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Beyond Declarations: From Policy Dialogue to Health System Accountability in Nepal

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Health systems rarely fail for want of good ideas. Governments, professional societies, and international bodies have been producing strategic plans, declarations, and reform agendas meant to strengthen healthcare delivery. But the harder problem is turning those commitments into sustained institutional action. That gap, between what gets written down and what actually gets done, is one of the defining obstacles to Universal Health Coverage, stronger primary healthcare, and better population health outcomes.¹⁻⁴

The global push for primary health care since the Declaration of Astana made clear that equitable, people-centred systems need more than expanded service delivery. They depend on governance, sustainable financing, a capable workforce, multisectoral collaboration, digital innovation, and ongoing policy evaluation.^{2,3} Implementation science has reinforced the same point from a different perspective. In the end getting priorities right matters less than building institutions that can monitor progress, adapt, and stay accountable across political cycles.^{5,6}

Nepal also possesses this challenge. The National Health Policy 2019 and the Nepal Health Sector Strategic Plan 2023–2030 lay out an ambitious vision: universal coverage, equitable access, evidence-informed policymaking, stronger primary care.^{7,8} But as in many low and middle income countries, implementation keeps running into fragmented governance, limited resources, workforce shortages, and competing institutional priorities.

The Nepal Medical Association founded the National Health Summit (NHS) in 2021 partly to address this divide between evidence and implementation. Unlike a typical scientific conference built around disseminating findings, the NHS was thought of as a multidisciplinary policy platform, bringing clinicians, researchers, government officials, regulators, professional societies, development partners, and civil society into the same room to deliberate on national health priorities. Across successive summits, the agenda has moved from pandemic preparedness and system resilience toward a wider set of concerns: primary healthcare, governance, workforce development, financing, digital transformation, and intersectoral collaboration.^{9,10}

The theme for the National Health Summit was “Strengthening Primary Care Through Innovation for Modern, Accessible, Affordable, and Equitable Healthcare in Nepal.” Its sub-themes tracked the major pressure points in Nepal’s health system.

It included a review of past NHS declarations, medicolegal challenges and burnout, antimicrobial resistance, and artificial intelligence and digital health. The summit’s final declaration refined these discussions into nine policy commitments and included reforming and sustaining the National Health Insurance Programme toward universal coverage; creating a formal mechanism to track NHS declarations; raising national health investment; protecting and retaining the workforce; reforming medicolegal adjudication; strengthening antimicrobial resistance response through stewardship, surveillance, and a One Health approach; expanding equitable digital health and AI; adopting Health in All Policies and mostly importantly building research capacity and evidence based governance.

What stands out most, though, is the NHS’s willingness to turn the same critical lens on itself. Rather than assume declarations translate automatically into policy change, the first qualitative evaluation of NHS declarations examined implementation through the eyes of policymakers, regulators, academic leaders, professional organizations, and government officials.⁹ Participants consistently saw the NHS as effective at setting the agenda, engaging stakeholders, and advocating for policy. But implementation kept hitting the same obstacles: fragmented governance, political instability, inadequate financing, weak coordination across federal structures, and no formal mechanism for tracking what happens after a declaration is issued.⁹

That finding reframes the conversation, shifting it from policy formulation to policy stewardship. The harder task isn’t identifying the right priorities anymore; it’s making sure agreed priorities actually get carried through, monitored, and refined as circumstances change. Similar patterns show up internationally, where fragmented governance, competing institutional interests, and weak accountability routinely undercut otherwise well designed policies.¹¹⁻¹³

NHS-5 reads as a response to that exact problem. Although framed around primary healthcare, its discussions leaned increasingly toward implementation, accountability, workforce sustainability, digital transformation, research capacity, and cross-sector collaboration. More importantly, the summit reflected a growing understanding that annual declarations, by themselves, can’t strengthen a health system unless they’re embedded in institutional processes built to measure progress and sustain momentum.

For Nepal, the timing matters. Federalization has opened up room

for local innovation, but it has also created new coordination headaches across national, provincial, and local government. Strengthening the health system now requires not just technical fixes but institutions capable of sustaining collaboration, tracking implementation, and holding the system accountable

across multiple levels of governance. Seen this way, the National Health Summit's lasting value may lie less in the declarations it produces each year than in its capacity to institutionalize policy learning, evidence generation, and implementation oversight.

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