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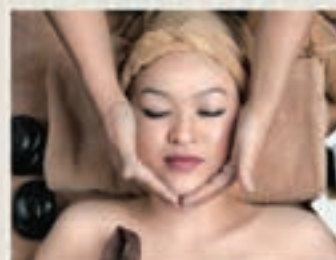
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When I really look at what is hurting Nepal today, in all my mental arguments I keep returning to one reason: corruption. There is hardly any area of life that has remained untouched by the tentacles of this vice. From the smallest of things to the bigger games in the corridors of power, it has spread like a virus that is devouring the basis of human values: integrity.

I don't think there are many people who can stand up and claim that they have not resorted to corruption to get things done. Whether it's as simple as paying extra money to the taxi driver, not taking a VAT bill at a store, paying bribes to get paperwork processed at government offices, doing favours or getting recommendations, buying contracts, getting admissions, evading taxes, payoffs to get the law in your favour, conceding to corruption has become a way of life.

So, is personal integrity less valued than it used to be? Are ethical practices outdated? Is honesty a sign of weakness? No human being is perfect, and none of us are fully sinners or fully saints. The question then arises: how can we navigate the gray areas of ethics? How do we address our blind-spots and flaws, our complexities and contradictions?

Corruption is a barrier to economic and social growth, but mechanisms such as audits, prosecution, investigation, sanction alone do not seem to have helped prevent its multiplication. To build trust and integrity, one must begin with accountability and transparency. The government must involve citizens in co-creating solutions. Bureaucracy should be a technical process rather than a political process. Efficiency and integrity must be recognised and rewarded. There should be formal anti-corruption and integrity education in our systems. Above all, an anti corruption agenda should be formulated, implemented and monitored to collectively shift behaviours. And this must begin first within the government. We must understand that increasing corruption can breed larger evil such as money laundering, human trafficking, narcotics trade, terrorism, organised crime, protection rackets and unstable governments.

A handwritten signature in black ink, appearing to read 'Charu Chadha'.

Charu Chadha  
editor

## BIZ INDICATORS

FOREX MARKET	31.12.2018	30.11.2018	Year ago
USD	111.61	111.45	
GBP	141.69	142.25	
Chinese Renminbi (Yuan)	16.24	16.05	
Indian Rupee (INR 100)	160.00	160.00	
Euro	128.00	126.54	
TOURISM	2017(Dec)	2018(Dec)	%Change
Tourist arrivals from India	29,563	32,650	10.44%
Tourist arrivals from Other Countries	58,652	68,370	16.57%
Total arrivals (by air only)	99,804	119,399	19.63%
GOVERNMENT SECURITIES	Highest	Lowest	Weighted Avg.
Discount rate of T-bill (Subject to latest issuance as on 2074-08/25)			
Treasury bills (28 days)	-	-	-
Treasury bills (91 days)	0.9699	0.3800	0.5740
Treasury bills (182 days)	1.8001	1.2465	1.6660
Treasury bills (364 days)	1.9800	1.8500	1.9251
PRICE INDICES	Nov, 18/19(p)	Nov, 17/18(p)	Nov 16/17(p)
National Consumer Price Index	25.60	120.60	116.10
National Consumer Price Index 1 (base year 2014/15 = 100)	124.8	119.2	115.7

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*Juni Junilai...*



## INNOVATION

SP KALAUNDEE,  
EXECUTIVE DIRECTOR,  
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“THE POLICIES OF ANY COUNTRY, AND NOT JUST NEPAL,  
ARE DECIDED BY THE GOVERNMENT OF THE COUNTRY,  
AND ALL FOREIGN MEDICAL PRACTITIONERS SHOULD  
RESPECT THE RULES AND REGULATIONS OF THE COUNTRY.  
THERE WILL OBVIOUSLY BE REGULATIONS DUE TO WHICH  
FOREIGN MEDICAL PRACTITIONERS WILL HAVE SOME  
RESTRICTIONS REGARDING THEIR PRACTICE IN ANY  
COUNTRY, AND NEPAL IS ONE OF THEM.”

Dr. Bharat Rawat  
Senior Cardiologist and Lifestyle Guide

FEATURE

ETC

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## FACE 2 FACE

SUDHAKAR JAYARAM  
CEO, NEPAL MEDICITI HOSPITAL



# 34

"I BELIEVE HEALTH IS THE RIGHT OF EACH AND EVERY NEPALI CITIZEN REGARDLESS OF THEIR SOCIO-ECONOMIC, RELIGIOUS OR GEOGRAPHIC BACKGROUND AND IT IS OUR RESPONSIBLE TO DELIVER PROPER HEALTH SERVICE TO THE PUBLIC. BUT HAVING SAID THAT, THE HEALTH MINISTRY ALONE CANNOT DELIVER PROPER HEALTH SERVICE AND AWARENESS TO THE MASSES. WE REQUIRE SUPPORT AND COLLABORATION FROM VARIOUS STAKEHOLDERS."

Dr. Sushil Nath Pyakurel  
Chief Specialist, Acting Secretary of the Ministry of Health and Population (MoHP)

# 44

"I BELIEVE THAT ONE OF THE THINGS THAT COULD BE DONE AGAINST MALPRACTICE IS MAKING IT MANDATORY FOR HOSPITALS TO PUBLISH DATA. A HOSPITAL MUST PUBLISH ITS CLINICAL INDICATORS. FOR EXAMPLE, WHAT IS YOUR MOBILITY, MORTALITY AND SO ON. THERE ARE MANY CLINICAL INDICATORS WHICH TELL YOU HOW GOOD A HOSPITAL IS. IF WE MAKE IT MANDATORY FOR HEALTH INSTITUTES TO PUBLISH THEIR OUTCOMES, IT WILL BE EASY TO JUDGE HOSPITALS AND MAKE CHOICES ACCORDINGLY".

Sudhakar Jayaram  
CEO, Nepal Medicit Hospital

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## **DR. IYPE CHERIAN**

---

NEUROSURGEON, DIRECTOR AND CHAIR  
OF NOBEL INSTITUTE OF NEUROSCIENCE,  
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HOSPITAL, BIRATNAGAR. HE IS ALSO THE  
COUNSELOR GENERAL OF ASIAN CONGRESS  
OF NEUROLOGICAL SURGEONS (ACNS) AND IN  
CHARGE OF ACNS EDUCATION COURSE.

*Text by Avant Shrestha*





**Known for his exceptional surgical skills, groundbreaking work and passion for developing futuristic neurosciences, Dr Iype Cherian is the Director and Chair of Nobel Institute of Neurosciences, Nobel Medical College and Teaching Hospital (NMCTH), Biratnagar. He is the Counselor General of Asian Congress of Neurological Surgeons as well as member of WFNS Anatomy Committee, and faculty member of the World Federation of Neurosurgery (WFNS). He is the inventor of Cisternostomy, a treatment for severe head injury.**

Dr. Cherian is someone who may not have been a neurosurgeon let alone be one of the best in his field. In fact, he reminisces wanting to be in the military as a doctor and was all set to join the army. But his path was perhaps preordained. Dr. Cherian was guided by his dad's uncle and mentor Dr. KV Mathai to undertake a six-month stint in Nepal.

Prior to arriving in the country, Dr. Cherian thought that this decision would be a professional suicide coming to a place like Nepal after finishing his neurosurgery from Vellore and 'skull-base' and 'vascular' from Japan. Many would have agreed with him as well. But in hindsight his decision turned out to be fulfilling, not only personally but to the medical and neurosurgical sector in the country as well.

Dr. Cherian has been in Nepal for the past 11 years and in his time in the country he has realised that if an individual puts their mind and effort into their work, they can work anywhere. "Third world is only a mentality," he states. Today, along with his team, Dr. Cherian has turned not only the teaching hospital's vision and goal to produce doctors of tomorrow but has also established the Nobel Institute of Neuroscience as a center of excellence.



One would not imagine Nepal to have one of the best medical and neurological facilities in the world. But after a brief tour of the hospital, this writer was set to think differently. The state of the art facility is astonishing.

Dr. Cherian has gone and taught with the most capable faculties all over the world. He has accomplished much in his field and his achievements should be celebrated.

Dr. Cherian narrates an interesting story of a man who was asked to run in a circle by the King. If he ran and completed the circle within the given time, the land within the circle would be his. In his greed to acquire as much land as possible, the man ran trying to create a huge circle and

eventually failed. He was tired, breathless and in tears, unable to complete his circle.

The message and the importance of keeping your circle close and complete can help an individual achieve what is within their grasp and more is well articulated in the story. This notion is what Dr. Cherian stuck by and thus has been able to achieve what he set out to do. He explains, "You know the problem with us is that we keep running without knowing where to go or what we want and need to be happy; we just keep running. Whether it is in business or surgery or just life in general. People, once they start running, keep on running and while they are running, they see others running faster or slower, and

they keep on running. But at the end of the day, the circle of life is just your family, your friends, your passion and what you want to do. If you keep running, you will never be able to complete your circle. You will be tired, breathless and sad. If you can complete your circle, that is the best thing. This is what I want to tell our readers because I come from a business family and I find that most businesspeople never complete their circle and that is why at the end of the day when you reflect upon your life, you understand that unfortunately you haven't completed your circle. Being in Nepal probably helps me complete my circle."

Excerpts of an interview with the exceptional surgeon and human being:





**What has your journey as a student of neuroscience and as a neurosurgeon been like?**

I joined neurosurgery 20 years back in Vellore, India. After finishing my MBBS, I did my neurosurgery in vascular and skull based fellowship from Fujita, Japan, which is one of the finest places on earth for this. I was on the way to New Zealand for a job but in 2007 my dad's uncle Dr. Mathai, a neurosurgeon asked me if I would like to go to Nepal for six months. Dr. Mathai is responsible for starting neurosurgery in Nepal. In fact, he used to be invited as King Mahendra's guest and he was also responsible for starting the neurosurgical ward in Bir Hospital.

Nobody expected me to say yes. In my South Indian perception, Nepal stood as a mystical place. I had no image of Nepal apart from the Himalayas and mysticism.

So I agreed to come to Nepal for a stay of six months. I joined the team of the late Professor Doctor Upendra Devkota. After a brief stint with him, I moved to Pokhara. I really fell in love with the Manipal Campus and I began establishing a unit there. At that time, Nepal had very few neurosurgeons. Probably less than ten and there was literally no neurosurgery in the peripheries. To heal the geographically disadvantaged people outside the valley, we started the department of neurosurgery in Pokhara; it is still running. And after two years, I moved on to Chitwan, another place in the periphery, where we started neurosurgery as well as the first training program for neurosurgery outside the Kathmandu Valley. I was in Chitwan for eight years and moved to Biratnagar two years ago.

**You came when the country was going through a rough political phase, plus there were also challenges of power outages and water shortage. The timing was probably not the best, yet despite the hurdles, what made you stay on?**

When I arrived in Nepal, all these problems that you mentioned were there. And frankly, I really wanted to go back. It was not so much about the instability but the water shortage and the load shedding made me reconsider my decision as life without basic amenities would be a difficult.

In fact, when I relocated to Pokhara, I was shifting myself from a place where I had all the facilities for neurosurgery to where the facilities were limited. So, I asked my uncle, who sent me here, that I needed to return because I thought that I was simply wasting my time here.

What he told me then stayed with me. He told me that the best surgeons in the world didn't do surgery with all the fantastic infrastructure; they started with limited facilities. I understood that more than the instruments, it's my effort and ability which matters. Plus, I gathered that I could make a difference to a lot of people here.

Rather than going back to India and become one of the 2000<sup>th</sup> or 3000<sup>th</sup> neurosurgeon, here outside of the valley where there was literally no neurosurgeon, I felt I could make a difference. At that time, all the neurosurgical patients were either dying or being taken to Kathmandu. Most of them did not even survive the trip. I thought I could make a paradigm shift. I am proud that we started three departments in Pokhara, Chitwan and Biratnagar. All in the periphery, geographically distanced from the valley.

The population of Nepal is 30 million and still there are not more than 35 to 40 neurosurgeons to account for. It is still a very low ratio but 11 years back when I came, there were not more than 7 or 8 surgeons.

But more than that, I am very happy here and content; it is all that counts. I am not

overworked, and I am not in competition with anybody. I am not rushed like in the corporate sector. I do my work. I enjoy it thoroughly. I enjoy my time with my family and whatever I do here. At the end of the day that is what is most significant.

#### **When and how did you know neurosurgery was the right path for you?**

Dr. KV Mathai was one man who really inspired me. However, we were antithetical in temperament. I was a very driven and aggressive young man but he was a very calm and down-to-earth and a really nice man. He never uttered 'the four letter word' or got angry. I was the exact opposite. But I was so inspired by him that I wanted to be like him.

In my childhood, I met many big neurosurgeons as Dr. KV Mathai had friends from all over the world; so I always fancied that I would one day become like them.

#### **You have been credited for developing Cisternostomy. Tell us about it.**

I developed a new technique for head injuries which is called Cisternostomy. Cisternostomy is basically opening the basal cisterns to atmospheric pressure. This technique helps to reduce intracranial pressure in severe head traumas as well as other conditions when sudden brain

care of Schumacher came to us from Switzerland, he learned the technique and he started the first ever European trial in Lausanne.

Consequently, after the trial, the technique that we started got famous all over the world. And it has since been a part of the world's most leading trauma study known as GNOS (Global Neurotrauma Outcomes Study), the biggest trauma study being undertaken at the moment. And I, along with the President of the World Federation of Neurosurgeons, happen to be one of the advisors. Currently Professor Peter Hutchinson is the Principle Investigator of GNOS. And I am in the honorary advisory panel among professionals from all the continents. And to represent this small country is something we are very proud of.

Once cisternostomy got listed, we also started something called a theory on cleaning and cooling the brain. And this theory was the consequence of cisternostomy. We proposed the theory and it got accepted. It is now in one of the chapters of the Springer Neuro-Series. So things like that have been extremely prestigious for us.

Additionally, one of our sub-specialties is a skull base and vascular training. After starting the training in Biratnagar, fellows from all over the world started coming in. We have had fellows from Italy, Russia, Egypt, Yemen, Venezuela, Peru and India. So we take the influx of foreign professionals as an achievement because they are coming to our place to learn which is literally a reversal of the trend. Earlier, the culture

was that people from Nepal and India went abroad to study; now, it is the other way round.

Today, I could say that the treatments for head injuries or surgeries that we perform here can be regarded as the one of the best in the world if not 'the best' in the world. So we are

quite proud of this department.

#### **How do you view robotics in neurosurgery and the use of stem cell transplants to treat degenerative neurological disorders?**

Stem cells are going to be the future. Robots are going to be the future. I mean whatever we are looking at right now is going to be debunked in the next 10 years. In fact, we are looking at robot, a visualisation robot. This is completely my project which is designed by me and it was done in Alicante, Spain.

The visualization robot consists of an endoscope and a camera; so the surgeon doesn't have to do anything as it positions itself by AI. There will be small mark and it will go and focus on that mark. So on the scan if we show them an area of interest, it will focus there. And these robots are going to be much smaller.

When the project is complete, the first robot of its kind will be in Biratnagar. Can you imagine that? This is what we are looking at, and I believe in looking into the future and you know if you look 100 years into the future then you will be lucky enough to be 10 years into the future. I am aware of the fact that what we did 5000 years back is laughed upon now; similarly 10 years down the line what we are doing now will be laughed at. The world is moving at such a rapid pace, we need to keep up with it and if I have any dreams of making this into one of the best centers; the only way I can do is to look into the future.

#### **How much will it cost to be able to see through the completion of this project?**

We are looking for grants because if it's an entire robot suite we are considering; we need something close to half a billion dollars. But it will change the way neurosurgery is done. We are contemplating about talking to Google as well as Toyota Corporation's robotic department.

For this project we have a core group of people from all over the world, for example,

**My uncle told me that the best surgeons in the world didn't do surgery with all the fantastic infrastructure; they started with limited facilities.**

swelling troubles the surgeons.

Today, cisternostomy is listed as one of the primary treatments for head injury surgery. So much so that when Michael Schumacher had his head injury, they sent the scans to us for observation and Roy Thomas Daniel who was taking





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Bradly Nelson, who is one of the giants in robotics is with us. So we are in talks with people and we are trying to develop and push things. If I am not teaching, I am constantly talking to someone and pitching my ideas about robotics. I don't know when this will be completed but definitely within the next 10 years before I retire.

**There is quite a lot of state-of-the-art equipment in the hospital. Could you briefly outline what kind of equipment you work with?**

We have the country's first Intraoperative MRI Suite which basically means during the surgery I can do MRI while the head is open. In fact, when we did the '3 Intraoperative Tesla Suite'; no place in India had an intraoperative suite. Then we got 'O-Arm' which is a Spine-suite where you can see the spine in 3D and operate and then we got an endoscope with robotic arm. Even the hospitals in South East Asia don't have these. Slowly but surely we are turning this facility into a center of excellence.

There is a zero shadow surgical table. The purpose of the 'zero shadow' surgical table is that it helps create no shadow while we are operating. We have the 3D viewing monitor which is again the first one in the country and the third one in the subcontinent. We have it so that my nurses can see in 3D what the surgeon is doing. These things can be picked up by the camera once it navigates; before the patient's head is opened I will know where the tumor is. And lastly we have the 'Pentero 900 Zeiss', it's not a simple 'Pentero' it's a navigable Pentero which means the moment the patient's scan is done, the scans give me a virtual image and with the virtual image whatever tools I require can be navigated which means millimeter precessions. I can go in and operate while I am able to see through a microscope.

**The medical field is all about collaboration. What is your take on leadership and collaboration within a team?**

I always say that if there is no good team, there is no captain. It would be foolish to talk about only M.S Dhoni and not his team, because Dhoni alone cannot win the World Cup by himself so it is always the team that is important and should be put at the front. I try my level best to develop the team. I perform as many surgeries and give free hand to all my team members. It's not always that I want them to do what I instruct or that they follow me every step of the way. I want them to have the freedom and a sense of responsibility as well so that they can develop and once they do that I can go on to the next stage. That's the only way: grow, develop and reach the next step.

In fact, I have got a pretty large team; probably the largest team in neurosurgery in the country. Most of them were educated and trained under me so they follow the very strict standards that I impose. We believe in working 24 hours. We believe in being the best not only in the sub-continent or in this country but the entire world. In fact, we present our work to the whole world, for example if you see 'Neurosurgical TV', which is on google and YouTube you can view the surgeries either live or after the procedure is completed and we have conducted lots of presentations for the channel.

**Do you believe in the power of God? Does it not interfere with your trust in science? Is it like harboring two contrasting ideas if a doctor believes in God?**

Yes, I do believe in the power of God. I believe that all the religions are the extension of mathematics. But then more than that I believe in the goodness of human being.

Actually, I am writing a chapter in Neuro-Series in Springer called 'God Through Science'. Currently, I am researching on the patterns



of ancient Hinduism and Buddhism and what they call the Mandalas and the Yantras, and I believe that the ancient concept of religion was pure mathematics, for example 'Om' represents infinity, 'Shivaya' represents 0, so Om Namah Shivaya is 0 worships infinity or infinity worships 0. So these are the concepts that we are looking at. When you utter a mantra you can see it, and seeing the sounds is called semantics. So we are doing some research with Sri Sri Ravi Shankar's group. I truly believe in God but then I believe God is in goodness of men. Compassion, goodness you know. Rather than dividing it into Hinduism, Christianity or any other named religion.

**You have been practicing MMA for the past 20 years and you are a black belt in Shotokan karate.**

Sports is a huge part of my life because as you know it teaches you two important things: discipline and never-say-die attitude. And without these two things you can never win anything in sports and it's the same for neurosurgery and life.

Discipline for me is getting up at 4 o'clock even when you really don't need to. And 'never say die attitude' is when you have a really bad situation, and people say it is unsalvageable but you sit down and salvage the situation. So these are the two things needed for any sport whether it is martial arts or football or anything and people who have it generally end up being happy people. So this is what I imbibe in my life as well as neurosurgery. **B**





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# PAINTING ANGELS AS DEMONS

## TAXI MONOPOLY OPPOSING FOREIGN INVESTMENT AND TECHNOLOGY



**Basant Chaudhary** is a Poet, Writer, The Chairman of BLC and Basant Chaudhary Foundation. (feedback@basantchaudhary.com)

Some people have the unique capability of discovering ghosts where there are none. These imaginary ghosts are then used to create scare in the society to fulfill vested interests.

