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SICK OF IT

Belamati Nepali of West Rukum was diagnosed with intestinal cancer and underwent surgery in Lalitpur. Her husband Khadke sold the family livestock to pay for his wife's chemotherapy. He mortgaged his house to a local lender for Rs500,000, which he will lose if he doesn't pay it back by October. But the money has run out. He says, "I am worried about losing my home, but I am now even more afraid of losing my wife."

Aman Dhamala's 23-year-old son was seriously injured in a landslide last year in Kalikot. A local hospital could not treat him, and he borrowed Rs250,000 to hire a helicopter which came seven hours later. His son died in the helicopter before reaching Kathmandu. "If we had a better equipped hospital in Kalikot, my son would be alive today. Now I am left with nothing but a huge debt."

Suman Lamichhane broke his right leg in a fall 12 years ago in Gorkha, but because of improper treatment there, the National Trauma Centre in Kathmandu had to amputate it. Suman does not have a family. He had to sell everything he owned for treatment, but could not save his leg.

Punsiram Tharu's son was diagnosed with retinoblastoma at Kanti Children's Hospital this month. Treatment would have cost Rs300,000, and there was a 95% chance of recovery. But the Rs100,000 the government provides for cancer treatment was not enough, Punisram does not own any property, and no one back home will lend him money. The daily wage earner cannot afford his son's treatment.

Six-year-old Roshan Tamang was taken home to Kavre by his parents midway through his cancer treatment in February because they could no longer afford his treatment. "I had to sell all my property for my son's chemotherapy, but we were not sure he would get better, and we ran out of money. It broke my heart to take him back home," Roshan's father said. Roshan died at home three months ago.

Nepalis are losing their lives and homes paying for expensive medical care. Others are living with life-long disabilities because they cannot afford treatment.

Every year, the WHO estimates that 500,000 people across the country are pushed below the poverty line, and another three million face financial burden because of expensive medical care, and lack of insurance. That is over 10% of Nepal's entire population.

The cities have modern private hospitals which have made it possible for many Nepalis not to have to go abroad anymore for treatment. But these hospitals are out of reach of most Nepalis. The WHO recommends more than 10% of a nation's total budget to be invested in health. This year's budget allocates only 6.87%, which is even lower than other developing nations.

Most of that money is allocated for construction and unnecessary equipment, there is not enough to train new doctors and nurses or retain them in rural hospitals.

There was some hope with the introduction of the national health insurance policy, but the benefit amount of Rs100,000 per household is not enough for critical care.

Instead of streamlining a national insurance scheme so healthcare is more equitable, the finance minister announced plans in his budget speech last month to privatise it.

Sagar Budhathoki

READ MORE

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Ensuring health
insurance for all
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In a healthy state

Every year, half a million Nepalis fall below the poverty line paying for expensive medical care. Another three million face financial burden, unable to pay hospital bills even after selling their assets. This is over 10% of Nepal's population.

Nepal might have taken dramatic strides in reducing maternal mortality and childhood malnutrition in the last decades, but it is lagging behind in assuring accessible and affordable healthcare for its people.

This is a crime, it goes against the Constitution which guarantees basic health care for all Nepalis. Like other social sectors including education, healthcare is either over-commercialised or offers substandard service.

Public health is just not the priority of the government, especially when it comes to the poorest and most neglected sections of society. The state's investment in healthcare is inadequate, and the budget allocation for the health sector is considerably lower than the global average of 10% of GDP, and is less than most developing countries.

Even the budget that is set aside for healthcare is mostly spent on shoddy infrastructure, or procuring unnecessary and expensive equipment that is never used. There is little left for trained medical personnel and retaining them in remote area hospitals.

Nepalis are sick because they are poor, and they are getting poorer because they are sick. Most families that cannot afford treatment in private institutions have to sell property or borrow from loan sharks to pay medical bills.

Private hospitals and clinics operate on free market principles, and need a return on investment. The most lucrative business in Nepal today is medical education, and the sky high fees in those colleges perpetuate the cycle of over-priced medical treatment.

Healthcare should not be guided by the free market, and as long as the state does not take responsibility for the wellbeing of its citizens we will never achieve equity.

Medical care cannot be a commodity, patients are not customers. This is the theme of the Jestha edition of *Himal* monthly, and some of its content is on *pages 1,4,5 and 10-11* of this issue of *Nepali Times*.

Primary health care (PCH) is free in government hospitals in Nepal, and is paid

for through taxes. Specialised medical care is best covered by insurance so the cost is not passed on to patients and their families. But in Nepal, primary health care is too basic, government hospitals are crowded and understaffed, and private hospitals are out of reach of most.

A welfare state with a social safety net pays for free healthcare through taxes, or insurance. Tax revenue goes for other sectors besides health, but medical insurance is targeted specifically for health.

Countries like Bhutan, Cuba and Sri Lanka show that it is indeed possible to achieve free universal healthcare. Nepal itself has public-private partnership models like Bayalpata

Hospital. Replicating these examples requires political will, and a national vision.

Our salvation may lie in national health insurance that is mandatory and where the premium is based on a family's capacity to pay. Nepal introduced its national insurance scheme in 2017, and the premium is now Rs3,500 per year per family for a benefit package of Rs100,000. But this does not even pay for an ambulance to a city hospital.

Late reimbursement to care providers is chronic, and hospitals now want to pull out from the national insurance program. Patients cannot access timely treatment, and are dropping out.

To correct this mistake, the government is making another blunder: handing over management of health insurance programs to the private sector.

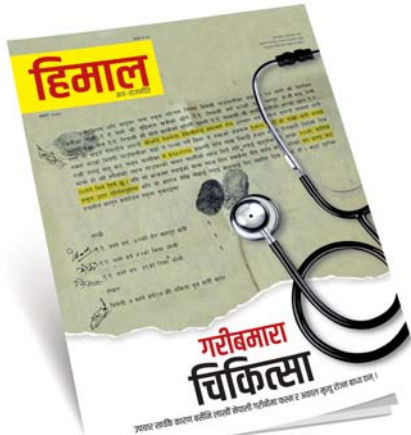
The state is giving up on health insurance without even trying, abandoning citizens and leaving them at the mercy of profiteers.

Letting the private sector manage health insurance defeats its very purpose: providing equitable and affordable medical care for those most in need and to prevent them from falling into the poverty trap.

A better alternative is to work within the existing health insurance program by upgrading its features, including the revaluation of the premium and benefits, bringing in private institutions for research and technical know-how, and digitisation of reimbursement for care providers.

There are ways the Nepali state can fulfil its constitutional obligation to ensure healthcare for all, and deliver on promises not kept. It just has not tried hard enough.

Sonia Awale



Nepalis are sick because they are poor, and they are getting poorer because they are sicker.

20 YEARS AGO THIS WEEK

Equity in Education

The Covid-19 pandemic exposed the digital divide in Nepal's education system, and the widening disparity between the private and public schools. But this problem existed long before the coronavirus crisis.

The government has historically neglected public schools where 80% of Nepali children are enrolled. This is evident in the performance of students at the national exams. Two decades later, not much has changed, the education sector is still politicised and the government is unwilling to address the quality of instruction as well as that of teachers in community schools. Excerpts from a report in #99 21-27 June 2002, 20 years ago this week:

Every year, six in every ten young Nepalis fail their high school exams. This year, 152,300 students appeared for their tenth grade tests three months ago. Only 47,565 passed.

Hidden behind these shocking figures are the disparities between government schools and private ones. Only 17 percent of the students from government schools this year passed their School Leaving Certificates (SLC), with some government schools having a zero pass rate. Eighty-three percent of the students who passed the SLC exams this

"A mass inferiority

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year were from private schools-even though only one-third of all schools in the country are privately run.

"The SLC results have spread hopelessness in public schools," says Chakra Bahadur Maharjan of Saraswati Secondary School in Dhading. "This is a mass inferiority

complex dragging society down."

The inequality exposed by SLC results is what the Maoists have been using to pressure the government and private schools to reform. Even those who do not agree with the Maoists' murders of teachers, agree that there is a serious unevenness in the quality of education.

