

Reviewing Achievements and Obstacles in Nepal's National Health Insurance Program

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Abstract:- This study reviews the health insurance program concerning Universal Health Access in Nepal. This investigation aims to assess the country's strengths and weaknesses and identify any roadblocks that can slow its progress towards the Sustainable Development Goals by 2030. The methodology includes a SWOT analysis, narrative Analysis, and synthesis techniques, incorporating data from public reports, websites, research, social media data, and stakeholder interviews. The survey indicates that 70 per cent of Nepal's populace possesses health insurance; nonetheless, there exists a disparity between urban and rural regions, resulting in protracted queues and inadequate availability of medications. Nepal's health funding must match the World Health Organization's out-of-pocket expenses and comprehensive health coverage projections. The study recommends increasing healthcare spending from 2.4 per cent of GDP to 5-6 per cent and ensuring healthcare and its efficient mobilization receive 10-15 per cent of Nepal's budget. Nevertheless, the program's investigations uncover deficiencies in quality, ineffectiveness, and fraudulent problems, which jeopardize its sustainability in the long run.

The study concludes with recommendations for scholars and policymakers, including enhancing resource allocation, monitoring and supervision, and implementing procedures to improve quality and decrease corruption. There is a need to ensure a technical audit of the program works, prescriptions, and bills regularly; there should be a public hearing once a year and a support center.

Keywords:- Health Insurance, Nepal, Universal Coverage, Coverage, Challenges.

I. INTRODUCTION

Nepal's Social Health Security Program (SHSP) has enhanced healthcare accessibility through its National Health Insurance Program (NHIP) since 2016. Since 2003, the National Health Insurance Program (NHIP) has been established and extended. National Health Insurance Policy 2014 established the NHIP and promised gradual coverage expansion. It needed gradual implementation. The initiative started with optional registration in specific locations and became mandatory for public servants and government employees. NHIP covered over 70% of the population in

2023 [1]. It provides primary healthcare services through a network of hospitals and clinics.

There has been improvement, yet problems remain. Nepal needs help with access, use, and coverage. Rural-urban enrollment rates are lower due to a shortage of healthcare providers and insurance knowledge [2]. The exclusion of the informal sector is also concerning. Current programs often overlook informal labor, which makes up a large section of the population. Sustainability requires effective resource management and policy reforms to balance affordability and service coverage.

The importance of health insurance in improving healthcare accessibility in Nepal is driving universal coverage. With its diverse geography and rural people, Nepal struggles to provide equitable and adequate healthcare. Despite advancements in recent decades, many people still struggle to afford healthcare. Health insurance improves healthcare access and helps attain universal coverage.

Yes, health insurance has dramatically improved healthcare access in Nepal. Health insurance has developed from a patchwork of local programs to a concerted effort towards national coverage as we look back at the last several years. The initial endeavors spanned from 1976 until 2003. The United Mission to Nepal (UMN) started community-based endeavors in 1976 in Nepal. These modest initiatives were sustained through voluntary contributions [3]. Government pilot programs: From 1994 to 2003, the government conducted experimental insurance arrangements in multiple districts [ibid].

II. LITERATURE REVIEW

A. Population and Health Infrastructure

Nepal is a Himalayan nation with 29,164,578 people and a 0.92% annual growth rate [4]. The average population density is 198, and the sex ratio is 95.59 males/100 females. The population's Life expectancy was 69.7 years in 2017/18 [5]. There are 6,666,937 households with an average size of 4.37. About 89% of the population has safe drinking water [ibid], and 4.5% have no toilets [4]. According to government data, only 28.13% of drinking water schemes are updated [6]. Based on national data, a substantial proportion of the population needs reliable and safe access to water. A segment of the population still needs access to a secure water source. This situation

necessitates repairs, restoration, and rehabilitation, highlighting the unreliability and sustainability of the current water infrastructure.

Health infrastructure includes institutions and people. Nepal has 143 public hospitals, including 14 tertiary, 14 regional, 54 districts, 48 sub-districts, and 13 specialized hospitals in 2022 [7]. Health Posts: 5,144 rural public health posts in Nepal provide primary healthcare [ibid]. A further 2,968 sub-health posts provide primary healthcare in remote and underserved areas [ibid]. Human resources, including the public sector, employed 28,000 doctors, nurses, and paramedics, and other healthcare personnel in 2019 [8].

