



An analysis of the health sector functions of all three levels of government as per Functional Analysis and Assignments and relevant policies

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1. Executive Summary

The Constitution of Nepal broadly defines exclusive and concurrent mandates of the three levels of government, including for health policies and services. “Exclusive” mandates refer to those accountabilities that are linked to a single sphere of government, whereas “Concurrent” mandates are shared by two or more spheres. However, the details of the specific loci of accountability and responsibility for health-related policies and services are not clearly articulated in the constitution. To help clarify these, the mandates for different levels of government are elaborated mainly in two documents. The Functional Analysis and Assignments (FAA) specifies mandates/functions across all three governments. The Local Government Operation Act (LGOA) defines roles, responsibilities, and rights of the local governments along with other provisions in relation to the operation of local government. Besides that, many laws have been enacted by the federal level in different sectoral or thematic areas, e.g. Public Health Service Act, which also define responsibilities of the different levels in some specific areas.

This report analyses the functions as provisioned in the FAA, LGOA, and relevant policy documents with the following specific objectives:

- Review the functions of the three levels of governments in reference to the health sector;
- Review the existing health sector policies at federal, provincial, and selected local levels;
- Assess the alignment of the health sector policies vis-à-vis functions defined for the respective governments; and
- Provide recommendations for both the FMoHP and NHSSP3 to promote policy coherence in the health sector.

This document is expected to be a useful reference in the policy development process and will contribute in ensuring policy coherence across three levels of governments.

Approximately two-thirds of the functions are concurrent, highlighting the importance of ensuring coordination, collaboration, and coherence in the approaches of the three levels. When analysing functions by health system building blocks, functions across each of the health systems building blocks are found to have been assigned to each level of government with exception of human resources management for which no explicit role is defined for the local levels in the health section. However, in the local service section of the LGOA, human resources-related functions are defined providing important role of provinces. When analysing functions by their “nature” across seven categories, a quarter of the functions related to “Regulation and Management”, 75% of which falls, expectedly, to Federal and Provincial levels. Another quarter of the functions related to “Planning and Implementation”, about half of which falls to local level. When analyzing functions by thematic areas, it was found that most of the thematic areas appear across all levels. However, in practice, specific service components can differ by level. For example, regarding emergency health services the provinces may deliver a wider range of services than the local level and the federal may deliver an even wider, as well as complex, set of services as compared to provincial and local levels. Such differentiation needs to be clarified to facilitate the planning and implementation at the respective level, possibly by developing operational guidelines.

Four health policies across the three levels of government (one Federal, one Provincial, two Local) were assessed to gauge the relationship between the ‘policy statements’, the health system building blocks and 24 thematic areas, and the functions outlined in the FAA and LGOA. Each of the health systems building blocks were found in each of the health sector policies reviewed, when associated strategy statements were included. Similarly, most of those thematic areas were consistently appearing in each of the policies

reviewed. In short, there is a general alignment across the health policies reviewed, at least in terms of major thematic areas covered.

The major findings are summarized as follows:

- The functions and policies reviewed are aligned with the Constitution.
- A majority of Constitutionally-mandated health functions are concurrent rights, emphasizing the need for coordination, collaboration, and coherence across the three levels of government.
- Policy statements are consistent and generally coherent, but still need further clarity.
- Federal functions have a strong focus on policy and regulatory framework
- Provincial functions: require further clarification to logically link their functions with federal and local levels
- Municipal functions: The LGOA provides more detailed guidance than FAA

The implications of these finding are as follows:

- It is imperative to define the functions of province and federal level also in laws so that those provisions are binding and facilitate operational aspects of the functions.
- It is important to define provincial and federal in respective laws ensuring alignment of their mandates while avoiding duplication.
- Operational guidelines should be developed to differentiate the roles of different levels in the areas of joint responsibilities.
- It is important to demark the scope of the function at the operational level so that respective governments can carry out their mandates in a coordinated manner while avoiding duplication.
- 'Procurement and supply chain' is also another area which needs further clarity at the operational level, e.g. on which entity procures what kind of medical products and equipment, to ensure continuous availability of necessary items.
- Crucial areas that require clarity to further delineate the mandates of the federal, provincial, and local levels include:
 - Communicable disease control and epidemic management
 - Provincial role in the management of basic health services
 - Regulation of the health institutions
 - Management of the health insurance
 - Production and management of human resource for health
 - Procurement and supply chain management of medicines, supplies and equipment
 - Quality assurance and price regulation of drugs and health services
 - Service provision with particular attention on referral management

2. Introduction

2.1 Background

The Constitution of Nepal broadly defines exclusive and concurrent mandates of the three levels of government, including for health policies and services. These constitutional provisions identify the functions to be carried out by federal, provincial, and local governments (LGs). "Exclusive" mandates refer to those accountabilities that are linked to a single sphere of government, whereas "Concurrent" mandates are shared by two or more spheres. In addition to these mandates, the constitution also makes the provision of "residual power." It states that powers relating to any subject that are not mentioned in the list of exclusive or concurrent powers shall rest with the federal level (as "residual powers"). While the

Constitution sets this broad framework, the details of the specific loci of accountability and responsibility for health-related policies and services are not articulated in detail in the Constitution.

To help clarify roles and responsibilities, and in accordance with the constitutional provisions, the mandates for different levels of government are elaborated in two documents. The Functional Analysis and Assignments (FAA) specifies mandates across all three governments. The FAA is approved by the federal government (Cabinet level) and is a useful starting point for delineating respective roles and responsibilities. However, the FAA is not an Act and therefore does not carry legal force. For the local level, however, the federal parliament has promulgated the Local Government Operation Act (LGOA) which, with legal force, defines roles, responsibilities, and rights of the local governments along with other provisions in relation to the operation of local government.

As per these documents, each sphere of government has the right to develop policy and legal documents within the scope of their mandates. Accordingly, policy and legal documents are being developed by respective governments to facilitate coherent planning, regulation, and operation of functions at respective levels. For the health sector:

- At Federal level, the Federal Ministry of Health and Population (FMoHP) developed the National Health Policy, 2076 (2019), in light of the new constitution of the country. The Public Health Service Act and Safe Motherhood and Reproductive Health Rights Act have also been enacted by the federal parliament to operationalise the constitutional rights of citizens for health service provision. Moreover, the FMoHP has defined the package of basic health services as an integrated part of the public health services regulations and has proceeded for approval by the government¹;
- At Provincial level, Karnali Province has developed their provincial health sector policy²;
- At Municipal level, some of the LGs have also developed policies or laws to govern the health sector.

Thus, there are multiple policies, acts, frameworks, and guidelines being developed across all three spheres to try to address the actual and perceived constitutional mandates for the provision of health services. It is therefore important to take stock of these developments, to gauge evolving issues arising, and identify policy priorities for the FMoHP as well as priority focus areas for the NHSSP 3 extension period till December 2022. In this context, one needs to analyse the stated functions of federal, provincial, and local governments, and relate them with policy priorities as reflected in the respective health sector policies developed so far. This analysis is expected to contribute to ensuring policy coherence across the three spheres so that health sector functions can be effectively managed, with proper alignment, at the respective levels.

2.2 Objectives

The overall objective of this report is to contribute in ensuring policy coherence across federal, provincial, and local governments by analysing the functions as provisioned in the FAA, LGOA, and relevant policy documents with the following specific objectives:

- Review the functions of the three levels of governments in reference to the health sector;
- Review the existing health sector policies at federal, provincial, and selected local levels;
- Assess the alignment of the health sector policies vis-à-vis functions defined for the respective governments; and

¹ This was approved by the Cabinet in late September 2020.

² At the time of writing, Karnali was the only province with a health policy.

- Provide recommendations for both the FMOHP and NHSSP3 to promote policy coherence in the health sector.

The FMOHP, provincial, and local governments are the primary target audience for this analysis. External development partners and other stakeholders in the health sector will also benefit from the report. This document is expected to be a useful reference in the policy development process and will contribute in ensuring policy coherence across three levels of governments.

2.3 Methodology

This assessment follows a descriptive approach and focuses on the prevailing provisions to define the functions of the three levels of government and corresponding policy provisions. The analysis mainly relies on a desk review of major legal and policy documents on top of constitutional provisions in relation to the management of health sector functions in the current federal context. The following are the key documents which were reviewed for the analysis:

- The Constitution of Nepal
- A Report on Functional Analysis and Assignments
- Local Government Operation Act
- National Health Policy
- Provincial Health Policy (Karnali Province)
- Local Government Health Policies

The 'population' sector is also included in the analysis as it is interlinked with the 'health' sector in terms of programmatic characteristics as well as organisational structure as reflected in the single ministry managing these two interrelated sectors. The population sector has been added as an additional component in the analysis by health system building blocks as well as in the analysis of thematic contents.

Besides the aforementioned documents, other national level documents such as The Fifteenth [Development] Plan (2076/77- 2080/81), Public Health Service Act, and Safe Motherhood and Reproductive Health Rights Act were also reviewed but they do not constitute the core documents for the analysis. Despite being important recent documents governing the health sector, their purpose is to *establish a legal foundation* for functions rather than *defining functions* in a comprehensive manner.

The following approach was taken for this analysis:

- **Desk review** of the existing documents that define functions of three levels of government
- Develop a **framework** for the mapping and analysis of the functions and policy provisions
- **Consultation** within the internal team on the framework and approach for the analysis
- **Mapping and analysis** of the existing functions and policy provisions
- Prepare a **draft report** analysing the existing functions and policy provisions
- Solicit **feedback** and suggestions on the draft report
- **Revise and finalize** the report incorporating relevant suggestions received

2.4 Limitations

This report relies on selected policy and legal documents although many other documents can be referenced in relation to the functions. Although most of the provinces (Province 1, Province 2, Gandaki Province, Lumbini Province, and Sudurpashchim Province) were in the process of drafting provincial level health policies, only Karnali Province had endorsed its health policy by the time of this study (end of July

2020); this has narrowed the scope for the analysis. Similarly, among the seven LGs³ included in this analysis, only two were found to have endorsed health sector policies.

