and delivery of health services.
3. Development of strategies and phased "plans of action "for the appropriate integration of what are traditionally seen as "vertical programmes "within a decentralising health system.			Technical assistance and policy support develop-ment of strategies and phased "plans of action "for the appropriate integration of what are traditionally seen as "vertical programmes "within a decentralising health system.	Exercise WHO catalytic role to involve other develop-ment partners in develop-ment of strategies and phased "plans of action "for the appropriate integration of what are traditionally seen as "vertical programmes " within a decentralising health system.		Development of guidelines for strategies and phased "plans of action "for the appropriate integration of what are traditionally seen as "vertical programmes " within a decentralising health system.
Public/private/NGO mix						
1. Strategy development to ensure effective public/private/NGO collaboration.	Advocacy among government officials for involvement of the private and NGO sectors in the health care system.	Facilitate sharing of "lessons learnt "from other development partners vis-à-vis effective public/private /NGO collaboration.	Technical and policy support to review the involvement of private and NGO sectors in delivery and financing of health care delivery.	Exercise WHO catalytic role to involve other development partners in development to ensure effective public/private/NGO collaboration.		

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
2. Development of incentive systems to facilitate private/NGO sector participation in health sector within the context of national health policies, priorities and strategies.		Facilitate sharing of "lessons learnt" from other development partners vis-à-vis development of incentive systems.	Technical and policy support for development positive and negative incentives to facilitate private / NGO sector participation in health sector within the context of national health policies, priorities and strategies.	Exercise WHO catalytic role to involve other development partners in to facilitate private/NGO sector participation in health sector within the context of national health policies, priorities and strategies.		
3. Development of transparent and effective frameworks to regulate private and NGO participation in the health sector.	Advocacy among private and NGO sectors for acceptance of transparent and effective regulatory framework.	Facilitate sharing of "lessons learnt" from other development partners vis-à-vis effective frameworks to regulate private and NGO participation in the health sector.	Technical and policy support development of effective regulatory mechanisms of private and NGO sectors	Exercise WHO catalytic role to involve other development partners in development of transparent and effective frameworks to regulate private and NGO participation in the health sector.		

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
Strengthening Service Delivery –The Essential Health Care Package						
MALARIA						
1. Strengthening the epidemiological surveillance system .	Advocacy for early detection and reporting of malaria especially serve and complicated cases		Technical assistance for malaria drug resistance			
2. Strengthening system to respond to malaria outbreaks.	Advocacy for integrated vector control.		Technical assistance for training in malaria epidemic control activities.			
HIV/AIDS						
1. Strengthening coordination among Ministry of Health, other ministries, local government bodies, development partners, private and NGO sectors.	Advocacy for concerted efforts at coordination among Ministry of Health, other ministries, local government bodies, development partners, private and NGO sectors.					

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
2. Strengthening sentinel surveillance system for STD and HIV	Advocacy for early detection and reporting of STD and HIV.		Technical assistance for the strengthening of sentinel surveillance system for STD and HIV			Adapting guidelines for sentinel surveillance system for STD and HIV
3. Counselling and home-based care	Advocacy for counselling services and home-based care for HIV/ AIDS.		Technical assistance for expanding counselling and home-based care for HIV/ AIDS.		Adaptation of norms and standards for counselling and home-based care for HIV/AIDS.	Adaptation of guidelines for counselling and home-based care for HIV/AIDS.
TUBERCULOSIS						
1. Strengthening of diagnostic facilities for early detection			Technical and policy support for strengthening of diagnostic facilities for early detection.			
2. Expansion of DOTS treatment centres.			Technical support for expansion of DOTS treatment centres.			
3. Surveillance system for drug resistance.			Technical support for surveillance system for drug resistance.			

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
TOBACCO CONTROL						
1. Development of legal and administrative framework (policy, rules, regulations etc.) to support anti-tobacco activities.	Advocacy for a legal and administrative framework (policy, rules, regulations etc.) to support TFI.		Technical and policy support to development of legal and administrative framework. to support TFI activities			
2. Advocate for development of alternative sources of income for individuals involved in the production and sale of tobacco products.	Advocacy for development of alternative sources of income for individuals involved in the production and sale of tobacco products.		Technical and policy support for development of alternative sources of income for individuals involved in the production and sale of tobacco products	Identification of relevant government organizations and development partners to develop alternative sources of income for individuals involved in the production and sale of tobacco products.		
3. Development of IEC programmes with principal focus on women and youth to raise awareness of the detrimental effects of using tobacco.			Technical and policy support for development of IEC programmes with principal focus on women and youth to raise awareness of the detrimental effects of using tobacco.			