In the private sector, about 1,200 hospitals in Nepal have different specializations and capacities (Nepal et al., 2019). About 18,000 private healthcare clinics in Nepal provide healthcare services [7]. Nepal has around 10,000 pharmacies that sell essential drugs [8]. The private health sector employs 35,000–45,000 city-based healthcare staff [9].

Health infrastructure is uneven throughout Nepal's Himalayan, Hilly, and Terai areas. Due to its diversity, Nepal's Himalayan, Hilly, and Terai regions struggle to provide adequate healthcare. This report demonstrates regional hospital, doctor, nurse, and paramedical infrastructure variances.

A study [10] discovered a scarcity of hospitals, primary healthcare clinics, and birthing centers in the Himalayan Districts. Rugged terrain and remoteness hinder accessibility [11]. Although hilly districts have more health services than the Himalayas, rural areas still lack them [12]. Primary care centers are common, but doctors' services are uncommon. Higher population density and accessibility mean more hospitals, health services, and birthing centers in Terai Districts [13]. Despite distinctions, rural Terai has difficulties similar to hills.

Public doctors and nurses need to be improved. Doctors, nurses, and specialists are scarce in Himalayan Districts. Healthcare staff are overworked, and service quality needs to improve [14]. Hilly districts have more doctors and nurses than the Himalayas, although specialized sectors still need more staff [15]. Healthcare remote workers are hard to keep. Terai Districts: Denser populations and metropolitan centers increase doctor, nurse, and specialist availability. Like hills, rural Terai areas have shortages.

Paramedics work in several public health settings. There are few Doctors and nurses in Himalayan districts; hence, paramedics provide health services. Staff may need more training and resources, decreasing service quality [13]. Hilly Districts need paramedics, but training and funding differ. Paramedical education and assistance must improve. Paramedics in Terai Districts are usually better qualified. Rural and tiny facilities need more.

Mountains and distant areas in the Himalayas and mountainous regions make infrastructural development difficult, affecting public health [11]. Second, Human Resource Management: Healthcare staff distribution and retention, especially in remote locations, suffer [12]. Limited government funding and healthcare infrastructure investment also cause inequalities [16].

B. Why Health Insurance?

As per the World Health Organization, Nepal is one of the top ten countries with the highest out-of-pocket health spending, estimated above 60% [17]. This duty falls heavier on economically disadvantaged and vulnerable people, delaying or preventing medical care and increasing poverty.

Rural Nepal, which makes up over 70% of the population, has less access to healthcare and fewer competent medical workers than urban areas [2]. Insufficient funds for healthcare exacerbate this disparity.

Financial Catastrophe Risk is increasing year by year. Medical emergencies can strain families' finances and threaten their future. Health insurance protects households from high healthcare costs [15].

C. How Health Insurance Improves Accessibility?

By prepayment and risk pooling: Health insurance allows prior payment of medical expenses, relieving the financial burden of urgent out-of-pocket costs. It encourages people to seek preventive and curative care without financial constraints, improving health.

Health insurance schemes have increased preventive and primary care use in Nepal and other developing nations [18]. Early detection and management of chronic diseases save long-term healthcare costs.

By Financial Protection. Health insurance protects families from disease-related financial hardship. This financial security keeps families calm and lets them focus on healing.

D. Milestones and Policy Changes

Nepal's health insurance system is crucial to its UHC goal. We must mark the path from community-based efforts to the National Health Insurance Program (NHIP) by milestones and policy changes. Let us investigate this fascinating expedition:

The United Mission to Nepal (UMN) helped establish community-based health insurance from 1976 to 2003. These programs promoted local ownership and community volunteering [3]. The government tested various insurance programs in certain districts between 1994 and 2003 to gather data for a nationwide program [12].

Since 2003, NHIP has provided health insurance. Implementing the National Health Insurance Policy, 2003 allowed the NHIP to expand and achieve universal coverage gradually. From 2006 until 2014, certain regions

began voluntary enrollment, whereas civil officials and government employees were required. From 2014 to 2023, the program expands to cover approximately 70% of the population and provide essential healthcare through a recognized group of providers [1].

