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## **Priorities of Health Issues in Periodic Plans of Nepal**

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### **Abstract**

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*The concepts of the economic planning in Nepal starts from the Rana regime. Rana prime minister Juddha Samsher makes a concept to apply the program for development. From the initial stage of periodic plans health has given emphasis. The paper aims to overview the health priorities in periodic plans of Nepal. From the review of the literatures and documents it is found that from the First to Fourth Plans,*

*Nepal focused on establishing essential healthcare infrastructure such as health posts and primary healthcare centers. Maternal and child health, alongside the control of communicable diseases, formed core priorities during this phase. The Fifth to Seventh Plans emphasized expanding healthcare services into rural areas through community-based approaches, aiming to improve healthcare access and outcomes across the population. From the Eighth to Tenth Plans, Nepal underwent health sector reforms, decentralizing healthcare services and focusing on universal health coverage. The transition into the Eleventh to Thirteenth Plans aligned with global health goals, emphasizing the reduction of maternal and child mortality, combating infectious diseases like HIV/AIDS, and addressing environmental health concerns such as air pollution. From Fourteenth to Sixteenth Plans, Nepal faces new challenges such as climate change impacts and COVID-19 pandemic and focus to strengthening health infrastructure, enhancing healthcare financing mechanisms, promoting health equity, and integrating mental health services into mainstream healthcare provisions. Every, periodic plans are influenced by the issues. So far, further plans should focus on non-communicable diseases (NCDs), actions to cope with climate change health impacts, health technologies and probable health emergencies.*

**Keywords:** *Development plans, essential services, health care, programs, priorities.*

## **Introduction**

The concept of economic planning starts during the regime of the Rana. Rana Prime Minister Juddha Samsher makes a concept to apply the program for development. From the initial stage of periodic plans, health has been given emphasis. The periodic plan in Nepal after the overthrow of Rana Regime(Poudyal, 1984). The first periodic plan was initiated in 1956. The fifteenth plan of Nepal has been completed and the sixteenth plan is being implemented. The World Health Organization is the global health guiding authority since 1948. It has suggested that emphasis should be given to preventing health problems, mother and child health for the health workforce nutrition conditions, and health research (WHO, 1967). Nepal's commitment to international conventions, including the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs), has further guided the prioritization of health issues in the periodic plans after 2000 as well.

The health sector in Nepal has been shaped significantly by the country's periodic plans, which have provided a roadmap for addressing the diverse health challenges faced by the population. Since the implementation of the first five-year plan in 1956, Nepal has witnessed a gradual evolution in its approach to health issues, reflecting both global trends and local necessities. Each subsequent plan has prioritized various aspects of public health, including maternal and child health, infectious disease control, and more recently, non-communicable diseases and mental health. Despite these efforts, the health outcomes in Nepal continue to lag, particularly in rural and marginalized communities, highlighting ongoing gaps in policy implementation and resource allocation (Dulal, 2020). The National Planning Commission is the main authority for the development plans of Nepal. It has emphasized the inclusion of health-related goals and strategies in the country's periodic plans. However, there has been criticism regarding the centralized and top-down nature of this process, which often fails to consider the unique needs of Nepal's diverse population (Limbu, 2019). Additionally, the political instability and frequent changes in government have often disrupted the continuity and effectiveness of health initiatives, further complicating the country's efforts to improve public health outcomes (Chaudhary, 2018).

The periodic plans have attempted to address these issues through various strategies, including the expansion of health services and the promotion of healthy lifestyles. However, the effectiveness of these strategies has been uneven, particularly in remote and underserved regions (Gyanwali, 2020), they are the milestone for mainstreaming gender and addressing the specific health needs of women and marginalized groups have been integrated into the

plans, especially since the Ninth Plan (1997-2002). While these efforts have led to some improvements, significant challenges remain in achieving equitable access to health services for all segments of the population (Dulal, 2023). While the periodic plans of Nepal have played a crucial role in shaping the health landscape of the country, there is a need for a comprehensive review that critically analyzes the successes and shortcomings of these plans in addressing health priorities. Existing literature tends to focus on specific aspects of health policy or the performance of individual plans, without a holistic assessment of how these plans have collectively influenced health outcomes over time. The integration of evidence-based policy-making into health planning in Nepal has been identified as an area needing significant improvement. For instance, health plans are often developed using a combination of top-down and fragmented approaches, which undermines the potential for data-informed decision-making (Mirzoev et al., 2019). Furthermore, there is limited research on the implementation challenges faced at the local level, particularly in rural and remote areas, and how these challenges have impacted the overall effectiveness of health interventions. The main objective of the paper is to view the health priorities in periodic plans of Nepal.