As mentioned above, the two main documents referenced for analysis of functions were the LGOA and the FAA. The LGOA provides a comprehensive list of the functions to be performed by local governments⁴. It is important to note that the LGOA goes beyond the functions defined in the FAA and makes a few additional provisions while defining the functions of the local level. In contrast, the FAA is not a law per se, and there is no equivalent Act that definitively outlines the functions of federal (although there is a revised Government Business Rules (*Karya Bibhajan Niyamawali*), 2074 (2017)⁵ (of federal government) and provincial levels comprehensively in accordance with constitutional mandates. While this is a further limitation, it also points to an area of potential further emphasis.

Besides the health- and population-related themes categorised in the FAA, there are a few functions which are defined in other thematic areas but can be applicable for the health sector as well. Examples of such functions include those related to 'medicines for human health' which is in the 'medicines and pesticides' section, and 'regulation of essential services' which may also be applicable to health service provision. Although such functions potentially applicable for the health sector were reviewed in the FAA, they were not scrutinized and separately analysed as their main thrusts were found to have been captured in the health and population section itself.

Finally, due to the ongoing COVID-19 challenges, consultation with stakeholders at various levels has not been conducted which could have provided additional insights to this study.

3. Major constitutional provisions concerning the health sector

This section presents the health sector-related provisions in the Constitution of Nepal. Such constitutional provisions can be grouped under three broad categories, namely a) provisions concerning health sector related rights/jurisdiction of federal, provincial, and local levels; b) provisions concerning individual rights to access to health care and service provision; and c) state⁶ policies in relation to the health sector.

3.1 Health sector related rights/jurisdiction of federal, provincial, and local levels

The first category of provisions establishes the **jurisdiction of responsibilities** for federal, provincial, and local levels. In the Constitution of Nepal, the rights/jurisdiction of federal, provincial, and local levels are defined for all sectors in five annexes⁷. There are two types of rights: **exclusive** rights and **concurrent** rights. The rights as defined in the Constitution appear to be relatively broad covering a wide scope. Nevertheless, the Constitution says that those rights are to be executed in accordance with the constitutional provisions and as per the laws of the concerned level. Health- and population-related constitutional provisions regarding the rights of federal, provincial, and local levels are listed in **Table 1**. For example, the exclusive rights of the province broadly are defined as 'health service' while the concurrent rights of federal and province related to the health sector include 'medical, Ayurveda, Amchi and other professions' and 'insurance operation and management'.

Table 1: Constitutional provisions regarding the distribution of state power

³ These are the seven 'Learning Lab' Municipalities selected by the FMOHP, one in each province.

⁴ If there were to be a conflict between the LGOA and FAA regarding local government accountabilities, the LGOA would take precedence since it is a law as envisioned by the constitution while the FAA is not.

⁵ Business Rules (*Karya Bibhajan Niyamawali*) 2074 (2017)

⁶ The word 'state' or 'state power' in the Constitution can confusingly be inferred as either 'national' or 'provincial'. 'State' is only used in this report when quoted from the unofficial English translation of the Constitution, and it denotes national.

⁷ Specifically, Schedules 5-9.

Level	Authorities/ jurisdictions	Legal basis	Description of rights	Related clause/ annex
Federal	Exclusive	As per the constitution and federal law	Health policy, health services, setting standards, quality and monitoring of the health services, national/specialised service providing hospitals, traditional treatment services, control of communicable diseases	Clause 57 (1) and Annex 5
Province	Exclusive	As per the constitution and provincial law	Health service	Clause 57 (2) and Annex 6
Federal and province	Concurrent	As per the constitution and federal and provincial laws	<ul style="list-style-type: none"> • Medical, Ayurveda, Amchi and other professions • Insurance operation and management 	Clause 57 (3) and Annex 7
Local Level	Exclusive	As per the constitution and Laws made by Rural Municipal or Municipal Assembly	Basic health and sanitation	Clause 57 (4) and Annex 8
Federal, province and local level	Concurrent	As per the constitution and federal law, provincial law and laws made by Rural Municipal or Municipal Assembly	<ul style="list-style-type: none"> • Health • Registration of personal incidents, birth, death, marriage and statistics 	Clause 57 (5) and Annex 9

Besides exclusive and concurrent rights, the constitution makes the provision of residual rights stating that "powers relating any subject that are not mentioned in the list of powers of the federation, province or the local level entity, or in the concurrent powers of federation and the province, or not stated in this constitution, shall rest with the federal level as the residual powers". Similarly, regarding fiscal power, which is an important aspect to accomplish the defined functions for any sector, the Constitution has mandated federal, provincial, and local entities to enact laws, make annual budget and necessary decisions, formulate policies and plans, and implement them at the respective level.

3.2 Fundamental rights and responsibilities of citizens to access health services

The second category of provisions establishes the **health rights of individuals or groups**. In the 'fundamental rights and duties' section of the Constitution, rights of the citizens or targeted segments of the population are defined under different themes including those related to health. The constitutional provisions concerning health services include a variety of rights mostly related to service provision and access to health care (see **Box 1**). Crucial constitutional provisions applicable for citizens include provision of basic health services free of charge from the state, no deprivation of emergency health services, receiving information about an individual's treatment, and equal access to health services. Similarly, specific needs of different population groups are targeted. Safe motherhood and reproductive health rights, for example, are provided for every woman, and the right to health care is provided for every child. Besides these, there are additional provisions for other specific categories of the population such as for Dalit communities and families of the martyrs, while the provision of positive discrimination is also made in the form of the 'right to special opportunities' in health.

3.3 Health sector-related state policies

The final category of provisions establishes **health-related policy aims**. The Constitution defines policies of the state (Clause 51) which also includes health sector related provisions mainly under the theme of basic needs of the citizens (Sub clause h). With reference to the health sector, state policies cover a wide range of areas from high level outcomes such as increasing life expectancy to specific input areas such as increasing public investment and human resources in the health sector. Similarly, improving access to health services, ensuring insurance for citizens, and regulating the private sector investment are among.

Box 1: Constitutional provisions in relation to health-related rights and responsibilities [Clause (Sub clause)]

- There shall be no discrimination in the application of general laws on the grounds of..., health condition.... [18 (2)]
- While exercising the right as provided for by this Article [rights to religious freedom], no person shall act or make others act in a manner which is contrary to public health, Such an act shall be punishable by law [26 (3)]
- Every citizen shall have the right to receive basic health services free of charge from the state and no one shall be deprived from emergency health care [35 (1)]
- Each individual shall have the right to receive information about their health treatment [35 (2)]
- Each citizen shall have equal access to health services [35 (3)]
- Each citizen shall have the right to access clean water and hygiene [35 (4)]
- Every woman shall have the right relating to safe motherhood and reproductive health [38 (2)]
- Women shall have the right to special opportunity in the spheres of, health, on the basis of positive discrimination [38 (5)]
- Every child shall have the right to, health care, from the family and the State [39 (2)]
- In order to provide health care and social security to Dalit community, special arrangements shall be made in accordance with law [40 (3)]
- Citizens who are economically very poor and communities on the verge of extinction, shall have the right to special opportunity and facilities in the areas of, health, [42 (2)]
- The families of martyrs....., shall have the right with priority, as provided for by law, to ... health,, with justice and appropriate respect [42 (5)]

the state policies as defined in the constitution. State policies directly concerning the health sector as defined in the Constitution are captured in **Box 2**.

Box 2: Health related state policies as defined in the constitution [Clause (Sub clause)]

- Gradually increase necessary investment in public health sector to make citizens healthy [h(5)]
- Ensure easy, affordable and equal access to quality health care for all [h(6)]
- Protect and promote Nepal's traditional medicinal system such as Ayurveda, naturopathy and homeopathy [h(7)]
- Make the health sector service-oriented by gradually increasing the state investment and by regulating and managing the investment of the private sector [h(8)]
- Gradually increase the number of health institutions and health workers, while emphasizing research on health in order to make qualitative health service available to all [h(9)]
- Increase life expectancy by decreasing maternal and infant mortality rate by encouraging family planning for the management of population as per the need and capacity of the country [h(10)]
- Ensuring insurance policy for citizens and making arrangements for their access to health care [h(15)]
- Ensuring the use of necessary services and facilities during the reproductive stage [j(3)]

4. Analysis of the functions of Federal, Provincial, and Local levels

The remainder of this report unpacks the jurisdiction of responsibilities mentioned in the first category of provisions above mainly in reference to the FAA and LGOA. Specifically, it seeks to:

- clarify accountabilities for Federal and Provincial levels according to the FAA, which further details out the principles and functions of the federal, provincial, and local levels in accordance to the rights defined in the Constitution. While doing so, both the exclusive and concurrent powers have been elaborated. The FAA is used as the reference document for the analysis of federal and provincial functions as there is no legal document or Act that defines their functions in a holistic manner. However, the functions defined in the FAA may not be constitutionally binding as the Constitution says that functions shall be subject to federal, provincial, and local laws on top of the constitutional provisions.
- clarify accountabilities for Local level according to the LGOA which defines the functions of local level along with other operations aspects in accordance to the FAA, with slight adjustments;
- assess the extent to which the WHO health system building blocks are arrayed across, and provided for in, each government level;
- assess the nature of the functions across the three government levels, focusing on seven selected categories (e.g., coordination and collaboration); and
- Assess the scope of functions by thematic areas (e.g., general health services, human resources).

