



N E P A L

# WHAT'S IN YOUR NCD POLICY

ANALYSING THE STRENGTH  
OF DIET-RELATED NCD  
POLICIES IN NEPAL

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The strength of national diet-related policies should match the severity of the burden of non-communicable diseases (NCDs) in Nepal, and guide government action focused on the most critical dietary drivers and population groups at risk.

Yet, while Nepal has recognised the importance of addressing NCDs, there has been little rigorous analysis of country-level policies to tackle NCDs associated with unhealthy diets.

This brief presents an assessment of national policies and strategies related to promoting healthy diets and offers evidence-informed recommendations for shaping comprehensive, effective and equitable diet-related NCD policies.

The research presented has been conducted as part of a six-country study comparing national NCD policies to global recommendations, and evaluating the extent to which policies include effective and equitable attributes to improve population health. Study countries included Afghanistan, Bangladesh, Nepal, Pakistan, Tunisia and Vietnam.

Research in Nepal was led by a team based at the Center for Research on Environment Health and Population Activities (CREHPA), in partnership with the Centre for Gender and Global Health, University College London.

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# NCDS IN NEPAL

Nepal has experienced a marked epidemiological transition from communicable diseases to non-communicable diseases (NCDs) in the past two decades. The death rate due to communicable, maternal, neonatal, and nutritional diseases declined rapidly by 78% between 1990 and 2017 – compared to a decline of just 18% for death rates due to NCDs.

In 2017, 66% of all deaths in Nepal were due to NCDs, and 8 of the top 10 causes of disability in the country were NCD-related.

FIG.1

## NCDS ACCOUNT FOR FOUR OF THE TOP TEN CAUSES OF PREMATURE DEATH IN NEPAL – AND ARE ON THE RISE

Top 10 causes of years of life lost (YLLs) in 2017 and percent change, 2007-2017, all ages, number

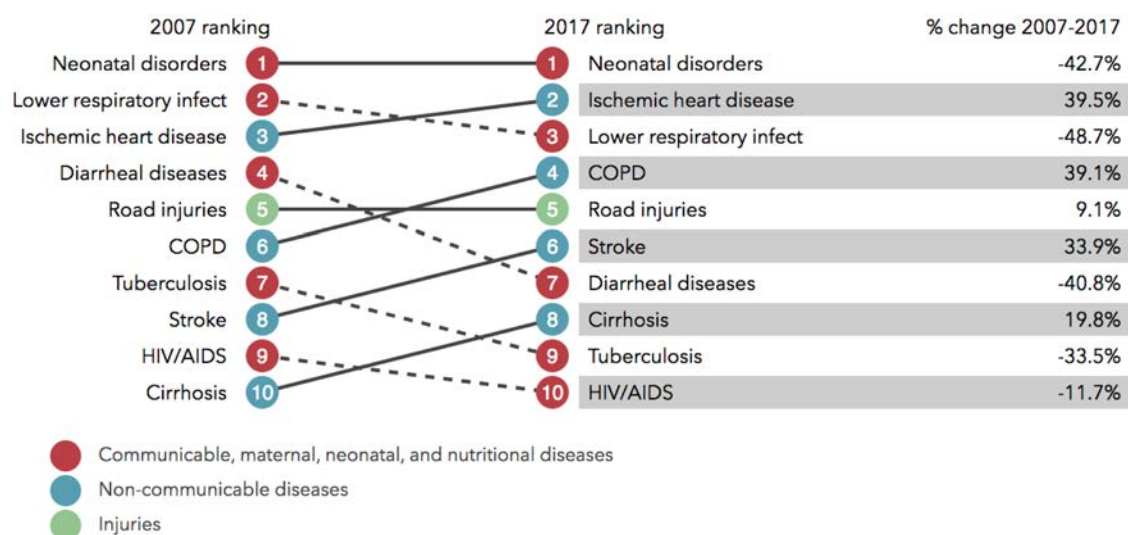
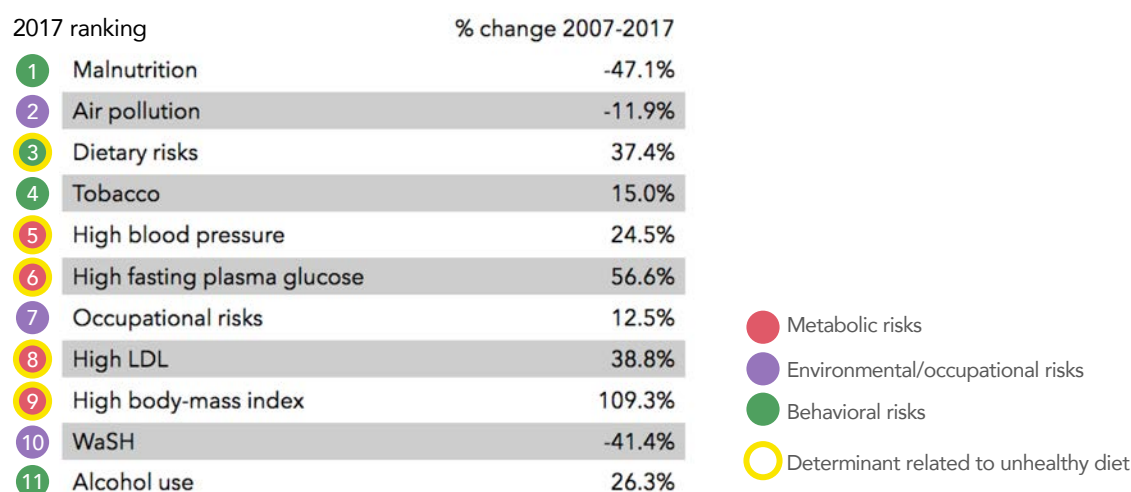