### **Methods of Data Collection and Analysis**

It is a narrative review article. The primary literature for this article were the 16 periodic plans, Nepal Health Sector Strategy 2015-2020, Nepal Health Sector Strategic Plan 2023-2030, Nepal MGDs, SDGs and related documents. Other literature was searched from different sites and database dimensions ai, BMJ, Google scholars. Along with conducting a comprehensive search of relevant literature, focusing on health priorities outlined in the periodic plans of Nepal. The keywords used were “health priorities,” “periodic plans,” “Nepal,” and “public health policy.” Studies were included if they discussed health priorities in the context of Nepal’s development plans from 1956 to the latest plan. The focus was on identifying key health priorities, their evolution over time, and the factors influencing these priorities. The extracted data included the types of health issues prioritized, the rationale behind these priorities, and any shifts in policy focus across different planning periods. The review specifically focused on the five-year periodic plans of Nepal. Each plan was reviewed to identify the health-related objectives and priorities set out by the government. The plans were examined in chronological order to trace the progression and changes in health priorities over time. Special attention was given to the socio-political context in which these plans were developed, as this often influences priority setting. The final step involved synthesizing the information into a coherent

narrative that reflects the evolution of health priorities in Nepal's periodic plans. The synthesis was organized thematically to highlight the major areas of focus across different periods. The results were then reported in the form of a review paper, with detailed references to the original plans and supporting literature.

## **Findings and Discussion**

The review of health priorities in the periodic plans of Nepal highlights several key themes, reflecting the country's evolving public health focus. Analyzing these plans reveals a consistent emphasis on addressing non-communicable diseases (NCDs), which have become a major public health concern in recent years. Sapkota et al. (2022) highlight that while the burden of NCDs is increasingly recognized in policy documents; there is still a notable gap in the control of risk factors, indicating a need for more robust and preventive strategies.

### **First to fourth periodic plan (1956-1975)**

It was the initial stage of the planning. During the first to fourth periodic plans in Nepal, spanning from 1956 to 1975, health priorities were primarily shaped by the country's need to address fundamental healthcare challenges amidst its developmental efforts. The First Five-Year Plan (1956-1961) marked the initiation of a structured approach to national development, with a focus on establishing basic healthcare infrastructure, including hospitals and health posts, to improve maternal and child health services (Kirdar, 1966). This plan laid the foundation for subsequent health interventions, emphasizing preventive measures against prevalent diseases such as malaria and tuberculosis, which were major public health concerns during that period. It also gave emphasis in Health initiatives include establishing and strengthening maternity and child welfare services, promoting vaccinations, and addressing the severe shortage of trained healthcare personnel and rural health programs (GoN, National Planning Commission, 1956). The subsequent periodic plans, from the Second Plan (1962-1965), family planning program were addressed and continued through the third periodic plan (Parajuli, 2020). A key priority is training and deploying health professionals to address the severe shortage of medical personnel, ensuring that healthcare services reach underserved areas. Moreover, the plan integrates health development into broader socio-economic initiatives, recognizing the interdependence of health and overall community development Although constrained by limited resources; it marked a step toward improving accessibility to primary healthcare (GoN, National Planning Commission, 1962). Third Five-Year Plan (1965–1970) emphasizes

expanding access to basic healthcare facilities, addressing endemic diseases, and improving maternal and child health. Significant attention is given to eradicating diseases such as malaria, smallpox, and leprosy, reflecting the urgency of controlling widespread public health challenges. The plan also highlights the importance of improving sanitation and expanding maternity and childcare programs. It supports for the establishment and strengthening of village health posts to provide primary healthcare services in remote areas. The development of healthcare infrastructure, such as hospitals and clinics, is integrated with training programs to address the shortage of skilled healthcare personnel. The plan underscores the need for preventive measures, such as vaccination campaigns, alongside efforts to improve public awareness about health and hygiene practices (GoN, National Planning Commission, 1965).