With these assessments in hand, we can identify existing gaps, if any, then gauge areas requiring further work and/or support. These may further inform the coherent policy development at each level, development of additional guidelines or frameworks, while ensuring alignment of functions at the operational level.

Summary of the FAA: The overall objectives of the FAA are three-fold:

- Bring trustworthiness and effectiveness in service delivery;
- Avoid instability, uncertainty and confusion in relation to intergovernmental functions by clearly specifying responsibilities;
- Support in setting up the necessary organizational and legal structures to perform as per the assigned functions as well as for the management of financial resources and human resources.

The FAA highlights principles that were considered in defining the functions for each level of government and they include: a) efficiency and solidarity; b) economies of scale; c) externalities or spill-over jurisdiction; d) equity and inclusion; e) overall economic stability; f) national interests and goals; g) accountability and capacity; h) policy, standards, quality, regulation, financial resources, service provision, production and distribution of services; and i) cooperation, coordination and co-existence.

Summary of the LGOA: The preamble of the LGOA states that the Act was enacted "... to make necessary provisions in relation to the operation of the local government to institutionalize the legislative, executive and judicial practice at the local level by consolidating local government through development of local leadership." The functions of the local level as provisioned in the LGOA are well aligned with the functions defined in FAA but additionally include three new statements defining the functions regarding control and management of malnutrition, partnership with private sector in waste management, and operation and regulation of family planning, maternal and newborn services.

The FAA as well as the LGOA define the functions and segregate them on the basis of their origins (exclusive right or concurrent right). As shown in **Table 2**, the majority of the statements of functions relate to concurrent rights (69, or 67%), and the remainder (34, or 33%) relate to exclusive rights.

Table 2: Number of statements originating from exclusive and concurrent rights

Level	No of statements of functions (FAA + LGOA)		
	Exclusive rights	Concurrent rights	Total
Federal	10	28	38
Province	6	30	36
Local	12	17	29
Total	28	75	103

Source: FAA (Federal and Provincial) and LGOA (Local level).

Examples of exclusive rights include:

- Federal level: mostly covering the development of policy, laws and standards on health, nutrition and population including specific areas such as health tourism, disease control, social security, Ayurveda services; operation, accreditation and regulation of health institutions; and management and regulation of national and specialized hospitals; and migration and population management.
- Provincial level: mostly related to establishing provincial level policies, laws and standards, management of services at the provincial level, and regulation of province level health institutions.
- Local level: mostly related to the formulation of policies, laws and standards in relation to basic health, sanitation and nutrition; and management of different components of basic health including blood transfusion service, waste management and hospital operation.

For the functions originating from the concurrent rights, the LGOA states that those functions are to be carried out under the purview of the federal and provincial law without adversely affecting the constitutional provision. Similarly, functions originating from the concurrent rights for the province shall be carried out as per the level framework and provisions set by the federal level.

4.1 Analysis of functions as per health system building blocks

While analyzing the functions by health system building blocks, one additional category – population management – was added to the standard six categories so as to cover the overall responsibility of the MoHP in the analysis. This also makes the analysis compatible with the scope of the national health policy which covers both health and population aspects. Although some of the statements of the functions were found to have been broadly defined with implications for more than one building block of the health system, they were mapped only in one category considering key words used and the general focus of the statement. See **Table 3** below.

Leadership and governance: Leadership- and Governance-related functions mainly focus on the formulation of policy and legal frameworks, coordination and collaboration, and regulatory functions for each level. A relatively large number of the statements of the **federal** level are related to this. At **provincial** level, leadership and governance is the second highest number (after service delivery) and those functions come from both exclusive and concurrent rights. **Local** levels also have leadership and government related functions (relatively less in number- 7 statements) which are mainly concerning the policy and legal framework for basic health services, partnership for waste management and regulation of health institutions.

Service delivery: Defining the scope and protocol for services, management and operation of services at federal level, and management of public health emergencies are among the functions of the **federal** level in terms of service delivery. One-third of the statements describing the **provincial** functions are related to service delivery. Functions are mainly related to setting provincial level standards, management and monitoring of the services and provision of provincial level services. At **local** level more than half of the statements concern service delivery. Functions include management of basic health, sanitation, and nutrition along with their specific components such as reproductive health, maternal and newborn, Ayurveda and alternative health services, healthcare waste management and control and prevention of diseases and public health emergency, among others.

Healthcare products and technology: Regulation of production, storage, quality, price, procurement and supply chain, buffer stock management for emergency situations, and pharmacovigilance are the major functions of the **federal** level in relation to medical products and technology. Functions defined for the **province** are similar to that of federal level but to be conducted as per the national standards along with procurement and supply chain management of vaccines and quality sensitive medicines⁸, and supplies for family planning. Functions at the **local** level are mainly production, processing and distribution of medicinal plants and goods as well as procurement, storage and distribution of medicines and equipment. Thus, in reference to the medical products and supplies, federal functions concentrate around regulation, quality control and buffer stock management while provincial and local level functions explicitly include

Table 3: Number of statements describing functions of three levels by building blocks

Health system building block	Number of statements describing functions			
	Federal	Province	Local	Total
Leadership and governance	11	7	7	27
Health financing	1	1	1	3
Human resources	2	2	-	4
Healthcare products and technology	5	4	3	12
Information management	4	3	2	9
Service delivery	9	12	16	37
Population and migration	6	7	-	13
Total	38	36	29	103

Source: Mapping of functions defined in FAA and LGOA.

procurement and supply chain management. However, LGOA clearly states that local levels shall do public procurement in accordance to the federal Public Procurement Act for which they could develop public procurement regulations [LGOA, clause 74].

Health information systems: In reference to information management, management of the information system, and public health surveillance, functions are assigned to **each of the three levels** while research-related functions are assigned only to **federal and province**. Each function in information management originates from concurrent rights indicating the importance of close coordination in the implementation process.

⁸ "Quality sensitive" is not defined.

Health financing: In terms of health financing, focus is on social security along with health insurance at each level but with varying degrees of responsibility. **Federal** level functions are around the policies, laws, standards and regulation. The **provincial** function is management and regulation as per national standards, while **local** level functions are on management of the programmes. Interrelationship and mutual responsibility in health systems financing is reflected in the fact that each of the functions in this area originate from the concurrent rights of the constitution.

Health workforce: Development and management of the health sector human resources and issuance of occupational license functions are assigned to both **federal** and **provincial** level while there are no specific functions defined for **local** level regarding human resource management in the health section of the FAA. However, LGOA includes human resource management and professional development as one the functions of the **local** level in relation to the management of local services. Major provisions concerning the management of human resources at the local level include:

- Fundamental principles and standards regarding establishment, operation, management and terms and conditions of the Local Service shall be as per the federal law [LGOA, 86 (1)]
- Only the candidates selected and recommended by the Provincial Public Service Commission shall be appointed in the permanent positions of the Local Service [LGOA, 86 (3)]
- Basic salary scale for the employees of the Local Service shall be as specified by the provincial government (LGOA, 88)
- Temporary posts shall not be created for the operation of services at the local level. However, specialized services can be procured in the form of service contract if such approach is deemed appropriate and effective [LGOA, 83 (6 and 7)].

Such provisions in LGOA imply that provinces will have an important role in terms of human resource management at the local level while the federal level will govern the overall framework for the same.

Population and migration: although there are no dedicated sections for population management in the LGOA, the functions of registering birth, death, marriage, divorce, migration, and maintaining household records and civil registration are included as part of the local statistics and recording. In reference to the population and migration, federal and provincial level functions are mainly related to study and research, information management, migration and family planning all of which come from concurrent rights.

In a nutshell, functions across each of the health systems building blocks are found to have been assigned to each level of government with exception of human resources management for which no explicit role is defined for the local levels in the health section. However, in local service section of the LGOA, human resources related functions are defined providing important role of provinces. The provision in the LGOA states that only the candidates selected and recommended by the Provincial Public Service Commission shall be appointed in the permanent positions of the Local Service.

4.2 Analysis by nature of functions

To enable the comparison of the functions across three levels, statements of the functions were mapped based on the description of the functions (the functions' **'nature'**). Such mapping was based on selected key words that qualitatively describe various functions. As an indicative visualisation of major thematic areas or functions of federal, provincial, and local levels, 'word clouds' were generated for the respective levels and is presented in Annex 1. Based on this, seven categories of the nature of functions were created ranging from the 'Formulation of the policy framework' to 'Service provision'. Although some of the statements covered a wide range of scope in terms of function, those statements were categorized in reference to the key word that explained the nature of the function irrespective of any particular system building block or thematic focus of the statement. Since the term 'management' was most often used to

describe the function and frequently appeared together with other terms explaining functions, e.g., development and regulation, three different categories were created consisting of 'management' for the mapping and hence analysis of the functions. The functions were mapped as 'regulation and management' when both the terms 'regulation' and 'management' were used in the description of the function. Similarly, functions were mapped as 'development and management' when the term 'management' appeared together with the other terms like 'development' or 'establishment' in the description of the function.

Mapping of the functions has been done under these seven broad categories in **Table 4**. About half of the functions are related to two areas: 'Planning and Implementation' (26, 25%) and 'Regulation and Management' (24, 23%). About half of the Planning and Implementation functions are at Local Level, underscoring the importance of these functions at municipal level. As might be expected, 75% of the 'Regulation and Management' fall to Federal and Provincial responsibilities. Also, not surprisingly, 75% of the functions related to 'Formulation of the policy and legal framework, strategy, and standards' are the responsibility of Federal level. While segregating the functions by exclusive and concurrent rights, many of the exclusive functions concentrate around 'Regulation and Management' functions (11 out of 28 statements) which is distributed across each of three levels. In general, large number of the concurrent functions (24 out of 75 statements) are related to planning and implementation indicating the need for linkage of the three levels in this area.