FIG.2

## UNHEALTHY DIET IS AMONG THE MOST SIGNIFICANT – AND FASTEST GROWING – DETERMINANTS OF NCDS

Top 10 risks contributing to DALYs in 2017 and percent change, 2007-2017, all ages, number





## THE GLOBAL RESPONSE TO NCDs

Many interventions for the prevention and control of NCDs exist. Given the resource constraints facing all countries and their need to prioritise the most effective interventions, the World Health Organization (WHO) has identified a set of evidence-based “Best Buy” interventions that are not only highly cost-effective but also feasible and recommended for implementation in all countries.

Several of the Best Buys are explicitly aimed at addressing unhealthy diets.<sup>1</sup> These interventions are designed to mainly address the structural drivers and commercial determinants of diet, an approach likely to yield greater benefits at the population level compared to individually-focused interventions.<sup>2,3</sup>

### NCDs: On the global agenda at last

While the burden of NCDs has been historically neglected by the global health community, prioritisation and action to prevent and address NCDs is expanding. The first UN General Assembly High-Level Meeting on NCDs in 2011 marked a critical turning point in mobilising political attention and policy action at national and global levels, as did the inclusion of an NCDs-related target in the Sustainable Development Goals (3.4, to reduce premature mortality from NCDs by one-third by 2030).

**2%**  
OF ALL GLOBAL  
HEALTH FINANCING IS  
ALLOCATED TO NCDs

## ACTION IN NEPAL

In response to the growing burden of NCDs, the Nepal government is stepping up its response by generating evidence, designing policy and implementing pilot programs – including STEP Surveys, prevalence studies of selected NCDs, burden of disease studies, and a cancer registry. The government has formulated the NCDs Multi-Sectoral Action Plan (2014-2020) aimed at harnessing the power of partnership. It has further implemented and scaled up a package of essential NCD services in 30 districts. Advertisement of tobacco in print and electronic media has been banned, and free dialysis services in public facilities and cash support for selected NCDs including cancer are provided.

### Nepal Policy Analysis: Our research

During 2017-2019, we undertook an in-depth analysis of the Government’s policies for controlling diet-related NCDs, and compared national responses to global recommendations for all countries. The purpose of the study was to identify where and how policy could be strengthened to more effectively address the growing burden of NCDs in the country.

## POLICY DOCUMENT ANALYSIS: OUR QUESTIONS

### THREE DIMENSIONS OF A ROBUST POLICY FRAMEWORK TO ADDRESS AND PREVENT NCDs

1

**COMPREHENSIVE: ARE NEPAL'S NCD POLICIES CONSISTENT WITH GLOBAL RECOMMENDATIONS? [TABLE 1]**

2

**EFFECTIVE: DO NEPAL'S NCD POLICIES HAVE ADEQUATE AUTHORITY, ACCOUNTABILITY MECHANISMS AND BUDGET? [TABLE 1 & FIGURE 3]**

3

**EQUITABLE: DO NEPAL'S NCD POLICIES PROMOTE EQUITY AND HUMAN-RIGHTS BASED APPROACHES? [FIGURE 4]**

## OUR METHODS

We conducted an in-depth policy content analysis followed by stakeholder interviews. The content of policies inside and outside the health sector were reviewed to determine: (1) whether they were consistent with WHO Best Buys; (2) how much authority the policy has (e.g. whether it is national law or a sector strategic plan); (3) systems of accountability; (4) any associated budgetary line items; (5) the extent of attention paid to issues of equity (including gender) and human rights. We synthesised these findings into a “policy cube” to graphically present key features of the policy responses to combat diet-related NCDs (see page 6).

