



# When Public Health Dreams Meet Policy and Practice: A Personal Reflection from Nepal’s Pandemic Preparedness Journey

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**Abstract:** This viewpoint reflects on a rare and deeply personal journey from research and policy advocacy to witnessing real-world implementation of pandemic preparedness in Nepal. Drawing on the author’s contribution to national policy formulation and subsequent field experience in Sudurpaschim

Province, the article highlights how evidence-informed recommendations on epidemic management were translated into national policy priorities and operationalized through the “Strengthening Pandemic Preparedness for Early Detection in Nepal (SPEED)” project. Situating Nepal within the broader global momentum led by the Pandemic Fund, the article underscores the importance of surveillance systems, laboratory strengthening, and workforce development. It argues that bridging the gap between research, policy, and practice is both possible and essential for resilient health systems in low- and middle-income countries.

Keywords: Pandemic; Policy; SPEED; SORMAS.

**Declaration:** There is no conflict of Interest, and the research was conducted in accordance with ethical standards.

### A Day When a Dream of Serving Public Health Came True

There are moments in a public health professional’s life that quietly affirm years of persistence, learning, and hope. For me, that moment arrived not in a conference hall or a policy meeting room, but in Dhangadhi on March 24-25, 2026, while observing a community-based surveillance activity in progress. Years earlier, I had the opportunity to lead a research study titled “*Epidemic Management in Nepal: An Enquiry into Policy Issues and Options*” at the Policy Research Institute (PRI). The study examined systemic gaps in Nepal’s preparedness and response mechanisms and offered a set of actionable recommendations. These were formally submitted to the Office of the Prime Minister and Council of Ministers (OPMCM) and the Ministry of Health and Population (MoHP), accompanied by a concise policy brief. At the time, like many researchers, I could only hope that these recommendations would find their way into policy discourse. That hope turned into reality when key provisions aligned with my research appeared in Nepal’s national Policies and Programmes over two consecutive fiscal years.



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In FY 2080/81 (Point 136), the government committed to launching a campaign against infectious diseases (Government of Nepal, 2080). The following year, in FY 2081/82 (Point 95), the policy went further, emphasizing the strengthening of public health surveillance systems for the prevention and response to infectious diseases and epidemics (Government of Nepal, 2081):

“सङ्क्रामक रोगको रोकथाम र महामारीको प्रतिकार्यका लागि जनस्वास्थ्य निगरानी प्रणालीलाई सुदृढ गरिनेछ।”

Hearing these words echoed at the highest level of the state was profoundly moving. It was no longer just research-it was policy. And soon, it will become practice.

### From Global Momentum to National Action

Globally, the urgency to strengthen pandemic preparedness has gained unprecedented momentum. The Pandemic Fund, the first multilateral financing mechanism dedicated exclusively to pandemic prevention, preparedness, and response (PPR), has mobilized nearly US\$11.5 billion across 128 countries as of February 2026. With a strong focus on low- and middle-income countries, the Fund supports critical areas such as disease surveillance, laboratory systems, and health workforce development. Nepal is part of this global effort (The Pandemic Fund, 2026).

### Nepal's Response: The SPEED Project

In Nepal, the government approved the three-year project “*Strengthening Pandemic Preparedness for Early Detection in Nepal (SPEED)*” on April 18, 2024. Jointly implemented by the Ministry of Health and Population (MoHP), the Ministry of Agriculture and Livestock Development, and the Ministry of Water Supply, with technical support from WHO, UNICEF, and FAO, the project represents a comprehensive and coordinated response to longstanding gaps in health security. With US\$18.8 million in grant support from the Pandemic Fund, complemented by additional co-financing and co-investment, SPEED focuses on three core pillars aligned with the International Health Regulations (2005): Surveillance and Early Warning Systems, Laboratory Strengthening, and Human Resources and Workforce Development

### Strengthening Systems: From Policy to Practice

The SPEED initiative has catalyzed several important developments in Nepal's health system: Expansion of the Early Warning Alert and Response System (EWARS) to 118 sentinel sites. Nationwide scale-up of SORMAS (Surveillance, Outbreak Response Management and Analysis System) to municipal levels. Establishment of Rapid Response Teams (RRTs) and Response and Recovery Committees (RRCs). Development of national frameworks for public health emergency alert and rapid risk assessment. Strengthening of laboratory systems, including ISO accreditation, biosafety training, and high-containment facilities. Implementation of Electronic Medical Records (EMR) and national diagnostic standards and launch of training programs, including Field Epidemiology Training Programmes (FETP). These interventions reflect a shift toward a more integrated, technology-enabled, and decentralized public health surveillance system (World Health Organization (WHO), 2026).



### **Community at the Center: Learning from Dhangadhi**

The most powerful affirmation of this journey came during my field visit to Dhangadhi, where I observed the Community-Based Disease Surveillance (CBS) component of the SPEED project. Implemented by Nepal Public Health Research and Development Center (PHRD Nepal), with the lead of Dr. Janak Thapa, and the team members Ms. Pragya Pokharel, Mr. Raj Kumar Sangroula, Mr. Sushant Luitel, Ms. Pabitra Magar, with support from UNICEF, the initiative spans 22 districts, 44 municipalities, with 1,450 health-related personnel trained and 662 wards, engaging over 16,550 community members as intelligence epidemic volunteers (PHRD Nepal, 2026). This is similar to my key informants of Bangladesh and was recommended for Nepal in 2020 AD (Pandey & Gautam, 2020). The objective is clear: to empower communities as the first line of defense in disease detection and response. By strengthening linkages between community-level reporting and national surveillance systems, including EWARS, SORMAS, and media monitoring, CBS ensures that no signal goes unnoticed. Watching community members actively engaged in identifying and reporting health risks, and seeing local governments take ownership of surveillance systems, was deeply inspiring. It was a vivid reminder that effective public health systems are built not just in ministries, but in communities.

### **Closing Reflections**

Public health is often described as invisible successes, the crises that never happen. Yet, behind these successes are years of research, advocacy, policymaking, and implementation. For me, this journey from drafting recommendations to witnessing their impact on the ground has been both humbling and reaffirming. It demonstrates that evidence can shape policy, and policy, when effectively implemented, can transform systems and save lives. As Nepal continues to strengthen its pandemic preparedness, the challenge ahead is to sustain momentum, ensure accountability, and deepen community engagement. The foundations are being laid not just for responding to the next pandemic, but to build a resilient and equitable health system. And for a public health professional, there is no greater fulfillment than seeing a dream take root.

### **Acknowledgement**

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