Notes of P4H CD Visit to Nepal, 20-22 April 2014

Context

The Ministry of Health and Population (MoHP) and WHO organised a workshop on Mo*ving towards UHC in Nepal,* on 20-21 April 2014 in Kathmandu.

The CD had been invited by WHO to attend this event (together with a WB colleague), which turned out to b a good opportunity to catch up with current discussions around UHC and Health Insurance in Nepal, as well as collaboration and coordination among EDPs.

National UHC workshop

The event covered valuable technical inputs

- on the concept of UHC and the WHO/SEARO regional UHC Strategy and measuring UHC;
- an update on the current efforts of Nepal in moving closer towards UHC (from free care to health insurance)
- and further teachings on equitable Health Financing and Health Systems Performance (e.g. governance and strategic purchasing).

The final panel discussion of the UHC workshop zoomed in on the Nepali context. *Dr. Chand (MoHP)* started off by raising the question 'is Nepal ready for UHC?'. He cited several policy documents underlining the governments responsibility for basic health services. The past focus has been on rural population and communicable diseases, expanding coverage with little attention to quality. He also acknowledged that while the 'free care' approach was to ensure access, however, the high OOP would be saying something different. The main thrust of the UHC agenda would be equity and inclusiveness, he concluded with the question of 'what needs to be done'.
The *WB* pointed out that 'free care' is the same as health insurance through taxes, while health insurance by default splits the health financing functions. The main problem of access is OOP, which is inequitable and unpredictable and needs to be converted into predictable pre-payment. *GIZ* stated that health insurance should be seen as a financing tool, an earmarked tax for health. One of the resource persons (Prof. Kwon) pointed out that 'free care' can be provided through supply side as well as demand side financing. Another speaker (Prof. Apfel) said that health insurance could be a good idea if the supply side was functional.

Having noticed that the workshop has been organised as a health sector event, the CD raised the question of who's business UHC was. *MoHP/Chand* clearly stated that UHC is everyone's business. Health is a development agenda, not only a cost but also an investment. The *WB* emphasised the importance of bringing the Ministry of Finance and the Planning Commission to the table. *WHO* pointed out that the 2-day workshop was meant to develop a better understanding of the UHC concept, then we would be ready for a multi-sectoral approach. *WHO* also mentioned that health systems strengthening and PHC would be at the core of UHC.

The *WB* flagged the idea of a roadmap to communicate the UHC agenda to other stakeholders. Such a map should also focus on results, e.g. what we want to achieve by 2020. Prof. Apfel pointed out the importance of a public debate around UHC. Discuss the three dimensions and how we can do this together. There was also consensus among several panelists that strengthening the supply side should focus on Primary Health Care. The intended piloting of health insurance could be useful, countries need to explore and experiment (Prof. Kwon), however should build in performance incentives from the beginning (Prof. Apfel).

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Post-workshop MoHP - EDP meeting

The MoHP (Chand, Kedar), WB, WHO, GIZ briefly gathered after the workshop to reflect on the next steps. *MoHP/Chand* started with the progress review of HNSP2, which still included 'everything under the sun'; the recent Pokhara meeting proposes 9 thematic areas for the new HNSP3; one would now need to finalise the working teams and sounding board for priority setting and to agree on the framework and principles. The Pokhara notes and the Health Policy of Nepal would be the starting point for HNSP3. The *WB* suggested UHC as the broader framework for HNSP3; the new measurement framework (WHO/WB) would allow to include all services; involve the M&E group/division to guide all thematic groups.

Current HF/HI/UHC process and issues

The main issue, which also featured prominently in the UHC workshop, circles around different opinions within the MoHP on the relation of the 'free care' approach and the proposed health insurance (HI). There appears to be a divide whether 'free care' should continue and HI be complementary, or whether HI should be covering 'everything' (with people paying contributions). The issue came also up in the context of the recent work on the benefit package and costing exercise (supported by WHO) carving up the different benefit options in core and comprehensive packages. Should the current package be expanded while some have no access at all to such services? The WB thinks it would be important to get a better understanding of what is driving the current high OOPs and then make the necessary decisions to adjust the system.

However, there is still a lot of dynamic about the proposed HI. The recently developed HI policy is currently with the cabinet; the new Minister of Health and Population may bring a different angle to what has been developed before his time. However, one also needs to consider the general thrift, e.g. that all parties had HI in their manifesto.

Cooperation / networking

A brief meeting of the CD with WB and GIZ country staff indicated that collaboration and coordination among EDPs could well be improved. The *'core group'* consisting of national staff of WHO, WB and GIZ appears to be functioning well, though with most meetings being held in Nepali language makes it somewhat difficult to share the proceedings and results with the international staff of EDPs. However, the broader *'thematic group'* on health financing has experienced a reduction in function and traction, starting when the WB withdrew from leading the group after the departure of the, at that time, country-based TTL. This makes collaboration and coordination in the country and across regional and global level less effective and more susceptible to possible interference caused by even well intended external support. Furthermore, the principles of EDPs not pulling in different directions (harmonisation and alignment) and honoring agreed plans of action become even more important, where collaboration mechanisms at country level do not have a strong foundation so that opportunities for synergies are easily being missed.

Proposed next steps

-- The 'core group' to discuss options and opportunities for reviving the thematic group; agree on lead and convener; inform CD, who will convey message to regional/global level colleagues;
-- Use upcoming WB mission 3-12 June 2014 to strengthen the collaboration and coordination through the thematic group on health financing / UHC.
-- Observe performance of thematic group; eventually consider long-term coordinator/advisor at country level.