Driven by unbridled greed, such miscreants often even go a step ahead and knowingly paint angels in demonic shades. The good guys are thus kept out of the arena and monopolies play merry.

Nepal is witnessing this hideous game currently in the form of a traffic police crackdown on app-based bike riders whose entry into the city transportation market has made life much easier for commuters. Not only are they paying lesser than what they used to taxi-drivers, they are also saving time in traversing through thick traffic.

What more could a consumer ask for.

Tootle and Bangladesh-backed Pathao are mobile app-based platforms that offer mobike ride sharing services in Nepal currently.

As more and more customers are opting for these economical transport services, Nepali youngsters have found a new avenue of employment. Tootle has been in operation for nearly two years and Pathao has entered the field a couple

of months ago. The door-step-to-destination mobike rides are steadily striking roots. Lower pollution has come as a much needed bonus.

You need not be a genius to guess the genesis of the recent crackdown, involving even the arrest of mobike riders, by the traffic police. Prompted by the Taxi Riders Association of Nepal, traffic police is using archaic laws to nab mobike drivers virtually in the centre of Kathmandu. Little do they realise that these laws need to be thrown in the dustbin as the internet, GPS, Android, IOS apps etc. had not even been born when these laws were formulated. You cannot arrest the advancement of technology let alone beat it. You can survive and prosper only if you move step in step with technology and strive to break a new path. Always!

It has become obvious that the Government headed by Prime Minister K P Sharma Oli is inclined towards greater infusion of technology in different spheres of life. So who is running down the young entrepreneurs?

Apparently, it is the administration in collusion with monopolistic taxi business! We have seen over the years how administrative machinery and local bodies have ruined the policies, principles and

plans of many well-meaning governments.

Elected political dispensations come and go but officers, high and low, continue to warm their seats for decades. Until and unless, kept on a leash and simultaneously motivated, government employees can make or mar the fate of a government and country.

In fact, in the instant issue of app-based mobikes, the traffic police and local administration have no case whatsoever. They prefer to plough an old furrow because that is the easiest way out? One need not apply one's mind to upgrade systems and work culture. After all, keeping with the times calls for toil and sweat. Who wants to do that? Innovation is anathema to the officialdom.

In such an environment, entrepreneurs, who come up with disruptive technologies and management systems, are dreaded the most by status-quoists. Deeply entrenched in termite-infested ways of business and management, they are literally fossilised. New ideas are a threat to their monopolies. Haven't we seen many of the world's top business houses falling off their perch in the last few decades? The top order is today occupied by information technology-driven behemoths many of whom are less than a decade old. In terms of market

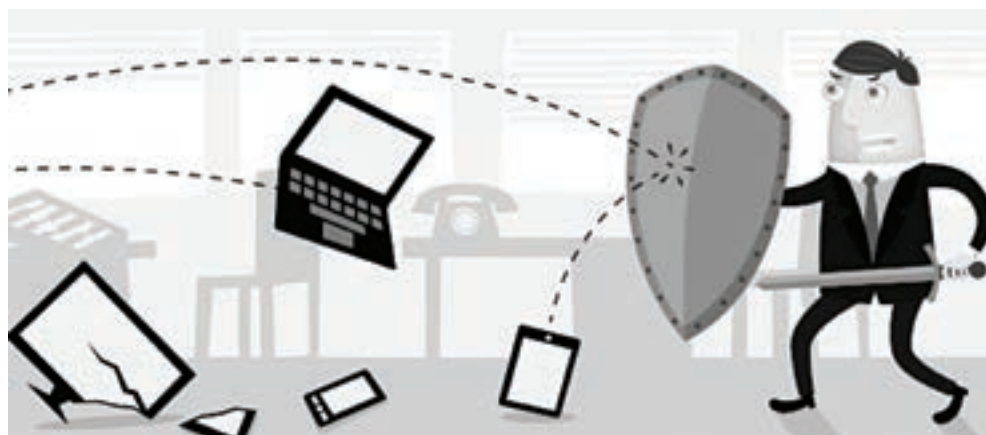
capitalisation, Apple, Tencent Holdings, Alibaba, Netflix, Microsoft, etc. are the new giants to reckon with.

Luckily, these companies had just the right leadership and eco-system which welcomed and nurtured new technology. Those who posed roadblocks were shunted away.

Legendary entrepreneurs carved highways for themselves despite opposition, failure, derision, ridicule and, most importantly, utter lack of resources. The home garage emerged as the typical laboratory of these computer czars.

It is evident that Prime Minister Oli fully realises the dire need for infusion of funds in Nepal. He also seems convinced that innovation and entrepreneurship will facilitate this. Speaking at the World Economic Forum at Davos in Switzerland he stated, "We are trying to invite investment and new technology and introduce digital connectivity for enhanced regional cooperation."

What an irony that a business lobby is singing an opposite tune at the same time. Will it ever think beyond its own selfish interests? And, after all, how long can you beat technology? Make friends with it sooner than later. Or you will perish. **B**





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# IN TRADE AGREEMENTS, DO NOT LET THE PERFECT DEVOUR THE GOOD

If the only feasible choice is between, on the one hand, the current degree of protectionism and, on the other hand, lowered but not eliminated protectionism, the latter option is plainly preferable.



**DONALD J. BOUDREAUX** IS A SENIOR FELLOW WITH THE F.A. HAYEK PROGRAM FOR ADVANCED STUDY IN PHILOSOPHY, POLITICS, AND ECONOMICS AT THE MERCATUS CENTER AT GEORGE MASON UNIVERSITY, A MERCATUS CENTER BOARD MEMBER, AND A PROFESSOR OF ECONOMICS AND FORMER ECONOMICS-DEPARTMENT CHAIR AT GEORGE MASON UNIVERSITY.

I'm radical. I believe that each adult should be free to do whatever he pleases as long as he doesn't prevent other adults from exercising the same amount of freedom. I have no patience for arguments that attempt to justify government prohibitions and commands on the grounds that these interventions

might improve the welfare of the individuals who are directly impacted.

Every adult, in my view, has as much right to run the risk of turning her life into one of ruin as she has to strive to make her life beautiful and fulfilling. Indeed, I don't see how freedom to do the latter is possible without the freedom to do the former. Your conception of a life well-lived might differ very much from my conception. So if I possess the power to prevent you from taking actions that, in my view, will ruin your life, I necessarily possess the power to prevent you from taking actions that, in your view, will improve your life.

While I don't deny that many people act in ways that, even by their own judgments, turn out to be personally destructive, I do not trust that any human beings will exercise wisely or knowledgeably the power to impose on others their assessments of what it means to lead a life well-lived.

Freedom is meaningless if it does not include the freedom to make poor, or even calamitous, decisions for oneself.

Therefore, I believe that every adult should be free to take whatever drugs he chooses, to gamble whatever amount of wealth he owns, to smoke however many packs of cigarettes he fancies, to patronize prostitutes, to work as a prostitute, to consume or to produce pornography featuring adult performers, to sell whatever of his body organs he likes. I'm so radical that I oppose even the requirement that occupants of automobiles buckle up!

## Perfection Is Often Impossible

Yet the radicalness of my libertarianism does not prevent me from endorsing policy changes that fall short of producing outcomes that are fully libertarian.

Being a principled libertarian or classical liberal doesn't entail being blind to political reality. If I encounter a proposed policy change that I judge will make the world freer than it would be absent that change, I support that change even if—as is almost always the case—it isn't as radical as I'd like.

Here's a simple and relatively uncontroversial example. I'm convinced that, according to sound economics and ethics, the best corporate tax rate is zero. Any rate higher than zero is not only economically harmful but ethically offensive.

Nevertheless, I applauded the successful 2017 effort to lower the corporate tax rate in the U.S. from 35% to 21%. I applauded this effort not because I believe a corporate tax rate of 21% is ideal, but, instead, because I'm quite sure that a 21% tax rate is ethically

**“Every adult, in my view, has as much right to run the risk of turning her life into one of ruin as she has to strive to make her life beautiful and fulfilling. Indeed, I don't see how freedom to do the latter is possible without the freedom to do the former.”**

and economically superior to any higher rate.

While I'd much prefer no corporate taxation whatsoever, lower rates are better than higher rates. And if a rate lower than 21% is not now politically feasible, then I support a reduction of the rate to 21% because it is the best option that is currently practicable.

Few libertarians would disagree with my practical reason for applauding the recent reduction of corporate rates—a fact that makes surprising the opposition that I often get from libertarians who are disappointed to learn of my support for NAFTA and other free trade agreements.

## The Acceptable Imperfection of Trade Agreements

My ideal is for each government to immediately abolish all tariffs and other trade restrictions, regardless of what any other government does or doesn't do. That is, I fully support a policy of unilateral free trade. Such a policy is the libertarian ideal.

This fact, though, does not render this ideal politically feasible. In my view (which is hardly controversial), the U.S. government will not any time soon unilaterally abolish all tariffs and other trade restraints. I call on it to do so. I will continue to call on it to do so. But a policy of unilateral free trade is simply not now in the cards.

## So what's the alternative?

One alternative to the degree of protectionism currently in place is to live with this degree of protectionism. But what if a second alternative is available—a second alternative under which the degree of protectionism is lowered but not



reduced to zero?

By my lights, if the only feasible choice is between, on the one hand, the current degree of protectionism and, on the other hand, lowered but not eliminated protectionism, the latter option is plainly preferable. Indeed, by libertarian standards, it is unethical not to support this second option. The reason is that failure to support this second option is, in effect, to support the first option—that is, to support higher trade restrictions.

Each and every trade agreement fails to make trade as free as possible. Each such agreement contains a nest of provisions that, when judged against a standard of perfection, is unacceptable.

But because in the U.S. a policy of unilateral free trade is

currently politically infeasible—and because trade agreements have a solid record of making trade freer (although never completely free)—I support trade agreements even as I recognise their flaws.

I would love nothing more than to discover that a policy of unilateral free trade is politically possible. Were I to find myself in this happy world, I would no longer support trade agreements, for then the better option would indeed be the ideal: unilateral free trade. But until I find myself in this happy world, I'll continue to support trade agreements that make trade freer despite the unfortunate fact that they don't make trade fully free.

**4 If the only feasible choice is between the current degree of protectionism and lowered but not eliminated protectionism, the latter option is plainly preferable.**

Source: [fee.org](http://fee.org) / Donald J. Boudreaux is a senior fellow with the F.A. Hayek Program for Advanced Study in Philosophy, Politics, and Economics at the Mercatus Center at George Mason University, a Mercatus Center Board Member, and a professor of economics and former economics-department chair at George Mason University.



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**“I believe health is the right of each and every Nepali citizen regardless of their socio-economic, religious or geographic background and it is our responsible to deliver proper health service to the public. But having said that, the Health Ministry alone cannot deliver proper health service and awareness to the masses. We require support and collaboration from various stakeholders.”**

**Dr. Sushil Nath Pyakurel** is the Chief Specialist and current Acting Secretary of the Ministry of Health and Population (MoHP). He also leads a committee under the Ministry to adjust health employees into the federal system. Prior to this position, Dr. Pyakurel has been instrumental in the fight to eradicate trachoma from Nepal. **B360's Avant Shrestha** caught up with Dr. Pyakurel to discuss his role and ambitions as the Secretary of Ministry of Health and Population.

**As Secretary of Health and Population what is your main ambition?**

I have been working from the root level in this profession - studying and advancing my career over the years. And as a public health expert, health worker and director you tend to easily gain valuable insights and knowledge on the matter and these aspects have definitely helped me reach the position I have today.

I believe health is the right of each and every Nepali citizen regardless of their socio-economic, religious or geographic background and it is our responsibility to deliver proper health services to the public. But having said that, the Health Ministry cannot alone deliver proper health services and awareness among the masses. We require support and collaboration from various stakeholders. We need the assistance of public partners, medical professionals and also the media via different channels to promote hygiene and good health practices.

We are a poor and developing nation so collaborating with various agents within the spectrum can help us achieve our shared goals for the future, which is to make public health a priority in a cost effective and efficient

manner.

Again, working together for a certain period or a short term would be counter-effective. What we need to realise is that the Health Ministry's collaboration should be for the long term. After implementing health policies, strategies and activities, it is important for us along with other Ministries, ADBs, NGOs and INGOs to achieve our goals.

**What kind of challenges have you mainly experience?**

There are many challenges but we have to look at these challenges as opportunities as well. The country has transitioned to a federal system. But, regardless, the Health Ministry's activities have been within the root level from the health posts to various wards and to women organisations (Aama Samuha). One of our main challenges is that since there are multiple agents involved, there are structural disturbances and lack of management when finances are set aside for medical usage.

The finance is there but we are still lacking proper management methods and our logistic infrastructure is substandard. Financial support is provided for women's health and security, hospitals, schools that are given to local bodies... and since there are so many



**DR. SUSHIL NATH PYAKUREL**  
CHIEF SPECIALIST, ACTING SECRETARY OF THE MINISTRY OF HEALTH AND POPULATION (MOHP)



departments that require adequate financial support, we cannot fully track the budget. Generally, the hospitals have certain requirements and demands and the budget allocated for it might not always be sufficient.

For qualitative health and to meet minimum service standards from health posts and hospitals, we also need adequate manpower.

**Nepal recently celebrated the elimination of trachoma from the country. Tell us about it.**

Elimination of trachoma in Nepal was a huge accomplishment for us as we are the first nation in South and East Asia. For the accomplishment of the complete elimination of trachoma, a joint effort with various other agents was required. We are thankful to Nepal Netra Jyoti Sangh and their employees and ophthalmic assistants in different health posts and hospitals along with other Ministries like Ministry of Education and the Department of Water Supply and Sewerage.

Neglected tropical disease like kala-azar, elephant foot and even trachoma are serious issues in a nation like ours. We are definitely proud to

claim that we have eradicated trachoma and are taking strict measures to ensure that the disease does not re-emerge due to negligence on our part. I have conducted lectures in various places about the elimination and reemergence of such diseases; we should not forget that there is a possibility of such diseases resurfacing.

**What kind of health issues are the government's primary issues? What measures are being taken to tackle them?**

There are multiple health issues that need to be addressed. As with trachoma, we can eradicate few other diseases in the future as well. We plan to tackle measles and kala-azar in 2019 because the vector for these diseases is small. We can conduct proper research and tackle it.

Although, it is slightly more expensive, we can even mitigate cervical cancer. We have detected the virus for cervical cancer and to put it simply, we have found the vaccine to battle the disease. Moreover, we have also found a vaccine that would stop the virus from developing as well. And if we are able to move forward, it has to be a multi-sectoral effort and I believe

that Nepali women can be free of cervical cancer as well. However, its research and treatment might take time and can be expensive.

Additionally, for non-communicable diseases, I believe that Ayurveda should also be promoted although I am an allopathic person myself. But as symptoms related to non-communicable diseases are increasing, it would be better if we start promoting ayurvedic medicines, healthy lifestyle choices and yoga because treatment for non-communicable diseases like kidney dialysis and chronic heart diseases is costly, not only for the patients but also for the government. I believe if we start making better lifestyle choices, many of these non-communicable diseases can be prevented. As a result, our future policy will be guided in a manner that would put emphasis on how we can prevent and mitigate non-communicable diseases.

**Right now the government has decided to keep health offices and health check posts in 77 districts, what is the progress?**

We are working on it and there definitely were some blunders in the past. There

were many aspects that were promised but not delivered. Who was responsible for the decision and implementation is a topic for a different day. But the responsible agents should have been able to provide quality health services as it is the right of every citizen.

We talk about health services and universal health coverage by meeting the citizen's fundamental rights. These talks have to be turned into actions and in the future that is what we are aiming to accomplish.

Currently, we have been successful in a lot of things and a lot of these aspects that we are working on will go to the cabinet decision soon. We are going to revive training centers in every district as well as making reference stores in seven provinces which means that people do not have to come to the city or general hospitals within the city for minor health check-ups. For the future, we have plans to make hospitals in seven provinces and I believe these plans will be approved. **B**

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# DISRUPTION IS HERE TO STAY

## Better Govern It



**Jaya Jung Mahat** is a policy researcher who also coordinates the Institute for Policy Research (IPR) at King's College, Kathmandu. He tweets at @jjmahat830

On January 14 last month, the Metropolitan Traffic Police Division (MTPD) took control of five bikes and also arrested all the respective riders for giving ride to paid passengers using the country's two popular ride sharing platforms Tootle and Pathao. This came as a surprise to many, including the key people at both of these platforms, as the MTPD suddenly begun cracking down on these platforms by arresting some of the platform partners (bike drivers) without issuing a warrant beforehand. Following these arrests, Nepali social media users begun debating the good and bad aspects of this government intervention online. Major newspapers, selected politicians, researchers, and public intellectuals also joined this debate in no time.

While some of these discussants praised this crackdown saying that all the profit-generating activities in the country should be

legally registered and should be under the government's control, a majority of them remained dissatisfied with the government's step and shared the common view that this move was ill-intentioned and the government should have brought needed regulations instead to further encourage and support the country's evolving entrepreneurial culture and help minimise severe unemployment through creation of more employment opportunities for youths and adults with the help of even more Nepali startups now and in future. Within two days of these online and offline debates, KP Sharma Oli - the Nepali Prime Minister - himself made an intervention and on the evening of January 16 he requested the Minister of Communications and Information Technology, Gokul Prasad Baskota, to let the two ride-hailing platforms function as earlier. On the following day, the Department of Transport Management also announced that the government was working to introduce a new law on April 14 this year (Baishakh 01, 2076 BS) to regulate all ride-sharing platforms in the country.

From these major turns of events, we can confidently say that Tootle and Pathao's impressive past records, their major impact on people's lives and huge public support helped these platforms to convince the government to choose a policy

reform track than going for other alternatives, potentially harsh options for Nepali startups and entrepreneurs.

Again in late January, a national daily brought to public notice how one of these platforms had evaded taxes between January 2017 and July 2018 that brings to the forefront a question over public trust on this platform and the latter's genuineness. What has however come to the fore is debates on policy issues that are relevant to govern current and future technological disruptions and their implications on Nepal's economy. Here, I would try to shed light on some of these issues.

### Why Disruptions Matter?

A 2016 working paper published by the Stanford Graduate School of Business had studied patents issued to American companies in 85 years from 1926 to 2010 and how stock market responded to the updates about these patents. The study had found that each technological disruption had boosted net wealth.

In January 2007, Apple unveiled the first iPhone. In the following years, this product not only helped Apple to dominate the global cell phone market but also helped to disrupt major industries including telecommunication, gaming, news and marketing, health, and computer industries. As iPhone continued

revolutionising major industries and areas, it also brought into existence new jobs while putting thousands of labour intensive jobs under threats. Moreover, the wave of disruption in past 12 years also helped firms and governments incorporate new thought processes, changed work cultures, renewed business ethics and standards and helped major stakeholders to achieve encouraging growth. In a way, disruptions in the past few years have entirely transformed how people live, work, study, eat, play, sleep and do shopping. Looking at the current trends, I can say with much confidence that, disruption is here to stay for better no matter where it occurs.

Also, past disruptions have forced economists and policy-makers to think of new economic models for evolving global economic challenges. Till a few years ago, almost everyone believed that own contents and assets are key to overall success of a firm. But the cases of social media platforms - Facebook, Twitter, Instagram; sharing-economy platforms - Uber, Lyft, Grab and Airbnb; and communication platforms - WhatsApp, WeChat, Line and Viber - have taught us the power of user-generated content for boosting a firm's position. The potential of all of these platforms are on the rise. For example, Business for Social Responsibility has







forecasted that within 10 years, the sharing-economy platforms alone are expected to increase their revenue by more than 22 times and yield \$335 billion in 2025 from just \$15 billion in year 2015.

In the case of Nepal, where traditional industries still dominate the market, many people are still not that familiar with the full potential of technological disruptions. Also, I believe that without disrupting country's all traditional and labour intensive sectors - few of them include agriculture, education, health, transportation; Nepali industries will continue to struggle maintaining minimal growth targets for decades to come. For these reasons, pushing the government to formulate needful policies for better managing and regulating all evolving and future disruptions is the most urgent task of our time.