Likewise, Fourth Plan (1970-1975), continued to prioritize the expansion of healthcare services, particularly in rural areas where the majority of the population resided. The plans aimed to increase the number of trained healthcare personnel and improve the supply of essential medicines, reflecting a gradual shift from merely building infrastructure to enhancing the overall healthcare delivery system (Kirdar, 1966). It also sought to combat prevalent illnesses such as malaria and tuberculosis (GoN, National Planning Commission, 1970). These efforts were part of a broader strategy to integrate health improvements into national development goals, acknowledging that better health outcomes were critical to the country's socio-economic progress.

### **Fifth to Seventh Periodic Plans (1975-1990)**

During the Fifth to Seventh Periodic Plans in Nepal (1975-1990), the health sector was progressively prioritized, reflecting the government's recognition of health as a crucial element for national development. The Fifth Plan (1975-1980) marked a significant shift towards improving rural healthcare services, emphasizing the establishment of primary healthcare facilities in underserved regions, and the focus was on controlling communicable diseases and improving maternal and child health, which were major health challenges at that time and reflecting an early understanding of the health-demography nexus (GoN, National Planning Commission, 1975). The Sixth Plan (1980-1985) continued this trajectory by aiming to expand health infrastructure and manpower, emphasizing preventive healthcare. This plan introduced the concept of basic health services and further integrated family planning into health services, reflecting a growing concern over population control (Parajuli, 2020). Also emphasized immunization as a public health priority (GoN, National Planning Commission, 1980). This period also saw an increase in the allocation of resources to the health sector; although the outcomes were often hampered by political instability and resource constraints.

The Seventh Plan (1985-1990) placed greater emphasis on improving the quality of healthcare services, particularly through community participation and marked a shift toward decentralized healthcare delivery, with a focus on district-level health services (GoN, National Planning Commission, 1985). This plan recognized the need for sustainable health programs and sought to strengthen the health system by enhancing the training of health personnel and improving service delivery mechanisms.

### **Eighth to Tenth Plans (1992-2007)**

Health priorities in Nepal's Eighth to Tenth Periodic Plans (1992-2007) were shaped by the country's unique challenges and the evolving understanding of health needs. These plans aimed to address critical health issues, such as high maternal and child mortality rates, prevalent communicable diseases, and limited access to healthcare services. The Eighth Five-Year Plan (1992-1997) prioritized child survival, maternal health, and family planning. It aimed to reduce infant and child mortality rates through initiatives like immunization and oral rehydration therapy. The plan also focused on improving maternal health services and promoting family planning to reduce unintended pregnancies and maternal mortality (GoN, National Planning Commission, 1992). In addition, the Eighth Plan recognized the importance of addressing communicable diseases like tuberculosis, malaria, and pneumonia. It aimed to improve disease surveillance, diagnosis, and treatment, as well as strengthen the healthcare system to deliver essential services to the population. The Ninth Five-Year Plan (1997-2002) continued to focus on maternal and child health, communicable diseases, and access to healthcare. It aimed to further reduce child mortality rates and improve maternal health outcomes through expanded immunization coverage, improved maternal care, and increased access to family planning services. The plan also emphasized the need to address the growing burden of non-communicable diseases, such as cardiovascular diseases and diabetes (GoN, National Planning Commission, 1997). It aimed to promote healthy lifestyles, improve early detection and treatment of non-communicable diseases, and strengthen the healthcare system to manage these conditions effectively. The Tenth Five-Year Plan (2002-2007) built upon the priorities of the previous plans and aimed to achieve further progress in health outcomes. It focused on reducing child mortality rates to below 50 per 1,000 live births, improving maternal health indicators, reducing the prevalence of communicable diseases, and increasing access to quality healthcare services. It prioritized HIV/AIDS prevention and the expansion of health infrastructure in remote regions (GoN, National Planning Commission, 2002). The plan also aimed to address the growing burden of non-communicable diseases and promote health

equity among different population groups.