All the functions concerning the 'formulation of policy and legal framework, strategy and standards' are coming from exclusive rights for each level although scope of such function is specific on basic health, sanitation and nutrition for local level, while it is generically defined as health and nutrition for the province. Besides health and nutrition, federal level functions also include areas such as Ayurveda, communicable and non-communicable diseases, standards for and regulations of academic, occupational and professional institutions.

Table 4: Number of statements describing functions of three levels by nature of functions

Nature of function	Number of statements describing functions			
	Federal	Province	Local	Total
Coordination and collaboration	2	2	1	5
Formulation of policy and legal framework, strategy and standards	10	3	2	15
Regulation and management	9	9	6	24
Development and management	7	4	2	13
Management	4	8	3	15
Planning and implementation	5	9	12	26
Service provision	1	1	3	5
Total	38	36	29	103

Source: Mapping of functions defined in FAA and LGOA.

'Regulation and management' include a similar set of functions across three levels and attract a relatively large number of exclusive functions (11 out of total 28 functions of exclusive rights) while the remaining 13 statements originate from concurrent functions. Examples of functions in this category include licensing and regulation of health institutions and regulation of production and quality control of drugs and supplies which are common to each of three level with varying degree of scope. For certain regulatory areas, functions are limited to specific level e.g. accreditation function is with federal level, licensing of provincial

treatment of centers is with provinces, and the licensing of pharmacies is with local levels- each of these functions also originate from exclusive rights.

In contrast, all of the 'planning and implementation' related statements, except two, come from concurrent rights indicating that coordination and alignment with other levels will be important for these functions, as we can expect. In fact, programme implementation at the local level is the combined reflection of plans developed at each of three levels. The two functions originating from exclusive rights for local levels are related to waste management and management of malnutrition which however are among the important functions and may demand important role from federal and provinces.

'Development and management' functions also mostly originate from concurrent rights⁹. Though the development of physical infrastructure and establishment and operation of health institutions are the exclusive functions for the local level, in practice they are very reliant upon federal and provinces. Similarly, all the 'management' functions originate from concurrent rights except one which is management of health services at the province level. Some examples of such functions include management of public health emergency, procurement, supply chain and buffer stock management of medicines and supplies, information system, social security programme which functions are being carried out at each level. In such areas, there could be possible overlap in implementing the programmes and hence further clarity would be needed at the operations level.

4.3 Analysis of functions by thematic area

For more specific analysis of the functions, particularly from the perspective of thematic coverage and scope, statements of the functions were mapped by **thematic areas** based on the key technical words encompassed by the statement of the functions. Thematic areas were identified in light of the key technical areas of the health systems that were addressed in the statements of functions and policies as defined in the FAA, LGOA and health policies reviewed. For example, where the 'nature' of the function might be 'Service provision' the thematic area might be 'Ayurveda and alternative services' or 'Emergency health services'. Statements covering multiple aspects of the health systems without being focused on specific thematic area were categorised as 'system reform/sector management'. A summary of the statements of the functions for federal, provincial, and local levels by thematic areas are presented in **Table 5**.

Most of the thematic areas consistently appear across all levels with the exception of a few thematic areas. For example, federal and province have human resource management related function while there is no specific function explicitly defined for the local level regarding human resource management. However, human resource management appears in another section - local service management - which can be applicable for all sectors. Moreover, human resource management can be implicit as part of delivering basic health services which is the core mandate of the local level. Similarly, issuance of the occupational license, study and research, and population and migration are included in the list of functions for federal and province level but do not explicitly appear in the statements of functions for the local level. In contrast, functions related to healthcare waste management and control of tobacco, alcohol and narcotic items are defined for the province and local level which are not specifically mentioned in the functions of the federal level. However, Public Health Service Act has mandated the federal level to formulate necessary guidelines for the collection, recycling, processing, disposal and regulation of health-care waste which provincial and local level should comply with those guidelines.

Regarding the basic health services, which is also defined as the fundamental right, specific functions are defined for federal and local level but no similar functions are defined for the provincial level. On this,

⁹ Exceptions include development and promotion of health services for federal level.

federal function is to define the scope and set the standards on basic health services while functions for the local level include formulation of the policy and laws as well as operation and promotion of the services. We can associate these functions in the way it is already happening that federal level provides conditional grants and sets the programmatic framework to guide the implementation while local levels have been managing the service provision. However, provinces may have important role to play to facilitate the delivery of basic health services and they have already been supporting local levels in ensure this constitutional right. Also, the National Health Policy and Public Health Service Act have defined scope for the provinces to contribute particularly on expansion of package along with its funding and institutional arrangement. Therefore, promulgation of the provincial laws should take into account and accordingly define the role of provinces in relation to basic health services. Statements of the functions with broader scope such as formulation of policy and laws are counted as the sector management/reform. Some of the areas such as quality of care, health promotion, and nutrition are also covered in the functions of each level as part of the other different functions.

'The provision of emergency health services' is a function that is defined almost uniformly for the federal, province and local level. However, in practice, specific service components can differ by level; the provinces may deliver a wider range of services than the local level and the federal may deliver an even wider, as well as complex, set of services as compared to provincial and local levels. Such differentiation needs to be clarified to facilitate the planning and implementation at the respective level, possibly by developing operational guidelines.

Table 5: Number of statements describing functions of three levels by thematic area

Thematic area/Key words	Number of statements describing functions			
	Federal	Province	Local	Total
Antimicrobial resistance	-	1	1	2
Ayurveda and alternative services	2	2	1	5
Basic health services	2	-	2	4
Disease management and control	1	1	2	4
Emergency health services	1	1	1	3
General health services	3	1	5	9
Health promotion and nutrition	*	*	*	*
Human resources	2	1	#	3
Information system	2	2	1	5
Institutional development/regulation	5	6	4	15
Medicines and supplies	4	2	3	9
Occupational license	1	1	-	2
Population and migration	1	4	#	5
Quality of care	*	*	*	*
Social security, health insurance	1	1	1	3
Study and research	4	2	-	6
Surveillance and pharmacovigilance	2	2	1	5
Tobacco, alcohol, narcotic items	-	1	1	2
Waste management	*	1	3	4
Water, food and environmental health	1	1	1	3
Emergency situation, disaster and epidemic	1	2	1	4
Climate change and health tourism	2	-	-	2
System reform/sector management	3	4	1	8
Total	38	36	29	103

Source: Mapping of functions defined in FAA and LGOA.

* Respective themes are captured in the functions however there is no separate dedicated scope for that particular theme. For example, federal level does not have specific functions on waste management but includes a statement focusing on production and management of medicines, health materials and technology, and quality standards for disposal thereof.

Although these were not explicitly included in the health sector functions of the LGOA, they were found to have been covered in other sections of the Act.

Some areas such as antimicrobial resistance (AMR), waste management, procurement of medical products and equipment are pertinent issues where the role of the federal level may be crucial but is not explicitly spelled out. However, broader responsibilities defined for the federal level, particularly in relation to the formulation of policy and legal framework as well as the function of service delivery, may cover the federal role in accomplishing such functions which are not explicitly stated. For example, production, development and quality standards of medicines and health care products are included in the function of federal level but not the 'procurement' per se. Nevertheless, management of buffer stock of medicines and management of public health emergencies are the federal functions which may imply that federal level is mandated for procurement to ensure the buffer stock and necessary preparedness for public health emergency. Therefore, such confusions should be clarified while defining federal and province laws as envisioned by the constitution to ensure effective harmonisation of the health sector functions across three levels.

Some areas such as quality of care and health nutrition were found to have been covered in the functions, however those statements were either in relation to specific thematic areas or linked to a broader framework and hence none of the statements were mapped for those thematic areas. For example, quality related aspects were covered in different areas particularly in relation to setting the quality standards in different areas e.g. for medicines, operation of health facilities, food and air quality etc.

5. Analysis of the health sector policies across three levels

5.1 Analysis of policy provisions as per health system building blocks

Where the previous section assessed the 'function statements' across the three levels of government, this section now turns to assessing 'policy statements'. For this analysis, four policies were examined, as follows:

- One policy at Federal level (National Health Policy, 2019)
- One policy at Provincial level (Karnali Provincial Health Policy, 2019¹⁰)
- Two policies at Municipal level (Health Policy of Pokhara Metropolitan City, 2018 and Health and Sanitation Policy of Kharpunath Rural Municipality, 2020¹¹)

From these four policies, 74 policy statements were derived, examined, and mapped by government level against the WHO health system building blocks. See the summary in **Table 6** below.

Table 6: Mapping of the policy statements as defined in respective health policies

Health System Building Blocks	Number of policy statements			
	Federal	Karnali	Kharpunath	Pokhara
Leadership and governance	5	3	5	5

¹⁰ As of July 2020, Karnali Province was the only province to have endorsed a health policy.

¹¹ Among the seven LGs selected as Learning Lab sites, two had endorsed their health policy. These were used in this analysis.

Health financing	1	1	1	2
Human resources	1	1	*	1
Information management	3	2	1	1
Healthcare product and technology	1	1	*	#
Service delivery	11	10	9	4
Population and migration	3	*	1	1
Grand Total	25	18	17	14

* No standalone statement was defined but respective health policy captures the main thrust of the concerned building block in other policy statements in a combined manner.

Though this building block was not explicitly covered in the policy statement, it is captured in the strategy section of the policy.