### Disruptions Vs Policy - Which Should Come First?

As shared by the government earlier, the Motor Vehicles and Transport Management Act 1993 governs all issues related to country's motor vehicles and transportation issues. It is one of many Acts and Policies that Nepal first formulated to govern country's different sectors after the country opened to the world after 1990 democratic movement. Coincidentally, few years after Nepal adopted major policies, the Dotcom Bubble (1995 - 2000) began in North America. In the next 14-15 years, the world witnessed Smartphone Boom (late 2000s) and most recently the Social Media Boom (early 2010s). While all these developments substantially disrupted key sectors worldwide, most notably in advanced and in middle-income economies, meaningful disruptions in low-income economies, including those in

Nepal, remain questionable. One of the key factors for low-income countries' failure to properly harness benefits of the past two decades' disruptions is mainly due to the respective governments' inability to adopt suitable policies to effectively regulate rapidly evolving technological disruptions in those economies. For example, in Nepal, most of the policies formed to regulate country's key sectors - education, health, transportation, telecommunication, finance - all date back to early 1990s and are yet to get updated to incorporate major changes in these sectors brought about by recent wave of technological advancements in the country. The recent crackdown on Tootle and Pathao also reinforces this fact.

If concerned stakeholders in Nepal wish to use technology for better growth and more inclusive results, the formers should be well prepared to

amend relevant Acts and Policies as soon as new technology hits the local market and start affecting one or multiple sectors. To convince ourselves of these ambitious steps, we can refer to some of the countries which lead the world in terms of embracing technology and disruptions. For example, governments in Israel, Rwanda, Singapore, and most recently in Vietnam are well aware of first movers benefits in 21st century's disruption economy and as a matter of fact they have been updating their policies time and again only to ensure no single meaningful disruption in their economies gets wasted. Thus, Nepal too needs to be prompt and prudent in this regard and now onwards should not wait for years only to reform policies rather revise all related policies as soon as disruptions hit local markets. Disruptions should lead the way and policies should follow without delay. **B**



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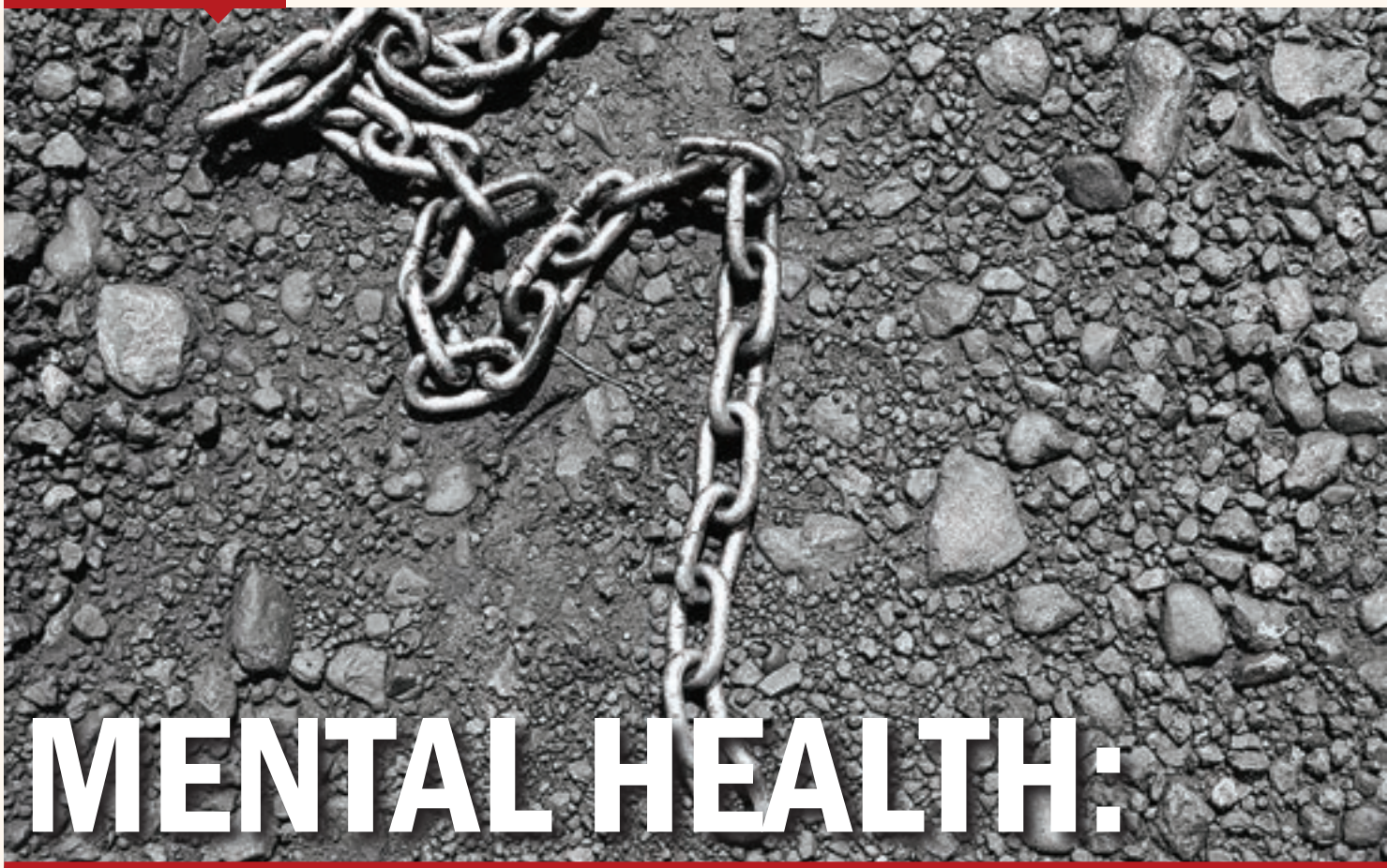
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# MENTAL HEALTH:

## UNDERSTANDING AND ACCEPTING MENTAL ILLNESS

By Avant Shrestha

**A**ccording to WHO one out of every four people at one point in their life suffer from mental health issues. Europe and North America are reporting rising diagnosis rates among their population. Similarly, as reported in one of the national dailies, mental health problems in Nepal are increasing with 2% of the country's total population suffering from mental diseases while 5% of the population suffers from mental problems. As a result, people are facing an issue that hasn't loomed this large before.

Progressing towards the model of developed nations has

no doubt attributed in making living conditions throughout most of the world ideal, as science and surplus has flourished. Although developing countries don't fear famine or drought as they once did, a greater part of the population in them are diagnosed with issues that weren't previously in focus. For a start, stroke and heart diseases are claiming more lives than epidemics or wars.

Mental health along with these issues is now growing in relevance. Experts predict that by 2030, depression alone is likely to be the third leading cause of disease in low income

countries and the second highest cause of disease burden in middle income countries.

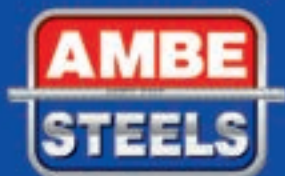
### A Brief History of Mental Illness

Mental illnesses have accompanied humans since the dawn of civilisation. 4000 years ago Mesopotamians and Egyptians wrote about hysteria caused by 'a wandering uterus' among women. Cave art from as early as 6500 BC has been identified as depicting surgical drilling into the brain to treat epilepsy and let evil spirits escape. The ancient Chinese concept of mental illnesses was attributed to imbalances in the people's "Yin and Yang"

(positive and negative body forces). The history of the mind suffering is a long one, but the history of modern Psychiatry itself, the study and treatment of mental illnesses, has only stretched as far as a few hundred years back.

Private madhouses sprung up in Europe in the middle of the 17th to the 18th century and the first US ward for the insane was established only in 1729. Back then, the stigma for both the mentally ill and those who wished to cure them was much greater than today. Many public movements towards the fairer treatment of the mentally ill such as the





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"Asylum Movement" and the "Non-Restraint Movement" were required to make strides towards creating a greater understanding of mental illness. Over time, (and this is a huge oversimplification of history) the view of the mentally deranged as well as how to treat them, was on the track towards change in Europe and the Americas through the acts of prominent individuals in the field such as Emil Kraepelin (1856-1926), Eugen Bleuler (1857-1939), Sigmund Freud (1856-1939) and many others.

## Mental Health and Nepal

Nepal was no different when it came to topic of mental health; usually nonchalantly ignoring the idea of mental health and issues altogether. The labels and the stigmas associated to a mentally ill individual was attributed to his or her past sins, superstitions or to the will of gods rather than understanding the medical probabilities of the illness. These aspects are still evident in Nepal. As a result, many people in Nepal tend to hide their mental health issues for the fear of stigmatisation and possible isolation from the society. Many in rural areas were and still are taken to witch-doctors, chained or abandoned in sheds. These aspects all seem primitive but superstitions and social constraints surrounding mental health are still prevalent in many communities in the nation.

Stating these facts Nepal in recent times has had progressive and sensitised outlook towards mental illness. Both governmental and non-governmental organisations have run programs, clinics and awareness campaigns in regard to mental health and the issues they are aiming to tackle. However, efforts are mainly concentrated to the urban areas.



**Mentally ill patients and events surrounding mental health is sensationalized. The images of keeping the patients in an asylum, in isolation and shock therapy is 100% wrong and misguided.**

**Dr. Anurag Misra**

Consultant, Department of Neuro-Psychiatry, Grande Hospital

## Understanding Mental Health and Physical Health

Mental wellbeing is defined as a state in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. The definition and the effects of mental illnesses are far more ranging than any layman would suppose. Mental illness can be divided into two categories; psychotic and

**Experts predict that by 2030, depression alone is likely to be the third leading cause of disease in low income countries and the second highest cause of disease burden in middle income countries.**

neurotic. Illness such as anxiety, depression and sleeping disorder can be categorised as neurotic mental illness and conditions such as bipolar disorder and schizophrenia fall under the psychotic mental illness.



**In low and middle income countries like Nepal, 76% and 85% people with mental disorders receive no treatment.**

**Dr. Pawan Sharma**

Consultant Psychiatrist, Arogin Health Care

Additionally, mental health of an individual is directly related to the physical well-being of an individual as well. There are multiple associations between mental health and chronic physical conditions that significantly impact an individual's quality of life. Dr Anurag Misra, Consultant at Department of Neuro-Psychiatry at Grande Hospital explains, "We have to understand that the parts of the body have a wholly symbiotic relationship. Severe mental illnesses and waning physical conditions are directly proportional. For example,

people with higher levels of self-rated distress are 32% more likely to have died from cancer". What Dr. Misra has attempted to outline in his statement is that if a person with a stable mental health condition is diagnosed with cancer, he or she is more likely to battle the disease and make an effort to get better, however if an individual with weak mental health is

diagnosed with cancer, he or she will be more likely to give up and succumb to the disease.

A 2017 article published by Princeton University emphasised that untreated mental illness can lead to the conditions worsening over

time. Physical health issues such as chronic pain, financial problems, lack of job stability, being taken advantage of by others, and death by suicide. In fact, 90% of suicides are caused by mental illness. Doctors and medical professionals have outlined some of the reasons mental illnesses can exacerbate and worsen physical health issues. Primarily because mentally ill people are statistically less likely to receive the physical healthcare they're entitled to such as routine blood pressure, cholesterol and weight checks. Additionally, mentally ill people are also much less likely to be offered the help to give up smoking, alcohol and make positive adjustments to their diet.

Dr Misra adds, "Schizophrenia is associated with doubling the risk of death from heart diseases, and depression has been found to be associated with an increased risk of coronary heart diseases."

## Here and Now

According to Dr. Sharma, in low and middle income countries like Nepal, 76% and 85% people with mental disorders receive no treatment. This lack of treatment for such a large proportion of people is no doubt a result of the woefully small number of psychiatrists and psychologists in the nation. In Nepal, mental health and illness is one of the least prioritized areas of development. A significantly large section of the population is still deprived of the basic health service. Additionally, in health sectors, mental health services lack the required professionals to supervise mental issues or are not fully integrated and local health professionals still lack an understanding of mental health and psychosocial wellbeing.

Dr. Pawan Sharma, Consultant Psychiatrist at Arogin Health Care describes many cases where he has felt the dearth of manpower in the nation. "I have to see around 40-50 patients a day, unlike in other countries we cannot give 30 or so minutes





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to every individual,” he states. Dr. Sharma is one of the few mental health practitioners in the country; and the insufficient number of trained professionals means that shamans and witch-doctors are generally the leading authority in the rural areas as far as this illness is concerned.

A study conducted by HERD (Health Research and Social Development Forum) in 2016 claims that there are only 0.22 psychiatrists and 0.06 psychologists per 100,000 populations. The lack of manpower is also clearly seen in the treatments prescribed by doctors in Nepal, favoring the use of medication rather than psychotherapy and long sessions due to time constraints. This increasing reliance of medication, though effective as treatment, has not helped the image people have of the mentally ill in the nation.

Mental Health problems are highly stigmatised in the community. NGOs have been attempting to raise awareness but are only able to target specific populations with limited funding. Plus, government spending accounts for less than 1% of its total healthcare budget on mental health. This lack of government funded awareness programs is thoroughly felt, once removed from urban settings. Infrastructure in said areas is also poor and special mental health care services have been limited only to zonal and district hospitals.

This lack of manpower, financial resources, awareness and general infrastructure paints a dreary picture of mental health in the country, but slow progress is being made. For example, although still a small number, the number of psychiatrists has greatly increased from past accounts, the number of mental health beds has increased from 1 to 1.5 per 100,000, and the advancement of media has resulted in increased awareness by the public.

### Misconceptions Loom Large

Dr. Pawan claims, “The general populace has a varied response to mental health issues; ignorance on the subject persists even among educated people.” Myths like mental illnesses are not curable looms large. Mental illness is not taken seriously unless it is debilitating and life threatening. “I hear lots of patients’ family members saying ‘do not be depressed’, ‘snap out your depression’, ‘do not be anxious’, ‘do not have negative thoughts,’” says Dr. Pawan. “Even other professionals in the medical field feel a sense of amusement while referring a patient to psychiatrists. And there is a general lack of preference given to the field within the discipline itself,” he adds.

One of the major contributions in regard to the misconception of mental health and illness is our culture itself. The beliefs and misconceptions that have been passed on for generations has proved to be difficult to change. Additionally, the portrait of mental illness in the popular media such as movies and television has contributed to the negative perception of the illness. Dr. Misra claims, “Mentally ill patients and events surrounding mental health is sensationalised. The images of keeping the patients in an asylum, in isolation and shock therapy is 100% wrong and misguided.”

Similar to the claims made by Dr. Misra, Dr. Sharma, explains, “The media with a lack of awareness is responsible for this negative outlook on the subject matter. Over sensationalising and borderline glorifying representation of suicide and mental illnesses in movies and television shows, and further social media and internet culture are the perpetuator of suspicion towards mental health practices and the effectiveness of

medication.”

Additionally, Dr. Misra claims that one of the biggest problems in Nepal is lack of awareness. “There is no proper information. The patient is usually timid and tends to keep his or her condition hidden in the fear of being stigmatised and castrated from the society. They are very conscious of what other people might think of them, which I believe is very harmful,” Dr. Misra illustrates.

Alok (name changed on request), a 29-year-old architect, is one of the many suffering from anxiety and ADHD for most of his adult life. He claims that it is difficult to openly talk about his

**Government spending accounts for less than 1% of its total healthcare budget on mental health. This lack of government funded awareness programs is thoroughly felt, once removed from urban settings.**

condition in Nepal. Alok claims, “Personally and professionally I suffer due to my condition. I believe if I am open about my condition, it will be easy for people to pass judgments and it will only hurt my professional life.” Like Alok, there are a number of individuals who have to silently suffer through their condition.

### Changing Perceptions

According to Dr. Misra, to change public perception, we have to start from the government level and increase awareness. For example, depression needs to be understood as a critical illness and with the help of therapy and medication this can be reduced or at least kept under control. “What people and patients should be aware of is that this is just a disease, with proper medical diagnosis and

medication, there are high chances that the problem will subside,” Misra shares.

Dr. Sharma states, “Mental illness is not caused by personal weakness and is not ‘cured’ by personal strength. Seeking and accepting help is a sign of strength. A mental illness is not a character flaw. It is caused by interaction of genetic, biological, social and environmental factors. With appropriate treatment and support, people with mental illness can have a normal life and live successfully in their community.”

### The Acceptance

As with every field of science, new discoveries in mental health manage to change the way we view the subject. New methods of treatment are pioneered and backed up by years of work from individuals who are the best in the field.

Alok explains, “When it comes to mental health and illness, I think our country lags behind both in terms of culture and education. Accurate awareness is the key element in Nepal; just because I along with many other suffers from some conditions doesn’t mean that we are psychotic. We are just normal people with normal lives who just happen to need help from time to time and the fact that we are judged when we actually need help leaves us totally isolated.”

However, there are positive signs to claim that the understanding and acceptance of mental health and illness are changing. Dr. Misra states, “In the past the number of doctors who worked with mental health issues was dismal but now more people are educated in this department and more doctors are certified and trained.” **B**



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“I believe that one of the things that could be done against malpractice is making it mandatory for hospitals to publish data. A hospital must publish its clinical indicators. For example, what is your mobility, mortality and so on. There are many clinical indicators which tell you how good a hospital is. If we make it mandatory for health institutes to publish their outcomes, it will be easy to judge hospitals and make choices accordingly”.

## SUDHAKAR JAYARAM

CEO, NEPAL MEDICITI HOSPITAL

**Sudhakar Jayaram** has significant experience leading projects focused on healthcare and technology. He has a successful track record of 24 years working across geographies including India, China, Nepal, UAE and USA. Currently, he is the CEO of Nepal Medicit, a 750 bed quaternary care hospital in the valley. He has been involved from project commissioning and is leading the execution.

In an interview with **Ankita Jain** of **B360°**, Sudhakar Jayaram talks about the country's need in terms of healthcare facility, challenges and the way forward.

**After Right to Education and Right to Food, do you think that the time has come for Right to Healthcare legislation given the poor state of public healthcare infrastructure in this country?**

In a country, there are two fundamental keys that I think

determine sustainable growth. One is education and the other is health. Looking at the health sector, there are several budgetary and other constraints but at least healthcare at a primary level and to some extent at the secondary level

must be universally available.

If you take the rural population of Nepal into consideration, maybe not even 40% have access to basic healthcare. Considering how the hospitals will be funded and monitored, I think there is a

greater need for public-private partnership. Today there is a level of mistrust among people about the health system of the country. Public healthcare institutions today are not seen as the highest quality in terms of delivery of care.



Another factor where we are lacking is the primary healthcare system. This is where the government can come in because what happens is that people come to a big hospital even for a minor stomachache, fever and others. These things can be done at a primary level reducing the cost and improving access.

**There is the concept of a social heart and business brain trending. How does one strike a balance?**

In my view, the hospital has to be service-oriented first before it becomes a business. However, we have to make it financially sustainable as well. I don't believe that charity is a scalable or sustainable model; even NGOs have to find ways to keep their operations running.

When Nepal Medicit started, the idea was that it is a socio-commercial project and needs to have a social impact and at the same time there is a commercial component that banks into money. The interest rate is extremely high in this country and we have to make sure that the banks are paid. So, obviously, we have to make this viable. Further, we are

implementing social impact in multiple ways.

First, we are connecting to all stronger peripheral hospitals of Nepal through telemedicine. Through this, we are giving the doctors in many smaller hospitals access to our specialists and also train them when they receive complex cases. So they are able to stabilise and also the patients do not have to travel all the way unless there is a requirement. Second, we are recommending the government to form an international patient safety council. It will be an autonomous body which will keep an eye on quality. Many hospitals in rural areas do not even have a quality department. In order to make these hospitals safe, we have come up with simple sets of guidelines and rules which have to be followed. And we are giving this at no cost to the government and health ministry so that they can then share it with hospitals, if interested. Similarly, we can also provide trainings because we have gone through this process and we would be the first hospital in the country to receive the NABH certification from India. Third,

we are working with insurance companies to provide cashless treatment.