E. Aims and Achievements

The Health Insurance Act of 2016 strengthened the National Health Insurance Program (NHIP) legal base and created clear governance structure principles. 2018, the Social Health Insurance Act created a distinct informal sector program to address coverage gaps. The government announced that the National Health Insurance Program (NHIP) will offer extensive coverage to persons in rural areas and those in need by 2030.

The Organizational Framework works in Nepal's public and private health systems. NHIP governance encompasses government, employers, employees, and civil society. This program aims to include diverse viewpoints. However, stakeholders' representation and decision-making transparency still need to be improved [3].

There are efforts to decentralize program administration to serve each person better and decrease rural-urban inequalities. Effective decentralization requires local skills, knowledge, and resource distribution.

The NHIP receives funding from these sources.

- Premiums: The NHIP relies on income- and job-based premiums. This approach is expensive and may be discovered by low-income people [12].
- Government subsidies: Children, pregnant women, and the elderly receive significant government rebates for insurance premiums. We must consider the long-term viability of these subsidies. (iii). Collecting social health insurance contributions from informal sector workers could boost the program's funding and fill coverage gaps.

Nepal Health Insurance added a 10% client co-payment for health services starting January 15, 2024 [1].

F. Gaps in Research

There are many unstudied aspects of health insurance in Nepal, offering opportunities for further research and knowledge growth:

- Enduring Consequences and Continuity: Early research on the SHSP's effect on access and utilization shows promise, but longer-term studies are needed to assess its long-term effects on health outcomes, financial protection, and program sustainability [19]. We must determine the program's financial viability in light of population changes, healthcare cost inflation, and policy changes [3].
- Equity and Inequality: Previous research has highlighted resource availability and consumption differences by region, income, and social class [20]. Further investigation is required to comprehend these disparities and discover pragmatic remedies. Underrepresented communities like indigenous groups,

women, and people with disabilities may provide insights into how the program can better meet their needs and address systemic disparities [21].

- Healthcare System Resilience and Quality: Strategic Highway Safety Plan (SHSP) demand strains the healthcare system, possibly lowering service quality and burdening providers [22]. Research is required to evaluate the system's capacities for enhancing infrastructure, workforce, and service provision. We must examine the program's impact on patient satisfaction, clinical results, and treatment standards to ensure it improves health for everyone.
- Analysis of qualitative data and cross-sector collaboration: By studying individuals, communities, and healthcare providers, qualitative research can reveal a program's social and cultural basis, issues, and triumphs. We must work with economists, anthropologists, and public policy specialists to understand the complex factors affecting the program's efficacy and unintended consequences.
- Political and Governance Challenges: Political leaders' commitment and good governance practices determine the program's effectiveness [21]. Political dynamics and stakeholder interests affect policy, resource allocation, and program implementation; hence, we must investigate them. Research has uncovered program misconduct and maladministration cases, but the suggested measures to tackle these problems are inadequate.

III. REVIEW STUDY RATIONALE

Since 2016, Nepal's Social Health Security Program (SHSP) has improved healthcare access through its health insurance program. Maintaining process efficacy, efficiency, and sustainability requires regular reviews. We must examine the Strategic Highway Safety Plan (SHSP) for these reasons:

A review can analyze the program's impact on health outcomes, financial security, and healthcare access, identifying improvement areas.

Enhancing resource allocation efficiency: Examining program expenses, consumption trends, and administrative expenses might provide insights for optimal resource distribution decisions.

Examining the healthcare landscape can reveal new difficulties, such as diseases, health workers, or demographic shifts, that may require program revisions.

A review might assess financial feasibility and identify issues like rising healthcare costs or low membership rates, prompting corrective steps to ensure program sustainability.

Consistent assessments foster public trust and engagement by demonstrating openness and responsibility.

IV. OBJECTIVE OF THE STUDY

The review article's primary goals include:

- Assessing Nepal's public health indicators, infrastructure and insurance rationale and development.
- Evaluate the efficiency of health insurance programs in Nepal.
- Identifying obstacles and opportunities for better health insurance coverage and access.
- Comparing health insurance models in Nepal and beyond to identify best practices.
- Advise policymakers and stakeholders on improving the health insurance system.