In terms of the policy statements, each of the health systems building blocks were found in each of the health sector policies reviewed with the only exception of 'healthcare products and technology' in Pokhara Metropolitan City. Given these gaps, policy statements and strategies defined within the policy were further reviewed and we found that their main thrust was nonetheless included in the policy document. For example, although there was no explicit statement on population and migration, there was a statement focusing on the use of demographic information and statistics for the formulation of developmental programs. Similarly, even though 'healthcare products and technology' was not explicit in the policy statement for Pokhara, we found it captured when we reviewed the strategies defined for each policy. To be specific, procurement, supply chain and price regulation of medicines, pharmacy management related areas were included as the strategies of the policy statement that focused on the provision of quality, accountable and equitable health services. In general, many strategies are defined to each of the policy statements encompassing a relatively wide range of areas which however are not systematically analysed in this report. Strategies were referenced only when major gaps were found while reviewing the policy statements. It is important to note that health policy of Pokhara included a separate policy statement focusing on health tourism.

5.2 Analysis of the policy provisions by thematic areas

Policy statements were also mapped by the thematic areas so as to understand major areas covered by the policies and to compare their alignment with major areas of functions as stated in FAA and LGOA. After reviewing the thematic areas captured in the policy statements, they were categorized into 24 themes¹² which cover each of the health system building blocks in a more disaggregated manner. Most of those thematic areas were consistently appearing in each of the policies reviewed with few exceptions as depicted in **Table 7**. Although a few thematic areas were not stated in policy statements of a few policies, they were found to have been covered in the strategy section of the respective policies. In this regard, there is a general alignment across the health policies at least in terms of major thematic areas covered.

Table 7: Number of policy statements across three levels by thematic area

Thematic area/Key words	Number of policy statements in respective health policy			
	Federal	Karnali	Kharpunath	Pokhara
Antimicrobial resistance	*	*	-	-
Basic health services	1	1	1	1

¹² A few thematic areas are different from those defined for functional analysis considering the thematic areas covered in the functions and the policies.

Emergency health services	1	1	*	-
Specialised health services	2	1	1	1
Health promotion and nutrition	1	1	1	2
Ayurveda and alternative services	1	1	1	1
Other/general health services	2	2	2	1
Quality of care	1	1	2	1
Communicable disease, disaster, epidemic	2	1	1	1
Occupational license	*	-	-	-
Non-communicable diseases	1	1	1	*
Water, food, environmental health	*	*	1	1
Medicines and supplies	1	1	*	-
Financial/social protection	2	2	2	1
Information management	2	1	1	*
HR management	1	2	*	1
Study and research/ evidence-based policy and planning	2	1	*	1
Surveillance and pharmacovigilance	#	#	#	-
Institutional development/ regulation	1	1	1	1
Tobacco, alcohol, narcotic items	#	*	#	#
Waste management	#	#	#	#
Population and migration	1	*	1	1
System reform/sector management	3	*	1	*
Climate change and health tourism	#	#	*	1
Total	25	18	17	14
Number of statements describing strategies in respective policy				
Total	146	133	91	137

Note: * Health policy of the respective level captures the main thrust of the concerned thematic area in other policy statements in an integrated manner. # These themes are captured in the strategy section of the respective policies.

Each of the policies reviewed were also found to have been developed using a consistent format as each of them have a similar set of sections including background, issues and challenges, guiding principles, policy statements, strategies, and institutional arrangements. This is in contrast, for example, to the stock taking of the existing sector polices (developed over a period of two decades) conducted in 2018¹³, where more than 20 documents were found in the health sector which were titled as 'policy' but were found to vary from each other in terms of the overall outline and structure of the contents.

As we can envision, the majority of the thematic areas that were covered in the functions were found to have been incorporated in the policy statements. However, a few areas such as occupational license, surveillance and pharmacovigilance, regulation of tobacco, alcohol and narcotic items, waste management, and antimicrobial resistance were found missing in one or another policy. To be specific, emergency health services and surveillance were not explicitly covered in the health policy of Pokhara although they are among the functions defined for local levels. In contrast, although climate change and health tourism related functions are not explicitly included in the functions of the local level, Pokhara and Kharpunath have respectively addressed health tourism and climate change related aspects in their policies. Occupational license related theme is included in the functions of the province which however was not explicitly covered in the health policy of Karnali. However, since the policy statements have been defined relatively broadly, as is the usual approach to cover wider dimension of any particular theme, we cannot say that those policy

¹³ Report on Stocktaking the Health Policies of Nepal. NHSSP 3. April 2018.

statements do not cover such specific themes. Moreover, many of these specific thematic areas are part of the strategy of the respective policies.

6. Major findings, conclusions, and policy Implications

6.1 Major findings

1. The functions and policies reviewed are aligned with the Constitution

- Major healthcare-related constitutional rights which are mainly concerned with the provision of basic health services, access to emergency services, equal access to health services and access to reproductive health services are well captured in each of the policies reviewed. These major constitutional rights are also generally captured in the functions defined for the respective level with an exception that basic health services do not appear in the functions of the provinces.
- Similarly, the major thrust of the health sector-related state policies, as defined in the constitution, have been included in the functions of each level as well as in each of the health policies reviewed. Such state policies center around increasing investment in public health, ensuring access to quality health care, regulating the private sector investment in health sector, promoting traditional medicinal system, ensuring health insurance, reproductive health and population management.
- Based on the analysis of a limited number of health sector policies reviewed, policy statements covered majority of the functions assigned to each level in the respective policies. Examples of few exceptions include that emergency health services and surveillance were not explicitly covered in the health policy of Pokhara although they are among the functions defined for local levels. In contrast, although climate change and health tourism related functions are not explicitly included in the functions of the local level, Pokhara and Kharpunath have respectively addressed health tourism and climate change related aspects in their policies. However, policy documents have provided broader framework statements with strategies but do not usually cover the operational level aspects. In such cases, standards should be developed to delineate the functions of the federal, province and local level e.g. specifying the capacity/size of the health institutions that different levels will regulate.

2. A majority of Constitutionally-mandated health functions are concurrent rights, emphasizing the need for coordination, collaboration, and coherence across the three levels of government.

- Out of the 103 statements of the functions defined for the health sector for three levels, majority of the statements (67%) originate from the concurrent rights of the constitution. This implies that similar type of the functions will be carried out at different levels indicating the **need to align the implementation approach** to ensure coherence and complementarity in the provision of services.
- Almost three-fourths of the health and population related functions (73% of the statements of functions) originate from concurrent rights which imply that operationalization of those functions **require coordination and synchronization across federal, provincial and local level**.
- A few of the functions are almost uniformly assigned to each of the three levels such as for the provision of emergency health services and regulation of the private health institutions. Although each of the governments have their role to play on these areas, their scope may certainly vary in terms of what specific responsibilities different levels will have to perform. Hence, **practical definitions are needed to delineate the responsibilities of the federal, province and local levels** at the operational level particularly in areas with similar mandates.
- A relatively large number of statements of the functions defined for province and local level originate from their concurrent rights rather than exclusive rights. To be specific, out of 36 statements describing provincial functions in FAA, only 6 are elaborations of the exclusive rights while the remaining statements originate from the concurrent rights in relation to health and

population. Similarly, more than half (17 out of 29) of the statements describing the local level functions in the LGOA originate from the concurrent rights. Large number of functions originating from the concurrent rights for province and local level indicates a similar set of functions will be carried out in each level. Therefore, it is **crucial to have the operational definition to delineate the roles of the province and local level** particularly in such areas of concurrent rights.

3. Policy statements are consistent and generally coherent, but still need further clarity

- Each of the policies reviewed were found to have been developed using a consistent format and each of them included the sections like background, issues and challenges, guiding principles, policy statements, strategies and institutional arrangements. In a stocktaking exercise of the health sector policies conducted in 2018, it was found that there were almost two dozen policy documents in the health sector which were not in a consistent format.
- Policy statements are found to have been coherent across the federal, provincial and local level and contain similar set of thematic areas while analyzing in accordance to the health system building blocks. Among the health policies reviewed, health policy of the Pokhara Metropolitan City was developed before a current version of the national health policy was formulated by the federal government. Nevertheless, all the major provisions of the metropolitan city are found to be consistent with that of the national health policy.
- Coordination with the concerned government is also well reflected in those policy documents particularly in the description of strategies. For example, local level policy has envisioned that establishment of the primary hospital in coordination with province and federal level. Similarly, federal and provincial policies have envisioned the expansion of the services in coordination with local level. This implies not only the need for the alignment in the planning of the health institutions but also to ensure financial sustainability of the health institutions established, given the fact that health sector at province and local level is primarily financed through conditional grants from the federal level.
- Functions of three levels as defined in the FAA can only be considered as provisional. Those functions need to be defined in legal documents to make them binding for each level as provisioned in the constitution. List of the functions defined in the FAA can also be reframed or additional statements can be included for clarity of the functions. Although many laws have been enacted after the restructure towards federalism, the federal and provincial level functions are yet to be defined in holistic manner in accordance to the FAA. In such context, there is an opportunity to further detail out functions to better align functions and avoid unintended duplication across the three levels.

4. Federal functions: focus on policy and regulatory framework

- While generalizing the functions, federal level mandates are more concentrated around setting the policy and regulatory framework, determining standards and management of services including disease control, epidemic management, referral system and provision of services.

5. Provincial functions: require further clarification

- Many of the provincial functions are similar to the federal level but confined at the provincial level and majority of them originate from the concurrent rights.
- There are a few additional areas such as waste management and minimization of AMR which are included in the functions of the province but are not explicitly stated in the federal functions.
- No specific function was stated for the provinces regarding the basic health services which however is one of the major constitutional rights.