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
Reproductive Health						
1. .Safe motherhood advocacy activities related to best practices at national, district level and below.			Technical support for safe motherhood advocacy activities related to best practices at national, district level and below.			
2. Expansion of safe motherhood services to additional districts (in parallel with program for extension of 'strengthening district health systems ').			Technical support for expansion of safe motherhood services to additional districts (in parallel with programme for extension of 'strengthening district health systems ').			
3. Monitoring of midwifery services including introduction of standards of midwifery practice including safe delivery.			Technical support for monitoring of midwifery services including introduction of standards of midwifery practice including safe delivery.			

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
Mental Health including substance abuse and violence against women						
1. Development and implementation of strategies and a "plan of action" to provide essential mental health services at the district level and below as per the EHCP.	Advocacy for provision of essential mental health services at the district level and below as per the EHCP.		Technical support for the development of strategies and a "plan of action" to provide essential mental health services at the district level and below as per the EHCP.			
2. Development of strategies to address suicide, violence against women, alcohol abuse and intravenous drug use within the context of decentralization.	Advocacy for activities to reduce suicide, violence against women, alcohol abuse and intravenous drug use.		Technical support for the development of strategies to address suicide, violence against women, alcohol abuse and intravenous drug use within the context of decentralization.			
3. Training health workers at the household/ community through district hospital levels to implement strategies noted above.			Technical support for the training health workers at the household / community through district hospital levels to implement strategies noted above.			

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
Safe Blood						
1. Development and implementation of a quality assurance approach in blood services (human resources, structures and management systems upon which safe blood supply depends).	Advocacy for the development and implementation of a quality assurance approach in blood services (human resources, structures and management systems upon which safe blood supply depends).		Technical support for development and implementation of a quality assurance approach in blood services (human resources, structures and management systems upon which safe blood supply depends).			
Cancer, Diabetes, Cardiovascular diseases						
1. Development of baseline data on incidence and prevalence of cancers.			Technical support for development of baseline data on incidence and prevalence of cancers.			

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
2. Health education and promotion activities focused on changing health behaviours related to known cancer, cardiovascular disease risks, reducing the risks of developing diabetes and development of complication.			Technical support for health education and promotion activities focused on changing health behaviours related to known cancer, cardio-vascular disease risks, reducing the risks of developing diabetes and development of complication.			
Chronic Respiratory						
1. Development of legal and administrative framework (national ambient air quality standards, regulations, establishment of implementing agencies etc.) to control air pollution. 2. Also See "Tobacco" and "Environmental Health".	Advocacy for establishment and sustained implementation of a legal and administrative framework control of air pollution.					Adaptation of WHO "Guidelines for air quality" be come binding national norms and standards. Development of air quality monitoring and surveillance system.

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
Food Safety						
1. Health education and promotion activities focused on providing households with the necessary knowledge, attitude and practice for hygienic food handling.	Advocacy of among relevant government entities for hygienic food handling at the household level.					Adaptation of WHO IEC materials for hygienic food handling.
2. Establish a strategy for implementation of an effective framework for regulating and monitoring commercial food processing and handling.	Advocacy of among relevant government entities for commercial food processing and handling.		Technical support for establishing a food safety policy and a strategy for implementation of an effective framework for regulating and monitoring commercial food processing and handling.			Adaptation of guidelines for quality assurance in food processing and handling. Development of a system for food borne disease surveillance.
EPI						
1. Strengthen the functioning of the EPI Inter-agency Coordination Committee.			WHO functioning as secretariat for ICC.	Identify additional development partner participation in ICC.		

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
2. Training of health workers at the district level and below in EPI.		Dissemination of new and relevant EPI information.	Technical assistance for training of trainers.			Update EPI guidelines for training .
3. Strengthening the epidemiological surveillance system to detect and respond to EPI targeted diseases.	Development of legal and organizational structure for a system of notifiable diseases.		Technical assistance for implementation of system of notifiable diseases.			
4. Development of monitoring and supervision system for EPI (within the context of Ministry of Health's integrated supervision system and community based supervision).	Advocacy at all levels of the health delivery system on the need for integrated supervision and community based supervision.	EPI coverage surveys.				Development of tools and guidelines for community based supervision within the context of decentralization.
Leprosy control						
1. Strengthening technical and managerial support for leprosy programme at all levels of service delivery within the context of decentralization.			Technical assistance to improve management and technical skills of personnel at all levels of the health delivery system within the context of decentralization.			