In-depth interviews were conducted with stakeholders purposely selected from a variety of organisations and sectors. We used a policy

analysis framework to explore issues of actor power, ideas (how the issue is perceived and portrayed), context, and policy characteristics (including the severity of the problem and the availability of effective interventions), to understand: (1) why some of the Best Buys have succeeded in gaining political and policy attention; (2) why other Best Buys are absent from the current policy response; (3) what explains policy content and its characteristics (particularly in relation to questions of authority, accountability, rights-based approaches, etc); and (4) what it would take for neglected/absent Best Buys to be higher up the current policy agenda.

The study received approval from the ethics boards of Nepal Health Research Council, Nepal and University College London, UK.

## OUR FINDINGS

**TABLE 1. NEPAL'S NCD-RELATED HEALTH POLICIES: COMPREHENSIVENESS OF BEST BUYS AND POLICY EFFECTIVENESS**

Best Buys: Cost-effective interventions	Present?	Authority	Accountability	Budget
Reduce salt intake through reformulation of food products and set target levels for salt in foods and meals				
• Goal to decrease salt consumption	✓	●	●	●
• Reformulation of food products to decrease salt	✓	●	●	●
• Set target salt level in foods	✓	●	●	●
• 30% reduction in salt consumption	✓	●	●	●
Reduce salt intake through the establishment of a supportive environment in public institutions	✓	●	●	●
Reduce salt intake through a behaviour change communication and mass media campaign				
• Mass media campaign to reduce salt intake	✓	●	●	●
• Behaviour change communication on salt	✓	●	●	●
Reduce salt intake through front-of-pack labelling	x	x	x	x
<b>Effective interventions</b> Cost effectiveness of >/\$100 per disability-adjusted life year averted in low & middle-income countries				
Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain				
• Goal to eliminate industrial trans-fats	✓	●	●	●
• Legislation to ban use of trans-fats in food chain	x	x	x	x
Reduce sugar consumption through effective taxation on sugar-sweetened beverages				
• Goal to reduce sugar intake	✓	●	●	●
• Taxation on sugar-sweetened beverages	x	x	x	x
<b>Other recommended interventions</b>				
Subsidies to increase uptake of fruits and vegetables	✓	●	●	●
Replace trans-fats and saturated fats with unsaturated fats through reformulation, labelling, fiscal or agricultural policies	✓	●	●	●
Limit portion and package size to reduce energy intake and the risk of overweight/obesity	x	x	x	x
Implement nutrition education and counselling to increase intake of fruits and vegetables	✓	●	●	●
Implement nutrition labelling to reduce total energy intake (kcal), sugars, sodium and fats	✓	●	●	●
Implement mass media campaign on healthy diets	✓	●	●	●
Promote exclusive breastfeeding for first 6 months of life	✓	●	●	●

TABLE 1. KEY

Authority	Accountability	Budget
<ul style="list-style-type: none"><li>● High authority</li><li>● Medium authority</li><li>● Low authority</li></ul>	<ul style="list-style-type: none"><li>● Abides by key principles of accountability<sup>4</sup></li><li>● A national lead/implementing agency is named and is assigned responsibility for reporting in the public domain</li><li>● No mechanism for accountability found</li></ul>	<ul style="list-style-type: none"><li>● Budget line item assigned to policy sub-component</li><li>● Budget line item planned but no evidence for line item identified</li><li>● No budget line item identified</li></ul>

POLICIES WITH BEST BUY INTERVENTIONS

Multisectoral Action Plan for Prevention and Control of NCDs (2014-2020), 2014, Government of Nepal  
National Nutrition Policy and Strategy 2004, Ministry of Health and Population  
The Mother’s Milk Substitutes (Control of Sale & Distribution) Act, 1992

FIG. 3

HIERARCHY OF POLICY AUTHORITY IN NEPAL

The relative level of authority of different policy documents has been categorised, which can indicate the likelihood that bureaucrats, industry and society will act on them.