Today people think private hospitals can be expensive, some of them really are. So, we are trying to reduce the price by publishing our cost and getting involved in cost accounting so that we can reduce the cost and make it affordable. Further, if we have good partnerships with NGOs, government and public hospitals, we can create both social impacts and also run profitably. In a country like Nepal, we have to move the money towards preventive measures because once people become too ill, the cost becomes high. So, the biggest social impact that I see is by focusing on screening and prevention.

**How do you perceive the role of the government in ensuring affordable healthcare?**

I think mandatory health insurance is the way forward. For instance, if you want to drive a motor vehicle in Nepal, one must have car insurance. But you must also have health insurance which currently is not mandatory. Are you telling me that you can go around the

road without health insurance but not without car insurance? If the government says there are around 29 million people in Nepal and all of them cannot afford a hefty amount of health insurance, then I believe they can pay a small amount of money may be Rs 1,000 per year. This money will later help the government to create a pool of money which can be available to people for screening.

Further, since we cannot get foreign doctors to help our Nepali doctors with complex cases, when the need arises rather patients have to travel outside the country. But if the government makes it easy for foreign doctors either from India or the West to come here and help fellow doctors, it will pave the way towards creating capacity. Then we can increase our ability to better services within our country. Also, I think there should be some kinds of regulations in place. I believe if Nepal Medicit can work closely with the Teaching Hospital or Patan Hospital, there are many ways in which our institute can help. Today, I feel that engagement and level of collaboration between

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private and public institutions is either missing or not utilised to the optimum degree. They have great pool of data, excellent professors and there must be ways in which we can work and share knowledge.

**Your comments on the rising incidents of medical malpractice which are seemingly driven by the urge to make inordinate profits across the country by those in the health business...**

All doctors swear on the Hippocratic Oath and the first thing they say is 'we will do no harm' but human nature is such that at times greed rules. I believe that one of the things that could be done against malpractice is making it mandatory for hospitals to publish data. A hospital must publish its clinical indicators. For example, what is your mobility, mortality and so on. There are many clinical indicators which tell you how good a hospital is. If we make it mandatory for health institutes to publish their outcomes, it will be easy to judge hospitals and make choices accordingly. Even an insurance company will have a say in supporting a particular hospital because it's safer.

I don't think regulation is the answer and I don't even support a government initiative to jail or fine a particular doctor if found involved in malpractice. It may not be the best way because there are rotten apples everywhere. But I believe one way to solve this is by empowering their decision through publication of hospital outcomes.

**Healthcare management has been the key factor in developing Nepal Medicit. How important is research and analysis?**

I am a silent CEO; I do not like to come in the front. I am always in the back and leading my team. If you ask me, I only have to worry about two things: position alignment and patient engagement. In most hospitals, the problem is between the so-called management and doctors. Doctors are highly educated; they cannot be

managed and rather need not to be managed. So, I work with doctors in a manner where we share data related to medicine, economics and safety in an open atmosphere. I think the only way to change a doctor's behaviour is by sharing data. Second is patient engagement. How honest are we with our patients at the front desk? We can make mistakes but we must own up to it and try to correct it. If position alignment, patient engagement and safety fall into place, patients will come automatically. Thereby, we will be full, our occupancy will be good, and we will be able to pay our staff.

**Currently, Nepal Medicit is focusing largely on building the pathway for medical tourism. What are the plans?**

I remember the current Prime Minister once said that we should make Nepal a medical hub. In my mind, Nepal has an opportunity in four areas: tourism, medicine, agriculture and education. I am not including hydropower because Nepal can generate hydropower but for distribution, transmission, purchases, you still are dependent on India and other countries. But if you take the above four sectors, we need not depend on anybody and I believe we can combine medicine and tourism because everybody loves Nepal. In South Asia, it is a country that has no polarisation and

**I feel that engagement and level of collaboration between private and public institutions is either missing or not utilised to the optimum degree.**

therefore people are very open-hearted. I am also convinced that today the amount of foreign exchange that goes out of the country for healthcare and education is probably much more than what the country earns. Therefore, I think that

setting up a medical tourism hub where we give medical visas and make it easy for patients to come to Nepal will help immensely. We should give licenses to doctors to come and practice and make it easy for them. Since land allocation is the problem in the valley, we should also change some policies for land availability so that projects can come in a more sustainable and feasible manner.

**How is Nepal Medicit ensuring the delivery of quality, accessibility, availability and affordability of healthcare across the country?**

In the following ways:

- We have not compromised on the quality of diagnosis.
- All our doctors are available here full time. This leads to teamwork because one patient can come with multiple problems. This makes us safer.
- We have also tried to constantly price ourselves to be more affordable as compared to other private hospitals.
- We are connecting via telemedicine, holding camps in different parts of the country, and we are also introducing home care services.
- We are also going to support ICUs of other hospitals like Dhangadi, Jhapa because they may not have trained personnel.
- My mantra is position alignment, patient engagement and partnerships.

**Healthcare is one of the largest sectors both in terms of employment and revenue generation. Your comments.**

That is why this sector must be promoted by the government. It takes 8-9 years for a hospital to become sustainable, generate free cash flow. So, sometimes this may discourage entrepreneurs. Dr. Upendra Mahato has taken a big risk for the benefit of this country but more and more people must invest in this sector. The ratio

is very high in tourism and medicine. The multiplier effect is much higher than in other industries. Almost \$ 2 billion is going out of the country today for medical reasons. If this money remains in the country, it can be used for capital formation and asset creation.

**The doctor-to-patient, patient-to-bed, and equipment availability-to-utilisation ratios need to improve in our country. How is Nepal Medicit contributing towards it?**

Today the ratio in Nepal is 0.6 per thousand while the requirement is 2.5 to 3. So, there is a big gap. Talking about our contribution, we are going to start our PG programme. We have already started nursing training programme not just for our nurses but for the community as well. We can improve the quality and importance of nurses in the ecosystem. Today nurses do a lot of work which are not really nursing related. So, we have to treat nurses like medical practitioners and have them do a lot of work which the doctors are doing. This way we can reduce the cost and also the doctors can spend more time with the patients.

**Innovative models like air taxi, remote health, home health, daycare and many such are taking shape and Nepal Medicit is setting a brilliant example in terms of utilisation of air taxis. Any other innovative models the hospital is working towards?**

We are looking into telemedicine, a multidisciplinary team where doctors come together and discuss a case which happens every Wednesday; we have started cost accounting and trying to improve how we can publish data.

Further, we are talking to our doctors to install cameras in our OTs so that we can record and look for feedbacks and improve the quality of our performances. We are working at different levels to improve the quality of what we are doing. **B**



## Health Facilities in Nepal

It is indeed true that a good health leads to a happy and productive life. With an increase in population and environmental pollution, health facilities and health services have become one of the basic necessities of human beings. Most health facilities are provided by hospitals run either by the government or the private sector. In the context of Nepal, the health system and facilities have improved drastically over the past few decades, yet the sector still needs serious consideration. There are a total of 4,718 health institutions, including 123 public hospitals, 204 primary health care centers, 4,009 health posts and 382 ayurvedic dispensary registered in Nepal till the first eight months of the FY 2017/18.



The health facilities are concentrated more on cities than rural areas. The availability of public hospitals is highest in number in Province 3 with 34 public hospitals and lowest in Karnali Province with 12 public hospitals. Comparatively, the availability of private health facilities is higher than the public health facilities across the nation. As per the data of Department of Health Services, Province 3 has the highest number of private health facilities with 1,057 health facilities being provided. However, Sudur Paschim Province is the least benefitted province with only 44 private health facilities.

The health workforce is one of the core components or 'building blocks' of a health system and therefore, plays a crucial role in improving the health of people in any country. In case of Nepal,

### Distribution of Eligibility Certificate from NMC (For MBBS and BDS)



all medical graduates need to appear in the licensing examination conducted by the Nepal Medical Council (NMC), a statutory body responsible for regulation of medical education and registration of doctors. As per the latest data of NMC, a total of 1,502 MBBS and BDS graduates had applied for the licensing examinations held on 8 December 2018. Among them, 1,311 MBBS and 186 BDS graduates appeared for the examination, out of which 598 MBBS and 69 BDS graduates passed the examination. This shows that only 45% of graduates appearing in examination passed the licensing examination. By the first eight months of FY 2017/18, a total of 2,004 doctors including 1,184 male and 820 female doctors have been registered in Nepal Medical Council. Until now, the total number of registered doctors has reached 21,413 out of which 6,137 have registered as specialist doctors. Though the number of doctors registered in NMC is in an increasing trend, it has still not reached a satisfactory level. Nepal, a country with high population and limited resources, needs to focus on improving the health facilities and make it accessible to the poor and remote areas across the nation.

### Licensing Examination Details (2075 B.S.)



Source: Department of Health Services; Nepal Medical Council (NMC)

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# DRUG ABUSE: THEN & NOW

By Dibesh Dangol

**T**he narcotic drugs scenario in Nepal may not be as pervasive as that in South America or Africa, but during the infamously known hippie period (60s-70s) in Nepal, drugs like marijuana and hashish were legal and openly sold in government licensed shops mainly in Jochhen, also known as Freak Street.

Joseph R Pietri, who was a former drug smuggler and is the writer of the book "The King of Nepal: Life before the Drug Wars", has described his experience of the narcotics scenario in Nepal, especially Kathmandu, during this period

in his book and mentioned how drug smugglers could easily go around Nepal to trade drugs like marijuana and hashish, along with other alarming subjects like drug wars and monarchs' involvement in drug trades.

According to the statistics of drug abuse in Nepal from 2006 to 2012 provided by Deputy Superintendent of Police, Chakra Joshi, of Narcotics Control Bureau (NCB), there was 98% increment in the number of drug users (46,309 users in 2006 to 91,534 users) over the course of six years with an annual growth rate of 11.36%. In accordance with this statistic,

93% of the users were male and the rest were female, the highest proportion of users (57%) were injecting drugs directly and were mostly in the 20-24 age bracket.

He also shared the recent six years statistics of arrests and seizures from 2013 till August 2018, according to which 19,153 people were seized with possession of drugs or arrested of which 95.60% were Nepalis and the rest were foreigners. Of this 95.46% were males and the rest were females.

In Nepal, Narcotic drugs are divided by NCB according to their production, trafficking and transit and abuse. As per

DSP Joshi, narcotic drugs found and produced in Nepal are cannabis/marijuana (wild/illicit), hashish and raw opium; trafficked drugs are marijuana, hashish, heroin, pharmaceutical drugs and cocaine; and abused drugs are cannabis, hashish, controlled pharmaceutical drugs, hashish, heroin and amphetamine.

Beside these narcotic drugs, IAS Freedom Medal Winner 2013 Basanta Raj Kunwar who is the Executive Director of Narconon Nepal and a former Senior Superintendent of Police, focuses that though products containing alcohol are legalised, it is also a form of drug.



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**Relapse causes are many but it is mainly due to lack of family environment and support. A majority of families also do not follow protocols and often withdraw the addict in the midst of a program.**

**Tsering Wangdu**

Founder and Director,  
Sober Recovery

Though most people involved in narcotic drugs are aware of its negative impact, they still get pulled into it. The majority of drug users, mainly youths, have been found using drugs initially because of family problems or due to their friend circle. According to Kunwar, and Tsering Wangdu, Founder and Director of Sober Recovery, 80% of drug addicts start taking drugs from the age of 14-19, and it is only after 7-10 years of abuse that the addicts come to rehabilitation centres for treatment. As for alcoholics, Kunwar says that they come for rehab only after 14 years into addiction on average.

The survey report on current hard drug users in Nepal 2069 B.S reveals that about three fourth of users (70.1%) received drugs through drug user friends, whereas other sources of drugs are mobile drug sellers at 30.7%, medical stores at 28.4% and other reasons account for 30.2%.

Although the relapse cases after going into rehabilitation is a common event, there have been success stories too. Wangdu is one such case. He got involved in drugs, became drug free, and made a positive turn. Wangdu shares that he went down the dark path during school days, got involved in drugs for 15 years due to which



**The drug addicts enrolled at Narconon Nepal aren't called 'addicts' but are referred to as 'students'**

**Basanta Raj Kunwar**

Executive Director,  
Narconon Nepal

people around him had to suffer. When realisation seeped in, he got into rehabilitation programs, became drug free, and did some voluntary work at a few rehabilitation centres which motivated him to establish Sober Recovery in 2009.

Later in 2012-2013, he saw that there were no rehabilitation centres working for females. The ones that existed had been closed, majority of rehabilitation centres were focused on males and females felt awkward joining male rehabilitation centres. So, he opened Sober Recovery Women in a separate location. Sober Recovery primarily uses Alcoholics Anonymous (AA) (also called Narcotics Anonymous (NA)) 12 Steps method which was initially made for alcoholics but later on was also used for the rehabilitation of narcotic drug addicts. Besides this, Sober Recovery also uses other methods depending on the clients. The rehabilitation centre charges Rs. 25,000 per month for the treatment and the treatment can last up to a year.

In 10 years, Sober Recovery has had 4000-5000 clients and



**Nepal shares open borders and a majority of drug trafficking happens for this reason.**

**Chakra Joshi**

Deputy Superintendent of  
Police, Narcotics Control  
Bureau (NCB)

has achieved 50% success rate. Wangdu states that relapse causes are many but it is mainly due to lack of family environment and support. A majority of families also do not follow protocols and often withdraw the addict in the midst of a program.

Kunwar took different approaches to cure drug addicts when he was associated with Nepal Police and during his initial days of retirement. But, he was not satisfied as 80% of cases went into relapse. Highly influenced by the treatment procedure developed by L. Ron Hubbard used by Narconon International, he applied for license of similar treatment and in 2004 he was granted the

**80% of drug addicts start taking drugs from the age of 14-19, and it is only after 7-10 years of abuse that the addicts come to rehabilitation centres for treatment.**

license.

"The drug addicts enrolled at Narconon Nepal aren't called 'addicts' but are referred to as 'students'," informs

Kunwar. The Narconon course includes four steps: Drug/Alcohol-Free Withdrawal, New Life Detoxification, Objectives Courses and Life Skill Courses. The course takes from 4-6 months to complete depending on the students and costs Rs. 5 lakhs for a whole course. Narconon Nepal has the capacity to accommodate 65 people and has more than 85% success rate.

Suresh Giri is one of the success stories of Narconon Nepal. Giri used to live in USA and though he was not a drug addict, he was an alcoholic. After he heard about Narconon Nepal, he applied and got enrolled into the program. Now, he is sober and works as a supervisor at Narconon Nepal.

When asked about legalisation of marijuana, DSP Joshi, Kunwar and Wangdu shared the same view. They all voice that marijuana shouldn't be legalised for medicinal purposes or any other purposes because marijuana is the first step towards narcotic drugs. Instead, they said strict laws should be made for producers and traffickers of marijuana.

In DSP Joshi's view, Nepal shares open borders and a majority of drug trafficking happens for this reason. He feels that the borders need to be tightly monitored, and if anybody has information about drug trade or production, they should immediately inform the police or NCB. As for the reduction in demand, he says the focus must be on awareness programs.

Today with rising consumerism, lack of opportunities for youth, stress, depression and behavioural issues, more people are at risk of substance abuse. Young people share that party drugs, opiates, cocaine are readily available for those at risk, not just in seedy corners of bars and backstreets of Thamel but are also available at thriving high class establishments such as lounges and popular nightspots in the heart of the capital. **B**



## BOOKS

# The 5 AM Club: Own Your Morning. Elevate Your Life.

Author: Robin Sharma

Legendary leadership and elite performance expert Robin Sharma introduced The 5am Club concept over 20 years ago, based on a revolutionary morning routine that has helped his clients maximise their productivity, activate their best health and bulletproof their serenity in this age of overwhelming complexity.

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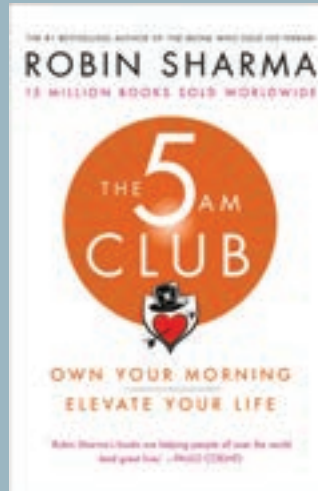
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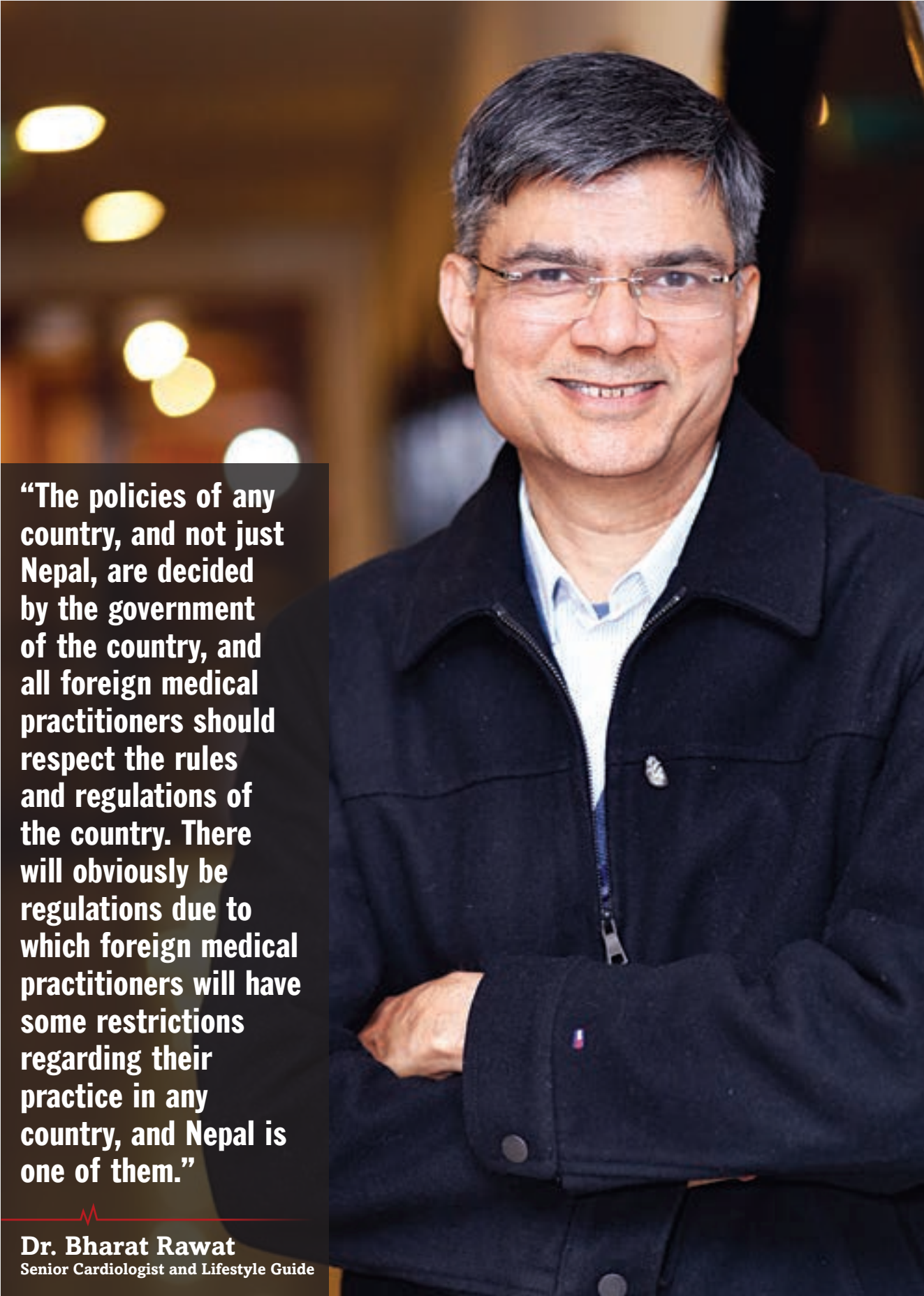
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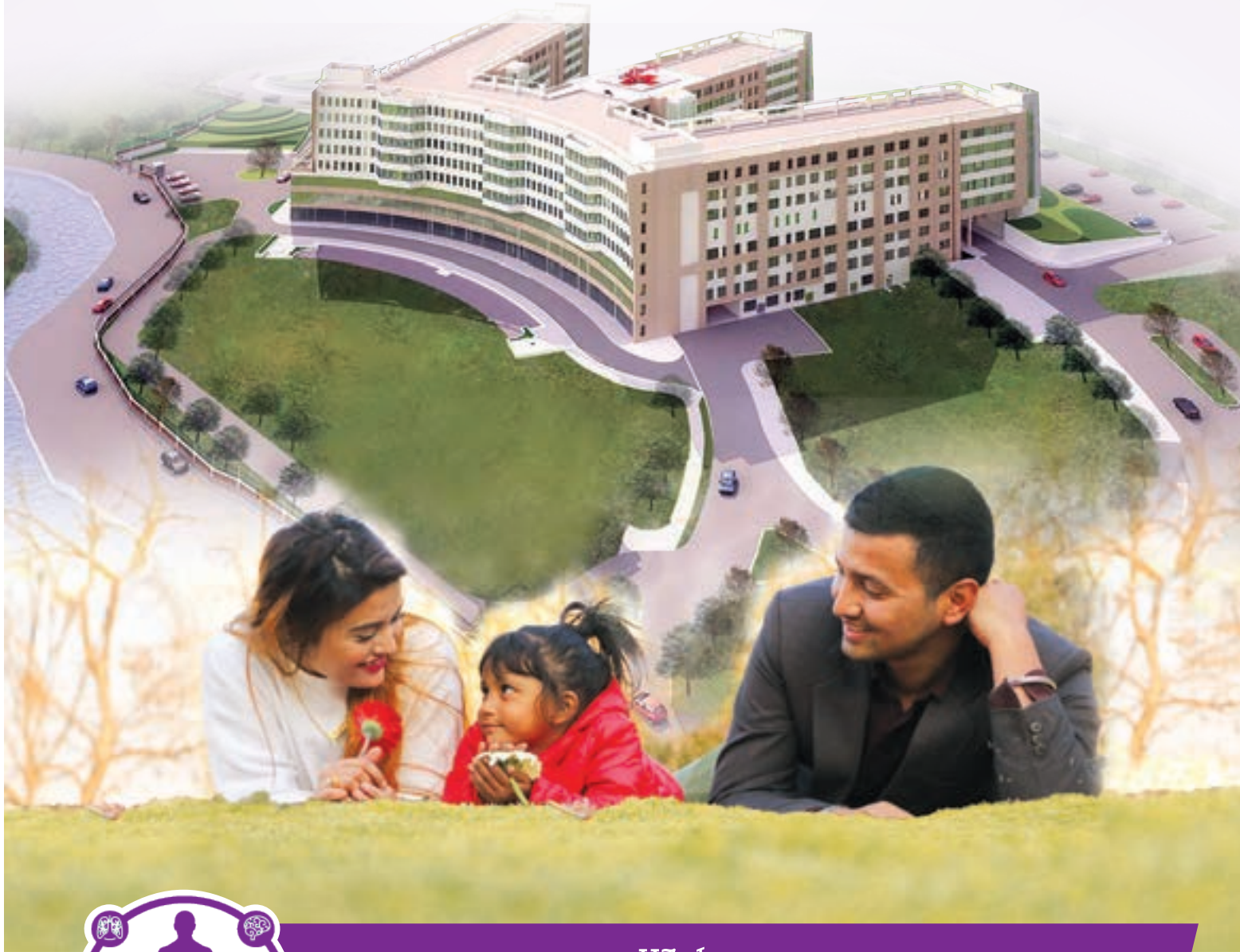
A portrait of Dr. Bharat Rawat, a middle-aged man with short grey hair and glasses, smiling. He is wearing a dark blue jacket over a light blue shirt. His arms are crossed. The background is blurred with warm, bokeh lights.