V. METHODS

The method combines SWOT analysis with existing narrative analysis and synthesis methods. The researcher used the official program data, related surveys, and health statistics to study coverage, utilization, and health outcomes quantitatively. Qualitative Analysis involves analyzing data obtained from Social media, study findings, media accounts, and interviews with stakeholders like beneficiaries, providers, and policymakers to learn about their experiences and points of view.

Cost-benefit Analysis evaluates program expenses and benefits to measure value and identify cost-effectiveness opportunities. The Health Insurance Program of Nepal is compared to similar projects in other countries to identify effective methods and essential insights.

The review also protects data privacy, confidentiality, and publication according to ethical standards.

VI. FINDINGS AND DISCUSSIONS

A. Mixed Outcomes

The NHIP has shown mixed outcomes. Overall, immunization coverage is still not increasing in the country, but there are some good signs in child immunization rates and healthcare access, notably in urban areas. However, reaching rural children and addressing hunger and stunting remains difficult [12]. More women can access prenatal and postnatal care thanks to the NHIP, boosting mothers' health. Rural and impoverished women differ significantly [23]. The National Health Insurance Program (NHIP) offers complimentary healthcare services to elderly individuals, hence enhancing its accessibility. However, package sufficiency and treatment quality remain concerns [24].

When we talk about the vulnerable populations, there are issues. The National Health Insurance Program struggles to reach ethnic minorities and disabled people. Fair and equal access for these populations requires specific interventions and community-based engagement [16]. The NHIP offers discounted charges and personalized therapies for underprivileged communities and disabled people. However, overcoming geographical barriers, stigma, and culturally appropriate care remain challenges [2].

B. Trend in Health Outcomes

Research shows a rise in healthcare spending and improvements in the accessibility and consumption of preventive and primary care[18]. Several studies show positive impacts on child mortality [12], whereas others show a limited decline in maternal mortality [3]. Further investigation is required to comprehend the enduring health consequences comprehensively.

The NHIP has enhanced financial stability by preventing people from falling into poverty, reducing healthcare costs, and providing needed medical treatment during illness [15]. Vulnerable groups need it to enhance their health and reduce their risk of harm.

C. Triangulation of what people say and what studies show

This study examined how Nepalese people discussed health insurance on social media (Facebook) in December 2023.

A consumer said, "I got my treatment of Eye Cataract free of charge from an Eye Hospital in Kathmandu." Another was unhappy with the health insurance policy. He adds, "I am looking at this health insurance program like a children's game."

Another client detailed Nepalese health insurance. He wrote on Facebook, "Sir, the insurance business is struggling." Smart people finance poor households. They visit medical facilities with I.D. cards to make false bills of Rs. 8,000 to 10,000, taking Rs. 100,000 in drugs over ten months. I reported these issues to the insurance board, but they denied liability. However, corruption is allowed at all health insurance management levels, from district to central."

The amount and prevalence of fraudulent invoicing and claims in Nepal's health insurance system are challenging to quantify. A review of research shows varied fraudulent practices, including Phantom billing, which involves billing for services that were never provided or charging excessively high fees for services rendered [19]. Upcoding involves billing for more expensive medical procedures than those performed, according to Poudel et al. [20]. Duplicate billing involves repeatedly requesting reimbursement for a service, according to Manandhar et al. [21].

An investigation uncovered that a private hospital in Kathmandu had submitted fraudulent bills to the Insurance program to receive payment [53][54]. A separate examination of Western Nepal hospitals revealed phantom billing claims [19][20]. Empirical studies indicate that Medicare claims have fraudulent characteristics [21][54].

Fraud prevalence is hard to measure because research sometimes focuses on specific regions or healthcare facilities, providing observations unique to that setting. The available data may need more information or specificity to generate dependable estimates. People may not tell fraud

cases because they fear the consequences or do not know enough about the issue.

There are mixed results from studies about how people feel about the National Health Insurance Program (NHIP). Healthcare resources and infrastructure could be better in rural places. A prize for people who live in rural areas is some financial protection against the high cost of health care [3, 18]. Researchers have found that more people are getting preventative care, especially.

The issue of affordability presents a substantial obstacle for households with modest incomes. A study has uncovered substantial disparities between rural and urban regions regarding educational accessibility, with a shortage of information and comprehension impeding the enrollment procedure for distant learning. Public perception is influenced by the caliber of the NHIP service and the bureaucratic procedures involved in enrollment. [12].