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
2. Strengthening mechanism to ensure the sustainability of leprosy elimination activities	Advocacy at all levels that leprosy can be "eliminated" and that leprosy control activities must be continued beyond "elimination"					
Integrated Management of Childhood Illness (IMCI)						
1. Strengthening of national capacity to train health workers at the district level and below in prevention, early recognition, case management and referral of the five common childhood illnesses.				Identify and develop capacity of national development partners to train health workers at the district level and below.		
2. Development of monitoring and supervision systems for IMCI (within the context of Ministry of Health's integrated supervision system and community based supervision).	Advocacy at all levels of the health delivery system on the need for integrated supervision and community based	Independent evaluation of the impact and effectiveness of the IMCI programme.				

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
	supervision.					
Blindness						
1. Development of strategies to ensure that programmes which make essential eye care services available in remote and underserved areas are sustainable.			Technical and policy support for the sustainable expansion of essential eye care services.			
2. Strengthening mechanisms for coordination of eye care services among Ministry of Health and its development partners including private and NGO sectors.			Technical support to the "Apex Body" for the coordination of eye care services.			
Deafness						
1. Training of health workers at the community through district hospital level.			Technical support for the training of health workers for provision of essential ear care			
2. Establishment of referral system for remote and under-served areas			Technical support for the establish-ment of a referral system for remote areas.			

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
Environmental Sanitation and Hygiene						
1. Strengthening coordination among Ministry of Health, other ministries, governmental units and the NGO sector engaged in environmental sanitation.			Technical support to the "National Committee on Water Supply and Sanitation Sector Coordination ".			
2. Health education and promotion activities focused on providing the community and households with the necessary knowledge, attitude and practice for safe sanitary practices.	Advocacy for community and households safe sanitary practices.					Development and adaptation of education and training materials on local languages.
3. Introducing environmental sanitation standards (waste water effluent, waste water re-use and air quality standards)	Advocacy for introduction and enforcement of environmental sanitation standards (waste water effluent, waste water re-use and air quality standards).	Development of monitoring sites for determining levels of waste water effluent, waste water re-use and air quality.		Identify additional development partners for supporting the introduction, implementation and sustainability of waste water effluent, waste water re-use and air quality standards.	Adaptation of environmental sanitation standards (waste water effluent, waste water re-use and air quality standards) to Nepal.	

Priority Areas for WHO Support in terms of WHO Core Functions						
Priority Areas for WHO Support	**WHO Core Functions**					
	Policy and Advocacy	**Information - Research**	**Technical & Policy Support**	**Partnerships additional to Ministry of Health**	**Norms and Standards**	**Tools-Guidelines-Technologies**
4. Development of a legal and administrative framework for management of health care waste products (regulations, technical and operational guidelines, establishment of responsible agencies etc.).	Advocacy for the need for safe management of health care waste products.		Technical assistance in the development and application of regulations, technical and operational guidelines for management of health care waste products.			Adaptation of regulations, technical and operational guidelines for management of health care waste products.
Oral Health						
1. Strengthening of health education focusing on oral health.	Advocacy for oral health at all levels of health delivery.					Adapting health education materials to the local languages.
2. Expanding the provision of the Atraumatic Restorative Therapy (ART).	Advocacy on the appropriateness and feasibility of ART.		Technical assistance in training of trainers for ART.			
3. Training in the early detection of oral cancer in its pre-cancerous stages.			Technical assistance in training on the early detection at the district level and below of oral cancer in its pre-cancerous stages.			Development and adaptation of education and training materials on oral cancer.

5. CONCLUSION

The Nepal WHO country cooperation strategy will form the basis for further planning and implementation of WHO collaborative programmes, including the formulation of composite work for the 2002-2003 and 2004-2005 biennia. In being so, it will be a dynamic strategy document, which remains open and adaptable to changing needs and circumstances. The WHO country cooperation strategy is also likely to be useful for HMG's development partners as it identifies specific areas for collaboration. The WHO country cooperation strategy has provided all levels of action in WHO with an opportunity to identify strategic priorities in well-defined areas of intervention. Furthermore, the identified priority areas for WHO support were analysed in terms of WHO core functions as defined in the WHO corporate strategy.

The participatory nature of formulating the WHO country cooperation strategy was noteworthy, as was the way it built upon the national health planning process. It involved not only WHO and the Ministry of Health of HMG Nepal, but also other development partners, which were consulted actively in the strategy's formulation.