### **Three-year interim plan to Thirteenth Plans (2007-2016)**

The health sector in Nepal has witnessed notable progress over the past few decades, with a focus on addressing critical health issues through various periodic plans. The three years interim plan (2007-2010) prioritized psychological and child health, infectious diseases, and access to essential healthcare services (Ministry of Health and Population, 2007). Significant achievements during this period included a reduction in maternal mortality rates and increased immunization coverage. However, challenges such as inadequate infrastructure, human resource shortages, and limited access to healthcare in rural areas persisted (World Health Organization, 2012). It emphasized equitable access, particularly for women, children, and vulnerable groups (GoN, National Planning Commission, 2007).

The three years plan and Thirteenth Plan (2013-2016) aimed to further improve health outcomes by focusing on non-communicable diseases, mental health, and universal health coverage (Ministry of Health and Population, Nepal, 2013). Key strategies included strengthening primary healthcare services, promoting healthy lifestyles, and improving access to essential medicines. While progress was made in some areas, the plan faced setbacks due to the 2015 earthquake and subsequent political instability (National Planning Commission, Nepal, 2018). It built upon the previous plans by emphasizing health promotion, disease prevention, and equitable access to healthcare (Ministry of Health and Population, Nepal, 2019). It expanded health insurance schemes and emphasized reducing out-of-pocket health expenditure. Non-communicable diseases (NCDs) were identified as a growing concern (GoN, National Planning Commission, 2010). It emphasized to achieve universal health coverage by 2030 through a combination of policy reforms, increased investments, and improved service delivery. However, the COVID-19 pandemic presented significant challenges to the implementation of the plan, diverting resources and disrupting healthcare services (World Health Organization, 2020). A common thread running through these plans is the unwavering focus on improving maternal and child health (MCH), addressing communicable diseases, and enhancing access to essential healthcare services. Thirteenth plan prioritized universal health coverage. Investments were directed toward health technology and addressing the dual burden of communicable and non-communicable diseases (GoN, National Planning Commission, 2013).



### **Fourteenth to Sixteenth Plans (2016-2029)**

The Fourteenth Five-Year Plan laid the groundwork for a more comprehensive approach to healthcare delivery. It prioritized reducing maternal mortality rates, improving child immunization coverage, and combating prevalent communicable diseases like tuberculosis and malaria. The Plan also emphasized the need to strengthen the primary healthcare system and increase access to essential medicines. These objectives were underpinned by a commitment to equity, ensuring that healthcare services reached the most vulnerable populations, including those living in remote and marginalized communities along with set the priority for mental health services and disaster preparedness gained prominence (GoN, National Planning Commission, 2016).

Building upon the foundations established in the Fourteenth Plan, the Fifteenth Five-Year Plan (2020-2025) further refined the health agenda. It placed a greater emphasis on non-communicable diseases (NCDs), recognizing their growing burden on the healthcare system. The Plan aimed to reduce mortality rates from cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases. It also sought to promote healthy lifestyles and improve access to preventive care services. Additionally, the Fifteenth Plan recognized the importance of mental health and included strategies to address the mental health needs of the population. It integrates health as a cornerstone of human capital development and it emphasizes digital health innovations, improving healthcare quality, and addressing health inequities (GoN, National Planning Commission, 2020). The Sixteenth Five-Year Plan (2025-2029) is poised to build upon the achievements of its predecessors and address emerging health challenges. It is expected to prioritize addressing the impact of climate change on health, including vector-borne diseases and water-borne illnesses. The plan will also focus on strengthening the health system's resilience to disasters and emergencies. Furthermore, it is likely to emphasize the integration of health services with other development sectors, such as education, agriculture, and social protection, to promote holistic well-being.

### **International Key players for the periodic planning**

Health is a global concern subject. So, many international conferences, partners, and global organizations play a role in the planning of health activities. Nepal is a member of the United Nations. Nepal has made many commitments to international platforms (table 1).