D. Influencing factors on participation

Template is used to format your paper and style the text. All margins, There is variability in individuals' levels of engagement. Several things are essential to comprehend during the ongoing process.

Cost and affordability: Premiums, subsidies, and exemption programs affect enrollment decisions. Lower socioeconomic groups may struggle to afford particular goods and services, requiring targeted interventions [15].

Awareness and comprehension: Lack of awareness of benefits and registration processes, especially in rural areas, can deter participation. In 2023, the Health Insurance Board of Nepal stressed the need for community-based outreach and education.

Geography: Geographic proximity to healthcare institutions and perceived quality of care affect NHIP network healthcare utilization and value [13].

Culture and trust: Traditional healing methods and a lack of faith in modern healthcare facilities may affect participation, especially in some populations. Building trust and using culturally appropriate strategies is essential [3].

E. Hope Financial Burden to Shared Risk

The Social Health Security Program (SHSP) transferred responsibility from individuals to a collective risk pool, making healthcare in Nepal safer and more accessible [19]. Some successful health insurance schemes in Nepal's different areas tackled unique challenges and yielded significant results:

Community Health Insurance Schemes in Dolakha: It promoted community-based health insurance systems supervised by local committees that tailor coverage and premiums to individual needs. The intervention increased healthcare enrollment and use, particularly preventative and maternal health services [3]. It also improved financial protections for marginalized populations. However, more

healthcare facilities and direct payments in remote areas are needed.

Karnali mobile clinics and outreach: They established clinics with medical supplies and doctors to reach remote places. Its impact is positive. It improved distant communities' prenatal care and vaccination access [10]. It increased NHIP program awareness and participation through targeted outreach [11]. However, obstacles in hilly areas' limited transportation options limit healthcare availability.

Gandaki Informal Sector Workers' Micro-Insurance: It offers flexible premium alternatives and simplified enrollment in micro-insurance programs for informal sector workers like farmers and small businesses. This policy has increased healthcare access and financial security for marginalized groups, increasing healthcare consumption and decreasing out-of-pocket spending [15]. A study indicated that informal workers' contributions improved health outcomes and economic security [12]. However, there are challenges, like informal sector workers rarely having health insurance. It leaves them vulnerable to financial hardship in the event of illness.

Terai Indigenous Community Culturally Appropriate Reporting: The health insurance program worked with community leaders and traditional healers to offer health insurance and educational programs that fit indigenous communities' needs. It has increased indigenous community trust and involvement, which has improved healthcare utilization and maternal health [14]. It has also promoted cultural awareness and inclusiveness in healthcare [27].

Through customizing strategies to address local obstacles and encouraging community involvement, these efforts have improved healthcare availability, financial security, and health outcomes for diverse groups in Nepal. Their successes provide valuable insights for expanding effective strategies and programs.

There is a challenge that indigenous groups may avoid professional healthcare due to cultural beliefs and traditional healing methods.

F. Some Successful International Model

Singapore uses a hybrid system with mandatory employer and employee contributions and government subsidies to ensure cost-effectiveness and broad inclusion [28]. Rwanda uses a compulsory community-based health insurance program with income-based progressive premium rates to cover poor communities [29].

Japan adopted a single-payer system in health insurance programs to achieve Universal Health Coverage (UHC) [30]. Civil servant contributions and informal sector voluntary activities in Thailand boosted health insurance coverage [31].

Stouten states that accrediting healthcare providers and using performance-based payment schemes in the Netherlands promotes quality [32]. Nepal's rural mobile clinics and community-based programs face challenges of geographical barriers and insufficient infrastructure, which hinder access to NHIP services [10].

In Nepal, concerns exist concerning the quality of care the NHIP network delivers, particularly in rural areas. Training and supervision of workers should be improved. Service provider education, quality assurance, and preventive care must be prioritized to strengthen NHIP care. Enhancing rural healthcare accessibility is crucial in health insurance. Mobile clinics, community-based initiatives, and strategic infrastructure development can overcome geographical constraints and promote fair and equal healthcare use.

Comparing Nepal's National Health Insurance Program (NHIP) to successful global models will help improve it and achieve universal health coverage (UHC). Nepal's healthcare system relies on premium contributions and government subsidies for specified demographics, raising questions regarding cost and sustainability.