It was found useful to analyze the proposed priority areas for WHO support in terms of WHO's six core functions, as it helped in defining expected results for WHO work. This will add value and flexibility to the planning process itself, because it allows future expected results to be defined in two ways, either inclusively (in collaboration with others) or exclusively (confined to the WHO Secretariat). Therefore, expected results from WHO collaborative efforts with the Ministry of Health and other development partners become evident by using the first set of matrices (which contain the anticipated results of such WHO collaboration). Expected results which are confined to the WHO Secretariat become evident by using the second set of matrices, as the identified priority areas for WHO support are expressed in terms of WHO core functions.

Analysis of the priority areas for WHO support demonstrated that in WHO's country cooperation strategy for Nepal considerable emphasis will be placed on *catalysing change through technical and policy support,* in ways that stimulate action and help build sustainable national capacity in the health sector. Another major area of WHO support is in *articulating consistent, ethical and evidence-based policy and advocacy positions.* Thirdly, WHO support is needed for *stimulating the development and testing of new technologies, tools and guidelines* for disease control, risk reduction and

health systems management. WHO's role in Nepal will be further strengthened by *negotiating and sustaining appropriate partnerships additional to the Ministry of Health* of His Majesty's Government. WHO will continue to provide technical assistance in *managing information* and *stimulating research and development.* Finally, WHO will assist with the development and application of *norms and standards.*

Acknowledgments

The Nepal WHO CCS mission team wishes to express sincere thanks and appreciation to all those who have facilitated, who have been involved and who have contributed in the collection, review and analysis of relevant information, preparation and formulation of the Nepal WHO country cooperation strategy document.

Annex 1

LIST OF PARTICIPANTS

National Health Officials

Dr B D Chataut, Director-General
Department of Health Services
Ministry of Health
HM Government of Nepal

Dr Chhatra Amatya
Director, Planning, Foreign Aid,
Monitoring Division
Department of Health Services
Ministry of Health
HM Government of Nepal

Dr B B Karki
Chief, Policy, Planning, Foreign Aid
Monitoring Division
Ministry of Health
HM Government of Nepal

Development Partners

Dr Michael O Dwyer
Senior Health and Population Advisor
DFID

Dr J P Steinmann
Team Leader, GTZ health projects

Dr Ayako Tokunaga
Project formulation adviser, JICA

Dr Masa Jimba
Technical expert, School
and Community Health Project, JICA

Mr Lyndon Brown
Ag Chief, Health Office, USAID

Dr Tirtha Rana, Health Adviser
The World Bank
Nepal

WHO Country Office

Dr Klaus Wagner
WHO Representative to Nepal

Dr Harry Feirman
Technical officer (Health Planner)
WHO Nepal

Dr Mario Jorge Luna
Medical officer, EPI
WHO Nepal

Mr Jan Speets
Sanitary engineer
WHO Nepal

Dr P T Jayawickramarajah
Medical Educator
WHO Nepal

Dr Paramita Sudharto
Public Health Administrator
WHO Nepal

Dr U Tin Shwe
Short-term consultant
Leprosy elimination
WHO Nepal

Dr Shailash K Upadhayay
National Liaison Officer
WHO Nepal

WHO Regional Office

Dr U Than Sein
Director (Evidence and Information for Policy)
WHO SEARO

Dr Nyoman Kumara Rai
Regional Adviser (HSD)
WHO SEARO

Dr Stephan P Jost
Technical Officer (HSR)
WHO SEARO

Annex 2

PROGRAMME

Monday 13 March 2000	Discussion with WR Nepal and Technical Officer about the tentative schedule and the preparation of draft WHO CCS document
	Discussion with WR Nepal and all professional staff on the draft WHO CCS document prepared by WR Office. Joint identification of priority areas for WHO support
Tuesday 14 March 2000	Discussion with WR Nepal and all professional staff on draft matrix analysis to be used in draft WHO CCS document
Wednesday 15 March 2000	Discussion with WR Nepal and all professional staff on functional analysis to be used in draft WHO CCS document
	Finalization, reading, discussion and approval of draft WHO country cooperation strategy document
Thursday 16 March 2000	Discussion with Senior national health authorities, representatives of development partners and WHO staff on the draft WHO CCS document
	Finalization of draft WHO Country Strategy document
Friday 17 March 2000	Visit to Nepal Health Research Council and Department of Health for discussion on WHO collaborative activities
	Courtesy call on the Director-General of Health on WHO CCS and other collaborative activities
	Attendance at monthly meeting of WHO country staff and discussion on WHO Corporate Strategy, new approaches of WHO Programme Budget and the preparation of the WHO CCS document