- Only Karnali Province had endorsed its health policy during the time of this study (end of July 2020) although other provinces (Province 1, Province 2, Gandaki Province, Lumbini Province, Sudur Pashchim Province) were found to be in the process of drafting provincial level health policy. This review can potentially contribute towards the **development and finalisation of the policies** in the respective provinces and even local level as necessary.
6. **Municipal functions: The LGOA provides more detailed guidance than FAA**
- Functions at the local level range from formulation of policy and legal framework with more weightage (at least in terms of number of statements) on planning and programme implementation as well as service provision particularly basic health services.
 - Although there is no specific human resource management related function provisioned in functions of the health section for the local level, LGOA makes some crucial provisions in relation to the overall management of human resources. As per the LGOA, provinces are mandated to manage the recruitment process as well as to define the salary scale for the employees of the Local Service. Local levels are, however, authorised to propose the number of permanent positions based on the local need and financing capacity. Moreover, LGOA makes the provision that the fundamental principles and standards regarding the establishment, operation, management and terms and conditions of the service of the Local Service shall be as per the federal law. Such provisions for the provincial and federal level aims to harmonise the human resources related norms within and across the provinces while addressing the varying need at the local level. Given the current context of health sector staff being financed through the conditional grant, **their management may need special consideration** which is not clearly defined in the LGOA.

6.2 Conclusions and policy implications

- As per the constitution, functions of the three levels are to be defined in respective laws. Until now, a comprehensive list of functions has been defined for the local level in a legal document while a comprehensive list of provincial and federal functions is yet to be defined in law in accordance to the constitutional provision. Therefore, **it is imperative to define the functions of province and federal level also in laws** so that those provisions are binding and facilitate operational aspects of the assigned functions. There are many sectoral/thematic laws enacted by the federal level and given the constitutional provision of 'residual power' remaining with the federal, the priority is on defining the functions of the provincial level.
- Majority of the functions originating from concurrent rights implies that those functions need to be accomplished in complementarity otherwise there will be possibility of duplication. In fact, LGOA makes provision that local level functions originating from the concurrent rights are to be performed in accordance to the federal and provincial laws. In the similar manner, provincial level functions originating from the concurrent rights are to be performed in accordance to the federal law. Such provision creates an opportunity to logically sequence the functions across federal, province and local level. Therefore, **it is important to define provincial and federal in respective laws ensuring alignment of their mandates** while avoiding duplication. While defining federal and provincial laws, their responsibilities should be clearly defined particularly in the areas of concurrent rights.
- Provincial and local level policies encompass each of the health system building blocks and have almost the same set of thematic coverage consistent to the national health policy. There are also similarities in terms of the technical themes covered in the strategy section of the respective policies while tailoring to the respective context. However, they are defined relatively broadly and hence their operational aspects become important to ensure proper alignment and coherence

across federal, province and local level. Therefore, **operational guidelines should be developed to differentiate the roles of different levels in the areas of joint responsibilities.**

- The nature of the functions for the provision of emergency health services and regulation of private and non-governmental health institutions are almost uniformly defined for the federal, province and local level. We can expect that coverage of the services and scope of the mandate may differ by level even in the same function otherwise there will be the risk of duplication in the implementation level. Therefore, **it is important to demark the scope of the function at the operational level** so that respective governments can carry out their mandates in a coordinated manner while avoiding duplication. **Procurement and supply chain is also another area which needs further clarity at the operational level**, e.g. on which entity procures what kind of medical products and equipment, to ensure continuous availability of necessary items at the service outlets.
- The constitution has provisioned functions of the three levels to be subject to laws. Functions originating from exclusive rights are to be governed by the laws of the respective level while rights originating from concurrent rights are to be governed by the laws of the concerned levels (e.g. local level functions originated from concurrent rights are to be governed by federal, provincial and local level laws). Therefore, **functions of the provincial and federal level need to be defined in the laws as is done for the local level.** This is particularly important for the provincial level functions as the federal shall have the responsibility to perform the functions that are not assigned for the local and provincial levels as the residual rights. While doing so, **necessary refinement in the functions should also be made for clarity of the functions.** Crucial areas that require clarity to further delineate the mandates of the federal, province and local level include:
 - Communicable disease control and epidemic management
 - Provincial role in the management of basic health services
 - Regulation of the health institutions
 - Management of the health insurance
 - Production and management of human resource for health
 - Procurement and supply chain management of medicines, supplies and equipment
 - Quality assurance and price regulation of drugs and health services
 - Service provision with particular attention on referral management

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Annex 1: Word cloud of the functions of federal, provincial and local levels

1.a: Federal level



1.b: Province



1.c: Local level



Note: Word cloud generated using <https://monkeylearn.com/word-cloud/>

Annex 2: Functions of federal, province and local level by nature of functions

Nature of Functions	Functions as defined in FAA		
	Federal	Province	Local
Coordination and collaboration	<ul style="list-style-type: none"> • Contact, coordination and collaboration with development partners, on International Health Regulations and on health-related treaties and conventions • Contact and coordination with national and international institutions 	<ul style="list-style-type: none"> • Collaboration and coordination among provinces and among agencies • Contact and coordination with national and provincial institutions in relation to population 	<ul style="list-style-type: none"> • Coordination, collaboration and partnership with private and non-governmental organisations on the management of waste generated in sanitation and health sector
Development and management	<ul style="list-style-type: none"> • Development and promotion of promotive, preventive, curative, rehabilitative and palliative health services at the national level • Development and management of human resources in health sector • Development of national protocols for health services necessary at various levels • Establishment and operation of national reference laboratory and diagnostic centres • Development of national referral system • Determination of scope of basic health services 	<ul style="list-style-type: none"> • Development and management of health sector human resources at the provincial level • Setting research priorities, studies and researches and information dissemination at the provincial level • Development and management of health service-related physical infrastructure as per the national standards • Establishment and operation of population information system at provincial level 	<ul style="list-style-type: none"> • Establishment and operation of hospital and other health institution • Development and management of health service-related physical infrastructure

Nature of Functions	Functions as defined in FAA		
	Federal	Province	Local
	<ul style="list-style-type: none"> • Establishment and operation of population information system at national level 		
Management	<ul style="list-style-type: none"> • Health information system management and health accounting system • Management of public health emergency situations, health sector disasters and epidemics • Management of buffer stock of medicines and medical supplies for emergency situations • Population related human resource management 	<ul style="list-style-type: none"> • Management of promotive, preventive, curative, rehabilitative and palliative health services at the provincial level • Procurement and supply chain management of vaccines and quality-sensitive medicines and other supplies including for family planning • Institutional management of health information system and health accounting system at provincial level • Management of public health surveillance at the provincial level • Management of public health emergency situations, health sector disasters and epidemics • Management of provincial buffer stock of medicines and medical supplies for emergency situations • Management of traditional health care services including Ayurveda, Unani, Amchi, homeopathic and naturopathy • Migration management at the provincial level 	<ul style="list-style-type: none"> • Management of social security programmes including health insurance • Management of health information system at the local level • Management of traditional health care services including Ayurveda, Unani, Amchi, homeopathic and naturopathy

Nature of Functions	Functions as defined in FAA		
	Federal	Province	Local
Management and regulation	<ul style="list-style-type: none"> • Establishment, operation and regulation of health institutes • Accreditation of hospitals and health institutions • Registration, operation license, physical infrastructure, management and regulation of national or specialized service providing hospitals • Production and development, storage, sales of medicines, health materials and health technologies, and preparation and regulation of quality standards for final disposal thereof • Setting national standards related to prices of health services and goods, their implementation and regulation • Pharmacovigilance and regulation • Standards and regulation of procurement and supply chain management of drugs • Health sciences related studies, researches and regulation • Issuance of occupational license as per the standards and classification 	<ul style="list-style-type: none"> • Registration, operating license and regulation of provincial level health service-related academic, occupational and professional health institutions • Setting quality standards, registration, operating license, management and regulation of provincial level treatment centres and services • Production, storage and setting maximum retail price of medical and health technologies as per the national standards and final disposal related quality standards, registration, operating license and regulation • Registration, operating license and regulation of hospitals, nursing homes, diagnostic centres and other health institutions as per the national standards • Management and regulation of social security programmes including health insurance as per the national standards • Standards setting, control and regulation of tobacco, alcohol and other narcotic items • Licensing, operation and expansion of diagnostic centres and laboratory services 	<ul style="list-style-type: none"> • Safe drinking water and quality of food stuffs and control and regulation of air and sound pollution • Collection, re-use, processing, disposal, fee determination and regulation of healthcare waste • Operation, licensing, monitoring and regulation of pharmacies • Family planning, maternal and newborn welfare related service provision, licensing, monitoring and regulation • Registration, operating license and regulation of general hospitals, nursing homes, diagnostic centres, clinics and other health institutions • Determining minimum <i>maximum</i> price and regulation of medicines and other medical products at the local level

Nature of Functions	Functions as defined in FAA		
	Federal	Province	Local
		<ul style="list-style-type: none"> Standards setting for healthcare waste management and implementation and regulation thereof Occupational license as per the standards and classification set by the federal level 	
Policy and legal framework, strategy and standards	<ul style="list-style-type: none"> Health and nutrition related national policies, laws, quality standards, plans and regulations Standard setting for and regulation of health-related academic, occupational and professional institutions Formulation of policies and standards for traditional health services including Ayurveda, Unani, Amchi, homeopathic and naturopathy Formulation of policies and standards for communicable and non-communicable diseases Policies, laws, standards on health tourism and regulation thereof Policies, laws, standards on social security including health insurance and regulation thereof Setting standards for basic health services 	<ul style="list-style-type: none"> Provincial policies, laws, quality standards, plans on health and nutrition, their implementation and regulation Provincial level standards and management for Ayurveda and other health services in practice Population and family planning related provincial policies, acts, plans and implementation and regulation thereof 	<ul style="list-style-type: none"> Formulation of policies, laws, standards, plans related to basic health, sanitation and nutrition as well as implementation and regulation thereof Setting health related goal and standards at the local level