The literature review indicated that exploring alternative funding sources, including social health insurance contributions and public-private partnerships, can improve system affordability and sustainability. Focused efforts to reach and enroll specific individuals: Customized interventions and community involvement are needed to address rural-urban inequalities and reach informal sector workers.

G. Equity Confusion: Reaching the Untouchables

A study found a complex pattern of unfairness in resource use, with wealthier households and urban areas using more resources than rural populations, which get a shortage of healthcare facilities and providers [18]. NHIP has expanded its coverage. It has covered about 70% of the population, including civil servants, government employees, informal sector workers, and vulnerable groups, including children and older people [1]. However, there are still challenges to overcome to provide fair and comprehensive coverage and optimize its impact on healthcare outcomes.

This program offers essential healthcare services, including preventative care, consultations with outside doctors, and treatment for specific illnesses through an authorized nationwide network of hospitals and clinics. Early detection and prompt management of diseases will reduce long-term healthcare costs of chronic diseases. The NHIP offers financial safeguards against significant healthcare costs, safeguards against poverty, and guarantees access to necessary medical.

Health outcomes are inconclusive, with some studies showing positive effects on specific health indicators like child mortality and others showing a modest impact on overall health. We have conducted more research to

understand the long-term effects of the NHIP on health. The NHIP has improved healthcare accessibility and financial security in Nepal. However, overcoming current challenges and achieving Universal Health Coverage requires ongoing legislative efforts, creative solutions with resource inputs, and a focus on high-quality healthcare for all.

H. Stressed Healthcare System

The rapid expansion of the SHSP has strained the healthcare system, pushing it to its maximum capacity. Hospitals are seeing a sudden increase in patients, which could lower service quality [24]. Ineffective management and rumors of dishonest practices increase the system's challenges, threatening the program's advancement. NHIP has become vital in attaining universal health coverage (UHC). Its annual financial plans, coverage, and health results reveal its progress and challenges. NHIP has made medical care more accessible for more people, but its effects differ for different groups. It has focussed on children, women, older people, and disadvantaged groups is a challenging issue.

The NHIP budget has grown steadily, with the Health Insurance Board Nepal budget seeing a 3383% increase from NPR 1.2 billion in 2003-2004 to NPR 40.6 billion in 2022-2023 [1]. The NHIP's share of Nepal's overall health expenditure is below 7% of annual budgets (World Health Organization, 2023), although more investment (10-15% of yearly budget or 5-6% of GDP is needed to achieve UHC.

NHIP has claimed that the coverage continues to increase, reaching over 70% of the population by 2023, including public service, government, the informal sector, and vulnerable populations like children and older people [1]. For example, coverage rates are lower in rural areas because there are fewer healthcare facilities and fewer attempts to raise awareness. [2]. Interventions and outreach are needed to address these disparities.

I. The Global-View on Health Insurance Policies

Governments shape global health insurance policies, affecting healthcare access, cost, and effectiveness. They can develop and regulate health insurance schemes, such as nationwide programs, private insurance coverage, or employer-sponsored plans, to ensure fair competition, consumer protection, and financial stability [34]. One approach to achieving universal health coverage is implementing risk-adjusted budget equalization for healthcare providers or purchasing agencies [35]. This strategy aims to enhance fairness in allocating resources and services while reducing fragmentation in pooling.

Government support for health insurance schemes is provided through predetermined funds, payroll taxes, or direct budget appropriations, ensuring long-term viability and cost-effectiveness [36]. Tax incentives for health insurance premiums or tobacco product tariffs can encourage preventative treatment and healthier lifestyles [37]. Public-private partnerships can improve healthcare delivery efficiency, fairness, and quality by fostering

competition, decentralizing decision-making, engaging the community, and leveraging synergistic effects [38].

Governments also set and enforce quality standards for health insurance providers and services, including clinical practice surveillance, patient safety, and evidence-based guidelines [39]. They gather and analyze data on health insurance enrollment, utilization, and spending to evaluate the program's performance, find ways to improve it, and shape future policies [40]. The Nepalese government assumes overall responsibility and accountability for the insurance program, extending from the central to the grassroots level. The proposal advocates for decentralization of the program, granting all levels of government the responsibility of providing health services while ensuring accountability. Through the utilization of health insurance [41].