**“The policies of any country, and not just Nepal, are decided by the government of the country, and all foreign medical practitioners should respect the rules and regulations of the country. There will obviously be regulations due to which foreign medical practitioners will have some restrictions regarding their practice in any country, and Nepal is one of them.”**

**Dr. Bharat Rawat**  
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Senior cardiologist and lifestyle guide, **Dr. Bharat Rawat**, is currently associated with Medanta Hospital, Indore, India, as Associate Director – Cardiology. He completed MBBS in 1991 and MD General Medicine in 1994 from MGM Medical College, Indore, and DM Cardiology in 1997 from Banaras Hindu University, Varanasi, India. In 1998, Dr. Rawat along with his wife came to Kathmandu, Nepal for three months but ended up staying here for 17 years till 2015 during which he worked as the Executive Director and Chief of Cardiology at Norvic International Hospital.

**Dibesh Dangol** of **B360°** interviewed Dr. Rawat during his visit to Nepal to know his views regarding challenges faced by foreign medical practitioners in Nepal, development happening in the sector of Cardiology in the South Asian region – especially India and Nepal, and tips on owning a healthy heart.

#### What brings you to Nepal this time?

I came to Nepal to meet old friends and colleagues with whom I have worked with during my stay in Nepal. So whenever we, me and my wife, think about going for a vacation, we always consider coming to Nepal and meeting our patients, their families, friends and colleagues. I came here for 48 hours during which I have already given 5-6 talks.

#### From your experience, what are the challenges foreign medical practitioners have been facing in Nepal?

The policies of any country, and not just Nepal, are decided by the government of the country, and all foreign medical practitioners should respect the rules and regulations of the country. There will obviously be regulations due to which foreign medical practitioners will have some restrictions regarding their practice in any country, and Nepal is one of them.

From my point of view, I think proper licensing, asking reasons regarding why the doctor wants to practice in Nepal, licence valid for just a year, renewal of licence, etc., are valid challenges. These are all related to legal issues, but again all foreign medical practitioners should respect the policies of the host country.

#### Do you think Nepal Medical Council's policy regarding foreign medical practitioners should be revised?

NMC along with Ministry of Health are capable to assess if Nepal does require foreign doctors and in which faculty

and for how long. According to that, they should make policies.

#### What could be the major reasons for doctors to migrate overseas for work, or for those who stay, why do they prefer to work in urban areas only?

The doctors want to migrate overseas obviously for more opportunities like better job, lifestyle and earnings because there are limited opportunities in Nepal. Also, further trainings of doctors is an issue here in Nepal which is why they tend to go out for trainings initially but then due to the opportunities in foreign countries, they find it difficult to come back.

As for working in urban areas only, this isn't the case just for doctors. Everybody, whether they are engineers, bankers or people involved in any other professions, would like to work and stay in urban areas because of the infrastructures available. Like anybody else, doctors also think about comfort and facilities for ease of their family members and children.

So, what type of facility the government or country can provide them in rural areas, would possibly decide whether they want to work in rural areas or urban areas, and the same is with the doctors migrating overseas for work.

#### What kinds of development are happening in Cardiology in the South Asian region, especially India and Nepal?

In the last 20 years, there has been profound development. In Nepal, 20

years ago, almost everybody needed to go to India, Thailand or Singapore for their bypass surgery or origo angioplastica, but now those treatments are available here in Nepal. So, a big development has taken place.

There is only one thing unavailable in Nepal which is heart transplant. In India also, there are very few hospitals for heart transplants which is a big challenge and not an easy medical procedure. But except for that, I think we are doing pretty fine.

As for additional development needed, firstly, there should be development in the remote areas regarding basic facilities like thrombolysis for heart attack patients, availability of ECGs and trainings. Secondly development should be in terms of prevention and awareness. So, these are two important things.

#### What kind of policies should NMC make for public-private partnership in medical sector here in Nepal?

In many countries including India and Nepal, there are policies where government hospitals also look into the opportunities where they can invite private sectors to help them. There are such hospitals in Indore and other parts of India where if a particular faculty doctors aren't available or are less in number, they take help of the private hospitals or doctors to work briefly for them. Similar can be done here in Nepal and a public-private partnership can be formed in the medical sector. **B**

#### Top five tips to keep the heart healthy.

1. Wake up early in the morning and be physically active. Anybody who doesn't get up early in the morning is in for serious problems.
2. Losing temper easily and getting upset for minor mistakes should be avoided. For small reasons, people shouldn't spoil their mood and criticize people. Rather smile and be happy.
3. People should watch what they are eating. Eat small amounts at a time, eat homemade food, avoid sugars and sugary food as much possible. Consuming unhygienic or hydrogenated fat products like dalda ghee and refined carbohydrate products like wheat flour should also be avoided.
4. People should avoid any type of addictions whether it is addiction to tobacco, alcohol, mobile phones, social media sites, late-night parties, etc. Such addictions aren't good.
5. Everybody should know to check their blood pressure and blood sugar at least once or twice a year. Doing several tests isn't necessary and just checking of these two things will be sufficient indication.



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Gynecology Service

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Pediatric Intensive Care Unit (PICU)  
Nursery  
Pediatric Ward

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Department of General Practice and  
Emergency Medicine (24/7 Services)  
Department of Psychiatry  
Department of Dermato-Venereology  
Department of Ophthalmology (EYE)  
Department of Dentistry  
Department of Physiotherapy  
Department of Dietary

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# Possible Health: A Canvas of Public Healthcare

By Ankita Jain



**From the beginning of our involvement in the management of healthcare, we clarified that everyone will have access to healthcare irrespective of economic status. And therefore, we decided to provide healthcare without any charges. Till today we haven't charged even a penny for the services in both the districts.**

Where many organisations design, plan and implement new policies and strategies, Nyaya Health Nepal is working towards improving the existing public healthcare system that sustains in the country. Also known as Possible Health, Nyaya Health Nepal is a nonprofit healthcare organisation established in 2009 which acts as an implementing partner of the

Ministry of Health. "As part of our partnership with Ministry of Health under the concept of public-private partnership, we manage public sector health care," shares SP Kalaundee, Executive Director, Nyaya Health Nepal.

With an aim to work in the healthcare sector, Kalaundee left his full time teaching opportunity in one of the universities in the US and

returned home. "I do not come from a healthcare background; therefore, associating with Nyaya was an opportunity. In fact, I had lost my father and the reason behind his death was not known. Since then I was eager to work in this field," reveals Kalaundee who has been working with the organisation for four and a half years now.

Nyaya Health Nepal

currently works in two districts, Achham and Dolakha as part of a long term partnership with the Ministry of Health. The partnership is such that the Ministry of Health is the owner, regulatory and co-financier while Nyaya Health Nepal is an implementing partner bearing the responsibility of overall management. It includes human resource management, financing management, care





and improving the overall quality. They also co-finance raising funds from outside. “The mission of our organisation is to improve healthcare for under-served communities. We started in Achham considering the fact that access to healthcare was really difficult there as it is one of the least developed districts. We have been working in Achham since our inception; whereas we started working in Dolakha post-earthquake,” he states.

The salient feature of this organisation is that they have not only focused on improving the internal management and system but also introduced innovative ideas to improve healthcare in the country. “We have introduced the digital system. Hence, our data recording and reporting are fully digitalised in the hospitals. The other major innovative aspect is the community health programme,” he reveals. The digital system comprises Electronic Health Record (HER), patient tracker, pharmacy record and more. The organisation has made everything digitalized. The system is automated which saves time, information and helps in improving the quality of care in the hospitals while the community health programme helps to connect care from hospital to the homes. “We have a cadre of health workers whom we have recruited, trained and have been deployed to cover the major areas in the two districts,” he adds.

The community health programme addresses one big loophole in the health sector. Kalaunee rightly points out that if you come to the hospital, you get care but if you are not able to visit the hospital, you cannot access care. Further, our health information management system does not have data of the patients who aren’t able to visit hospitals or of the patients before and after their discharge from hospital. To fill this huge gap and conduct active surveillance, Nyaya Health

Nepal designed the community health workers team. They support the mothers from early pregnancy detection to the post-delivery; they are also involved in chronic disease follow-up care. This way they are ensuring that no one is left behind.

One community healthcare worker covers the area of 2000 people and every three months the health worker needs to reach each household. If there is any patient in the house, the health worker would visit every month. For instance, as soon as a pregnant lady is detected, the community health worker from that place would be notified and s/he would start the follow-up. “These things are measured, mapped, tracked and reported so that our health system is able to analyse. We have developed this mechanism as we have a commitment, as a country, of universal health coverage, making sure that no one is left behind. We are trying to make it sure through the network of community health workers and improve healthcare at the hospital,” he adds.

These implementations had a very encouraging result in both the districts. They were able to improve the institutional birth rate, achieve the under two mortality rate and more. “The first municipality that we rolled in, we have now the institutional birth rate of 96% while our country’s sustainable development goal is to achieve 90% by 2030,” he says. The organisation also receives support from a US-based entity and they have partners primarily in the US and also other parts of the world. “We think this is a positive aspect of the organisation that we have been able to receive not only financial support but also innovative ideas and global best practices through our partners.”

Primarily a care delivery organisation, their expertise and strength lies in implementing, managing and improving healthcare. But post-earthquake they were also engaged in relief work assigned

by the government. At the time of such disasters, developing countries can become an easy dumping site; therefore, they tried their best to protect against it. “We practically reached out to partners and requested to support us based on the country’s need rather than providing any medicine they fancied,” he explains.

Further, at that period of time, there were hundreds of health facilities which got damaged. Although they aren’t an organisation with construction strength but understanding the need of the country, Nyaya was assigned by the government to rebuild around 21 healthcare centres in Dolakha district out of which 18 have been completed so far. “When we visited Dolakha, we came to know that based on per capita loss, this district was the highest hit,” he shares.

According to Nyaya Health Nepal’s data, 27% of households spend more than 10% of their annual income in healthcare expenditure. This ultimately results in a huge amount spent. For instance, if a person is marginally above the poverty line then because of his/her healthcare expenses, s/he could actually fall below the poverty line. Similarly, if someone belongs to the middle-class category, s/he will probably fall in the lower-middle-class category post healthcare expenditure. This hits the economic status of a person immensely.

Moreover, in our country, more than 50% of healthcare investment comes out of an individual’s pocket which means that public sector expenditure is still less than 50%. Also, we are still more than 15% below the global standard of public healthcare investment. Considering the above fact, the challenges for Nyaya Health Nepal to work in these two districts majorly were poverty and access. While the organisation introduced the community health programme to tackle access difficulties, it also introduced complete free

services in all hospitals to fight against poverty. “From the beginning of our involvement in the management of healthcare, we clarified that everyone will have access to healthcare irrespective of economic status. And therefore, we decided to provide healthcare without any charges. Till today we haven’t charged even a penny for the services in both the districts,” he says. He further added that it helped everyone to access healthcare as Nyaya is fair in its treatment to everyone.

This policy also helps in avoiding extra charges which are incorporated by several hospitals in the form of several unwanted investigations and medicines prescribed, a means to run the hospital. “It may not always be ill intention. This is the situation the common people are forced to withstand because the hospital managers need to manage the hospital. On the other side, we are focused only on the care factor rather than money or profits when people come to our hospitals,” he briefs.

While WHO guidelines mention less than 15% women getting caesarean section and focus more on normal deliveries, hospitals in Kathmandu practice between 40-80% caesarean section. The act is simply because normal deliveries cost less. Highlighting this alarming issue, he shares, “We have been able to maintain less than 10% C-section cases in our hospitals.”

Since there are many development agencies which are involved in the training of midwives and health workers, Nyaya Health Nepal is always willing to collaborate with such agencies to avoid duplicity of effort. Further, the organisation has no plans for increasing the number of districts in the near future. “Certainly we have received requests from many places. As an organisation, we do not have the intention of expanding in other districts. We are expanding within those districts though,” he concludes. **B**

# SUSTAINABLE PROGRESS MATERNAL HEALTH

By Ankita Jain



Nepal has made substantial progress in improving maternal health care access and utilisation. Over the past decade, more women in Nepal are giving birth in a health facility than at home – another factor that has reduced the risk of postpartum haemorrhage (loss of blood following the birth), which is the leading cause of maternal deaths worldwide. The role of development agencies in the country has been tremendous in making this possible.

According to the Nepal Demographic and Health Survey 2016, the maternal mortality ratio (MMR) in Nepal decreased from 539 maternal deaths per 100,000 live births to 239 maternal deaths per 100,000 live births between 1996 and 2016. In 2016, roughly 12% of deaths among women of reproductive age were classified as maternal deaths. Nepal has committed to doing its part to achieve Sustainable Development Goal (SDG) target 3.1 of reducing

the global MMR to less than 70 maternal deaths per 100,000 live births by 2030. To achieve this ambitious target, Nepal will need to reduce its MMR by at least 7.5% annually addressing severe inequities in maternal health access, utilisation and quality. As per UNICEF reports, it has been observed that there are fewer newborns dying during birth from 33 deaths per 1000 live births in 2011 to 21 per 1000 live births in 2016.

Rolling up its sleeves to address the problem and bring down maternal mortality rate, The United Nations Population Fund (UNFPA) has found the solution via technology. Targeting the youth (10-24 years) which constitutes 32 % of Nepal's population, UNFPA recognised the importance of the digital world and launched a mobile application. "To help young people learn about their bodies and to adopt a healthy lifestyle, the National Health Education, Information and Communication Center under the Ministry of Health and Population, with the support of UNFPA and GIZ

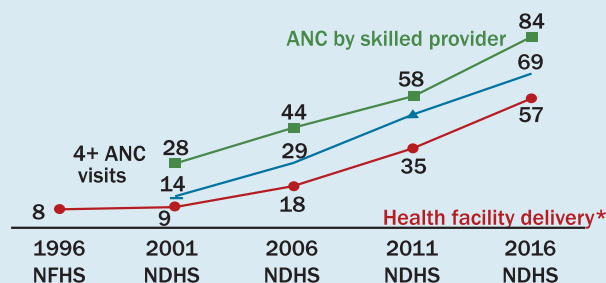
developed a mobile app called 'Khulduli' specifically for adolescents and young people. The mobile app offers comprehensive information on healthy relationships, gender equality, contraception and related issues. It is designed to give accurate information and empower young people to make informed choices to safeguard their future and wellbeing. The app is available through Google Play Store," says Lubna Baqi, UNFPA Country Representative for Nepal.

Baqi further adds, "Most of the young population rely on different digital platforms

or on their peers to seek information about their sexual and reproductive health — in the absence of information and guidance from reliable sources such as teachers, health workers, parents who are often not well equipped to provide sex education. Young people lack accurate information about sexual and reproductive health and are exposed to harm."

Established in 2007, Green Tara Nepal (GTN), a nongovernment organisation, has been working in the field of maternal and child health. Over the decade, Ram Chandra Silwal, Country Director, GTN

## TREND OF MATERNAL HEALTH SERVICE IN NEPAL



Source: UNICEF Nepal



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has observed few loopholes in the government strategies regarding postpartum care. "Today the government demands three-time checkup of the mother and the newborn in the first-week post delivery. The first checkup is on the day of delivery, the second after two days, and the third on the seventh day. As per reports, the chances of death are high in the first week. But practically speaking, the last two checkups are nearly impossible. Considering the state in rural areas where health centres are miles away, it would be impractical to make the mother and newborns travel so long. Rather, the government should assign health workers in those areas to examine them in their homes.

Further, the daughters-in-law in our country cannot make decisions on their own even today. They require the permission of their mother-in-law, husband or the head of the house to take any initiative. In this case, rather than educating only daughters-in-law, we are educating the head of the family by collaborating with village influencers, he adds." This project is known as Amplify Change and is being executed in Nawalparasi. It aims to empower young people, men and women to realise their sexual and reproductive rights.


Elaborating on the strong cultural beliefs and practices in Nepal, Chahana Singh, Health Officer, UNICEF Nepal, reveals, "The phases before and after birth are critical and the period after a mother has delivered requires significant attention. Unfortunately, we still see women not using the post-natal services and some of the reasons preventing them include strong cultural beliefs and practices. Certain social norms, for example, do not allow postpartum women to come out of the house for 13 days after delivery. We have heard the incomprehensible stories of a mother and her newborn being forced to stay in a cowshed because of the belief that they are 'untouchable'.