**Table 1***International key players in health planning*

Periodic Plans	International key players in setting health priorities	Themes adopted in periodic planning
Forth plan (1975-1980)	Alma-Ata Declaration (1978)	Primary Health care Health for All
Eighth Periodic Plan (1992-1997)	International Conference on Population and Development ICPD (1994)	Maternal and child health, reproductive health services
Tenth Periodic Plan (2002-2007)	Millennium Development Goals (MDGs, 2000)	Reducing child and maternal mortality, combating HIV/AIDS
Twelfth Periodic Plan (2010-2013)	World Health Organization	Universal health coverage, improving health infrastructure
Thirteenth Periodic Plan	Sustainable Development Goals (SDGs, 2015)	Strengthening health systems, addressing non-communicable diseases, and achieving universal health coverage.

Table 1 shows the key players' indifferent periodic plans. It shows a comprehensive overview of the key themes and international influences that have shaped Nepal's health priorities across its periodic plans. From the foundational principles of primary healthcare outlined in the Alma-Ata Declaration to the subsequent emphasis on maternal and child health, reproductive health services, and the fight against HIV/AIDS, the table highlights the evolving focus of Nepal's health agenda. The incorporation of the Millennium Development Goals and, more recently, the Sustainable Development Goals, demonstrates the country's commitment to global health initiatives and its pursuit of universal health coverage. This historical perspective underscores the dynamic nature of Nepal's health priorities and the ongoing efforts to improve the health and well-being of its population.

**Milestone of health priorities**

Nepal has achieved many targets from 1956 to 2022. There is lacking of official data prior to 1996 therefore the indicators cannot mention. After the Nepal Family and Health Survey (NFHS) 1996, the data are shown below as the achievements. Here, mainly maternal and child indicators are taken as the achievements. Though there were many other indicators that were achieved, these included indicators are the major indicators that represent the health system and program situation of the country.

Table 2 shows the maternal mortality ratio of the country. It is the main indicator of the success or failure of the health programs. Since 1990 to 2015 there has been a drastic change in the maternal mortality ratio. In 1990, 850 per one lakh mothers died within 42 days of delivery while decreased in 258 per one lakh mothers. This is the drastic change in the indicator in the time frame.

**Table 2**

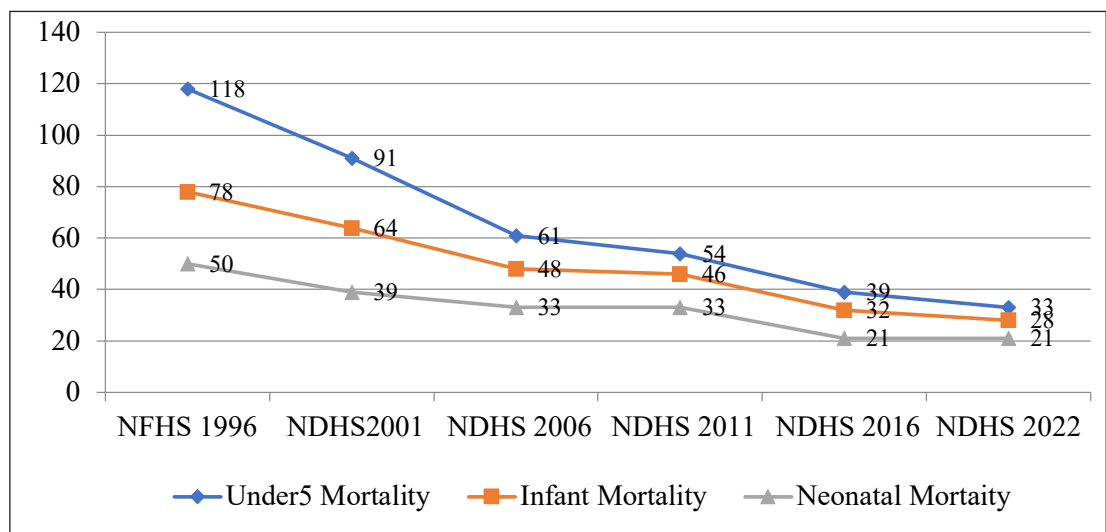
*Maternal health indicator*

Indicator	1990	2000	2005	2010	2015
Maternal mortality (Per 100000)	850	415	281	NA	258

Source: National Office of Statistics, 2021

**Figure 1**

*Child health Indicators*



Source: (MoHP,2022).