Nature of Functions	Functions as defined in FAA		
	Federal	Province	Local
	<ul style="list-style-type: none"> • Formulation of health sector framework on climate change adaptation, implementation, coordination and regulation • National policies, laws, standards, plans on population, migration and family planning and regulation thereof • Policies, standards, classification and regulation of medicine, Ayurvedic medicine, Amchi and other services 		
Programme planning and implementation	<ul style="list-style-type: none"> • Medicinal research on herbs, animal and minerals • Public health surveillance of national and international concerns • Development of quality standards, assessment frameworks and monitoring of drinking water, food stuffs and air quality • Population related studies, researches and projection at the national level • Migration survey and situation analysis 	<ul style="list-style-type: none"> • Quality standards and quality monitoring and assessment framework for drinking water, food stuffs, sound and air and implementation thereof • Implementation, surveillance and monitoring of provincial programmes • Pharmacovigilance, proper use of medicines and minimization of Antimicrobial Resistance • Control and prevention of communicable and non-communicable diseases • Planning, implementation, monitoring and evaluation of provincial projects • Review of project results 	<ul style="list-style-type: none"> • Promotion of sanitation awareness and management of healthcare waste • Reduction, prevention, control and management of malnutrition among women and children • Production, processing and distribution of medicinal plants, herbs and other medicinal goods at the local level • Proper use of medicines at the local level and reduction of Antimicrobial Resistance • Procurement, storage and distribution of medicines and health equipment at the local level • Public health surveillance at the local level

Nature of Functions	Functions as defined in FAA		
	Federal	Province	Local
		<ul style="list-style-type: none"> • Population related studies, researches and demographic analysis at the provincial level • Provincial level population pressure indicators and profiles • Population related capacity enhancement at the provincial level 	<ul style="list-style-type: none"> • Operation of promotive, preventive, curative, rehabilitative and palliative health services of the local level • Promotion of public health services including healthy lifestyle, nutrition, physical exercise, Yoga, health circle compliance and Pancha Karma • Control and management of zoonotic and vector-borne diseases • Control the use of tobacco, alcohol and narcotic substances and awareness raising • Planning and implementation of public health, emergency health and epidemics control at the local level • Control and prevention of diseases at the local level
Service provision	<ul style="list-style-type: none"> • Provision of emergency health services 	<ul style="list-style-type: none"> • Provision of emergency health services 	<ul style="list-style-type: none"> • Operation and promotion of basic health, reproductive health and nutrition services • Operation of blood transfusion services and local and urban health services • Provision of emergency health services and management of local services

Annex 3: Functions of federal, province and local level by health system building blocks

Building Block	Functions as defined in FAA		
	Federal	Provincial	Local
Leadership and Governance	<ul style="list-style-type: none"> • Health and nutrition related national policies, laws, quality standards, plans and regulations • Standard setting for and regulation of health-related academic, occupational and professional institutions • Establishment, operation and regulation of health institutes • Accreditation of hospitals and health institutions • Contact, coordination and collaboration with development partners, on International Health Regulations and on health-related treaties and conventions • Formulation of policies and standards for traditional health services including Ayurveda, Unani, Amchi, homeopathic and naturopathy • Formulation of policies and standards for communicable and non-communicable diseases • Policies, laws, standards on health tourism and regulation thereof • Development of quality standards, assessment frameworks and monitoring of drinking water, food stuffs and air quality • Formulation of health sector framework on climate change adaptation, 	<ul style="list-style-type: none"> • Provincial policies, laws, quality standards, plans on health and nutrition, their implementation and regulation • Registration, operating license and regulation of provincial level health service-related academic, occupational and professional health institutions • Collaboration and coordination among provinces and among agencies • Registration, operating license and regulation of hospitals, nursing homes, diagnostic centres and other health institutions as per the national standards • Quality standards and quality monitoring and assessment framework for drinking water, food stuffs, sound and air and implementation thereof • Standards setting, control and regulation of tobacco, alcohol and other narcotic items • Review of project results 	<ul style="list-style-type: none"> • Formulation of policies, laws, standards, plans related to basic health, sanitation and nutrition as well as implementation and regulation thereof • Safe drinking water and quality of food stuffs and control and regulation of air and sound pollution • Operation, licensing, monitoring and regulation of pharmacies • Coordination, collaboration and partnership with private and non-governmental organisations on the management of waste generated in sanitation and health sector • Setting health related goal and standards at the local level • Registration, operating license and regulation of general hospitals, nursing homes, diagnostic centres, clinics and other health institutions • Control the use of tobacco, alcohol and narcotic substances and awareness raising

Building Block	Functions as defined in FAA		
	Federal	Provincial	Local
	<p>implementation, coordination and regulation</p> <ul style="list-style-type: none"> • Policies, standards, classification and regulation of medicine, Ayurvedic medicine, Amchi and other services 		
Human Resources	<ul style="list-style-type: none"> • Development and management of human resources in health sector • Issuance of occupational license as per the standards and classification 	<ul style="list-style-type: none"> • Development and management of health sector human resources at the provincial level • Occupational license as per the standards and classification set by the federal level 	-
Information management and research	<ul style="list-style-type: none"> • Health sciences related studies, researches and regulation • Medicinal research on herbs, animal and minerals • Health information system management and health accounting system • Public health surveillance of national and international concerns 	<ul style="list-style-type: none"> • Setting research priorities, studies and researches and information dissemination at the provincial level • Institutional management of health information system and health accounting system at provincial level • Management of public health surveillance at the provincial level 	<ul style="list-style-type: none"> • Management of health information system at the local level • Public health surveillance at the local level
Medical Products and Technology	<ul style="list-style-type: none"> • Production and development, storage, sales of medicines, health materials and health technologies, and preparation and regulation of quality standards for final disposal thereof • Setting national standards related to prices of health services and goods, their implementation and regulation • Pharmacovigilance and regulation • Standards and regulation of procurement and supply chain management of drugs 	<ul style="list-style-type: none"> • Production, storage and setting maximum retail price of medical and health technologies as per the national standards and final disposal related quality standards, registration, operating license and regulation • Pharmacovigilance, proper use of medicines and minimization of Antimicrobial Resistance • Procurement and supply chain management of vaccines and quality- 	<ul style="list-style-type: none"> • Production, processing and distribution of medicinal plants, herbs and other medicinal goods at the local level • Determining minimum <i>maximum</i> price and regulation of medicines and other medical products at the local level • Procurement, storage and distribution of medicines and health equipment at the local level

Building Block	Functions as defined in FAA		
	Federal	Provincial	Local
	<ul style="list-style-type: none"> • Management of buffer stock of medicines and medical supplies for emergency situations 	<p>sensitive medicines and other supplies including for family planning</p> <ul style="list-style-type: none"> • Management of provincial buffer stock of medicines and medical supplies for emergency situations 	
Service Delivery	<ul style="list-style-type: none"> • Development and promotion of promotive, preventive, curative, rehabilitative and palliative health services at the national level • Registration, operation license, physical infrastructure, management and regulation of national or specialized service providing hospitals • Setting standards for basic health services • Development of national protocols for health services necessary at various levels • Establishment and operation of national reference laboratory and diagnostic centres • Development of national referral system • Management of public health emergency situations, health sector disasters and epidemics • Determination of scope of basic health services • Provision of emergency health services 	<ul style="list-style-type: none"> • Management of promotive, preventive, curative, rehabilitative and palliative health services at the provincial level • Setting quality standards, registration, operating license, management and regulation of provincial level treatment centres and services • Implementation, surveillance and monitoring of provincial programmes • Provincial level standards and management for Ayurveda and other health services in practice • Licensing, operation and expansion of diagnostic centres and laboratory services • Management of public health emergency situations, health sector disasters and epidemics • Control and prevention of communicable and non-communicable diseases • Development and management of health service-related physical infrastructure as per the national standards 	<ul style="list-style-type: none"> • Operation and promotion of basic health, reproductive health and nutrition services • Establishment and operation of hospital and other health institution • Development and management of health service-related physical infrastructure • Promotion of sanitation awareness and management of healthcare waste • Collection, re-use, processing, disposal, fee determination and regulation of healthcare waste • Operation of blood transfusion services and local and urban health services • Family planning, maternal and newborn welfare related service provision, licensing, monitoring and regulation • Reduction, prevention, control and management of malnutrition among women and children • Proper use of medicines at the local level and reduction of Antimicrobial Resistance • Operation of promotive, preventive, curative, rehabilitative and palliative health services of the local level • Promotion of public health services including healthy lifestyle, nutrition,

Building Block	Functions as defined in FAA		
	Federal	Provincial	Local
		<ul style="list-style-type: none"> Standards setting for healthcare waste management and implementation and regulation thereof Management of traditional health care services including Ayurvedic, Unani, Amchi, homeopathic and naturopathy Provision of emergency health services Planning, implementation, monitoring and evaluation of provincial projects 	<p>physical exercise, Yoga, health circle compliance and Pancha Karma</p> <ul style="list-style-type: none"> Control and management of zoonotic and vector-borne diseases Management of traditional health care services including Ayurvedic, Unani, Amchi, homeopathic and naturopathy Planning and implementation of public health, emergency health and epidemics control at the local level Control and prevention of diseases at the local level Provision of emergency health services and management of local services
Health financing	<ul style="list-style-type: none"> Policies, laws, standards on social security including health insurance and regulation thereof 	<ul style="list-style-type: none"> Management and regulation of social security programmes including health insurance as per the national standards 	<ul style="list-style-type: none"> Management of social security programmes including health insurance
Population and migration	<ul style="list-style-type: none"> National policies, laws, standards, plans on population, migration and family planning and regulation thereof Population related studies, researches and projection at the national level Migration survey and situation analysis Contact and coordination with national and international institutions Population related human resource management Establishment and operation of population information system at national level 	<ul style="list-style-type: none"> Population and family planning related provincial policies, acts, plans and implementation and regulation thereof Population related studies, researches and demographic analysis at the provincial level Migration management at the provincial level Provincial level population pressure indicators and profiles Population related capacity enhancement at the provincial level 	-