Private sector involvement in education has met a part of the need, but the higher fees have exacerbated class differences. Since 2000, the Maoists have forced 500 private schools to close, affecting 100,000 students and 9,000 teachers.

From archive material of *Nepali Times* of the past 20 years, site search: www.nepalitimes.com

ONLINE PACKAGES



WHAT WENT WRONG

German architect Wolfgang Korn has documented Kathmandu Valley's heritage and craftsmanship for decades. In his most recent visit, he explains how reconstruction of some of the temples on the palace complex after the 2015 earthquake has deviated from the original spirit. Read the full story on *pages 6-7* and watch the video on our YouTube channel.



A RURAL LIFELINE

Half a million Nepalis are pushed into poverty every year because of expensive health care. Another three million are unable to pay the bills. Are accessible and affordable medical facilities really impossible? Bayalpata Hospital in western Nepal has been providing free care and is a model. Catch our Special Health package on *pages 1, 2, 4, 5, 10 and 11*.

SUSTAINABLE CONSTRUCTION

Bayalpata Hospital in Achham district is a beautiful piece of architecture ('Foundations for sustainable buildings in Nepal', Sarah Watson, #1116). The design and quality is commendable especially considering its remoteness. Kudos to the design and construction team for creating such a beautiful work!

Alex Shrestha

• Great article in *Nepali Times* on sustainable buildings.

Basobaas

• Fascinating story. Truly an eye opener!

Donatella Lorch

AIR SAFETY

It is simple really, many Nepalis believe rules are only for foreigners ('60 years of living dangerously', Kunda Dixit, #1116).

Niall Kavanagh

• Safety seems secondary to the cultural and financial imperative for pilots to push on rather than return/abort the flight ('Crash Course', Editorial, #1116). Flying into mountains when flying VFR flight only should not happen. If VFR conditions are unlikely to prevail at any point during the flight the pilot has to turn around, climb, do whatever to remain VFR and avoid terrain. This will often mean aborting the flight regardless of the consequences.

Roger Ray

• Strictly enforce compliance on VFR by flight crew. There is no other way.

Nepal Aviator

EMBOSSED PLATES

There is no convincing argument for embossed number plates ('Emboss to show who is boss', Rupa Joshi, www.nepalitimes.com). The rest of the developed world moved away from them decades ago. They are all on reflective plates, which you can see in the dark and can be photographed by speed cameras.

Shirin Barakzai

MELTING MOUNTAINS

Himalaya glaciers are melting ('Nepal's mountains are melting', Alton C Byers, #1114). Ground water in India is disappearing. ICIMOD and others report to governments who won't listen.

David Durkan

CYCLE LANES

I left in 2006 after working in Kathmandu for many years because pollution caused respiratory problems ('Re-cycling' Kathmandu is not so easy, Sarah Watson, www.nepalitimes.com). Each time I return for a visit the pollution is worse.

Margaret Kerr

HEMP GOODS

I've been saying for years that if Nepal were to introduce industrial hemp as a major crop, utilising the unused land, it would transform the economy. Hemp is one of the most versatile substances on the planet ('Nepali reaps peace dividend 17 years after war', Santosh Dahit, www.nepalitimes.com). Anything made from plastic can be made from hemp.

Aleksandr Verkovsyn

HERNE KATHA

I really enjoy watching the web series Herne Katha and can highly recommend it to anyone interested in a fascinating glimpse into the lives of other people ('The extraordinary lives of ordinary Nepalis', Shristi Karki, www.nepalitimes.com).

NH Manandhar

BALEN SHAH

Prospect of development looks more tenable - at least there is room for some hope ('SnowBalen', Shristi Karki, #1115). All the best to all independent candidacy aspirants in next elections.

KYU Yeti

• I look forward to Balen Shah taking the initiative to bring this public service to its precious glory ('Kathmandu's ancient water spouts still functioning', Alok Siddhi Tuladhar, nepalitimes.com).

My Speech

Times.com

WHAT'S TRENDING



Sustainable buildings

by *Sarah Watson*
Despite the benefits of rammed earth technology, Kathmandu has yet to adopt this sustainable building method because people think reinforced concrete is stronger. But confidence in concrete is misplaced, warn experts.

f Most reached and shared on Facebook



Dirty snow defrosts mountains

by *Sonia Awale*
Fine suspended particles in the air have reached harmful levels, and are reducing the average lifespan of people in urban Nepal by at least two years. Now, scientists have found that pollution and dust are also causing Himalayan glaciers to melt faster than earlier thought. Get details on our website.

t Most popular on Twitter



Emboss to show who is boss

by *Rupa Joshi*
The government has fast tracked the conversion of all vehicle license plates into camera readable computerised ones. But arguments defending English numerals and alphabets in new vehicle license plates are absurd. Join the discussion online.

66 39 Most commented



60 years of living dangerously

by *Kunda Dixit*
What is it about air crashes in Nepal that very similar accidents tragically keep happening again and again in the same kind of terrain and weather? Visit nepalitimes.com for the full report.

Most visited online page

QUOTE TWEETS



Nepali Times @NepaliTimes

"In the past, the #airwas clean but its composition has changed over the years and is a matter of concern due to suspended particles it constitutes, including #dust. All this #pollution ultimately ends up in the Himalayas, making it #melteven faster."



Sharad Ghimire @sha_ghi

Faster melting in the Himalayas due to the dust #AirPollution



Nepali Times @NepaliTimes

#satire There comes a time in every journo's career when we get tired of being the purveyors of only bad news. It is our duty to set that right. This week, the Ass shares good news that somehow didn't make it.



Binaya Dahal @binaya_dahal10

The best article I have read in ages



Nepali Times @NepaliTimes

What is it about air crashes in #Nepal that very similar accidents tragically keep happening again and again in the same kind of terrain and weather? 60 years of living dangerously | Kunda Dixit (@kundadixit)



Ajay Thakur @EagleEyeAT

The Problem is so Simple, Why can't the Solution be as Simple too #nepalplane crash #Airlines #safety #nepal



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Dangers of privatising health insurance in Nepal

By handing over health insurance to the private sector, the government is abandoning its citizens

● **Gaj B Gurung and Sushil Koirala**

This year's health budget kept the contribution to health insurance of the previous year's allocation of Rs7.5 billion. However, the plan to hand over the institutional management of health insurance programs to the private sector through the Ministry of Finance defeats the fundamental goal of health security.

This is not entirely surprising, of course, because the Health Ministry had passed a narrow and poorly-thought model of health security for Nepal, and there were already concerns that it would eventually be handed over to the private sector and traded as a commodity.

A private company can contribute to a health insurance program. But can they really contribute to national public health security, understand equity, expand access to the poorest and the most marginalised populations, and negotiate with the government providers for quality services? Are they fundamentally designed to serve the poor?

The private sector has a role in contributing to achieving Universal Health Coverage by mainly serving the affluent. The poor neither can afford private health insurance nor access expensive private hospitals. Even if they are admitted to hospitals, they have to bear catastrophic expenses catapulting them into the vicious cycle of poverty.

The private insurance companies only pool the resource, they do not share the risk for those who cannot afford to pay the premium. It will be naïve to assume that such companies could be easily maneuvered to deliver services as a fair-price approach. There are around 20 registered private health insurance companies and 366 private hospitals in Nepal, and some are selling health insurance at exorbitant premiums many times higher than the current premium cap.

There are six national health security indexes: prevent, detect, response, health, norms and risk. During the pandemic, insurance companies got richer by selling fake insurance schemes while the hospital profits bulged through expensive Covid treatment. Very few hospitals treated Covid patients



BAYALPATA HOSPITAL

with a humanitarian approach. None of their technical advancements helped effectively prevent, detect and respond to the pandemic.

The current health insurance program has identified the elderly, completely disabled, leprosy, Multi-Drug Resistant TB patients, people living with HIV, and ultra-poor as target populations to waive their premium. Though not adequate, this is an equity approach.