On the positive side,



**Khulduli, the mobile app offers comprehensive information on healthy relationships, gender equality, contraception and related issues.**

**Lubna Baqi**  
UNFPA Country Representative for Nepal



**The daughters-in-law in our country cannot make decisions on their own even today. They require the permission of their mother-in-law, husband or the head of the house to take any initiative.**

**Ram Chandra Silwal**  
Country Director, GTN



**Many of our programmes focus on the needs of the most vulnerable mothers and children, including preventing the transmission of HIV from mother to child.**

**Chahana Singh**  
Health Officer, UNICEF Nepal

antenatal and delivery care has shown progress over the years. In 2016, more than 80% of pregnant women received at least one visit by a skilled provider, while 69% of these women visited health facilities." In 1991 in partnership with WHO, UNICEF helped launch the Baby-Friendly Hospital Initiative to support exclusive breastfeeding and maternal health after birth. It has been working on improving maternal health in Nepal since 1997.

While UNFPA is working towards filling the gap in human resource, UNICEF is focusing on building capacity through sufficient training. "We are working with the Ministry of Health and Population to address the gap in human resource, particularly focusing on the midwifery education. The UNFPA programme also aims to address reproductive morbidities. This includes efforts to prevent and treat obstetric fistula, pelvic organ prolapse and cervical cancer. We have also built capacities in the health sector to respond to cases of gender-based violence, including referral for other support services, psychosocial counseling etc. Also, an estimated 43% of deliveries still occur at home in the absence of skilled birth attendants.

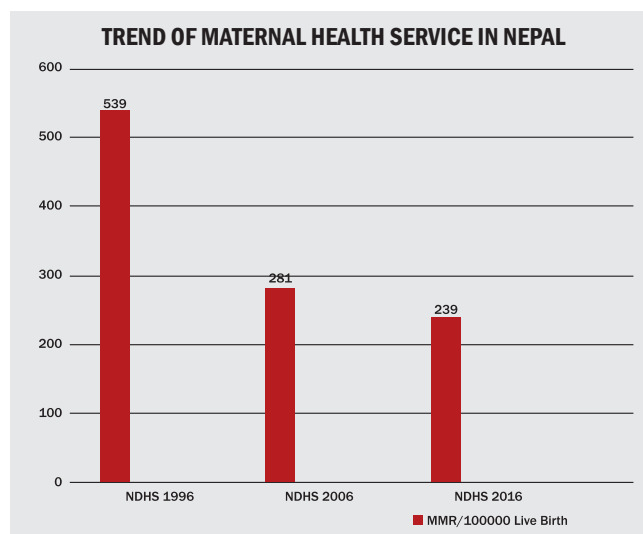
There is a need to address intersecting elements – such as violence against pregnant

women and inadequate spousal and family support during pregnancy and the post-partum period. Furthermore, excluded groups such as people with disabilities continue to face challenges in accessing health care, including sexual and reproductive health services and this need to be further addressed," shares Baqi.

Adding to Baqi's argument, Singh states, "We help to build the capacity of service providers such as providing training for Skilled Birth Attendants, and providing onsite coaching and mentoring as well as other types of training such as Emergency Obstetric Care monitoring and Infection Prevention Training. Many of our programmes

focus on the needs of the most vulnerable mothers and children, including preventing the transmission of HIV from mother to child."

Overall, Nepal has made substantial progress in improving maternal health care access and utilisation. However, disparities remain according to women's socioeconomic status, education level and place of residence. Additionally, efforts are needed to improve the quality of maternal health care to end preventable maternal deaths. "As compared to other countries, Nepal is improving immensely in this sector. And the government-development agencies partnership played a poignant role," summarises Silwal. **B**



Source: UNICEF Nepal



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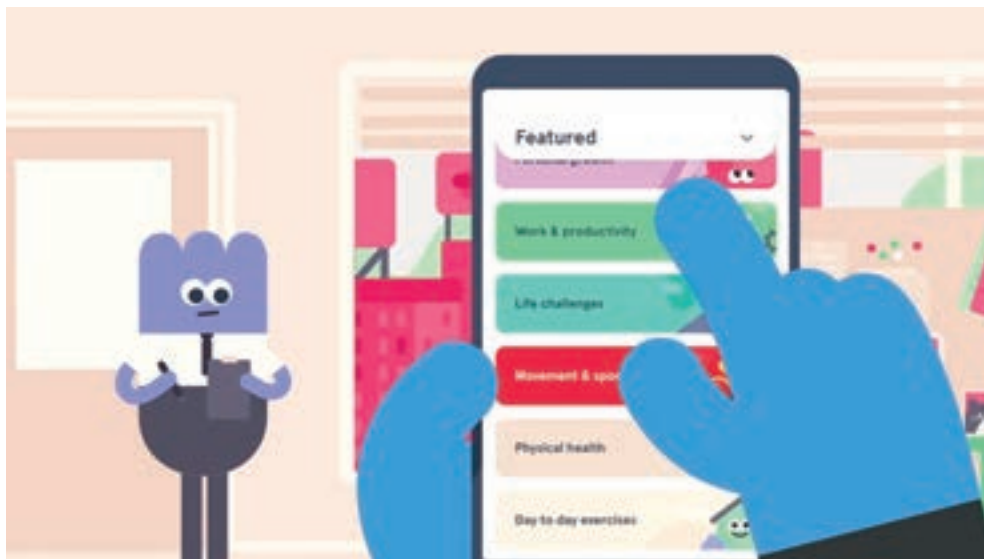
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# Apps To Keep You Healthy

By Samrat Amatya



Nearly one-third of the world population has some kind of health-related problem. The current generation faces a host of health issues from being obese to more persistent diseases. Much of it is blamed on the modern lifestyle. Unlike other matters, you can't go from unhealthy to healthy in a matter of days. It takes months, even years, of dedication, following a strict regimen, and going out of the comfort zone to be well and healthy. However, there are some apps that will make the journey towards a healthier life a bit easier.

## MY FITNESS PAL

Availability: Free on both Android and IOS

My Fitness Pal is one of the most popular health-related apps. It helps you track your calories, create a goal, and log your exercise. And it does these things very well! My Fitness Pal app has a huge database of food items to track your calories. You can manually insert the data or use the on-board barcode reader to scan the values of your food. Similarly, you can also tabulate the different exercises and calculate the number of calories you have burned. Being a popular app, it has a huge community of users whom you can gain motivation from. This is a crucial part to help you achieve your set goals! You can also share your progress charts, photos, and nutrition with your friends and family.

## SAMSUNG HEALTH

Availability: Free on Android

Although an app made for Samsung devices, Samsung Health is one of the most extensive health trackers available. And fright not, you can easily download the app from the Play Store. Like many health apps, Samsung Health has a lot of features. From tracking your calories to your exercise, the app has it all. Heck, it even has a robust community with whom you can share your progress. But what sets this app apart from the competition, is the built-in heart rate tracker, sleep tracker, and steps tracker. Besides these, you can also find out your stress levels and oxygen saturation levels from the app. If that wasn't enough, the app even lets you keep track of your water and coffee intake. I mean how cool is that! And oh, the app received a new design overhaul which makes it visually appealing and more fun to use.

## HOME WORKOUT

Availability: Free on both Android and IOS

Many of us don't have the time to hit the gym. We are too caught up in our worldly affairs that it makes it difficult to spare 2 or so hours. Enter Home Workout, an app that helps you exercise from the convenience of your home. You also don't need any fancy or expensive equipment. All you need is a few minutes of your days' time. Just fire up the app and select the body part you want to focus on. Once you have selected that, you will be prompted to the different exercises available. You can serially follow them as per the instructions. There is also a cool animation and a link to a YouTube tutorial on how to do that particular exercise. And oh, these exercises change as per your level of growth. Besides this, you can also take up various challenges that focus on exercising your full body. Great for beginners!

## HEADSPACE

Availability: Free on both Android and IOS (Includes in-app purchases)

A healthy mind is the very foundation of a healthy body. With more and more people suffering from depression, anxiety, and sleep deprivation, having good mental health is a must. One great way to do just that is through meditation. Meditating for just five minutes a day can do wonders to your mind and body. But how do you meditate the right way? Enter Headspace, an app that teaches you the right way of meditating. This nifty little app has a 10 day's beginners course where you are guided by a pre-recorded voice on how to meditate. You can choose between three minutes or five minutes of meditation. Besides voice-guided meditation, the app also has an animation section where you can watch educational videos on the mind and body.

## THE FLO APP

Availability: Free on both Android and IOS

The Flow App is one of the most popular apps dedicated to women's health. It helps ladies track your period cycles and fertile days. The app also has its own personal notes section where you can easily jot down important details like moods and symptoms. The Flo App also has reminder settings that will help you remember your due dates. And for you to-be-moms, there is even a pregnancy mode to track the most important time of your lives. A great way to tabulate the weeks, upcoming health checkups, or even those precious baby movements. Besides these, the app also provides you with a lot of health tips and insights. **B**



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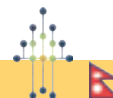


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# Will Gold Break New Barriers in 2019?



**Vivek Risal** is associated with Mercantile Exchange Nepal Limited in the capacity of Manager in Research and Development Department. He can be contacted at [r&d@mexnepal.com](mailto:r&d@mexnepal.com)

The love affair with gold continues into 2019. Although gold lost most of its luster in 2018, the appeal of gold cannot be underestimated. Gold had to bear the brunt in the preceding year with constant rate hikes distorting its demand for most parts of the year. Having commenced the year at \$1302.96 per troy ounce, the bullion shed 10.97 percent tumbling to \$1159.96 per troy ounce by August. It did manage to regain some lost ground by the end of the year closing at \$1282.25 per troy ounce. It earned the dubious accolade of being surpassed by palladium as the most valuable asset in the precious metals bracket - a distinction last occurring in 2002 when the yellow metal languished at \$450 per troy ounce.

## Factors Affecting Gold in 2018

Gold was pressurised by three main factors in 2018 - rising rates, appreciating greenback and low levels of equity market volatility. Market analysts opine that these headwinds have now turned into tailwinds in 2019. Real yields are the difference between the cash yields and the inflation rates. The yields had been on a continuous rise in

2018 and in October, the US 10-year real yield inclined above one percent. In hindsight, it was the first time since early 2011 that the real yields had breached that mark.

When gold does not have a yield that it can rely upon, these numbers are important. Simply put, if the traders are receiving one percent above the inflation rate for holding a risk-free asset, why to part the investments in gold becomes the inevitable question. Another startling revelation stated that the assets held by the world's biggest gold-backed exchange traded fund (ETF) GLD fell by \$2.7 billion to \$31 billion in 2018.



In recent times, the real rates have reversed. The expectations for inflation have hardly moved but the yield on the 10-year treasury has succumbed to 2.77 %. Although the Federal Reserve did raise the rates by 25 basis points at the December meeting, real rates may have peaked as the Fed cycle nears its completion. As a result, the opportunity cost for holding gold has tumbled.

## Gold Tracking with Volatility

Gold prices have benefitted lately from the rise in equity market volatility due to the rising interest rates. Gold prices and the VIX index followed a similar path of calm and composure throughout 2017. There was not a single day during 2017 in which the gold price moved higher or lower by 2.5% or more - the lowest recorded volatility since 2006.

In the period between 3 and 10 October 2018, the VIX spiked from 11.61 to 24.98. At these levels, it remained not more than 10 points higher than at any time during 2017. Gold followed the VIX higher,

by ending QE, the interest rate differences look set to converge in the forthcoming days.

## Catalyst for Gold

Any asset in the financial markets requires a catalyst and for gold, it is likely to be the portfolio flows. Most economists would look at the supply and demand elements when attempting to price any asset especially a commodity. The production for gold is price inelastic and the 190,000 tons of gold available in the form of bullion, coins and jewelry can be brought at a low cost.

Gold traders are the marginal buyers of gold and resonate as the largest impact makers. According to the World Gold Council, in Q3 2018, central banks globally bought the largest amount of gold to add to their already bulging reserves since 2015. In retrospect, Russia's net purchases hit their highest i.e. 92.2 tons whereas in a first, the Polish central bank brought gold for the first instance since 1998. Global reserve managers are likely to be a continuing source of demand in 2019. While USA, Germany, France and Italy are holding more than 60% of their reserves in gold, nearer home, China and India are holding 2.3% and 5.8% respectively.

## Conclusion

Gold has been in the news lately for all the right reasons as investors flock to the yellow metal. Since gold has fittingly been termed as an investment to safeguard against all uncertainties, time will only prove whether a lackluster 2018 turns into a Happy New Year in 2019. **B**

reaffirming its status as an alternative form of investment or safe-haven. Gold also rallied as stock markets dropped as a chain reaction to the Fed's December rate rise.

The final push in 2018 in the form of a stronger US Dollar may have also blown itself out of proportion. As a result, the DXY index inclined from 89 in February to a peak level of 97.5 in November and has edged lower since. With the ECB implementing the process of policy normalisation



# TIMEX



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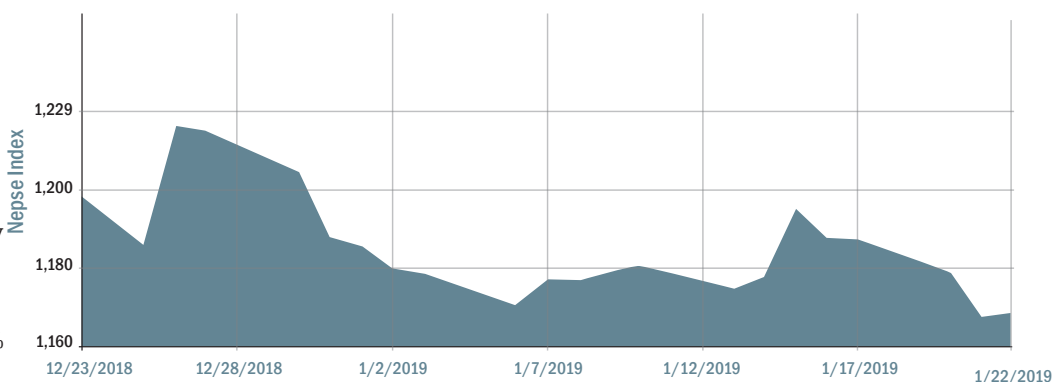


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# beed's take on the market

During the review period of December 23, 2018 to January 22, 2019, the Nepal Stock Exchange (NEPSE) index rose by 2.86 points (+0.25%) and closed at 1,168.83 points. The market witnessed a significant jump in the trading volume during the period with single day trading turnover crossing over Rs one billion on December 27. Overall trading volume during the review period surged by 33% and the total market turnover stood at Rs 9.44 billion.

During the review period, seven sub-indices landed in the green zone while two sub-indices landed in red zone. The Life-Insurance sub-index (+13.58%) led the pack of gainers with increase in share value of Life Insurance Co. (+Rs 220), Nepal Life Insurance (+Rs 145) and Gurans Life Insurance (+Rs 95). Similarly, Microfinance sub-index (+8.11%) was second in line with jump in share value of National Microfinance (+Rs 330), Womi Microfinance (+Rs 256) and Unnati Microfinance (+Rs 213). Likewise, Non-Life Insurance sub-index (+5.28%) followed suit with increase in share value of United Insurance (+Rs 100) and Premier Insurance (+Rs 96). Finance sub-index (+2.54%) went up with increase in share value of Hathway Finance (+Rs 5) and Gurkhas Finance (+Rs 5). This was followed



Source: Nepal Stock Exchange Ltd.

by Hydropower sub-index (+2.54%); top gainers in this sub-index were Nagadi Group Power (+Rs 12) and Chhyangdi Hydropower (+Rs 7). Others sub-index (+2.41%) gained value with surge in the share value of Citizen Investment Trust (+Rs 954). Similarly, Hotels sub-index (+1.47%) went up with rise in share value of Soaltee Hotel (+Rs 6) and Taragaon Regency (+Rs 3).

On the losing side, Commercial Bank sub-index (-2.77%) went down with decrease in share value of Nepal Investment Bank (-Rs 129) and Bank of Kathmandu (-Rs 72). Similarly, Development Bank sub-index (-1.19%) went down with decrease in share value of Kailash Development Bank (-Rs 27) and Purnima Development Bank (-Rs 14).

## News & Highlights

Securities Board of Nepal (SEBON) has directed NEPSE to provide broker license to commercial banks and to enable them to create a subsidiary company for the purpose, change the system of circuit breaker to match international practices, create Investors Protection Fund for the protection of the rights of investors, develop necessary technological requirements for making the OTC market operational and provide approval to Employees Provident Fund (EPF), Citizen Investment Trust (CIT), Social Security Fund (SSF) and stock traders to work as market maker or dealer. Besides, SEBON has also directed CDS and Clearing Limited for the creation of Settlement Guarantee Fund for ensuring necessary payments and to decrease the clearance period to T+1 day from previous T+3 days after full implementation of online trading.

Nepal Rastra Bank has raised the margin lending ceiling on loan-to-value ratio to 65% from the earlier provision of 50%. NRB has also reduced the risk weight for Banks and Financial Institutions (BFIs) for loans extended on the back of securities to 100% from 150%. Further, NRB has allowed commercial banks to establish subsidiary brokerage firms. These regulatory changes were made by SEBON and NRB on the basis of recommendations

given by the committee formed by the Ministry of Finance to study various aspects that have been challenging the financial stability of the country ranging from volatility in bank interest rates and fluctuations in the capital market.

On the public issue front, Ghalemdhi Hydro Limited issued Initial Public Offering (IPO) worth Rs 155.58 million. Meanwhile, SEBON has approved IPO worth Rs 192.5 million and Rs 67.4 million of Panchthar Power Company and Asha Microfinance respectively. Both the issues have been assigned IPO Grade 4 by care ratings indicating below average fundamentals.

## Outlook

Market interest rates were expected to come down post second quarter of this financial year. However, the rates are yet to come down which is negatively affecting the capital market. Further, despite implementation of major recommendations given by the special committee, there hasn't been a significant turnaround in the market as investor confidence remains low. Unless, the interest rate volatility stabilises, the market is likely to remain subdued. **B**

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	December 21st, 2018	January 22nd, 2019	% Change
<b>NEPSE Index</b>	1,165.97	1,168.83	0.25%
<b>Sub-Indices</b>			
<b>Commercial Bank</b>	1,025.91	997.53	-2.77%
<b>Development Bank</b>	1,467.84	1,450.38	-1.19%
<b>Hydropower</b>	1,202.84	1,233.36	2.54%
<b>Finance</b>	595.4	610.51	2.54%
<b>Non-Life Insurance</b>	5,326.58	5,607.82	5.28%
<b>Others</b>	725.62	743.13	2.41%
<b>Hotels</b>	1,708.37	1,733.56	1.47%
<b>Microfinance</b>	1,322.77	1,430.08	8.11%
<b>Life Insurance</b>	5,407.48	6,141.64	13.58%

Source: Nepal Stock Exchange Ltd.



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TOGETHER AHEAD

## Dr Poonam Khetrapal Singh appointed Regional Director WHO South-East Asia for second term

Dr. Poonam Khetrapal Singh has been appointed Regional Director for World Health Organization South-East Asia, for a second five-year term. The WHO Executive Board on January 26 unanimously endorsed Dr. Khetrapal Singh, who was earlier also unanimously nominated by 11 member countries of the Region for another five years. Congratulating her, WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, said, "The first woman to become Regional Director of WHO South-East Asia Region, you have provided dynamic leadership in a region that accounts for a quarter of the world's population but a disproportionate burden of diseases. Under your leadership, the region has made remarkable progress."

In her acceptance speech, Dr. Singh said, "It is a privilege to once again be appointed as Regional Director of WHO South-East Region. The confidence you have reposed in me is humbling." Outlining her vision for the second term that begins on February 1, Dr. Singh, said sustaining the gains, accelerating progress to finish the unfinished agenda and innovating, would be the approach to ensure health and wellbeing of the 1.8 billion people across the region.

In her first term, Dr. Singh, focused on building an increasingly responsive and accountable WHO in the Region, while prioritizing persisting and emerging epidemiological and demographic challenges, promoting universal health coverage and building robust health systems, strengthening emergency risk management and articulating a strong regional voice in global health agenda. She identified eight flagship priority programmes, focusing on results and

accountability, which are cascading into sustainable and result-oriented efforts.

