MEMORANDUM OF UNDERSTANDING between Nepal Paediatric Society (NEPAS) & The Royal College of Paediatrics and Child Health (RCPCH-UK)

AQ-MNH

APRIL 22, 2025

RCPCH-NEPAS

1. Summary

This Memorandum of Understanding (MoU) describes the terms of an institutional partnership between Nepal Paediatric Society (NEPAS) and the Royal College of Paediatrics & Child Health (RCPCH) (hereafter 'the parties').
It specifies a framework understanding of the terms within which RCPCH and [---] propose to work as partners in collaboration on understanding the impacts of air pollution (AQ) on maternal, newborn and child health (MNCH), with specific emphasis on low-/middle-income country settings, and on the development of AQ-MNCH evidence (quantitative, qualitative) for use in public health advocacy. This collaboration is expected to be grant-funded by the Clean Air Fund, and is dependent on that grant-funding being forthcoming. The MoU is open-ended and may be adapted for longer-term partnership commitments, as deemed appropriate by the parties, with the opportunity to review annually.

The parties agree to:

A. Work together in an Inception Phase (January to July 2025) to develop methodological approaches to capturing the interaction between air quality/pollution and maternal/fetal, neonatal and child health, drawing on a range of types and sources of data and evidence, and adapted to the circumstances of each participating country, as well as in the context of existing global epidemiological datasets
B. Work together to map advocacy actors and activities in the realm of public health/social determinants of health/AQ-MNCH ongoing in participating countries, and to examine the efficacy of different advocacy strategies and approaches
C. Work together to prepare a prospectus for a 2-year full collaboration (evidence generation and advocacy engagement) from August 2025 – assuming agreement between parties regarding feasibility of longer-term programme partnership, and availability of adequate grant funding support.
D. Discuss openly and equitably, in the course of the proposed collaboration, any other matters relating to MNCH, paediatric professional organisations, organisational development strategies, and international/global child health collaborations, which may arise during and/or in relation to the AQ-MNCH workstream

2. The signatory parties

2.1. Nepal Paediatric Society

Established in 1981 by a dedicated group of paediatricians in Nepal, NEPAS has been a driving force in advancing child health. Our journey involves a range of impactful initiatives.

NEPAS actively contributes to child health by developing essential guidelines and protocols. We collaborate closely with the Ministry of Health and Population (MoHP) to provide training to healthcare workers at various levels. NEPAS is also actively

engaged in nutritional programs and provides training on nutritional support. We have a history of providing health education, counselling, and child right support, notably during the earthquake in 2015. Our guidelines on managing children during disasters have been published for reference.

NEPAS strives to unite paediatricians across Nepal under a common vision. Our goal is to elevate the society to the status of an Academy, where research and evidence-based practices drive government and non-government actors' decision-making and policy formulation. This collective effort aims to ensure the delivery of timely, high-quality treatment to the children of our nation.

Objectives of NEPAS:

1. *Child Health Advancement:* Actively contribute to the improvement of child health standards in Nepal through comprehensive initiatives.
2. *Child Rights Promotion:* Raise awareness and advocate for the rights of children, ensuring their well-being and protection.
3. *Policy Collaboration:* Collaborate closely with the government to actively shape, endorse, and implement effective child health policies and strategies.
4. *Preventive Measures:* Promote and educate communities about preventive measures that enhance the overall health and quality of life for children.
5. *Professional Excellence:* Provide opportunities for continuous professional development, fostering a community of skilled and compassionate paediatricians.
6. *Research Facilitation:* Establish NEPAS as a recognized hub for child health research, facilitating and encouraging research activities including innovations & organize various seminars, workshops, trainings, etc.
7. *Public Awareness:* Raise awareness among the public about the importance of child health, rights, and preventive measures.
8. *Networking and Collaboration:* Exchange knowledge and experiences of various aspects of child health related research, service, training, education among the members of this society and foster connections and partnerships with national and international organizations working toward similar child health goals.
9. Publications: Publish journals and educational materials related to Child health.

2.2. The Royal College of Paediatrics and Child Health (RCPCH)

RCPCH was created by Royal Charter in 1996. RCPCH Global is a division within the organisation whose primary aim is to further global child healthcare quality in low-resource settings worldwide.

RCPCH Global works with many paediatric associations and interested parties to improve care quality through the development of health care practices, skills and capacity in emerging and developing health regions.