But none of these target populations are eligible for private health insurance, or they will have to pay a much higher premium. It will be unwise to assume that these companies will change overnight and be equitable. They are powerful enough to influence government policy and bend them to suit their commercial interests.

Instead, the government should strengthen the Health Insurance Board and explore ways to integrate health security with the broader social security scheme. In the short term, there are urgent but straightforward reforms

like recruiting adequate and skilled human resources, strengthening the organisational systems, revising the design of service purchase strategy and equity, and gradually, having effective providers/purchasers split for better implementation.

Ultimately, the program will benefit by forming a broader and more robust social security structure, co-incidentally introduced at the same time by the government. It would be able to absorb costs by pooling tax-based health care contributions and merging subsidies given to the treatment of cancer, renal failure, and other chorionic diseases under one integrated umbrella.

But the current government does not appear serious about reforming health insurance, and simply does not understand the fundamental principles of health security. Health insurance is not just limited to providing health care, but is a part of broader health security.

The idea that health security can be

strengthened by passing the buck to the private sector amounts to abandoning the constitutional commitment to provide health care, not as a service but as a citizen's fundamental right. The Nepal government is a signatory to achieving the health targets of the Sustainable Development Goals.

As argued by Nepali Congress leader Gagan Thapa, one of the pioneers to push health insurance in Nepal, they contribute to strengthening the health system, strive for healthy populations, cushion the poor and provide them access to health services. It is a vehicle for mobilising adequate health resources, enhancing health security, and ultimately achieving Universal Health Coverage.

These goals cannot be met by trading the people's health as mere commodities. 🇳🇵

Gaj Gurung has a PhD in public health from Chulalongkorn University and Sushil Koirala is a public health expert. Both are based in Bangkok.

prabhu BANK



Turkish with youth

Turkish Airlines and the Confederation of Nepalese Industries Young Entrepreneurs Forum (CNIYEF) have a year-long partnership starting with the event 'CNIYEF Start Up Nepal' where it will be the airlines partner. The event on 25 June at Hotel Soaltee will feature 3,000 indigenous and foreign entrepreneurs, investors, students, intellectuals and journalists, and will include panel discussions, Robo football, drone activities and musical concerts.

Tata hike

Tata Motors has increased the price of its passenger vehicles up to 1.1% depending on individual models and variants due to an increase in commodity, semiconductor, steel and precious metal prices. The new price of Nexon EV has increased by INR25,000. The company is also planning to launch a new special edition for Nexon EV in Nepal.

GBIA takes off

UAE-based Air Arabia and Fly Dubai will start operating flights to Gautam Buddha International Airport in Bhairawa in two weeks. The two airlines have been in talks with the Civil Aviation Authority of Nepal (CAAN) since 16 May. Jazeera Airways is already operating three flights a week to Bhairawa, Nepal's second international airport.

Rukum health camp

Global IME Bank organised a free health camp for women at the Sankh health post in Rukum this week. More than 150 patients received reproductive health services.



Samsung winners

Samsung Nepal has awarded dealers and 50 winners of its New Year offer. The three dealers from Bharat Trade, Sun Mobile Store and Jai Maa Ambe Mobile Center received a Kia Sonet Car and Bajaj 220F ABS motorbike each, while 50 winners of the offer won a 4-night and 5-day Dubai Tour package and cash vouchers.



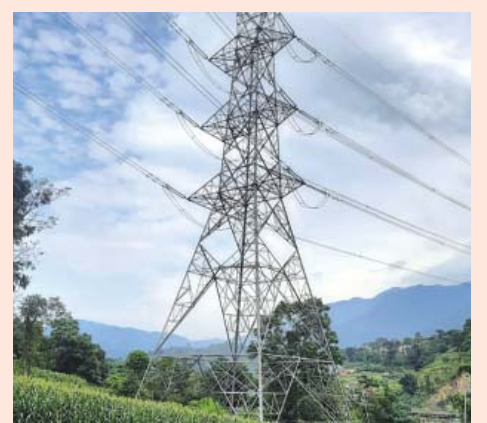
Covax for children

The US government is donating 2.2 million doses of paediatric Covid-19 vaccine to Nepal proven to be highly effective for children ages 5-11. The US had previously donated 2.26 million doses of Pfizer vaccines and the 1.5 million single-dose Johnson & Johnson vaccine.



Imports soar

Nepal imported goods worth Rs158.57 billion in the past month, up from Rs138 billion in the month before. In the past 11 months, Nepal has incurred a deficit of Rs1.577 trillion, which is a quarter more than the same period last year. Nepal also imported agro-products worth Rs355.87 billion.



Marsyangdi connection

The construction of the Marsyangdi-Kathmandu 220KV double circuit transmission line that will distribute electricity generated from the Marsyangdi hydropower projects to Kathmandu has been completed. The 82-km transmission line from Tahanu's Markichok to Matatirtha in Kathmandu started operation last week.

NMB Fixed Deposit

NMB bank launched a fixed deposit scheme 'Double Muddati Yojana' where customers can open an account with a minimum of Rs50,000 which will be doubled after 76 months. In another scheme, 'Janmabhumi Double Muddati Yojana', customers can open an FD for remittance funds that will double after 70 months. Customers can also get a free credit card issuance with 90% of the FD amount.

● Sagar Budhathoki

Ujjwal Thapa, the founding chair of Bibeksheel Sajha Party, died on 1 June last year due to complications from Covid-19.

Thapa's treatment, which cost Rs2.5 million, was crowdsourced after he was unable to put together enough money to pay mounting hospital bills. His family raised Rs6.8 million for the treatment of a young politician known for his integrity and vision for the country.

Thapa needed financial support despite belonging to an upper middle class family with a house and business in Kathmandu.

Covid-19 exposed the pre-existing failure of Nepal's public health system and high cost of treatment at private facilities have forced many families into a vicious cycle of poverty, as well as countless preventable and premature deaths.

Nepal's healthcare mechanism is at odds with the constitutionally guaranteed fundamental rights of Nepalis, and needs a complete overhaul. Government hospitals cost less, but treatment is sub-standard and private care is too expensive.

Nepalis have had to sell property and livestock to pay hospital bills, and fall prey to loan sharks. Others have had to abandon treatment midway or entirely knowing that doing so would mean certain death (*case studies, page 1*).

The government subsidises treatment for diseases including cancer, Alzheimer's and kidney failure, as well as for families of those who were killed or injured during the conflict. However, the amount does not even cover transportation for treatment in most cases. Bureaucratic red tape means not all patients receive the benefits.

Arun Shahi, an oncologist at Patan Hospital says that cancer treatments might take up to five years, and cost as much as Rs20 million: "How much is the Rs100,000 government subsidy going to cover?"

Particularly tragic are the stories of children whose parents have had to discontinue treatment for lack of money. Doctors at Kanti Children's Hospital say they have seen at least five such cases from Achham, Sindhuli and Sarlahi districts in the last six months.

"It is heart-breaking to be forced to send young children home, and we are very much aware that the lack of treatment will mean they will not live," says Bishnurath Giri,



POSSIBLE HEALTH

Fix what is broken in Nepal's health system

Decentralised healthcare and a national insurance program can achieve equitable medical treatment for all Nepalis

a paediatric oncologist at Kanti.

In Nepal, medicine for chronic diseases like diabetes and high blood pressure cost about Rs1,000 per month. Kidney dialysis, required to be done thrice weekly, costs Rs2,500 per session. Cancer treatment cost a minimum of Rs300,000, while bone marrow transplants at private facilities cost up to Rs3 million. A brain surgery, which is not available at government hospitals, costs around Rs2 million at the Neuro Hospital in Bansbari.

Meanwhile, the overall costs of a liver transplant could be as high as Rs3 million. Sagar Poudel, who sees up to 30 patients with liver disease at the Chitwan Medical College every day, says that at least five of those patients require liver transplants, but cannot afford it.

For families in remote areas, even a fall from a tree or injury in a highway accident can sink them deeper into poverty. Many of Nepal's migrant workers admit they

seek overseas employment to pay debts incurred for medical treatment of family members.