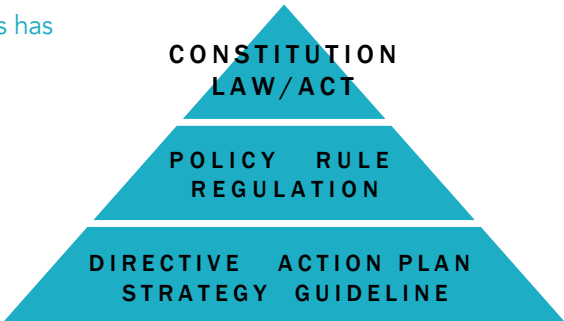
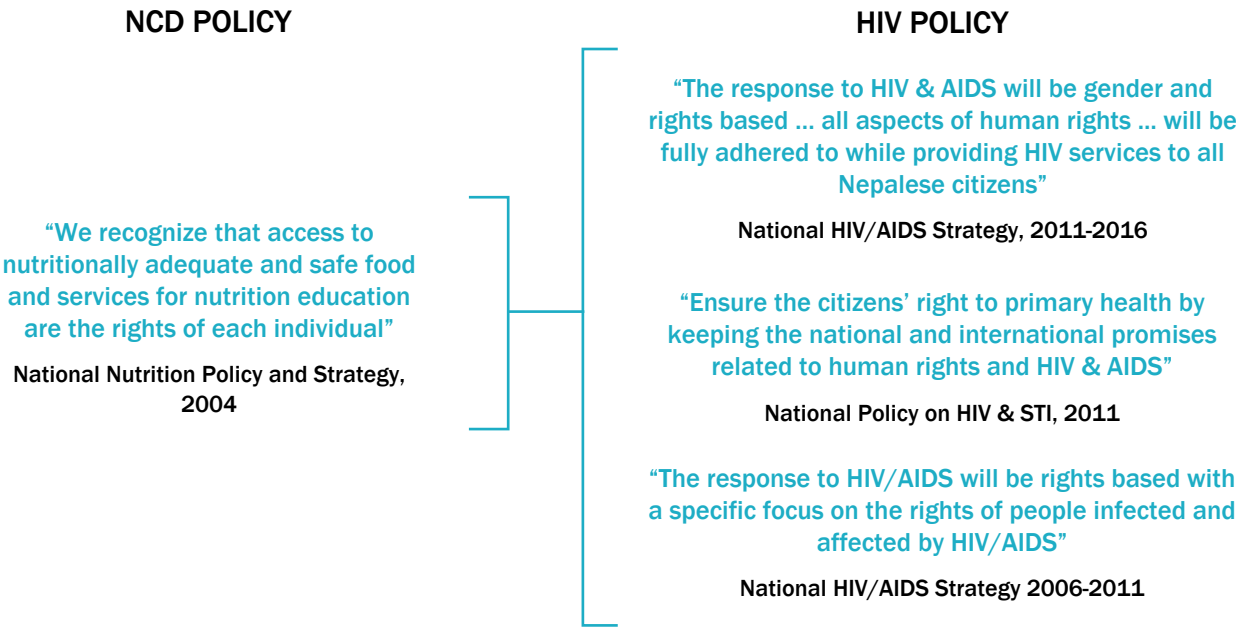


FIG. 4

HEALTH AND RIGHTS IN NEPAL POLICY

Rights-based policies can strengthen countries’ efforts to address the determinants of NCDs. A rights-based approach has been central to progress in the AIDS response, both in ensuring that individuals are protected against discrimination and committing the State to take positive actions. We find however, that human rights language and concepts are largely absent from NCD policies.<sup>5</sup>



## BRINGING IT ALL TOGETHER: THE POLICY CUBE

The “Policy Cube,” brings together the three axes of our policy content review: 1) dietary policy comprehensiveness, or the extent to which WHO Best Buy recommendations are reflected in national policy documents; 2) the effectiveness of a policy’s implementation and enforcement mechanisms, such as the level of authority of the policy, whether it has an associated budget, and whether systems of accountability are specified, and; 3) the extent to which the policy documents are oriented towards principles of equity, gender and human rights. A full cube would represent a robust policy framework for the prevention and control of NCDs.