In addition, RCPCH advises on paediatric and MNCH training standards, provides educational programmes and conducts professional examinations, both in the UK and internationally, in pursuit of 4 key objectives:

1. To advance the art and science of paediatrics
2. To raise the standards of medical care provided to children
3. To educate and examine those concerned with the health of children
4. To advance the education of the public, the prevention of illness and disease in children and safeguarding children's healthy development

Six theme areas govern RCPCH's international work:

- Rights of the child & mother - always paramount
- Partnership - both with operational implementing partners and donors
- Standards - to promote the highest professional standards
- Development of paediatric capacities and capabilities
- Maximisation of paediatric expertise
- Measurable impacts on children and mothers.

Through these themes, the RCPCH affirms its aim of supporting a global community of MNCH expertise and excellence.

3. Objectives

The parties' joint vision is to develop the evidence base on impacts of poor air quality on maternal/fetal, neonatal and child health, with stronger empirical representation from highly-affected low-/middle-income countries/areas (incorporating broad population data with more localised evidence of institutional/facility-level and individual effects), as more grounded complement to existing global data and evidence.

The primary aim across the collaboration is to work together to find effective ways to feed such grounded evidence into local public health advocacy strategies and activities (including activities already ongoing by other actors, but also supporting strengthening the voice and reach of the paediatric community).

The aim of the collaboration is to establish an equitable cross-country partnership (UK, South Africa, Nigeria, Nepal) based on the premise that sharing experiences across global geographies (including HIC and LMIC) may enhance the quality and reach of insights and learning generated in the process.

The parties agree to make best endeavours to support progress, in each participating country, towards the core objectives of the Inception Phase, with the option to re-commit to longer-term partnership as above.

4. Responsibilities

Parties will assume responsibilities as follows:

4.1. The RCPCH will:

- Support conceptual development and design of Inception Phase objectives and activities, in coordination and consultation with all parties to the collaboration
- Provide coordination for the proposed collaboration (one Project Coordinator, based in the London office), as well as facilitating financial flows between grant-making body (Clean Air Fund) and partners within the collaboration
- Support day-to-day communication within and among collaborating Paediatric Partner Organisations and each country collaboration team (One Focal Point, Two Programme Associates (1 x Evidence Generation; 1 x Advocacy Strategy Development)
- Support regular joint partners' review of progress and challenges

4.2. Nepal Paediatric Society will:

- Support conceptual development and design of Inception Phase objectives and activities, in consultation with other parties to the collaboration
- Agree to identify and recruit local Paediatric Partner Organisation AQ-MNCH team (One Focal Point, Two Programme Associates), and facilitating, as needed, day-to-day coordination between country teams, through the UK Project Coordinator
- Agree to receive appropriate financial support for local costs, and to ensure reasonable/timely documentation (to UK Coordinator) for financial reconciliation and reporting to grant-making donor
- Agree to support regular review of Inception Phase strategy, activities, progress and challenges, and to work together with other parties to the collaboration to seek solutions and ways forward
- Agree to participate in local/in-country AQ-MNCH events/policy processes/dialogues etc as relevant and feasible, and agree to support local participation in 1+ international/global AQ-MNCH events/forums etc
- Agree to work towards development (mid-2025) of full 2-year programme of AQ-MNCH multi-country (HIC-LMIC) evidence and advocacy activity, as deemed feasible and on basis of available grant funding support

3) Intellectual property

All work undertaken under this MoU and within the proposed partnership is constituted as intellectual property owned jointly and equitably between and among all participating parties to the collaboration. All strategies, programme designs, intervention models, implementation approaches and resulting data related to that work are jointly owned by the parties.

4) Duration and scope

This MOU is prepared as specific to the proposed project (AQ-MNCH) Inception Phase (with CAF funding). It may be viewed as complementary to any existing MoUs. The proposed AQ-MNCH MoU may be viewed, in the first instance, as timebound within the proposed Inception

Phase (Jan-Jul 2025), but with agreement in principle for extension should a longer-run collaboration be deemed feasible.

The MoU may be amended at any time by agreement of the parties and may be terminated in writing by any of the parties, provided that any such termination shall not affect any existing contracts that may have been entered into by the parties and any such contracts shall be completed in accordance with their terms.

This MOU is an agreement of collaborative intention of the parties and takes effect on the date it is signed by both parties.

Signature
Dr. Arun Kumar Neopane
President
Nepal Paediatric Society
Date: 22 Apr 2025

Signature
Sebastian Taylor
Head of Global Operations
Royal College of Paediatrics and Child Health
Date: 06/05/2025