J. Healthy, balanced, efficient, and equitable future

The World Health Organization (2016) states that despite its flaws, the SHSP is a significant step toward universal health care and the promise of a healthier and more productive Nepal [16]. If Nepal takes steps to reduce inequality, improve healthcare, and secure its financial future, the initiative could become an integral part of its social and economic fabric.

It is imperative to tackle the following challenges: enhancing outreach and awareness efforts, educating individuals, particularly those residing in rural areas, about the advantages of the National Health Insurance Program (NHIP), and simplifying the enrollment process. Expanding healthcare infrastructure: adding more healthcare facilities and providers, especially in rural areas, so insured people can get the care they need.

Nepal has made progress in expanding health insurance coverage through the National Health Insurance Program (NHIP). However, low participation rates remain, especially in rural areas, with a need for more understanding of health insurance's benefits and a lack of healthcare providers within insurance networks.

Budhathoki and Singh noted that cost-effectiveness concerns require careful premium adjustments and targeted subsidies. In contrast, fair and impartial access requires improving rural healthcare infrastructure and addressing social factors that affect health outcomes [19]. At that point, the algorithm can only create a truly comprehensive tapestry.

K. A Comprehensive Plan and approach are required

A comprehensive plan is needed to address health insurance issues in Nepal. That includes improving communication with rural areas, enhancing healthcare infrastructure capacity, and expanding the network of healthcare providers. The goal is to provide complete health coverage to all citizens by 2030, overcoming barriers and ensuring fair and high-quality healthcare. The Plan also wants to make it easy for everyone, even those living in rural areas, to learn about the benefits of NHIP and enroll. Expanding healthcare infrastructure involves enabling

organizations and provider networks to offer insured individuals access to services, particularly in remote regions. That includes exploring innovative funding methods and targeted programs for vulnerable populations while modifying existing legislation.

L. Financial Management

Social health insurance payments, informal sector payroll taxes, and public-private partnerships can increase financing sources and ensure long-term viability [15]. Risk-adjusted budget equalization improves resource allocation and reduces pooling fragmentation, promoting universal health coverage. Focused subsidies for low-income families, older people, and people with chronic conditions improve affordability and access [35]. Flexible enrollment choices and tailored programs like micro-insurance schemes are necessary to address insufficient coverage and financial security [3]. Mobile clinics, community-based health centers, and focused outreach can help rural populations overcome transportation challenges. Community leaders and traditional healers can design culturally responsive healthcare services and communication techniques to build trust and involvement among varied communities [27]. Programs and campaigns addressing gender-specific health needs to empower women and promote fair healthcare use [42]. We must implement targeted interventions for special issues with proper data collection and Analysis.

M. Challenges

The Nepalese National Health Insurance Program (NHIP) has done a great job of expanding coverage and improving financial safety. However, there are still significant problems to solve before UHC can become a reality. To get the most out of the program and ensure everyone has equal access, we must look at these remarkable problems.

Funding and obligation: Nepal's government has increased the budget for the insurance program, but its share of total health sector spending remains low compared to international benchmarks [43].

Rural-urban gaps: Health institutions in rural areas have fewer healthcare facilities and clinicians than urban ones. Geographical and economic reasons also cause lower enrollment and utilization rates [2]. Nepal has several informal sectors where the workforce is scattered. These dispersed and underprivileged groups of people necessitate innovative approaches to ensure their inclusion. Rural residents need more access to healthcare and more awareness levels. They need help to join and use the NHIP [44]. To address these issues, targeted interventions, better infrastructure, and culturally appropriate outreach methods are required.

Not covered by the NHIP: Many private sector workers need to be covered, leaving coverage gaps and making it hard to pay medical bills if sick. Concrete strategies and flexible enrollment options are required to address this issue [3].

The quality of care in the NHIP network is an issue in rural areas. Health services can achieve optimal outcomes and ensure patients' safety; professionals should undergo training and supervision. The program should also put quality tracking measures into place in the health system [12].

Administrative efficiency and hassles: Enrolling, handling claims, and providing services can be complex and turn off potential users. Technology can simplify and improve these operations [18].