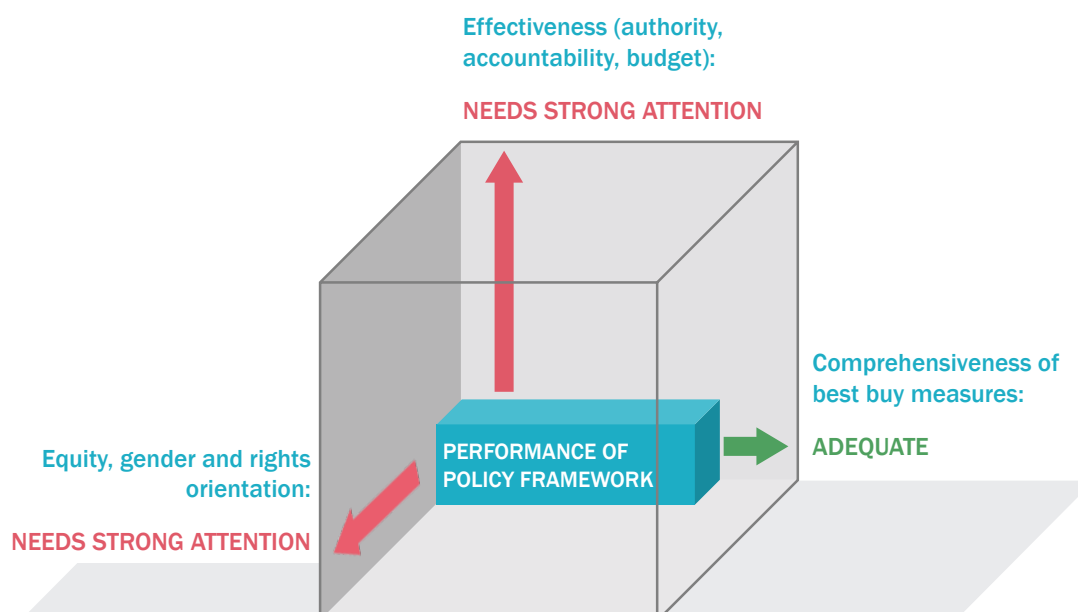
**Comprehensiveness.** Nepal’s leading policy related to NCDs – the Multi-Sectoral Action Plan (2014-2020) – contains 12 of the 19 diet-related Best Buy interventions.

**Effectiveness.** While Nepal’s Action Plan has responded reasonably well to some of the diet-related Best Buys, its low authority, inadequate accountability mechanisms and non-allocation of budget line items indicates a lack of effective mechanisms to ensure its implementation.

**Equity.** The Action Plan recognises the social determinants of health (including gender), and advocates for equitable access to preventive and curative health services. However, there is an absence of rights-based language and lack of specificity in equitable approaches. In contrast to NCD policies, Nepal’s HIV policies have clearly specified key populations at higher risk of HIV and adopted comprehensive commitments to promoting the human rights of people living with and affected by HIV. NCD policies, including the Action Plan, have general overall commitments to equity, but lack specificity to guide action on the Best Buys.

FIG. 5

### POLICY CUBE NEPAL: THREE DIMENSIONS OF ASSESSING NCD POLICY FRAMEWORKS





# STAKEHOLDERS WEIGH IN

## INTERVIEWS WITH STAKEHOLDERS ON THE MAJOR IMPEDIMENTS TO PROGRESS IN ADVANCING THE NCD AGENDA: KEY FINDINGS

### POWER

Previous lack of dedicated leadership or a single institutional authority

“ In the case of NCDs, until very recently there was no one single body or unit within MOHP. No clarity on responsibilities. For example, PHCRD was the unit responsible for all the activities for NCD prevention and control but another group was saying the Curative Division within MOHP was the responsible unit. Now we have a new dedicated unit for NCDs within MOHP.

*ID 11, Researcher working in an INGO*

### POWER

Inadequate donor support for NCDs prevention and control

“ As NCDs are not communicable, external donors have less interest in them. Only World Health Organization-Nepal is talking about this issue. No other development organizations were interested in NCDs until very recently. We have an action plan but no resources to implement it.

*ID 24, Academic*

### CONTEXT

Frequent government and staff turnover, and lack of evidence to inform priority-setting and action

“ Another problem is frequent changes in leadership. When the new minister comes, he or she wants to bring some new agenda with them and ... try to avoid the previous initiatives. For example, in launching the NCDs campaign, there could have been engagement of experts. It should not have been a single person's (i.e. minister's) campaign, but a campaign of the ministry. But then the leadership changed and the campaign got weaker.

*ID 12, UN official*

### OPPOSITION

Concerns among stakeholders that structural policies will face strong opposition from food manufacturers and producers

“ If we initiate making a strict policy on junk food then manufacturers will try to influence it. They will first try to influence political leader(s). This happened in the case of tobacco. They tried influencing but they did not succeed as our political commitment and civil society support against tobacco is high. If we start the same thing in junk food, there will be some hindrance for sure.