The average cost of treatment for an accident and surgery in private hospitals is Rs200,000. Just an ICU bed in a private institution in Kathmandu costs Rs20,000 per day, while the daily cost for patients needing ventilators is Rs100,000. Critical care at government hospitals is only about Rs15,000 cheaper.

Additionally, the absence of a medical audit for treatment in Nepal, unlike in foreign countries, has led Nepali service providers to charge money arbitrarily by directing patients into unnecessary tests and treatments.

And since patients do not have technical knowledge of medical treatment, it is difficult for them to decide on the choice of service. "It is up to the patient to decide, but healthcare providers have taken the decision out of their hands," says Poudel, the liver transplant surgeon.

And when families cannot afford

treatment fees, hospitals are known to hold new mothers and babies, mentally ill patients, as well as bodies of deceased family members hostage.

The over-saturation of private health institutions in Kathmandu has also led to unhealthy competition between private hospitals which have been known to pay ambulance drivers commissions for bringing patients to them. Tests performed in one hospital are not recognised by another, and a patient needs to take them all over again.

Patients were already bearing the brunt of expensive medicines and over-prescription of unnecessary medications. Big pharma pays commissions to hospitals and doctors for prescribing drugs. Indeed, up to 75% of the total expenditure on medical treatment is spent on pharmaceuticals.

"While there is a big managerial weakness in the government health institutions, the private sector is engaged in unethical profiteering,

and ordinary Nepalis are squeezed between those two problems," explains physician Kiran Raj Pandey, author of *Up is the Curve: A Genealogy of Healthcare in the Developing World*.

According to the National Health Accounts Report 2018, Nepalis spend 80% of their out-of-pocket expenses on private medical treatment. Nepal's healthcare mechanism is not only causing people to spend a significant portion of their income on treatment, but also increasing indebtedness.

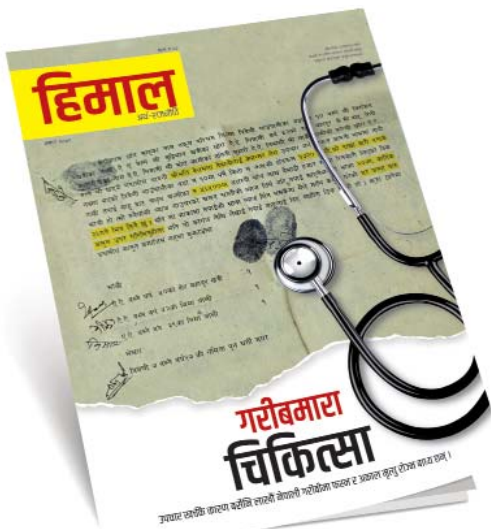
Experts have time and again called for the elimination of out-of-pocket healthcare payments due to continued investment into an unregulated private medical sector.

"The state has let hospitals and clinics charging arbitrary fees off the hook, this needs urgent fixing," says public health expert Kedar Baral.

The answer is a citizen-centric national health insurance program to reduce the burden of medical costs. Public health expert Sharad Onta says: "Healthcare cannot be a commodity, and patients are not customers."

Meanwhile, Baburam Marasini, former director at the Epidemiology and Disease Control Division says that the treatment cost of 90% of patients will be reduced if health services are decentralised to primary health centres as well as local and provincial hospitals.

Introducing a national health insurance scheme would then also mean sustainability for district hospitals and local primary health care centres (*see page 10-11*). 🇳🇵



अब
मासिक हिमाल
१ असारदेखि बजारमा ।


हिमालमिडिया प्रा. लि.
पाटनढोका, ललितपुर

● Ashish Dhakal

Restoration of monuments damaged in the 2015 earthquake have been carried out differently in Kathmandu, Lalitpur and Bhaktapur, and this has depended a lot on the political will and community involvement to adhere to traditional building methods and materials.

The cohesiveness of the community living in the historic core of the three cities has also determined the pace and accuracy of reconstruction after the 2015 earthquake.

Since Bhaktapur and Lalitpur have retained much of the historic sense of community and have elected more accountable mayors, restoration there has gone much better than in Kathmandu.

For example, restoration work on the Trailokya-Mohan Narayan temple in Kathmandu is now complete (*pictured top, right*). The plastered walls, wooden colonnade, cornices and tile roofs of the three-storey shrine on a five-stage brick plinth at Hanuman Dhoka have returned to their pre-2015 state.

However, for specialists like German architect Wolfgang Korn, the restoration is not quite what it should be. He was surprised to see that the temple had been rebuilt with unpainted

plaster that is Rana-style, and not Malla-era as it should be.

"The struts in Malla-era temples are always carved, with the red dachi appa used as veneer bricks," says historian Dinesh Raj Pant, according to whom the temple was originally built in the late 17th century by Parthivendra Malla, Pratap Malla's son. This makes the white walls uncharacteristic.

Restoration of the nearby Maju Dega is not yet complete, and scaffolds and green net cover the construction. Korn, who made detailed measurements of the temple in the 1970s (*see accompanying piece, far right*), fears that Maju Dega will also repeat the mistakes on the Trailokya-Mohan Narayan.

"The Department of Archaeology requires only traditional materials and methods be used in rebuilding these sites," says Korn. "So, I ask myself why this Rana-style on a Malla-era temple? Where are the carved struts?"

Sanjeev Man Shrestha, who is a retired engineer with the Department of Archaeology (DoA) and was involved in the reconstruction of the Trailokya-Mohan temple, says that the verification of the rebuilt structure is in fact based on photographic evidence. And photos taken before 2015 show both temples with white plaster walls and, in the case of the Narayan temple, with some uncarved struts on the second and third tiers.

"We do not know if it was indeed renovated previously," Shrestha adds, "but we have used all original materials in the rebuilding wherever possible, and replacing with authentic replicas where necessary."

Architect Amit Bajracharya at the Hanumandhoka Durbar Square Conservation Programme says that 80% of the wooden windows, doors, pillars and struts were recovered after the earthquake and they have been used in the restoration.

It could be that some of the temples in Kathmandu have been restored to their pre-2015 form, but this is not necessarily what they looked like before the 1934 earthquake, or originally. This has thrown up questions of how far back should we go when restoring a monument.

Kathmandu has also seen geopolitical competition in restoration, with the Chinese helping rebuild the Hanuman Dhoka Palace, the Americans involved in the restoration of Gaddi Baithak, and the Japanese of other temples in the palace complex.

Over in Bhaktapur, the town's main gate was plastered white during the Rana-era. It was damaged again in 2015, but architects there have retired it to its Malla-era state with exposed bricks.

"We wanted it to look traditional, keeping with how it must have appeared when it was built," explains architect Ram Govinda Shrestha of Bhaktapur Municipality.

Nearly all of Bhaktapur's monuments damaged in 2015 have been restored because of active cooperation between the local communities and the municipality (*pictured below*).

Shrestha says the municipality used three approaches for renovation: by the community, by the municipality and through DoA contractors: "In all three approaches, the community was involved in supervision. Artisans and craftspeople were also selected by the people, and the municipality helped with finding funds."



ASHISH DHAKAL



A TALE OF 3 CITIES

In Kathmandu, Lalitpur and Bhaktapur, the pace and authenticity of post-2015 heritage restoration has been different





AMIT MACHAMASI

In Lalitpur, most renovation and rebuilding projects were undertaken through the Kathmandu Valley Preservation Trust (KVPT) with active community participation, such as the 350-year-old Bhai Dega (*pictured above*).

Says KVPT's Rohit Ranjitkar: "There was minimal bureaucracy, and the work was completed through coordination of the local government and the community. KVPT has also been working in Patan since 2008, which means that the locals trust us."

It is different in Kathmandu because it does not have the level of expertise that the other two cities have, and community participation is also not at the same level.

"Kathmandu lacks the skilled artisans, and therefore is dependent upon Bhaktapur," admits Amit Bajracharya. "There is also less public participation or interest, as many locals in and around the old town have moved away."

Ranjitkar says this has meant that the people around the heritage sites in Kathmandu are no longer original residents but commercial. "As fewer and fewer locals remain, there is also less and less ownership and engagement," he adds.