## 32nd AGM of NIBL



The 32nd Annual General Meeting of Nepal Investment Bank was held on January 13 at Rastriya Sabha Griha, Kathmandu where it was decided to distribute 40% dividend - 18 % stock dividend and 22 % cash dividend - on its total paid-up capital to shareholders. During the year, NIBL earned operating profit of Rs 4.95 billion. The net profit of the bank for FY 2074-75 is Rs 3.65 billion. NIBL's paid-up capital will reach Rs 12.58 billion (after issue of 18% bonus share for FY 2074-2075). In FY 2074-2075 NIBL's deposits have increased by 11.45 %, reaching Rs 140 billion. Total lending of the bank increased by 14.44 % reaching Rs 120 billion. The NPA ratio of the bank is at 1.36 %.

The bank has more than 9 lakhs customer base catered from its 78 branches, 8 extension counters across the country. NIBL has a network of 109 ATMs and leads a consortium 14 Visa Associate banks and 7 NPN member banks.

During the fiscal year 2074-2075, NIBL Capital Markets Ltd. a wholly owned subsidiary of Nepal Investment Bank Limited acquired Ace Capital Limited to form NIBL Ace Capital Limited. It has become Nepal's largest merchant bank to have paid-up capital of Rs 27 million with its branches located at Lal Durbar, Lagankhel, Pokhara, Butwal, Birgunj and Biratnagar.

## Integrity School: Building Future Leaders

For the first time, Integrity School brought together the most deserving and passionate young government employees to support and build future leaders who will become the building blocks of an accountability ecosystem in Nepal. The inauguration session included a panel discussion on Building Accountability in Nepal through Innovation, Trend Setting and Shifting Values. The keynote speakers were Kedar Bhakta Mathema, Former Vice Chancellor, TU Nepal and Hari Sharma, the Director of Alliance for Social Dialogue. The school will provide vast opportunities for leadership development, mentorship, hands on training and powerful networking to amplify their impact over time.

## NMB signs PPA to launch unique solar roof-top model



NMB Bank has signed a private power purchase agreement with Saral Urja Nepal Private Limited for a 50 kw grid-tie solar roof-top with net metering. The grid-tie solar roof-top will be placed in NMB Bank's head office in Babarmahal, Kathmandu. Under the power purchase agreement, SUN will install, own and operate the solar roof-top for 15 years. NMB will purchase all the electricity generated from the solar roof-top at a price lower than their retail grid electricity tariff with no up-front investment.

"This initiative reaffirms NMB's commitment to expanding and financing renewable energy in Nepal. Not only will part of our own electricity requirements be met through solar, we will also use this to expand financing of

solar roof-top solutions across Nepal," said Sunil KC, CEO, NMB Bank.

Over the 20 years' life of NMB's solar roof-top system, NMB will pay a lower price per unit from solar than from the grid. The 50 kW will also help to avoid 2 Million kWh imports and reduce imports by Rs two crores over the project's life.

"We welcome the decision of Nepal Electricity Authority to allow net metering, a system that allows users to connect their solar system to the grid and export the excess electricity to the grid. Net metering has opened up tremendous opportunities for Nepal to diversify its generation base, reduce electricity costs to consumer, avoid imports and help build a more reliable electricity grid," said Bishal Thapa, Managing Director of Saral Urja Nepal. The agreement between NMB and SUN is also intended to expand financing of such solar roof-top systems across Nepal.

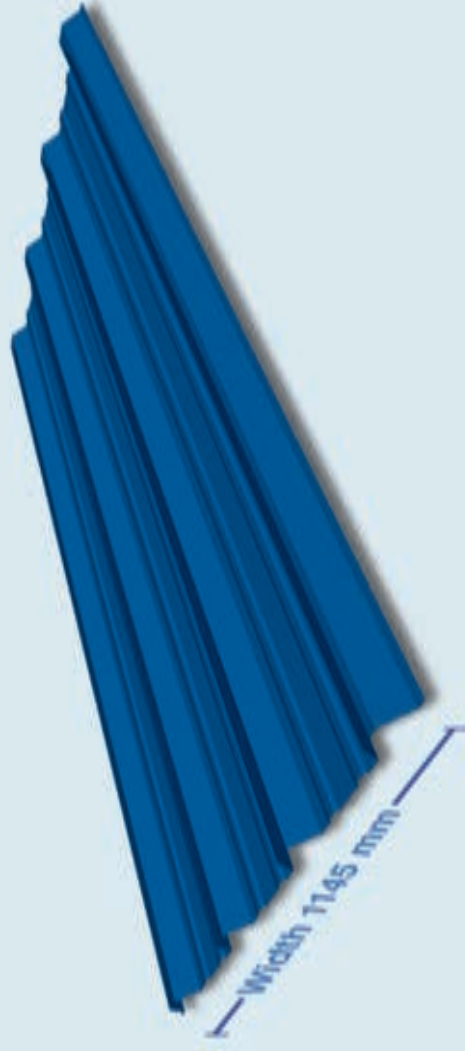
## NRB Governor administered oath of office and secrecy to Chairman of Sunrise Bank

NRB Governor Dr. Chiranjibi Nepal administered oath of office and secrecy to Chairman of Sunrise Bank Limited Moti Lal Dugar. Dy. Governor Chintamani Siwakoti, Executive Director Narayan Prasad Poudel, other executives from NRB, as well as Sharada Sharma Pudasaini, the newly elected Director of the bank, the CEO, DGMs and Company Secretary were present on the occasion.





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## NICCI Unveils Investor Handbook at its 24th AGM



Nepal-India Chamber of Commerce and Industry (NICCI) unveiled an investor handbook titled 'Investing in Nepal – A Guide for Indian Investors' at its 24th AGM held in capital on January 11.

The book was prepared by NICCI and Embassy of India to Nepal in order to boost foreign direct investment in Nepal from Indian entrepreneurs and has incorporated a number of issues regarding company and industry registration, availability of human resources, taxation, import-export laws and practices, means of dispute resolution, etc.

"This book is to provide further impetus to investments from India in Nepal. The chamber has come up with a concise and compact handbook which covers most of the questions relevant to investors to understand our legal framework and evaluate business opportunities in Nepal," said Saurya SJB Rana, President of NICCI.

## Himalayan Bank introduces chip and pin based Mastercard Debit Card



Himalayan Bank Limited in partnership with Mastercard has announced the launch of chip and pin based Mastercard Debit Card for its

customers. The Himalayan Bank Mastercard Debit Card (Domestic) offers cardholders discounts of up to 20% on purchases at select merchants (hotels, restaurants, pubs, clothing stores, etc.). Ashoke SJB Rana, CEO of Himalayan Bank and Porush Singh, Division President, South Asia, Mastercard formally launched the debit card at a press meet organised at the corporate office of the Bank.

Commenting on the initiative, Ashoke SJB Rana said, "We are pleased to partner with Mastercard in Nepal. Our partnership with Mastercard is based on our mutual belief and commitment in bringing unparalleled value to our customers." He further added that the card will be secured with Chip and PIN and can be used at most of the ATM and POS terminals across Nepal and in India.

Customers can obtain the Himalayan Bank Mastercard Debit Card from all 57 branches of Himalayan Bank and can be used without any charges at all the 111 ATMs of HBL. Customers can also use the card without any charges for POS transactions in Nepal and India.

## Kumari Bank on board IME pay wallet

Kumari Bank is on board with IME pay wallet. Now IME pay customers can link their IME pay wallet with their Kumari Bank account, thereby enabling them to seamlessly transfer funds from customers' bank accounts to the wallet and vice-versa. Bank customers will also be able to avail recharge, payment, wallet-based small value money transfer services along with a myriad of other online and offline QR code based IME pay services.

IME Digital Solution Limited, which developed and introduced mobile money service 'IME Pay' was granted with Payment Service Provider (PSP) license by Nepal Rastra Bank in June 2017. IME Digital

obtained its operating license under NRB's "Payments and Settlement Bylaw 2072" for wallet-service through mobile telephony network making it the 1st licensed PSP of the country.

## NATTA holds 52nd AGM

Nepal Association of Tour and Travel Agents (NATTA) held its 52nd Annual General Meeting on January 15 in Kathmandu. The event was attended by Nepali Congress leader: Gyanendra Bahadur Karki, Secretary at the Ministry of Culture, Tourism and Civil Aviation: Krishna Devkota, CEO of Nepal Tourism Board: Deepak Raj Joshi, NATTA President: CN Pandey along with chief guest of the event Speaker of the Federal Parliament of Nepal, Krishna Bahadur Mahara.

Speaker Mahara conveyed his support for required legal reforms for the development of the tourism sector. He highlighted the role of NATTA

actively working towards promoting Nepal as a major tourist destination.

NATTA President CN Pandey emphasized that the government should invest in the infrastructure development especially the airport and air transport agreements to meet the target of two million tourists for 2020.

## KL Dugar Group launches maize starch

KL Dugar Group has launched Gyan Maize Starch (corn flour) in the market. The product is available in 800g, 500g and 100g packs. Corn starch is used to add flavours in various food items – to thicken soup, sauce and juice, and to add taste to fried food items and bakeries.

The company had launched multigrain flour, corn flakes and corn flour last year. It also produces various rice and pulses products.

## NMB Bank's 23rd AGM



NMB Bank organised its 23rd Annual General Meeting (AGM) under the chairmanship of Pawan Kumar Golyan, on January 10 in Kathmandu.

The AGM decided to distribute 10% bonus share and 20% cash dividend for tax provision from its profit of fiscal year 2074-75. The Bank's total paid-up capital post distribution of the said bonus shares stands at Rs. 9.61 billion.

NMB Bank has been providing services through a network of 110 branches, 4 extension counters and 97 ATM outlets across the country.



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### Sunrise Bank concludes its 11th AGM

Sunrise Bank successfully concluded its 11th Annual General Meeting on 13 January under the leadership of the bank's chairman, Moti Lal Dugar. The AGM endorsed the board's proposal to provide 11.50% cash dividend to its shareholders from the net profit it had earned in the previous fiscal year. The AGM also elected new board members that include Motilal Dugar, Malchand Dugar and Er. Bachcharaj Tatet from the promoters' group while Sailendra Guragai, Dipak Nepal and Saradha Sharma Pudasaini from the public shareholder group.

### Happy Heart is a Healthy Heart with Dr Bharat Rawat



A talk programme with Dr Bharat Rawat, Senior Cardiologist and Lifestyle Guide, Medanta Hospital, Indore was recently organised in the capital. In a full house programme, Dr Rawat talked on 'Happy Heart is a Healthy Heart'. He shared tips on how loving one's heart helps. Highlighting the alarming issue of heart problems, he urged people to start off the day with some physical activity. "Exercise is good before heart disease sets in. And if it already has, all is not lost. It goes a

long way in keeping that heart healthy. If you are the super busy sort, and making money is your priority, with your health following a poor second, well, change it. Of what good is all that money when all of it gets spent on keeping you alive?" he said. He also mentioned the importance of following a healthy diet, meditation and staying happy.

### Fuzzscape's episode Manang released



Fuzzscape's episode Manang released early this month. The event also engaged the audience through a panel discussion "Exploring Intangible Cultural Heritage: Documentation, Archiving and Inspiration". It focused on the importance of the preservation, promotion and documentation of intangible cultural heritage, more specifically ethnic and folk music and performances through the use of multi-media as well as through academic ethnomusicological approach. The panelists were three

members of team Fuzzscape: Barkha Mukhiya, Rajan Shrestha and Rohit Shakya and ethnomusicologist and educator Lochan Rijal. The conversation was moderated by Nischal Oli, British Council Arts Manager. Fuzzscape is an initiative of Fuzz Factory Productions which produces documentaries, music videos and advertisements.

### Everest Bank supports Zonta Club of Kathmandu under CSR



Everest Bank has been undertaking different welfare activities to provide sanitation to the underprivileged as a part of its Corporate Social Responsibility. The bank recently handed over a cheque to Zonta Club of Kathmandu to provide humanitarian assistance with concentration on sanitation through the construction of toilets in Nawalparasi district.

At a function, Someshwar Seth, CEO of the bank handed over the cheque to Seema Golcha and Sameena Shrestha. The bank expects that it will help to reduce the number of female student drop-out due to lack of toilets and sanitation problems.

### Huawei Honor debuts in Nepal

Honor, the sub-brand of Chinese telecom giant Huawei, has made its debut in Nepal. Honor brand is introduced in Nepal with four new smartphones: Honor 7S, Honor 7A, Honor 8X and Honor Play.

Kratos Technologies has brought the Honor brand to the Nepali market with a single authorised distribution deal. Honor brand was created to meet the needs of digital natives through its best in class products that offer superior user experience, inspire action, foster creativity and



empower the young to achieve their dreams. As per claim, they will please the users through its best in class and first in industry designs and technology. The brand strives to keep the balance in price and performance ratio perfectly.

### Renault Duster RXS variant now in Nepal



Renault's authorised distributor in Nepal, Advanced Automobiles - a subsidiary of Vishal Group - announced the launch of its exciting all new Renault Duster RXS petrol variant at its state of the art showroom in Naxal. The French automobile maker had first launched Duster together with KWID in 2016 in Nepal. The new features include a 7 inch touch screen infotainment system compatible with a Bluetooth, USB and Aux-In connectivity along with Smartphone Voice Recognition. In addition, the RXS variant also gets dual airbags, central locking, power door lock and gun metal finish alloy wheels. Other features include steering mounted audio and phone controls, rear reading lamps and gear shift indicator and GPS Navigation. The Duster RXS variant is powered by a 1.5 dCi engine that churns out 85 hp of power and 200Nm of torque. Renault also sells Duster with diesel power train. The automatic variant of the model comes equipped with the six-speed X-Tronic CVT





## Kathmandu Branch



**CIWEC HOSPITAL** brings more than 35 years of experience in taking care of travelers and expatriates. It has an international reputation for its high quality of care, and its extensive research program that has helped define the diagnosis and treatment of disease in travelers. Established in 1982 as CIWEC Clinic, it has evolved into a full service hospital. The quality of care and research at CIWEC has led to two Medical Directors of the hospital becoming President of the International Society of Travel Medicine (ISTM): Dr. Prativa Pandey, from 2005-2007 and Dr. David Shilm, from 2013-2015. We opened the first travel medicine center and hospital at Pokhara in 2014 as CIWEC Hospital Pokhara.

## Pokhara Branch

## Services

We have outpatient, inpatient, emergency, ICU, and ambulance 24/7. We also provide dental, immunization, laboratory, radiology and psychiatry services.

We focus on the needs of the traveler: providing optimum clinical care, informing travelers of health risks and mitigating the risks by providing immunization and travel health advice.

Our number one priority is to make sure that patients receive proper treatment and get on with their travels or get back home safe and sound.

“ We are pleased to announce that CIWEC Hospital has just opened its own state of the art operation theater supported by a team of highly qualified surgeons, orthopedic and gynecological specialists and anesthesiologists at Kathmandu”

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gearbox.

Renault Duster RXS has air conditioner, heater, steering adjustment, rating mount audio, power supply port, rear armrest, electrically adjustable rear view mirror and many other additional features. It has average mileage of 13km and has disc break in forward part and drum break in the back part.

Duster RXS is a well-packaged and segment-breaking product offering efficiency, reliability and value for money as well as an accessible premium SUV alternative to sedans. It also boasts of superior engineering, styling, safety and comfort features. The Duster range offers unmatched performance, drive ability and efficiency. A stylish and sturdy SUV, with appealing looks that convey both solidity and dynamism, the exterior design is striking, reflecting its iconic SUV appeal.

## Tata NRG launches in Nepal



Tata Motors along with their sole distributor for Nepal, Sipradi Trading, launched its newest addition to the passenger vehicle family, Tata NRG. According to a statement issued by the company, Tata Motors introduced the Nepal's Youngest Compact Utility Vehicle (CUV) with class leading design and technology to make an entirely new style statement.

NRG is powered by the 1.2L Revotron petrol engine, available with 5-speed manual transmission and comes in three attractive colours: Malabar Silver, Canyon Orange and Fuji White, with dual tone infinity black roof and roof rails. The Tata NRG is available at an introductory price of Rs. 29.55 lacks for the petrol version.

"The pursuit of something different is what led to the Tata NRG. We are confident that this SUV inspired vehicle with its class leading design and technology will be much loved by our customers and will further help us expand our market share and be a shining testament to our commitment of providing quality mobility solutions," said Rajan Babu Shrestha, CEO, Sipradi Trading at the launch.

## Radisson wins SAFA Award



Radisson Hotel Kathmandu was recognized with 'The Best Presented Annual Report Award' in the service sector among all SAARC countries, organised by South Asian Federation of Accountants (SAFA) an apex body of accountants in SAARC. Subrata Banerjee, General Manager of Radisson Hotel Kathmandu received the award on January 22 in Pune, India.

SAFA is a forum of professional accountancy bodies positioning, maintaining and developing the accountancy profession in the SAARC region and ensuring its continued eminence in the world of accountancy. In public interest and towards the broad economic development of the region they organise the award to honor the dedication of deserving companies every year.

## Skyworth wins 4 Awards at CES 2019

As the global elite in the household appliance industry, SKYWORTH has presented many advanced new products and technologies during CES 2019.

During the event, Skyworth was awarded 2018-2019 Global CE brands Top 50, 2018-2019 Top 10 CE brands and 2018-2019 Global TV brands



Top 10. Skyworth has earned recognition for its outstanding performance in the field of household appliances. Skyworth has also received a product award, the AI Smart Dual Ecosystem TV Experience Gold Award for 65S9A/XA9000. It supports Google Assistant and Amazon Alexa which truly has become the control center of a smart home. With powerful PQ processor built-in, the TV can display the best image and create an extraordinary experience for audience.

Besides 65S9/XA900 Skyworth has brought the latest products and technologies to CES, including 277-inch super narrow bezel TV wall, 8K OLED TV, 82" Flush Mount TV, 65" Quasi-pixel backlight TV and so on. The 77" OLED TV features Dolby Vision HDR imaging technology and is equipped with a 7.1.4 Dolby Atmos-enabled home theatre system delivering spectacular and immersive experiences.

Skyworth has built partnerships with Google, Amazon, and other technology giants to establish intelligent product ecosystem. Based on the global strategy of "Open, share, win-win", Skyworth will continue to focus on AI TV manufacturing to provide AIOT big screen intelligent solution and the best product to their global consumers in the future.

## First anniversary of JJ Jewellers

JJ Jewellers (Emerald Pvt. Ltd.), which showcases an exclusive collection of gold, silver and diamond Jewellery celebrated its first anniversary at Basantapur, Kathmandu.



Legendary actors Madan Krishna Shrestha and Hari Bansha Acharya made the celebration more special by cutting the anniversary cake. The jewellery showcased at JJ Jewellers is crafted with delicate precision and dedication to satisfy customer tastes.

## WaiWai Glocal Teen Hero India

Glocal launched WaiWaiGlocal Teen Hero India on January 14 at Soaltee Crowne Plaza. Glocal Teen Hero is an initiation to bring out teenagers who are doing something from the shadows and create a ripple effect of motivation and impart a message that a lot can be done by anyone and also to appreciate and recognise teenagers.

The event shared the news of positive cross border collaboration for the betterment of teenagers and youths of both countries. The applications for WaiWai Glocal Teen Hero India opened from January 15 and closes on April 2. The main event is scheduled for April 20 in Guwahati, India.

H.E. Manjeev Singh Puri, Ambassador of India; GP Sah, Vice President, Chaudhary Group were present on the occasion.



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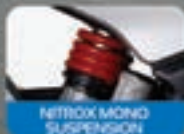
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#### FAR WESTERN REGION:

Lamhi 540365, Tilapur 560807, Atariya 985834362, Chugadi 520892, Mahendranagar 520896, Dadaethura 985875496, Darchula 985875495

## Everest Bank and Punjab National Bank Sign MoU to facilitate Nepal domicile Indian Gorkha soldiers

In line with its vision to be a leading commercial bank with pan Nepal presence and become a household name, providing wide range of financial products and services, Everest Bank sign MoU with Punjab National Bank (PNB) to facilitate Nepal domicile Indian Gorkha soldiers.

At a function held at the head office of PNB, New Delhi, Someshwar Seth, CEO of the bank and Samir Bajpai, General Manager of PNB-Government Business Division, signed the MoU. The major facilities that Indian Gorkha soldiers will avail are opening of twin accounts at EBL and PNB through PNB branches, free remittance of fund having Rakshak Plus account, co-branded PNB-EBL Debit cards, loan by EBL to Nepal domicile Indian Gorkha Soldiers having Rakshak Plus account.

