

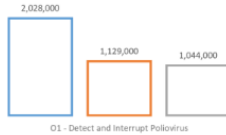
Nepal Summary Sheet

As the world comes closer to achieving eradication, GPEI will wind down its operations, requiring GPEI-funded countries to proactively plan for a transition away from GPEI resources. This document on Nepal intends to provide an overview of the status of planning for this transition of assets and infrastructure by Nepal. More information about polio transition planning is available on the [GPEI web site](#).



GPEI Funding Ramp Down 2017-2019 (USD)

2017 2018 2019



O1 - Detect and Interrupt Poliovirus

Background:

Nepal has not reported any cases of wild poliovirus since August 2010; polio-free status was certified in the WHO South East Asian Region in 2014. This achievement has been made possible through activities which have directly involved the GPEI-funded unit of immunization and vaccine preventable diseases within WHO country office Nepal (WHO IPD).

The projected budget for 2019 communicated to Nepal by GPEI is \$US 1,044,000. Though this figure is subject to change, it is 48% less funding than the 2017 GPEI funding. The Surveillance Medical Officer (SMO) network of Nepal's WHO IPD has been the most valuable GPEI funded asset in the country. The SMO network contributes to government health indicators and provides invaluable technical assistance to polio and many other functions beyond polio. By the end of 2019, there will be no further GPEI funding to support these activities. Possible funding support from government and other funding mechanisms such as GAVI HSS funding support are under consideration to bridge the funding gap.

General Information

Demographics

Total Population: **29,186,955**
 Birth Cohort: **578,656**
 Surviving Infant: **563,391**
 Infant Mortality Rate (per 1000 live births): **29**
 Child Mortality Rate (per 1000 live births): **36**

Financials

GDP, 2017 (USD): **\$21,195,000**
 GDP per capita, 2015: **\$743.3**
 Total Health Expenditures (THE) as % of GDP, 2014: **5.8**
 External Resources on Health as % of THE, 2014: **12.6**
 Government Expenditure on Health per capita, 2012: **35.9**

Human Resources

MOH:
 WHO: **63**
 UNICEF: **4**
 Core Group:
 Rotary:

Polio Funders to-date

GPEI Donors (e.g. USAID, and Rotary)

References

[For references, please click here](#)

| GPEI Funding: Detect and Interrupt Poliovirus | 2017 | 2018 | 2019 |
|---|--------------------|--------------------|--------------------|
| Campaigns- SIAs | \$792,000 | \$0 | \$0 |
| Core functions & infrastructure (mainly Technical Assistance) | \$729,000 | \$605,000 | \$502,000 |
| Surveillance & running costs (excluding Lab) | \$507,000 | \$524,000 | \$542,000 |
| Grand Total | \$2,028,000 | \$1,129,000 | \$1,044,000 |

Health Priorities

Nepal has established the Nepal Health Sector Strategy 2015-2020, which outlines the country health priorities.

For a listing of priorities, please click on 'Health Priorities' above.

Transition Planning

Country Planning Dashboard: Nepal

| Communication initiated | Coordination body established | Mapping of assets | Mapping of priorities | Transition plan drafted and costed | Transition plan finalized and funding agreed | Transition strategy agreed |
|-------------------------|-------------------------------|-------------------|-----------------------|------------------------------------|--|----------------------------|
| Complete | Complete | Complete | Complete | Complete | In process | Complete |

Milestones_NPL

| Milestone | Update |
|------------------------------|--|
| Awareness raising | Key stakeholders were engaged through letters from WHO to the Ministry of Health (MoH), followed by a series of discussions. MOH aware that GPEI funding will likely cease by end of 2019 |
| Coordination | Polio legacy committee (PLC) formed in September 2016, chaired by the Health Secretary, with representation from MOH, WHO, UNICEF, USAID, and Rotary |
| Evidence | Initial mapping done with help of WHO-IPD staff and consultant, and completed by February 2017. For the asset map, click on the adjacent "Evidence" link |
| Strategic Options | Government and stakeholders meet and agreed on the transition strategies on June 2017. Transition plan was endorsed during this meeting. Government of Nepal (GoN) has included a budget line for transition in its annual work plan budget. |
| Vision for the future | First draft of the transition plan was shared with the Ministry of Health (MoH) in June 2017 |
| Transition Plan | The National Transition Plan is being reviewed by the MoH. Once potential donors have been identified, a memorandum of understanding will be developed to confirm their support for the implementation of polio transition. |

Transition Strategy

Nepal's overall strategy for the transition of polio essential functions involves maintaining basic surveillance functions as well as other deliverables on priority child health goals of GoN through the re-designed WHO IPD network for the next 5 years, to mitigate the challenges of federalization, after which the government will take full ownership of the surveillance network.

The financing strategy for the activities proposes potential funders as USAID, Gavi and the Health Sector Pooled Funds (Gavi, WB, DFID), and the Government of Nepal. However, there have not been any financial commitments made by donors. The approach outlined for transition supports the GON's efforts to establish health management and operations functions within newly established administrative units in the country, as well as the GON's efforts to address childhood mortality

Risks

- MOH perceives that there is a real risk of losing the high quality technical support provided by WHO-IPD for non-polio goals once GPEI funding stops
- If the basic IPD network disappears post 2019, the same level of donor investment will not deliver the same returns on non-polio goals like measles elimination, Japanese encephalitis control etc.

Challenges

- MOH would like IPD network to continue beyond polio eradication, especially with maintaining focus on measles elimination/rubella control goals and other child survival goals
- Changing country needs (child mortality, elimination goals for measles, malaria etc.)
- Changing political context (federalization)
- Challenges with demonstrating feasibility of child mortality surveillance pilot

Next steps

The plan (1st draft) proposes to:

- build government capacity to gradually transition some existing functions of WHO IPD to the district health team
- Adapt plan to evolving scenario in federalization
- Moves beyond polio to support GoN priority goals in reducing child mortality and seek broader support from GoN and donors
- Continue providing support to measles/rubella elimination & control
- Surveillance of child deaths from pneumonia and diarrhoea to identify preventable causes to inform policy & practice
- Support other VPD control goals and other disease surveillance (e.g. malaria elimination goal)
- Supports Child Health Division through challenges of federalization
- Over the period of 5 years, polio transition will need to be based upon the evolving government technical and financial capacity
- Conduct a child mortality surveillance pilot which would cost ~USD 100K/Year for (2018-19)