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Transforming the Nepal Health Research Council for Health Research and Innovation

Meghnath Dhimal,[1] Namita Ghimire,[1] Madhusudan Subedi,[2,3] Ganesh Dangal[4]

[1]Nepal Health Research Council, Kathmandu, Nepal, [2]Patan Academy of Health Sciences, Lalitpur, Nepal, [3]Planetary Health Research Centre, Kathmandu, Nepal, [4]Journal of Nepal Health Research Council, Kathmandu, Nepal.

The Nepal Health Research Council (NHRC) was established on 12 April 1991 as the apex body of the Government of Nepal to promote and coordinate high-quality health research in the country.[1] After more than three decades of its establishment, there are growing public expectations and suggestions regarding its governance, effectiveness, roles, and responsibilities. These concerns point to the need for a transformation of the Council's current structure and mandate. This editorial highlights the historical development, current status, major achievements, existing challenges, and possible ways forward for strengthening the NHRC in the future.

Over the last 35 years, NHRC has played an important role in institutionalizing health research governance in Nepal through research regulation, capacity building, evidence generation, and the promotion of evidence-informed decision-making. In terms of research regulation, it has evolved from a small secretariat into an institution that reviews thousands of proposals annually, has maintained accreditation from the Forum for Ethical Review Committees in the Asian and Western Pacific Region (FERCAP) since 2019, and has facilitated the establishment of 63 NHRC-affiliated Institutional Review Committees (IRCs) across the country. The total number of research proposals approved annually by the Ethical Review Board of NHRC and the IRCs now exceeds 4,000. Recently, NHRC launched the Integrated Research Ethics Review Platform (IRERP), which is now the official system for submission of research proposals requiring ethical review. IRERP aims to harmonize and establish transparent proposal submission and review processes for all Ethics Committees throughout the country.[2]

Since establishment of the NHRC, it has trained more than 20,000 researchers, ethics committee members and reviewers/ editors in various aspects of health research, including proposal development, Ethics in Health Research, ethical review, research management, implementation research, systematic review and meta-analysis, data analysis and management, and scientific writing and reviewing. NHRC has also conducted numerous studies in a wide range of areas, including air pollution, climate change and health, antimicrobial resistance, maternal and child health, non-communicable diseases, tropical diseases, COVID-19, and burden of disease, that have informed and shaped several national policies and plans. The importance of research for evidence-informed decision-making was particularly evident during the COVID-19 pandemic.

NHRC also plays a crucial role in disseminating research findings through the publication of reports, policy briefs, organization of national summit of health and population scientists, workshops, conferences and journal articles. Its official journal, the Journal of Nepal Health Research Council (JNHRC), is now a PubMed/MEDLINE- and Scopus-indexed, peer-reviewed, open-access journal that provides a visible platform for Nepal's health research community and currently ranks as the leading biomedical journal from Nepal. NHRC has also initiated NepMed, which aims to serve as Nepal's national open-access biomedical literature repository, improving the visibility, accessibility, and discoverability of Nepalese health research. Importantly, NHRC has been organizing the Annual Summit of Health and Population Scientists since 2015 regularly, providing opportunities for policymakers, planners, development partners, academics, and researchers to share research findings, engage in discussions, and participate in various plenary sessions.

These achievements provide NHRC with a strong foundation for regulating, promoting and coordinating health research in the country. However, Nepal's health and governance landscape has changed more rapidly than the institution itself. The epidemiological

Correspondence: **Dr Meghnath Dhimal, Nepal Health Research Council, Kathmandu, Nepal. Email: meghdhimal@nhrc.gov.np**

transition toward non-communicable diseases, mental health problems, injuries, and ageing; the growing impacts of climate and environmental change; and persistent geographic and social inequities demand more agile, implementation-oriented research. Furthermore, federalization requires robust research capacity and evidence use at provincial and local government levels, not only at the central level. At the same time, advances in digital health, big data, artificial intelligence, machine learning and genomics are transforming research methods, offering opportunities for innovation and improved health outcomes, while also presenting challenges through complex ethical questions and concerns about privacy, equity and governance worldwide. Importantly, interdisciplinary research should be promoted to address emerging public health risks.[3]

Importantly, the stagnation of institutional capacity of the NHRC has remained constrained by a gradual decline in its permanent human resources, a shortage of technical personnel, an imbalance in staff composition with predominance of support staff, no opportunities for promotion, and the absence of regular recruitment into permanent positions, and heavily dependent on contract- based employees has created frustration among young researchers whose career prospects in health research remains uncertain. This situation contributes to a continuing brain drain from the country and frustrations among young researchers who are highly motivated in health research, innovation and evidence-informed policymaking.