N. Opportunities

Nepal's healthcare expenditure must be funded more, constituting less than 2.5% of the nation's GDP. The World Health Organization predicts that allocating 5–6% of GDP or 10% of the national budget towards healthcare will effectively cap out-of-pocket expenses [43]. Despite this, Nepal consistently allocated below 7% of its national budget to healthcare. That shows Nepal is giving far less than needed to attain universal access to primary healthcare services [45].

Nepal's National Health Insurance Program (NHIP) faces various challenges to Universal Health Access (UHC). By proactively addressing these issues through targeted interventions, creative solutions, and ongoing improvement, the program can ensure equal access to high-quality healthcare for all citizens [46]. Alternative financing mechanisms like social health insurance contributions and flexible enrollment for informal sector workers can improve healthcare affordability and coverage [15]. Sustainability issues can be addressed through social health insurance contributions and public-private partnerships, while continuous training and skill development for healthcare personnel can improve care quality [13]. Performance-based payments can incentivize healthcare facilities to improve quality and efficiency.

Nepal's performance compared to other Asian countries is lower, with a mean out-of-pocket expenditure (OOPE) of 40.4%, lower than Bhutan's 14.4% [47]. There is a need to balance conflicting interests, which is crucial for successfully implementing health insurance plans [48].

To ensure the best results, the NHIP network's quality of care must be improved, especially in rural areas. Targeting the most vulnerable and addressing the exclusion of the informal sector is crucial [48]. Governments must quickly address and adjust their policies to maintain an efficient and long-lasting health insurance system [47]. Community-based campaigns can effectively raise awareness and build relationships with local groups to increase coverage and use of the NHIP.

Increasing healthcare infrastructure, including more facilities and providers, better equipment, and staff, is essential for making services more accessible [49]. Quality monitoring, provider training, and evidence-based procedures are necessary for providing high-quality care to all NHIP network members [2][3][12][18].

Reducing corruption and inefficiency in the healthcare system is also crucial for achieving UHC targets [50][51]. Regular technical audits, training, and public hearings are necessary to hold healthcare facilities accountable.

VII. CONCLUSION

Nepal's health infrastructure is diverse, with 143 public hospitals, 5,144 rural public health posts, 2,968 sub-health posts, 1,200 private hospitals, 18,000 private clinics, and around 10,000 pharmacies selling essential drugs. However, due to rugged terrain and remoteness, the Himalayan Districts lack the most significant need for hospitals, primary healthcare clinics, and birthing centers. Immediate care centers are common, but doctors' services are uncommon. Higher population density and accessibility require more resources to address these issues.

Nepal's National Health Insurance Program (NHIP) has significantly improved healthcare accessibility since 2016, covering over 70% of the population in 2023. However, challenges still need to be addressed, such as a shortage of healthcare providers, insurance awareness and confidence, and the exclusion of the informal sector. Sustainability requires effective resource management and policy reforms to balance affordability and service coverage.

Nepal's health financing falls far below the WHO projection for Out-of-pocket expenditure or Universal Health Coverage, with less than 7% of its national budget allocated towards healthcare expenditures. It falls short of the target set by the Abuja Declaration of 2001, which calls for a minimum spending of 15% of the national budget on healthcare. Bhutan has allocated 14.4% of its annual budget, achieving better performance than Nepal and India.

Inefficiency in allocating funds for health finance results in a significant dependence of individuals on direct contributions, primarily due to inadequate funding, lack of coordination across different health programs, inefficiencies, and corruption. Sustainable resource management and policy reforms are necessary to balance affordability and service coverage, ultimately leading to better healthcare outcomes for all citizens in Nepal.

Implementing technical audits for work, prescription, and service bills is crucial to guarantee high quality and reduce corruption. The review recommends establishing public hearings and helplines to rectify shortcomings and discrepancies.

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ABBREVIATIONS AND ACRONYMS

- DWSSM= Department of Water Supply and Sewerage Management
- MOHP= Ministry of Health and Population
- NHIP= National Health Insurance Program
- NHRC= Nepal Health Research Council
- NPC= National Planning Commission
- OECD= Organization for Economic Co-operation and Development
- SHSP= Social Health Security Program
- SHSP= Strategic Highway Safety Plan
- SWOT= Strength Weakness Opportunity Threats
- TI= Transparency International
- UHC= Universal Health Coverage
- UMN= United Mission to Nepal
- WHO= World Health Organization