This has also meant that much of the rebuilding in Kathmandu is being done through the DoA's bidding process, adding to the inaccuracy in restoration.

For instance, the medieval Chilanchu

Chaitya in Kirtipur which was damaged in 2015 was quickly renovated by the DoA. But just a year later, a crack appeared from the finial to the dome.

Each rebuilding and renovation is particular to the monument, as there is not one such treatment for every building: but a contractor may not be aware of this. Indeed, the lowest bidder with experience in working mostly with concrete, and building modern houses and roads are involved in Kathmandu's heritage restoration.

"On top of lack of expertise and resources, this is also a result of a lack of forethought and patience," explains Bharat Maharjan of Nepal Heritage Documentation Project. "Brick walls are different from concrete, sometimes it may take days between one layer and another, work may be paused because a decoration needs to be set. Each step is sensitive and significant. But when people don't know much about heritage conservation, they don't consider the quality of work, but only deadlines."

Further, there are also traditional dimensions to consider in a temple, and processes that are no longer practiced in residential buildings, but integral to heritage restoration.

"With tender, it becomes overly bureaucratic, with a lot of interference," says Bajracharya. "And the lowest bidder with no expertise in heritage conservation leads to inferior work and compromises to the structure and design." However, he adds that workers and artisans involved in Hanuman Dhoka have been trained: "Even though it is the lowest bidder who gets the contract, we have tried to make the restoration as authentic as possible."

Sanjeev Man Shrestha agrees, saying that the DoA has its criteria when selecting the contractor, which takes into account their experience in working with wood, bricks and other traditional materials.

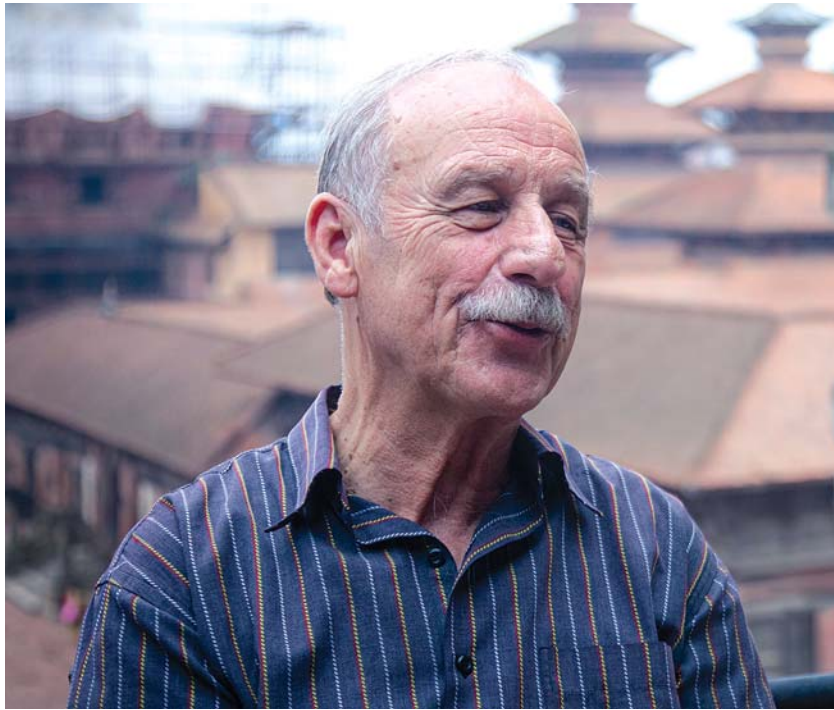
But it may not always be possible to use traditional materials and practices. Korn believes that if the Malla architects had known of ways to make buildings even more structurally sound, they would have used them.

While traditional practices, designs and methods should be preserved and utilised, Rohit Ranjitkar says that architects should also be pragmatic. In a few cases, modern elements, such as steel beams, have been used in Patan just to make the structures stronger.

"We also have to think about our place in an earthquake-prone region and it is not prudent to blindly remake a structurally unsound temple or monument," Ranjitkar adds. "We should also think about how we may improve a previously collapsed building so that more lives may be saved in time of the next disaster." 🇳🇵



AMIT MACHAMASI



AMIT MACHAMASI

Measuring up to Kathmandu's heritage

Restoration of monuments is made easier because of scale drawings by a German architect done 50 years ago

● Ashish Dhakal

Wolfgang Korn leads the way up to the top floor of Lalit Heritage Hotel in Patan. Through the glass doors, the terrace opens almost like a stage for a view of Patan Darbar.

Under the grey sky, the oblique roofs, red bricks and stone temples look restful, against rows of people on benches. Among the scaffolds, spires and baked tiles, the two-tiered Char Narayan Temple stands out.

This is one of many monuments of Kathmandu Valley that Korn surveyed in 1970, producing detailed drawings.

Born in Dessau in what was then East Germany, Korn first arrived in Nepal when he was 25 in 1968. Having studied architecture, he had applied for a German Development Service project in West Africa. They asked him if he would like to go to Nepal instead.

He was fascinated by his first walk around Kathmandu past gods and goddesses, quaint brick houses along narrow streets, wood carvings and stone monuments.

Korn worked for the Physical Planning Section of the government designing the office buildings. There, he met architect Carl Pruscha who was then mapping out two Ring Roads to give Kathmandu an urban plan for future growth, and started surveying sacred sites.

"It is important to know where the heritage sites are when one plans a town," explains Korn. "Very often, I went alone with the driver, as people in the government did not want to leave their office."

This work brought him closer to the ancient Newa architecture of Kathmandu Valley that used wood and bricks to create a highly structured network of urban buildings and open spaces.

"I am not a historian or a researcher but a curious craftsman," says Korn, recalling how he climbed into the shrines to measure, collect and draw cross-sections.

Once in Panauti, he had to convert to Hinduism for 17 minutes to study the damage to the Indresvar Temple.

"I was staring up at the carvings when the *pujari* came over and asked what I was doing," recounts Korn. "When I explained to him my profession, he asked me my opinion regarding the topmost, third tier of the temple that was leaning to one side."

When Korn said that he would not be able to say much from the ground, the priest brought out a copper plate with flowers, vermilion and rice grain. He then started chanting a prayer, sprinkled water and put a red *tika* on Korn's forehead, declaring him a temporary Hindu so he could enter the sanctorum to study it.

Keeping to the walls, Korn climbed up to the topmost tier, made some quick pencil sketches, and came down covered in dust and pigeon muck. He briefed the priest about the kind of repairs needed, after which he performed the ceremony in reverse, wiping the *tika* off his forehead,

and restored Korn back to Christianity.

The experience at Indresvar also confirmed to Korn that the Valley's temples were historically two-tiered, and the third roof was often a later addition.

Between 1970 and 1977, Korn prepared scaled drawings of many structures, including the Indra Sattal in Bhaktapur, Kasthamandap, Lakshmi-Narayan Sattal, Chusya Baha in Kathmandu, and Char Narayan Temple in Patan.

After an extensive survey of Pujari Math in Bhaktapur in 1971 and 1972, Korn embarked solo on the Temple Catalogue Project to prepare an inventory of all tiered temples of the Valley with a photographic catalogue and typologies.

His later work with the Hanuman Dhoka Renovation Project in 1973 and private documentation of temples, monasteries, *falcha*, private houses, carved windows, led to the publication of the first book on Newa architecture, *Traditional Architecture of the Kathmandu Valley*, in 1976.

After the 2015 earthquake destroyed many historical monuments in the Valley, Korn's detailed scale drawings of the Maju Dega, Kasthamandap, Char Narayan and Vatsala Temple have been instrumental in their accurate restoration.

Despite this, Korn is not happy about the haphazard urbanisation of Kathmandu Valley, especially post-2015. He was surprised by the restoration of the Malla-era Trailokya Mohan Narayan Temple in Kathmandu (*article, left*) where the walls have been plastered and painted white in the Rana-era style. The same methods are being used in rebuilding Maju Dega, another Malla-era temple dating back to 1692, of which Korn had also taken detailed measurements 50 years ago.