Figure 1 shows the situation of child health in Nepal. The mortality indicators seemed reduced from 1996 to 2022. The given indicators are in decreasing trends. It seems the issues of health addressed in periodic plans are achieving the goals of the health status. Under5 mortality rate decreased by 118 to 33 per one thousand live births from 1996 to 2022. Likewise, the infant mortality rate also decreased from 78 per thousand live births to 28 per thousand live births in this period. So does the neonatal mortality rate. It is also in decreasing trend from 50 to 21 per thousand live births in the same time frame.

The historical progression of Nepal's health sector development, as articulated in the country's periodic plans, reflects a strategic evolution aligned with global health priorities and national socio-economic needs. During the initial stages, the First to Fourth Periodic Plans laid the groundwork for structured healthcare, prioritizing maternal and child health services, vaccination programs, and addressing communicable diseases such as malaria and tuberculosis (Kirdar, 1966). The establishment of primary healthcare facilities and the training of healthcare personnel were crucial steps towards bridging the gap in healthcare accessibility in underserved areas (Parajuli, 2020). The integration of health development with broader socio-economic initiatives underscored the interdependence of community development and health outcomes. These plans also emphasized preventive care, such as vaccination campaigns, alongside efforts to expand sanitation and hygiene awareness to improve public health metrics.

The Fifth to Seventh Periodic Plans marked a shift toward rural healthcare development, with a focus on providing primary healthcare services in remote areas and addressing the growing population through integrated family planning initiatives (Parajuli, 2020). This period saw notable progress in disease control and expanded healthcare infrastructure, despite challenges posed by resource limitations and political instability. The emphasis on community participation and preventive healthcare, including the introduction of basic health services, reflected a transition towards sustainable health programs aimed at reducing child and maternal mortality rates. The prioritization of communicable disease management and training healthcare professionals further solidified the country's commitment to health equity and accessibility. From the Eighth to Sixteenth Plans Nepal's health priorities continued to evolve in response to emerging challenges, such as non-communicable diseases (NCDs) and mental health, while maintaining a focus on maternal and child health. The incorporation of global frameworks like the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) into national strategies highlighted Nepal's commitment to universal health coverage and sustainable healthcare system improvements (Ministry of Health and Population, 2007). Milestones, such as reductions in maternal mortality from 850 per 100,000 live births in 1990 to 258 per 100,000 by 2015, and significant declines in child mortality rates, demonstrate the efficacy of these targeted interventions (National Office of Statistics, 2021; MoHP, 2022). However, the plans also faced challenges, including infrastructure inadequacies, human resource shortages, and the impact of disasters like the 2015 earthquake and the COVID-19 pandemic, which disrupted healthcare delivery systems (World Health Organization, 2020).

Nepal's periodic plans have consistently identified key health priorities; the effectiveness

of these plans has been constrained by various challenges, including inadequate policy implementation, lack of coordination among government tiers, and insufficient use of evidence in planning. Addressing these challenges is crucial for improving the health outcomes in the country and ensuring that the health priorities outlined in the plans are effectively translated into action. It indicates a need for more focused efforts on strengthening health systems, enhancing coordination, and promoting evidence-based policymaking to better align with the evolving health needs of the population.

### **Conclusion**

The review of Nepal's periodic plans underscores the significant efforts made by the government to address the country's evolving health challenges. Over the decades, these plans have progressively incorporated a wide range of health priorities, from tackling infectious diseases to addressing the rising burden of non-communicable diseases (NCDs). However, despite these commendable efforts, several systemic challenges remain. The effectiveness of these plans has often been hampered by inconsistent policy implementation, insufficient resource allocation, and fragmented coordination between different levels of government. Moreover, while the integration of gender and social inclusion into health policies reflects a positive shift towards more equitable health outcomes, persistent socio-economic barriers continue to limit the full realization of these goals further plans should focus on NCDs, actions to cope with climate change health impacts, health care financing and health technologies. The priorities are set in the interest and the commitments of the international conventions and organizations though the emphasis in health programs and plans are guided by the health needs and indicators. Furthermore, priorities should be given to the equitable distribution of health services, health technology, and health care financing.

### **Limitations**

This paper is developed with limited literatures and it may have covered limited information. It is an overview of the area of priorities and a small glance of the achievements.

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