NHRC's current structure and resourcing are increasingly misaligned with its expanding mandate. Organizational arrangements have not kept pace with the need for dedicated units in areas such as evidence synthesis and knowledge translation, digital data systems, innovation, product development and provincial engagement ethics committee and publication section. Despite the mandate of the National Health Policy 2019,[4] NHRC has not been able to expand its structure to the provinces.

While NHRC conducts policy-relevant studies, mechanisms for translating evidence into routine policy and program decisions remain fragmented. National health strategies explicitly call for stronger use of evidence in planning and implementation, but institutionalized pathways from research to decision-making are still weak.[5] The way forward is a deliberate and time-bound transformation of NHRC along four fronts.

A comprehensive organization and management survey is needed to realign NHRC's structure with its mandate; create or strengthen dedicated units (e.g. research excellence, knowledge translation, digital systems, provincial coordination, resource mobilization, and centers of excellence); and clarify roles and decision-making pathways. The current provision that only physicians of the modern and Ayurvedic medical systems are eligible for the Executive Committee should be amended to make it more inclusive, providing opportunities for researchers from any health-related discipline whose work has contributed to health. Given the wider determinants of health, interdisciplinary and transdisciplinary research should be promoted rather than discipline-specific, siloed research. Health research should not focus only on surveys and descriptive studies; it must also advance innovation and product development in collaboration with academic and other research institutions. Importantly, there should be clear independence between research regulation and evidence generation to avoid conflicts of interest.

Human resources must be a high priority for advancing the NHRC's roles and mandate. There should be permanent recruitment to all sanctioned posts of the Council through amendment of its bylaws, rather than reliance on contractual services. Urgent attention is needed to attract and retain talented individuals who are motivated to work in health research and governance. NHRC leadership should prioritize recruitment to permanent technical and scientific posts through transparent, merit-based processes, and institutionalize continuous professional development and leadership pipelines. The existing permanent recruitment system through the Public Service Commission should be made more specific and objective to attract experienced researchers. For senior-level posts in particular, criteria such as research publications, grants secured, and relevant experience should carry greater weight than vision paper and written examinations. Importantly, there should be provisions for the recruitment of senior experienced researchers as full-time staff who can provide mentoring to young researchers.

NHRC should lead the establishment of an integrated digital health research information system, including an interoperable ethics platform, institutional dashboards, and a national health research data repository to archive datasets and reports for secondary use. Data sharing and responsible use of artificial intelligence (AI) tools should be promoted to increase efficiency and reduce costs in health research.

The primary role of NHRC is to uphold research ethics. It should actively contribute to staff capacity building in ethical research, build the capacities of IRCs, review proposals, provide timely feedback, and monitor approved research activities. These responsibilities require competent and committed human resources, as well as assurance of future job security.

NHRC should coordinate periodic national health research priority-setting exercises; recognize high-performing institutions as thematic centers for excellence; and establish a dedicated evidence-synthesis and policy-engagement unit or "policy lab" to provide rapid reviews and policy briefs to the Ministry of Health and Food Safety and to provincial governments. Furthermore, academic partnership can be made to produce human resources in health research through collaborative fellowships and courses such as master's in health research and PhD programmes.

Transforming NHRC is not a luxury; it is an urgent necessity to meet the expectations of the public, researchers, and policymakers. It is also an opportunity to harmonize institutional mandates and responsibilities, and to create synergies for interdisciplinary and transdisciplinary research[6] that promotes "research for health" and "health for all." With strong political support, strategic investment, and principled leadership, NHRC can evolve from being primarily a regulator to becoming a dynamic engine of health research and innovation for the country.

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