"It looks like the contractor wanted to save money and got away with it," Korn says, shaking his head.

He believes rebuilding heritage sites should never be given to the lowest bidder, especially when they know nothing about struts, carvings and dimensions.

"To rebuild heritage, you need architects who understand the specific materials traditionally used, such as *dachi appa* in Newa buildings," he says.

These rejections of standard building practices are perhaps the reason why the Valley's towns look the way they do today: residences, offices blocks and view towers rising in a babble of concrete and steel.

Fortunately, the dramatic transformation of the Valley has not deterred Korn's caring and curious spirit. He has been visiting Nepal several weeks a year to work with the Kathmandu Valley Preservation Trust (KVPT) on renovations at Patan Darbar Square.

He also lectures to Nepali architecture students, inspiring a new generation to care about heritage. "Because," he adds, "you kill the past by not caring." 🇳🇵

EVENTS

Monsoon Hymns
A pop-up exhibition of interdisciplinary works of art, music, and poetry that will feature seven artists and five musical performances by a band and some solo shows on the occasion of Fête de la Musique, World Music Day.
24 June, 5:30pm onwards, Bikalpa Art Center, Pulchok

Comedy night
Join this special stand up comedy to support Shree Nepal Rastriya Basic School in Mugu district in Nepal's far west.
9 July, Utpala Café, Ticket: Rs1,000, 9810700763

Labim Bazaar
Shop local at the Saturday Labim Bazaar and buy baked goods, meals, handicrafts and clothes from 80 vendors.
25 June, 10am-8pm, Labim mall, Lalitpur, 9861119954



Annual Rice Planting
Plant some rice, play with the mud and enjoy a local feast at this annual rice planting festival in Bangamati. Register at <https://bit.ly/3n8ln3m>
25 June, 8am-5pm, Ticket: Rs2,450, Lalitpur, 9801123402

Jazz Education Initiative
Join the Music Room by Kathmandu School of Music and learn western and eastern music from the best educators in Nepal.
Bhatbhateni, Naxal, 9818856982

Lipi Class
Nepal Bhasha enthusiast? Head to Adarsha Kanya Niketan Higher Secondary School for Prachalit lipi and Ranjana lipi class this week.
30 June, 6.30pm onwards, Rs1,500, Mangalbazaar

DINING



Everest Arirang
Want to try a variety of Korean dishes seen in K-dramas? From Tteok-bokki and Gimbap to Samgyeopsal, you can get everything at Everest Arirang.
Jhamsikhel, (01) 5438548

MUSIC



Ani Choying Drolma
Spend your Saturday evening with the calming tunes of Ani Choying Drolma. Book your tickets at <https://bit.ly/3xsU9dC>
25 June, 4.30pm onwards, St. Mary's Secondary School, Jawalakhel

The Evilution
The Evilution will feature performances from the bands Envelopes, Animality and ShadowinShade.
25 June, Purple Haze Rock Bar, Thamel, (01) 5910126

Music Fest
Attend the music fest organised by the Pulchok Campus Music Club which is back after a year-long break. Enjoy with friends.
24 June, 3pm-8pm, IOE, Pulchowk Campus

2 Gunslingers
Check out the power duo Sarad Shrestha and Abhisek Mishra perform this Friday.
24 June, 1pm onwards, Hotel Birajman



Mingma Sherpa
Join in for a fun night with Mingma Sherpa and the Soothe band. Reserve tickets now.
25 June, 7pm onwards, Narsingh Chok, Thamel, 9823050335

Blenders
The exciting flavours and cute reusable light-bulb shaped glass bottle will keep one coming back for more.
City Centre, Kamal Pokhari, 9851219100



Achaar Ghar
Satisfy your hankering for home-cooked meals along with the various choices of pickles prepared using recipes passed down from generations.
Jhamsikhel, Pulchok, (01) 5541952

GETAWAY

Jal Mahal
Hotel Jal Mahal lives up to its name, it boasts three large swimming pools in its sprawling property. Even if you don't stay a night, a dip in one of the pools is a must to ward off the summer heat.
Pokhara, 9851054404



Milla Guesthouse
A quaint stay that combines both the old and the new, Milla Guesthouse is the perfect getaway for people who don't want to get away too far from the city.
Bhaktapur, 9851024137

Jagatpur Lodge
Opt for special tents that rivals 5 star room experience with a private viewing deck to relish the breathtaking scenery at this lodge nestled in 8 acres of jungle grassland.
Jagatpur, Chitwan (01)4221711



Dwarika's Resort
A holistic retreat, drawing on ancient Himalayan knowledge and philosophy of care for nature and for oneself, set in magnificent natural surroundings.
Dhulikhel, (11) 490612

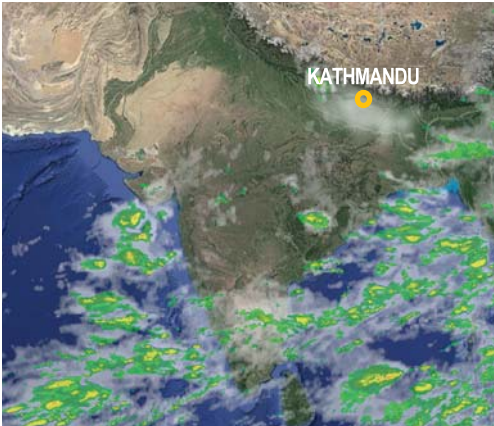
Gokarna Forest Resort
Lush forests, fine dining and golf? Go no further than Gokarna Forest Resort in the outskirts of Kathmandu.
Gokarna, (01) 4450002



Mad Over Pizza
Just as its name suggests, Mad Over Pizza will make you crave for their pizzas that bursts with flavour in every bite.
Sanepa Chok, Lalitpur, (01) 4498970

Kunga
Grab some hot pot, peanut chicken and shredded potatoes in Kunga's cozy and casual setting, one of the best Chinese restuarants in town.
Boudha, (01)4915117

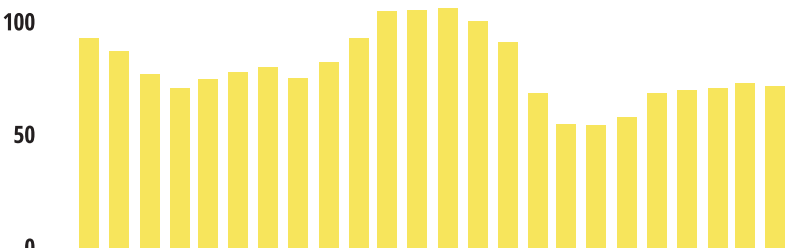
WEEKEND WEATHER



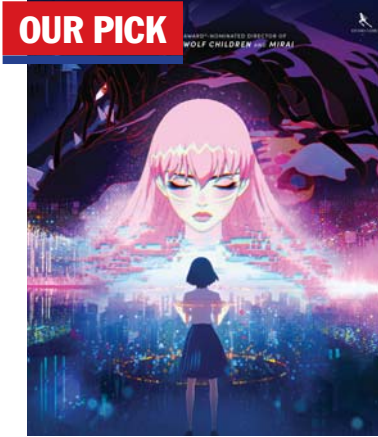
Monsoon Advance
The advance party of the monsoon is now over central Nepal and this week took a breather for the rest of the system to catch up. The initial thundery activity has now given way to the more characteristic squalls, mainly falling in the evenings and night. Kathmandu Valley will see overcast skies into Friday and the weekend, which will bring down the maximum temperature considerably, although it will be muggy and humid when the sun comes out. Daytime convection due to the heat in the plains could lead to some lightning and thunder in the mountains accompanied by moderate rain.

