



Nepal: Minding the GAPS



नेपाल सरकार
स्वास्थ्य मन्त्रालय

Context

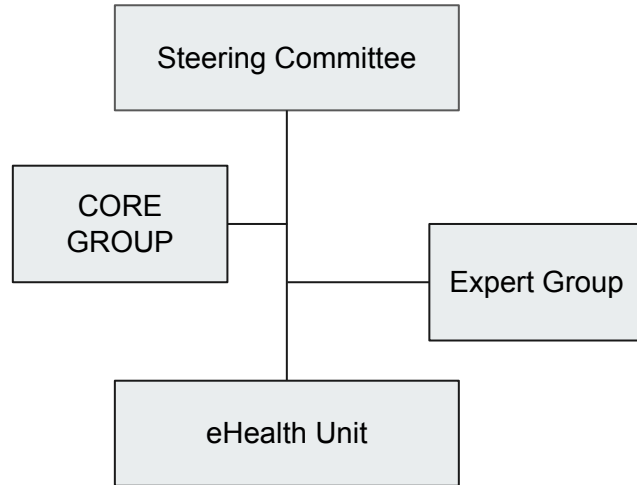


- Rapidly increasing IT literacy, infrastructure coverage (mobile and internet coverage)
- Exponential increase in initiatives - solutions (Tele/mobile based), information systems (HMIS in DHIS-2) and business improvement (TABUCS, eAWPB)
- Fragmented approaches and solutions - limited data sharing to improve service delivery and decision making
- Inadequate governance and management capacities
- Need to streamline and guide processes and initiatives

Context

- eHealth strategy endorsed recently, supplement to broader sector strategy (Nepal Health Sector Strategy), it directly contributes to 7 out of 9 outcomes.
- State is moving into federated state structure - three levels of governance and power distribution - Federal, Province and Local Bodies (Municipality and Village councils)

eHealth Governance



Building a fully staffed Unit

- A. Restructuring (federalism)
- B. Hire new staff
- C. Technical assistance

Province Level

SC, TWG (TBC)

Local Level

IT Unit
(General)

Architecture

OpenHIE
Component Layer



Interoperability
Services Layer



External Systems



Program Management

- Client Registry (CR): *NationalID + SHI + HMIS*
- Facility Registry (FR): *MD [HMIS + HIIS]*
- Health Workforce Registry (HWR): *HRFMD + Councils [NMC ...]*

Program Management

- Shared Health Record (SHR): Consortium - SHI + HMIS + EHR Implementers??
- Terminology Services (TS): ?? Educational Institutions?
- Interoperability Layer (IOL): ?? MoST [DoIT + NITC]
- External Systems: Consortium of Implementers

Standards & Interoperability

- Open Standards
- Freely accessible
- Internationally accepted
- Expert Group