Building Block	Functions as defined in FAA		
	Federal	Provincial	Local
		<ul style="list-style-type: none"> • Contact and coordination with national and provincial institutions in relation to population • Establishment and operation of population information system at provincial level 	

Annex 4: Functions of federal, province and local level by thematic area

Thematic area	Functions as defined in FAA		
	Federal	Province	Local level
Ayurveda and Alternative services	<ul style="list-style-type: none"> Formulation of policies and standards for traditional health services including Ayurvedic, Unani, Amchi, homeopathic and naturopathy Policies, standards, classification and regulation of legal profession, auditing, engineering, medicine, Ayurvedic medicine, veterinary, Amchi and other services 	<ul style="list-style-type: none"> Management of traditional health care services including Ayurvedic, Unani, Amchi, homeopathic and naturopathy Provincial level standards and management for Ayurveda and other health services in practice 	<ul style="list-style-type: none"> Management of traditional health care services including Ayurvedic, Unani, Amchi, homeopathic and naturopathy
Basic health services	<ul style="list-style-type: none"> Determination of scope of basic health services Setting standards for basic health services 	-	<ul style="list-style-type: none"> Formulation of policies, laws, standards, plans related to basic health, sanitation and nutrition as well as implementation and regulation thereof Operation and promotion of basic health, reproductive health and nutrition services
Disease management and control	<ul style="list-style-type: none"> Formulation of policies and standards for communicable and non-communicable diseases 	<ul style="list-style-type: none"> Control and prevention of communicable and non-communicable diseases 	<ul style="list-style-type: none"> Control and management of zoonotic and vector-borne diseases Control and prevention of diseases at the local level
Emergency health services	<ul style="list-style-type: none"> Provision of emergency health services 	<ul style="list-style-type: none"> Provision of emergency health services 	<ul style="list-style-type: none"> Provision of emergency health services and management of local services
Emergency, disasters and epidemics	<ul style="list-style-type: none"> Management of public health emergency situations, health sector disasters and epidemics 	<ul style="list-style-type: none"> Management of provincial buffer stock of medicines and medical supplies for emergency situations Management of public health emergency situations, health sector disasters and epidemics 	<ul style="list-style-type: none"> Planning and implementation of public health, emergency health and epidemics control at the local level

Thematic area	Functions as defined in FAA		
	Federal	Province	Local level
General health services	<ul style="list-style-type: none"> • Development and promotion of promotive, preventive, curative, rehabilitative and palliative health services at the national level • Development of national protocols for health services necessary at various levels • Development of national referral system 	<ul style="list-style-type: none"> • Management of promotive, preventive, curative, rehabilitative and palliative health services at the provincial level 	<ul style="list-style-type: none"> • Family planning, maternal and newborn welfare related service provision, licensing, monitoring and regulation • Operation of blood transfusion services and local and urban health services • Operation of promotive, preventive, curative, rehabilitative and palliative health services of the local level • Promotion of public health services including healthy lifestyle, nutrition, physical exercise, Yoga, health circle compliance and Pancha Karma • Reduction, prevention, control and management of malnutrition among women and children
Human resources management	<ul style="list-style-type: none"> • Development and management of human resources in health sector • Population related human resource management 	<ul style="list-style-type: none"> • Development and management of health sector human resources at the provincial level 	-
Information system	<ul style="list-style-type: none"> • Establishment and operation of population information system at national level • Health information system management and health accounting system 	<ul style="list-style-type: none"> • Establishment and operation of population information system at provincial level • Institutional management of health information system and health accounting system at provincial level 	<ul style="list-style-type: none"> • Management of health information system at the local level
Institutional development	<ul style="list-style-type: none"> • Accreditation of hospitals and health institutions • Establishment and operation of national reference laboratory and diagnostic centres 	<ul style="list-style-type: none"> • Development and management of health service-related physical infrastructure as per the national standards 	<ul style="list-style-type: none"> • Development and management of health service-related physical infrastructure • Establishment and operation of hospital and other health institution • Operation, licensing, monitoring and regulation of pharmacies

Thematic area	Functions as defined in FAA		
	Federal	Province	Local level
	<ul style="list-style-type: none"> Establishment, operation and regulation of health institutes Registration, operation license, physical infrastructure, management and regulation of national or specialized service providing hospitals Standard setting for and regulation of health-related academic, occupational and professional institutions 	<ul style="list-style-type: none"> Licensing, operation and expansion of diagnostic centres and laboratory services Population related capacity enhancement at the provincial level Registration, operating license and regulation of hospitals, nursing homes, diagnostic centres and other health institutions as per the national standards Registration, operating license and regulation of provincial level health service-related academic, occupational and professional health institutions Setting quality standards, registration, operating license, management and regulation of provincial level treatment centres and services 	<ul style="list-style-type: none"> Registration, operating license and regulation of general hospitals, nursing homes, diagnostic centres, clinics and other health institutions
Medicines and supplies	<ul style="list-style-type: none"> Management of buffer stock of medicines and medical supplies for emergency situations Production and development, storage, sales of medicines, health materials and health technologies, and preparation and regulation of quality standards for final disposal thereof Setting national standards related to prices of health services and goods, their implementation and regulation 	<ul style="list-style-type: none"> Procurement and supply chain management of vaccines and quality-sensitive medicines and other supplies including for family planning Production, storage and setting maximum retail price of medical and health technologies as per the national standards and final disposal related quality standards, registration, operating license and regulation 	<ul style="list-style-type: none"> Determining minimum <i>maximum</i> price and regulation of medicines and other medical products at the local level Procurement, storage and distribution of medicines and health equipment at the local level Production, processing and distribution of medicinal plants, herbs and other medicinal goods at the local level Proper use of medicines at the local level and reduction of Antimicrobial Resistance

Thematic area	Functions as defined in FAA		
	Federal	Province	Local level
	<ul style="list-style-type: none"> Standards and regulation of procurement and supply chain management of drugs 		
Occupational license	<ul style="list-style-type: none"> Issuance of occupational license as per the standards and classification 	<ul style="list-style-type: none"> Occupational license as per the standards and classification set by the federal level 	-
Climate change and health tourism	<ul style="list-style-type: none"> Formulation of health sector framework on climate change adaptation, implementation, coordination and regulation Policies, laws, standards on health tourism and regulation thereof 	-	-
Population and migration	<ul style="list-style-type: none"> National policies, laws, standards, plans on population, migration and family planning and regulation thereof 	<ul style="list-style-type: none"> Contact and coordination with national and provincial institutions in relation to population Migration management at the provincial level Provincial level population pressure indicators and profiles 	-

Thematic area	Functions as defined in FAA		
	Federal	Province	Local level
Sector management	<ul style="list-style-type: none"> • Contact and coordination with national and international institutions • Contact, coordination and collaboration with development partners, on International Health Regulations and on health-related treaties and conventions • Health and nutrition related national policies, laws, quality standards, plans and regulations 	<ul style="list-style-type: none"> • Collaboration and coordination among provinces and among agencies • Planning, implementation, monitoring and evaluation of provincial projects • Provincial policies, laws, quality standards, plans on health and nutrition, their implementation and regulation • Review of project results 	<ul style="list-style-type: none"> • Setting health related goal and standards at the local level
Social security, health insurance	<ul style="list-style-type: none"> • Policies, laws, standards on social security including health insurance and regulation thereof 	<ul style="list-style-type: none"> • Management and regulation of social security programmes including health insurance as per the national standards 	<ul style="list-style-type: none"> • Management of social security programmes including health insurance
Study and research	<ul style="list-style-type: none"> • Health sciences related studies, researches and regulation • Medicinal research on herbs, animal and minerals • Migration survey and situation analysis • Population related studies, researches and projection at the national level 	<ul style="list-style-type: none"> • Population and family planning related provincial policies, acts, plans and implementation and regulation thereof • Population related studies, researches and demographic analysis at the provincial level • Setting research priorities, studies and researches and information dissemination at the provincial level 	-
Surveillance and pharmacovigilance	<ul style="list-style-type: none"> • Pharmacovigilance and regulation • Public health surveillance of national and international concerns 	<ul style="list-style-type: none"> • Management of public health surveillance at the provincial level • Implementation, surveillance and monitoring of provincial programmes 	<ul style="list-style-type: none"> • Public health surveillance at the local level

Thematic area	Functions as defined in FAA		
	Federal	Province	Local level
		<ul style="list-style-type: none"> Pharmacovigilance, proper use of medicines and minimization of Antimicrobial Resistance 	
Tobacco, alcohol, narcotic items	-	<ul style="list-style-type: none"> Standards setting, control and regulation of tobacco, alcohol and other narcotic items 	<ul style="list-style-type: none"> Control the use of tobacco, alcohol and narcotic substances and awareness raising
Waste management	-	<ul style="list-style-type: none"> Standards setting for healthcare waste management and implementation and regulation thereof 	<ul style="list-style-type: none"> Collection, re-use, processing, disposal, fee determination and regulation of healthcare waste Coordination, collaboration and partnership with private and non-governmental organisations on the management of waste generated in sanitation and health sector Promotion of sanitation awareness and management of healthcare waste
Water, food and environment	<ul style="list-style-type: none"> Development of quality standards, assessment frameworks and monitoring of drinking water, food stuffs and air quality 	<ul style="list-style-type: none"> Quality standards and quality monitoring and assessment framework for drinking water, food stuffs, sound and air and implementation thereof 	<ul style="list-style-type: none"> Safe drinking water and quality of food stuffs and control and regulation of air and sound pollution