FRIDAY	SATURDAY	SUNDAY
26° 21°	24° 20°	24° 20°

AIR QUALITY INDEX



Kathmandu AQI from 10AM 22 June - 8AM 23 June measured at US Embassy, Phora Darbar
The Air Quality Index (AQI) monitoring station at Phora Darbar has much better figures this week, although it is still in the Yellow 'Moderate' range. Still, this is a vast improvement of the Hazardous levels of pollution in winter. The AQI mainly measures suspended particulates down to 2.5 microns in diameter, but it does not take into account the toxic carbon monoxide mainly from exhaust from the tailpipes of motorcycles, of which there are now more than 1 million in Kathmandu Valley. Unfortunately, masks do not protect us from the invisible, odourless and poisonous carbon monoxide.



Mamoru Hosoda's 2021 Japanese animated science fantasy *Belle* follows the 17-year-old Suzu Naito and a popular metaverse app called U. Unable to sing after witnessing her mother die trying to save a child in a flood, Suzu – or Bell, as she is known in U – finds that she can sing again in the virtual world, becoming a big hit and fan favourite with people all around the world. Then, during one of her concerts in U, she meets an infamously strong and near-unbeatable user simply called "The Dragon" (or "The Beast"), and she is quickly propelled into a moving and stunning adventure. *Belle*, a modern spin on the popular fairy tale *La Belle et la Bête*, is an unfailingly sweet story, told with striking visuals and remarkable characters. The internet is front and centre, and how we interact with it, as startling truths are brought to light through fantasy and art. Featuring the voices of Kaho Nakamura, Ryō Narita, Shōta Sometani, Tina Tamashiro and Lilas Ikuta.

कोभिड-१९ विरुद्धको खोप सरकारले निःशुल्क लगाइरहेको छ ।

अबैध रुपमा खोप बेच्ने र किनेर लगाउने दुवैलाई प्रचलित कानुन बमोजिम कडा कारवाही हुनेछ ।

कोरोना विरुद्धको खोप बेचबिखन भएको थाहा पाउने जो कोहीले स्थानीय प्रशासन, प्रहरी कार्यालय, पालिका वा स्वास्थ्य कार्यालयमा यथार्थ जानकारी गराउनु हुन अनुरोध छ ।

बजारमा लुकिछिपी बेच्न राखिएका खोपहरु नक्कली हुन सक्छन् ।

कोभिड-१९ खोप

कोभिड-१९ खोप

कोभिड-१९ खोप

Taking wealth out of health

If these public-private partnership hospitals in rural Nepal can provide free care, so can the state

● Anita Shrestha

Nepal's medical industrial complex has modernised healthcare in the country, but it has also pushed treatment out of reach of most citizens.

Collusion between politicians and medical magnates has made it so expensive to become a doctor that it has set off a chain reaction to make hospital treatment unaffordable.

Meanwhile, government hospitals are under-funded, understaffed and under-motivated. Most medical personnel in district hospitals and health posts moonlight in private clinics, and patient treatment is substandard.

Desperate families have to sell property, jewelry and other assets to afford private treatment, pushing even some middle-class families below the poverty line.

But there are notable examples

of government hospitals that are running well because of various models of partnership with non-profits, foundations and charities. They prove that affordable high quality healthcare is possible, and those hospitals need not be so expensive to run.

There is Dhulikhel Hospital which has a tiny registration fee, treatment is low cost, an insurance scheme pays for most treatment, and patients are charged according to their capacity to pay. Despite being a government hospital, Dhulikhel has upheld a consistently high standard of care and treatment.

United Mission to Nepal has run a hospital in Tansen for over 60 years, a community hospital in Okhaldhunga, and was till recently managing Patan Hospital, providing high quality care at low cost to patients.

Other public-private partnership institutions that could be models to be replicated across Nepal include:



Ensuring health insurance for all Nepalis

The goal is equitable health care for all Nepalis, the path is a national insurance policy

● Sonia Awale

Ever since Finance Minister Janardan Sharma in his budget speech last month announced a plan to hand over management of Nepal's national health insurance program to the private sector, experts are worried it will make medical treatment unaffordable for most people.

Privatising health insurance is like the government abandoning its people, experts say, and it defeats the very purpose of the program — to provide affordable care for underserved communities who can neither access private plans nor expensive hospitals.

"Health insurance delivers the right of citizens to proper healthcare. As soon as it is implemented through a for-profit company, the social security aspect will be forgotten and serve purely as a business," warns public health expert Sharad Onta.

Private companies already provide health insurance schemes to those who can afford its expensive premium. The private sector therefore mainly serves the affluent, as public health experts Gaj B Gurung and Sushil Koirala argue in their op-ed (page 4):

'But can they really contribute to public health, understand equity, expand access to the poorest and the most marginalised, and negotiate with the government providers for quality services? Are they fundamentally designed to serve the poor?'

In 2017, then health minister Gagan Thapa introduced a national insurance scheme with a premium of Rs2,500 a year for a benefit package of Rs50,000 for a family of five. This was later increased to Rs3,500 premium and Rs100,000 payout. But this is still too low, and needs to be revised.

Hospitals also complain of late reimbursement, and some are considering pulling out of the program. Dhulikhel Hospital alone is owed Rs250 million in reimbursements. Patients are not happy about the service either, and are dropping out.

But it is too early to give up, says S P Kalaunee, former director of Nyaya Health Nepal which implements the national insurance scheme at its Bayalpata Hospital in Achham.

"Nepal's health insurance policy is fairly



POSSIBLE HEALTH

new and such challenges are to be expected," he says, "But they can be and should be addressed within the existing structure."

He adds: "The goal of the program was to make healthcare accessible, affordable and equitable to all. The fact that we have an additional feature to the program to strengthen service providers means it was never just a financial mechanism."

A mandatory health insurance scheme where people pay the premium based on their per capita income could eventually include benefits that include treatment of chronic illnesses, say experts.

Hiring competent staff with expertise in the field at the Health Insurance Board (HIB) might be a good start to improving the existing program. HIB should also be an autonomous body capable of making its own decisions without interference from the Health or Finance Ministry.

Digitising reimbursement will also address some of the grievances, especially

as the program should also look into signing up as many hospitals and care providers including the private establishments for the scheme. The private sector can be involved, but only in carrying out research on the sustainability of the program and for technical expertise.

Nepal's healthcare is divided into three levels:

- 1 Primary health care (PHC) which is free in government hospitals
- 2 Secondary care which is paid for by national health insurance and has waived premiums of the elderly, completely disabled, leprosy and Multi-Drug Resistant TB patients, people living with HIV, and the ultra-poor.
3. Tertiary care that needs specialised treatment of chronic illnesses like cancers for which the government provides up to Rs100,000.

All three aim to eliminate user fees at the point of care, but there are implementation challenges — the main one being the lack of government investment in the health sector and the limited understanding of what constitutes good health.

"Health is more than just treatment and hospitals. A large part of it is prevention, from preventive measures against infection to building safer roads so that there are fewer road traffic accidents," explains Sangeeta Kaushal Mishra of the Ministry of Health and Population.

But health is not the priority of the government and there is not much investment in training medical personnel, making it incapable of meeting public demand. This gap is now being filled by the private sector.

The government's lack of capacity can be addressed to some measure by working with non-profits much like Nyaya Health Nepal and Nick Simons Institute which work with government hospitals to upgrade service.

Community outreach is another crucial aspect in building a people-centric health system, and Nepal has a head start with its thousands of female community health volunteers across the country. This now needs to expand to also include healthcare professionals at the grassroots, and retaining them.

In the meantime, Nepal's national health insurance policy also needs to address emerging problems like non-communicable diseases which with injuries make up two-thirds of death and disabilities in Nepal. The program must also include provisions for geriatric care and mental health conditions.

Ensuring accessible and affordable health care for the people is the prerequisite of any government. Passing the buck to the private sector or any other group will further impoverish families unable to pay the medical cost of treating relatives.

Says SP Kalaunee: "If you do not invest in the lives of people now it will cost much more tomorrow. The national health insurance program is set to become our biggest investment soon, and we must prepare the groundwork for it." 🇳🇵



KUNDA DIXIT

Bayalpata Hospital

After Bayalpata Hospital was established in Achham 20 years ago, for many years it did not have a single doctor. Treatment was so poor that even emergency cases had to be taken on a grueling 12 hour drive down to Dhangadi.