*ID 8, Government official in health sector*

### CULTURAL NORMS

Perception that salt and sugar are an integral part of the culture, inhibiting more moderate use of salt and sugar and elimination of trans fat in foods

“ We have a tradition of eating sweets and taking sweets as gifts while visiting during festivals and other occasions. Culturally, we are inclined towards high consumption of salt and sugar. As these things have a cultural background, it is a challenge to change the pattern of consumption of salt and sugar.

*ID 24, Academic*

# RECOMMENDATIONS

The following recommendations arise from our policy analysis and stakeholder interviews. They should be considered as a strategic package of elements that are mutually reinforcing and interdependent, and require the engagement of a range of identified stakeholders.

1. **Formulate authoritative policy guidance.** The Ministry of Health and Population (MOHP) should embed WHO-recommended Best Buys interventions in legislation or other authoritative policy documents to ensure the highest probability of implementation.
2. **Revise Multi-Sectoral Action Plan.** The MOHP should revise its Multi-Sectoral Action Plan for the Prevention and Control of NCDs (2014-2020) and set SMART targets. In revising this plan, MOHP should articulate dietary policy actions in relation to outcome goals, identify specific measures, set time bound targets to guide action, and outline accountability mechanisms, including independent monitoring. It should include provisions to target efforts and resources at those populations most at risk and carrying a disproportionate burden of NCDs.
3. **Engage all stakeholders and take a coordinated approach.** The MOHP, Department of Food, Technology and Quality Control (under the Ministry of Agriculture and Livestock Development) and the Ministry of Industry and Commerce should form an inter-ministerial committee to coordinate action. Governmental and non-governmental stakeholders (including but not limited to civil society organisations, patient advocacy groups, consumers groups/associations, academic institutions and community members) should engage actively to strengthen the NCD response.
4. **Adopt right-based approaches.** The potential of human rights language and concepts ought to be tapped to ensure greater accountability for the implementation of evidence-informed, gender-responsive and equitable NCD policies, as is the case with the AIDS response.
5. **Ensure adequate resources.** The Government of Nepal should ensure that policies identify adequate budgetary sources for implementation. External donors should be reoriented and allocate more resources for NCD prevention and control.
6. **Strengthen and augment capacity.** Strengthen infrastructure and human resource capacity of the Department of Food, Technology and Quality Control and MOHP for implementation and monitoring of activities to control NCDs and consumption of salt, sugar and trans-fat.
7. **Involve provincial and local government.** In view of the newly adopted federal structure of the governance system, authorities in both provincial and local government should consider establishment of local governance and accountability for NCDs, increase resources for health services, initiate multi-sectoral responses to create an enabling environment for prevention and control of NCD risk factors, and facilitate collection and monitoring of data on progress towards NCD-related targets.
8. **Seek regional cooperation and international technical support when needed.** Given the complex, political and contested nature of dietary risk factors, regional cooperation may be required to control and regulate the availability of unhealthy food products. In addition, the government may require international technical and strategic support to introduce measures to address NCDs, such as relevant taxation measures, marketing and promotion legislation and food reformulation standards.

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## REFERENCES

- <sup>1</sup> World Health Organization. 'Best Buys' and Other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases. [https://www.who.int/ncds/management/WHO\\_Appendix\\_BestBuys.pdf](https://www.who.int/ncds/management/WHO_Appendix_BestBuys.pdf)
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- <sup>3</sup> Stuckler, D., & Nestle, M. (2012). Big Food, Food Systems, and Global Health. *PLoS Medicine*; 9(6), E1001242.
- <sup>4</sup> Key principles of accountability, namely: i) a national lead/implementing agency is named and is assigned responsibility for reporting in the public domain; ii) a mechanism for independent monitoring of progress on implementation is described; and iii) remedial actions/sanctions/fines are outlined if implementation progress does not occur. From: Williams C, Hunt P. (2017). Neglecting human rights: accountability, data and Sustainable Development Goal 3, *The International Journal of Human Rights*; DOI:10.1080/13642987.2017.1348706.
- <sup>5</sup> Buse K, Aftab W, Akhter S, et al. Time to clarify State obligations and accountability on NCDs with human rights instruments. *BMJ Global Health* 2019;0:e002155. doi:10.1136/bmjgh-2019-002155

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