In those days HIV tagged along with the migrant workers returning from India, and there was a full-blown AIDS and TB epidemic in Achham and other district in Far Western Nepal. The mortality rate, already very high among women and children, soared.

In 2009, Nepali and American medical students inspired by the community health model of Paul Farmer set up Nyaya Health Nepal (formerly Possible) taking over Bayalpata under a public-private partnership with the government.

Since then, Bayalpata Hospital has upgraded its facilities (*left*) and treated nearly 1.5 million patients for free, some of them for complicated caesarian and orthopedic surgeries.

Up to 100,000 patients from Achham and surrounding districts come to Bayalpata because they get free treatment there, and many families have saved themselves from sinking into poverty.

Bayalpata also runs a network of community health centres with an Electronic Health Record (EHR) system that digitally keeps track of all patients in the catchment area. The presence of just this one hospital has improved the health parameters of surrounding districts, bringing down the maternal and child mortality rates. Achham once had the highest maternal mortality rate in Nepal, today institutional deliveries make up 90% of total deliveries, and very few women die at childbirth.

"We have a simple objective: to show that providing free and high quality treatment to the most underserved area of the country is possible at a very low cost," explains Srijana Devkota of Nyaya Health Nepal.

Once fully funded by international foundations to run hospitals in Bayalpata and Charikot, NHN now provides free medical treatment in Achham for just Rs200 million a year, of which half now comes from the Sudurpaschim Province and local municipality.

+977 - 4100517

<https://www.nyayahealthnepal.org/>



Spinal Injury Rehabilitation Centre

The Spinal Injury Rehabilitation Centre (SIRC) in Banepa is a public-private partnership providing treatment and rehabilitation to people with spinal injuries. It was started by journalist and civil rights activist Kanak Mani Dixit after his miraculous survival and recovery in a trekking accident in 2000 along the Annapurna Circuit that damaged his spinal cord.

SIRC now helps rehabilitate up to 100 spinally injured patients a year, and the numbers are going up every year due to injuries sustained in highway accidents and falls from trees and cliffs. The facility was located in Banepa because of its proximity to highways and nearby trauma centres. The hospital has also been providing community treatment and tele-rehabilitation services for follow-ups.

The hospital has medical officers, urologists, physiotherapists, occupational therapists, nursing care, prosthetics, orthotics, psychologists and consultants. Those who cannot afford to pay are still treated for free, others are charged the same rate as Bir Hospital.

"Because patients often have to stay for more than five months, it may be difficult for them to afford the cost, so we charge them according to their capacity to pay," says SIRC's Raju Dhakal.

SIRC's annual running cost is Rs50 million, of which most comes from grants by non-profits and other fund-raising activities. The government also chips in with a budget for the physical construction and equipment as well as occasional allocations to cover budget shortfalls. infosirc@wlink.com.np, spinalnepal@gmail.com <https://www.sirc.org.np/>

Charikot Primary Health Centre



NYAYA HEALTH NEPAL

The 2015 earthquake damaged Charikot Primary Health Centre along with 98% of the medical facilities in Dolakha district. But the disaster was a blessing in disguise for the Charikot centre. It was rebuilt and upgraded to a full-scale 50-bed hospital and managed first by Médecins Sans Frontières and then by the non-profit Nyaya Health Nepal (NHN). Residents of Dolakha did not have to make expensive journeys to Kathmandu because medical treatment was available for free at Charikot.

In 2020, NHN handed over management of the hospital to Bagmati Province and Bhimeshwor Municipality which now run the facility with low cost treatment for up to

300 patients a day. The Charikot experiment has been hailed as a model for successful transfer by a private non-profit to the local government, and it has been running well despite the presence of two private hospitals in Charikot.

"It has been a seamless handover from Nyaya Health to the government, and the level of care and treatment is the same," says chief physician Binod Dangal. "We perform caesarean sections, orthopedics, telemedicine, free check-ups for the elderly, children and pregnant women, mental health counselling, and chronic illness monitoring." [+977 49 421125](tel:+97749421125)

Sagarmatha Chaudhary Eye Hospital

For the past 30 years, the Sagarmatha Chaudhary Eye Hospital in Lahan of Siraha district has been providing the cheapest cataract surgery in the world for just Rs1,200 per operation.

Thirty years ago when the hospital started, it had only 12 beds. It now treats 470,000 people every year with patients coming in from as far away as southern India and Bangladesh, and they pay the same amount as Nepalis. Just in the last three years, the eye hospital has treated 321,000 foreign nationals.

"It is possible to provide the services at an affordable cost because we are a non-profit, and have an economy of scale," explains Abhishek Roshan of Sagarmatha Chaudhary Eye Hospital.

The hospital has also set up 15 eye care centres throughout the district, and takes treatment directly to the people so they do not have to make the journey to Lahan. It has a separate department for paediatric services, care for newborn babies with vision problems. In 2021 alone, it performed 1,170 eye surgeries on children.

Apart from providing treatment of

retina, cornea, glaucoma, oculoplasty, the hospital also serves as an international research centre, collaborating with institutions like The London School of Hygiene and Tropical Medicine.

The hospital subsidises its eye treatment for patients with revenue from its agribusiness



ventures. A part of the hospital's land is dedicated to fish farming, and an orchard for litchi and mangoes, as well as a bamboo grove.

"Income from those ventures help us keep the cost of treatment down," says Roshan. The hospital is also supported by Christian Blind Mission (CBM), the European Commission and Arvis.

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BARAHSINGHE

Fly-by-Night Airlines

Ladies and gentlemen and dear customers, we will now take you away from our regular programming to some breaking news being streamed live on FB from the office of the Ministry of Aviation, Vermiculture and Marxism where Minister Ale has Managing Director Adhikari of Nepal Airlines in a firm jack-knife hold. The managing director tries to wriggle out by executing a reversal, and come to the top position. But can he do it, or can he not? The Minister is carrying out a below-the-belt move called the crotch-lift, and the World Wrestling Federation manual says this position can be employed by either contestant to execute holds with arms and legs, leading to front head-locks with amplitude. But just as he had Ale in an airplane spin before a double underhook half-nelson mat slam, the umpire disqualified Adhikari on a technicality. The crowd roars its disapproval, but the deed is done.

As you can see, to describe Nepal as having a vibrant and lively aviation sector would be a gross understatement. Even before last week's entertainment courtesy the minister and airline chief, the Civil Aviation Authority of Nepal (CAN'T) had been at the forefront of trying to make things even more thrilling by ordering Fly-by-Night Airlines to serve airports without landing lights, ordering helicopters to have two pilots if they are carrying Very Very Important Politicians (VVIP), and make it mandatory for arriving international flights to overfly Nepal for one hour on a scenic aerial tour of the Himalaya before landing at Tribhuvan Intergalactic Airport.

The good thing is that compared to chaotic airports all across Europe and the US today, our own domestic

terminal in Kathmandu now meets international standards. Passengers can develop close interpersonal bonds with fellow human beings at the departure area in a spirit of sharing and accommodation, and even sit on each other's laps for greater comfort. The single baggage conveyor in the arrival hall is so designed for passengers to manhandle each other as well as their luggage.

Following the international trend, Nepal's airlines are now also called 'Budget' carriers because after this year's budget, taxes have gone up. This means further cuts in in-flight service. Elsewhere, airlines slash fares to attract more customers, in Nepal we believe in keeping fares high and slash seat covers.

Nepal's no-budget airlines did away with meals long ago, then post-Covid they stopped serving water, got rid of barf bags, and now hungry passengers have resorted to eating the cotton wool meant to serve as ear plugs.

At the rate aviation fuel keeps going up, airlines will soon get rid of seats to make planes lighter, and we will all have to strap hang on the 15 min Simara shuttle. Toilets will be converted to Royal Uneconomic Class where VVIP passengers can sit on the throne in their own private Q-bicle.

By next fiscal year, Hawa Airlines plans to switch to gliders to eliminate fuel cost altogether, lessen cabin noise, and help Nepal attain its net-zero carbon target.



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