## Sunrise Bank opens six provincial offices in one day

Sunrise Bank inaugurated its six provincial offices on a single day on January 11. The bank established its provincial head offices at Itahari for Province 1, in Lahan for Province 2, in Pokhara for Province 4, in Butwal for Province 5, in Surkhet for Karnali Province and in Attariya for province 7.

The latest facilities were jointly inaugurated by Chairman of the bank Motilal Dugar, board of directors and CEO Ratna Raj Bajracharya.

The bank currently has 102 branches, 114 ATM outlets, 4 extension counters and 28 branchless banking units all over the nation and is serving its more than five lakh customers.

## Ncell brings Valentine Offer



This Valentines, Ncell customers can enjoy endless conversations with their loved ones. Ncell has announced a Valentine Offer under which all Ncell customers can enjoy voice service at just 50 paisa (64 paisa including taxes) per minute. The offer comes into effect from February 1. All Ncell prepaid and postpaid customers can activate and pair one Ncell number for free with their number to talk at only 50 paisa (excluding taxes) per minute for the whole month of February. Customers who activate this offer also get 100 SMS for free which they can use to send text messages to the paired number. Dial 17106 and following the instructions to activate the offer.

## Pearson launches its second PTE Academic Test Center in Kathmandu



Pearson announced the launch of a new Pearson of English Academic (PTE Academic) center in Kathmandu on January 22. The establishment of this new center will follow Pearson's aim to augment the reach of PTE Academic centers and impart assistance and easy access to a globally-recognised, fast and reliable English language proficiency test for immigration and study abroad.

PTE Academic is a computer-based language test and is gaining immense popularity for its accurate and impartial scoring results. To provide test score validity, all Pearson test centres use

state-of-the-art and industry-leading security measures such as incorporating palm-scanning, secure paperless results, randomized test formats and CCTV, thereby ensuring aspirants test in a controlled and secure environment.

Commenting on the launch, Vikas Singh, Managing Director, Pearson India said, "We have seen an upsurge amongst English test takers for PTE Academic as it is a completely online testing system, hence extremely convenient and secure, delivering results faster."

Rajen Kandel, CEO of The British College, said, "Our test center will provide greater access to the PTE Academic exam in Kathmandu, offering candidates a convenient, consistent and professional testing environment."

PTE Academic is accepted by universities and colleges around the world including Harvard Business School, Yale University, INSEAD, and London Business School. It is accepted by 100% of Australian and New Zealand universities and by a growing number in the USA, UK, Canada, Ireland, Singapore and Germany. The test can also be used for all Australian and New Zealand visa and migration applications.

## Govinda Das Shrestha passes away

The owner and chairman of Radisson Hotel Kathmandu, Govinda Das Shrestha passed away on January 9 at Leelawati Hospital, Mumbai. Shrestha was 87 years old and was suffering from cancer.

The late GD Shrestha served more than four decades in the tourism industry. With his work and enthusiasm, he left a great impact on Nepal's tourism and the people he worked with. He was the owner and chairman of Radisson Hotel Kathmandu owned by Oriental Hotels Group, Chitwan Paradise Hotel and Himalayan Tours & Travels. He also served as Consulate for Maldives.

## Dish Home offers Lowest Monthly Rates



Dish Home has introduced various packages targeting all types of customers. The monthly packages include Rs. 250 for the Basic Package targeted to family and children, Sports or Medium Package for Rs. 300 for sports lovers in which all HD sports channels will be available, all SD and few super HD channels for Rs. 350 under Super HD package, and all DH and SD channels under Premium HD Package for Rs. 400.

This scheme has been activated from 24 January and the past customers can also activate this scheme by getting annual subscription from authorised dealers or sellers of Dish Home.

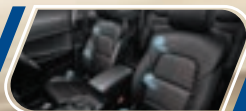


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**“IF YOU CAN START GIVING YOUR LIFE DIMENSION, DESIGN, COLOUR, OBJECTIVES AND PURPOSE, LIFE IS BEST LIVED. IT GAVE ME THE CHANCE TO EXPERIENCE THE POWER OF MY IMAGINATION, WHICH I BELIEVE IS THE MOST POWERFUL RESOURCE ONE CAN HAVE”.**

**Dr. Sujan Makaju Shrestha** is Consultant Surgeon with the Department of Surgery at Dhulikhel Hospital, a Kathmandu University hospital. Shrestha completed his MBBS and Postgraduate in Surgery from Kathmandu University School of Medical Sciences and has been working with the hospital for the past four and a half years. He proudly attributes his success to the team and the work culture at the hospital. In an email interview, Dr. Shrestha shares with **Ankita Jain**, the five elements that have impacted his work and life.

### INSPIRATION

My grandfather always said, “Set a goal and work towards it. No good will come from working without an aim.” This has always motivated me to set a goal. I wanted to be a surgeon since childhood, and I started preparing for it at an early age. If you can start giving your life dimension, design, colour, objectives and purpose, life is best lived. It gave me the chance to experience the power of my imagination, which I believe is the most powerful resource one can have.

### MY FAMILY

Family plays the most influential role in an individual's life. My family has always been there to teach me the values of love, affection and truthfulness. My parents have always encouraged me to see through problems rather than to run away from them. They have been a constant beacon of hope to guide me through my career. Being the eldest son in my family, my physical presence was required in many of the family functions. However, they understood my priority well. I always had their back. Also, dreaming to be a surgeon is not enough, one requires huge financial support. Throughout my studies, I never had any obstacle and all the credit goes to my family for the smooth flow of love and support.

### PATIENT FIRST

The relationship between

patient and physician is based on trust. It is our foremost responsibility to place patient welfare above self-interest. Recently, an extremely poor patient, incapable to pay even a cent for his treatment came to our hospital. He had been to a couple of other hospitals earlier, but sadly, was shown the door. At Dhulikhel Hospital, we believe in treating the patients first than worrying about the cost. As a surgeon, such incidents fill my heart with joy. Later, the patient was backed by charities; he is sound now.

Furthermore, I always believe that good communication and interpersonal skills are needed to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients. We have to treat patients as people, make them feel listened to, understood and really cared for. “It's all about them, not me – that's why I am here”—I remind myself constantly. Caring starts with connecting. Acknowledge and tune into patient sentiment; be personable; be patient and be compassionate.

### THE TEAM

Dhulikhel Hospital was founded with the principle of social equity in health care. This value has always stayed with me. I am proud to be trained and for the opportunity to work in one of the best university hospitals in Nepal.



We believe that quality health services need not always be an expensive commodity and limited only to those who are rich enough to afford. Our team in the hospital has always strived to put interdisciplinary collaboration to fulfill our mission.

### DREAM BIG, START SMALL AND START NOW

Had I not planned at an early stage of my life, I

would never have become a surgeon. I worked hard for it and fortunately was offered a scholarship. Almost everything great starts with a small decision or action that seems insignificant or impossible at the time. Being a part of one of the success stories in health care delivery in Nepal, I have come to realise that if you dare to dream and believe in it, everything is possible. **B**





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# INTERMITTENT EXERCISE



**Sandesh Palungwa Limbu,** Certified professional fitness instructor, founder of RAGE Fitness, and specialises in mixed martial arts.

I can't emphasise enough about the benefits of exercise – right from how you feel and look to the many values of maintaining your health and wellness, and avoiding diseases. Yet we find people struggling all the time to commit to a regular exercise routine. I often have people talk about having the will to exercise but lacking the will to actually go do it.

Some people struggle with time and many struggle with actually sticking with it. I often also hear about sporadic bursts of exercise that people do and then they worry that it might actually do more harm than good. This is untrue. However half baked your attempt; know that when it comes to exercise, every bit counts.

While I always encourage people to get into the habit of exercising regularly, I also encourage them to show up with their sporadic attempts. The benefits of exercise and physical activity are immense whether you dedicate an hour each day or you find small moments of workouts that you do through the day.

Intermittent exercise is an effective way to get into building the habit of regular exercise. Current research shows that the body benefits even if the exercise is divided into smaller blocks of time. Just remember it has to be sustained vigorous activity of at least 10-15 minutes each session. You need to stress the system to build muscle and strengthen the heart. Note here that if you are generally sedentary, short spurts of exercise may induce changes, but if you are in good shape this method may not help see visible changes although you will still benefit from the exercise.

If you have a busy schedule, are new to exercise or get easily bored but in need of improving your health and fitness while reducing health risks, intermittent exercise will be effective. You can start simply by using work breaks to

walk briskly for 10-15 minutes at a time, or before or after meals. But if weight loss is your goal, you have to make exercise and physical activity a regular feature of your day. In addition, to reduce weight exercise alone is not enough; you will have to adopt good eating habits.

For those who already exercise but struggle with time, short speed interval training could be your answer. There are numerous ways to create routines that challenge you and get you results. While 10-15 minute workouts are a welcome message for those who struggle with finding the time to exercise, please note that high intensity workouts are not suitable for everyone. Please consult your trainer before you start one. Also if you know that you are unfit or have a health condition, build up your fitness gradually. **B**







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# THE COST OF AMBITION



**Sadhguru.** Named one of India's 50 most influential people, Sadhguru is a yogi, mystic, a bestselling author & poet. Sadhguru has been conferred the "Padma Vibhushan" by the Government of India in 2017, the highest civilian award of the year, accorded for exceptional and distinguished service.

**Q:** My question is about being ambitious. When you are ambitious, you plan your life in a particular direction, and you take some steps at the expense of others...

**Sadhguru:** What is your business anyway?

**Q:** I am into financial markets.

**Sadhguru:** You were saying, "at the expense of someone." Everything is at the expense of someone. The house in which you live may be very comfortable for you. But to build a building like that, I do not know how many worms, insects and other creatures have suffered immensely. We have committed genocides. If we are conscious of this, we will do things only to the extent necessary – nothing more, nothing less. If we become unconscious, we will do things blatantly, in excess.

## Choose From Humanity, Not Vanity

Who is to decide how much is necessary? You decide, but from your humanity, not from your vanity. If you decide from your humanity, you will make a decision. It may not be in line with my decision about what is necessary for me, maybe it is more, maybe it is less, but that's

okay. As long as you decide from your humanity, not from your vanity – not because you want your stuff to be bigger than your neighbours' stuff. If you genuinely decide what is actually needed for you, it is fine. Is it the right thing? We do not know. The ants, the bees and the birds, most of the creatures on the planet will not agree with us. But as they have to live, we also have to live.

But we must understand, as we have to live, they also have to live. If we understand this and do whatever we are doing, it is fine. If we forget this, that is when we go berserk and do things which will ultimately destroy us, not them. Scientific studies say that if all the insects on the planet disappear today, in just a few years' time, all life on the planet will be wiped out. Our life and the life of the insects are so closely related. And if all the microbial creatures disappear, you will die right now because more than half of you is bacteria. There is more bacteria in you than yourself.

If you understand this, you know the bacteria, the worms, the insects, the animals, the trees and the plants should stay healthy. Otherwise we will not exist. Do it either out of your humanity or at least out of your intelligence. Whether you apply your dry intelligence or a feeling of humanity, both ways, you will do the same thing because they are not different. They are two different approaches. But if you do not have an overflowing sense of humanity or the intelligence to see far enough, you become a disaster.

## Ambition is Your Own Mission

So, if you realise that the financial market is truly at the cost of someone else all the time, maybe you must change your business. How do you live with something which is always at someone else's cost? Once

in a way, if we cross pathways and it is at someone's cost – all right, we have to live with it. But every moment of our life, whatever we do, if it is at someone else's cost, then we will have to change our activity.

Anyway, it has nothing to do with your ambition. Ambition is essentially a mission, but it is about you. It is good to have a mission, but let it not be about you. If your mission is about everything around you, you will see, anyway you will get the windfall. There is no question about it.

There is no one in the world who is devoid of humanity. It is only a question of scale. For one person, humanity means himself. He is bothered about humanity, but only one human being. For another person, his idea of humanity is him and his family. This is the one usually referred to as "the corrupt man." Another man's sense of humanity is him and his community. He wants to kill the others. Another man's humanity is him and his nation. He wants to destroy the rest. Another man's sense of humanity is all of humanity. Another man's sense of humanity includes all life around us which supports this life. So everybody has humanity. It is only a question of scale.

## Scaling Up

This is why I am telling you, let us do things in the largest scale possible. Your thought, your emotion, your humanity must happen at the highest scale, because only then your activity will not be at someone else's cost. If you are ambitious, why don't you do it in a big way? Make your love very big. Why should you just love that girl in the neighborhood? Love the entire neighborhood, what is the problem? There is no price to it. And not just your neighborhood, look out into the ocean and fall in love with the ocean. There is no price to it, and it is not at anybody's cost. Just because you love everyone that you see, it does not mean someone else cannot love them too. All those things which are not at anybody's cost, you must scale them up to the fullest size. Material things are always at somebody else's cost. Let us keep that only to the extent necessary. How much is necessary, I will leave it to you. I will not make a judgment about that, nor should you make a judgment about somebody. How much is necessary, let it be your decision. But just be sane enough to see that these decisions are happening out of your humanity, not out of fancy vanity. **B**





“हो रै छ, अर्घाखाँची सिमेन्ट नै  
सबैभन्दा उत्कृष्ट रै छ !”



आफ्नो घरको चुनहुँदा सबैभन्दा खाली र भरपर्दो अत्याधुनिक एफ.एल.एस. डेनिस प्रविधि सुरक्षित मर्मत

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सबैभन्दा स्तरीय सिमेन्ट

## TOP PICK



# Dr. Suvash Dawadi

MD GP, CIWEC Hospital

**Dr. Suvash Dawadi** is a general practitioner, working at CIWEC hospital, a leading travel hospital in Nepal. Dawadi's job and passion involves travel, expedition and high altitude medicines. Trained to ice climb and perform rescues in the mountains, he served as a volunteer doctor at the Everest Base Camp in 2018, treating the Sherpas as well as the climbers. Here he shares his list of top-notch brands with our readers.

## Favourite shopping destination

Having grown up in New Road, it would be unfair to mention any other name.

## Vehicle

Suzuki Swift 2018, the car fits best for the roads in the Kathmandu Valley.

## Gadget

My Xiaomi Redmi 3 pro. It's sleek and handy.

## Eating Out

My any-day favourite is Cafe Aamu, Krishna Galli, Lalitpur and I love trying all kinds of food.

## Perfume

CK Eternity

## I walk on

Currently my trusted brand is Goldstar Brown Loafers. It is comfortable and classy.

## On your wrist

Fossil Barstow

## Shades

Ray ban Wayfarers

## Travel Destination

Upper Mustang is heaven. It gives the rare privilege to trek to the exotic land beyond the Himalayas.

## Song playlist

"Give it away" by Red Hot Chili Peppers is always on loop.

## Could watch this movie time and again

"Andaz Apna Apna" is one film that never gets old. I remember at one point I used to play just the audio part and laugh.

## Alcohol

Chivas

## Favourite app

Google Maps. It helps you wherever you are.

## Most visited website

skysports.com

## Greatest indulgence

Trekking, football and attempting to learn new languages. **B**





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**Dr. Harish Neupane** is an NMC registered doctor and has been working as a general surgeon for more than two decades in different hospitals. He completed his MBBS from Tribhuvan University in 1995, Masters degree in Surgery (MS) from Punjab University, Lahore, Pakistan in 1998, and also has done Fellow in International College of Surgeons (FICS). Besides working as a general surgeon, Dr. Neupane has also been teaching at undergraduate and postgraduate levels for 17 years.

Since December 2007, he is the Chairman and Managing Director of Chitwan Medical College Teaching Hospital (CMCTH) which was established with a motto to fulfil the needs of the people seeking quality education and services in health at affordable prices. **Dibesh Dangol** of **B360°** interviewed Dr. Neupane to know about his thoughts on leadership and how he brings these into his work at CMCTH.

**DR. HARISH NEUPANE**  
MANAGING DIRECTOR, CHITWAN  
MEDICAL COLLEGE TEACHING HOSPITAL





**What is leadership according to you? What are the most important values a leader should demonstrate?**

Leadership is a quality through which the leader can manage the activities of the company or organisation. The leader has to be able to manage few of the things that are optimistic as well as pessimistic in nature. In the context of Nepal, a leader has to be able to tackle mostly the negative thoughts because nowadays most Nepali workers tend to have a pessimistic approach due to the condition of the country.

A leader has to be punctual and disciplined. A leader should have an idol status so that everyone working under and around him/her respects the leader and is comfortable to follow his/her leadership guidance. If s/he doesn't respect these values or isn't sincere to the organisation, then that person is not taken as a leader.

**How is being a leader different to being a boss?**

A boss and a leader are slightly different people. A leader doesn't have to be a boss in order to manage personnel. S/he needs to have leadership skills that will inspire his/her personnel to innovate. Anyone can be a boss. If you are running a company or are the owner of the company, you are a boss. No managerial or leadership skills are required to be just a boss.

Leaders can naturally be bosses but only few bosses can become leaders. A boss can learn many things from a leader. A boss in actuality should be a boss but also a leader. To be a real boss, the individual should have a firm grip on leadership as well as ownership of the organisation.

**Describe a time you took a leadership position even when you did not have the title of leader.**

I have never felt that I wasn't a leader in any point of my life. In my school days, I took leadership in every role assigned to me by my teachers and I also used to help my schoolmates if they were having problems with their studies or activities. Fast-forward my life, when I became a surgeon, even at that time I felt I was a leader amongst my colleagues. As I am currently running Chitwan Medical College Teaching Hospital as Chairman and Managing Director, I am the leader as well as the owner of the institution.

**How do you motivate your team?**

People have complimented me saying I am a hard-worker, not just as a leader but also as a boss. So when my staff see me, they always find me working hard which sends positive vibes across the institution and motivates them. Another thing is that whatever knowledge I have, personal or professional, I always share it

**I feel leadership, teamwork and success go hand-in-hand. When the targeted goals are achieved by my team and team members are happy, it reflects on my success as a leader.**

with my team members which has led me to gain their trust.

Also, before I take any new initiative, I always spend my time planning. Though to some people it might be annoying, but because of planning I have reached where I am now and it is also one of my success mantras. Witnessing my plans turn into operation successfully motivates my team.

Earlier, I was just a surgeon. I got involved in the managerial and leadership aspects of the medical field only in the later days. My students and team members see this successful transformation in me as a motivation for them. Also, whatever the hospital or medical college earns, we always try to contribute some amount to the people in need through various charitable programs.

Lastly, we always train our doctors to learn the latest techniques and practices through faculty development programs which have motivated them and made them loyal to our institution. These points are how I motivate not just my team, staff and students, but also patients and their families who enter CMCTH.

**What is the most difficult part of being a leader?**

The difficulties that leaders of companies and organisations in foreign countries have to bear are totally different from those in Nepal. In the context of our country, especially in health based institutions, it is very difficult to manage the constant political and local interferences. Additionally, there are other difficulties regarding operations of the institution but these are easily manageable.

**How do you measure success as a leader?**

I feel leadership, teamwork and success go hand-in-hand. When the targeted goals are achieved by my team and team members are happy, it reflects on my success as a leader.

**How do you delegate responsibilities?**

I give responsibilities to each member according to their strengths. If a new member has joined recently, I ask them about their strengths, give them thorough orientation about their work, responsibilities and my expectations from them, and only then assign them the work.

The same approach is at CMCTH where we have a hierarchy system. There are different departments where we assign workers according to their strength and responsibilities.

**What is the most significant change you brought to the organisation?**

CMCTH was established according to my vision. When I was working in another hospital, I had a thought of making a change in the country by giving a good medical education and international services at an affordable rate. Till now we have had 2,200 students enrolled in our medical college and have employed 1,500 people in our hospital. If CMCTH hadn't been established then, those students would have gone to foreign countries for studies, and along with that the money they would have spent for their education. Also, for their professional career after completing their education, they would have stayed there or proceeded to other countries.

Besides this, we deal with around 2,000 patients per day who are getting treatment at just Rs. 50 which is very affordable for all Nepali citizens without compromising on the standard of health services.

So in a way, through establishing CMCTH, I have not just brought a significant change in CMCTH, but also in the country. **B**



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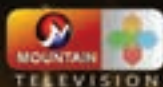
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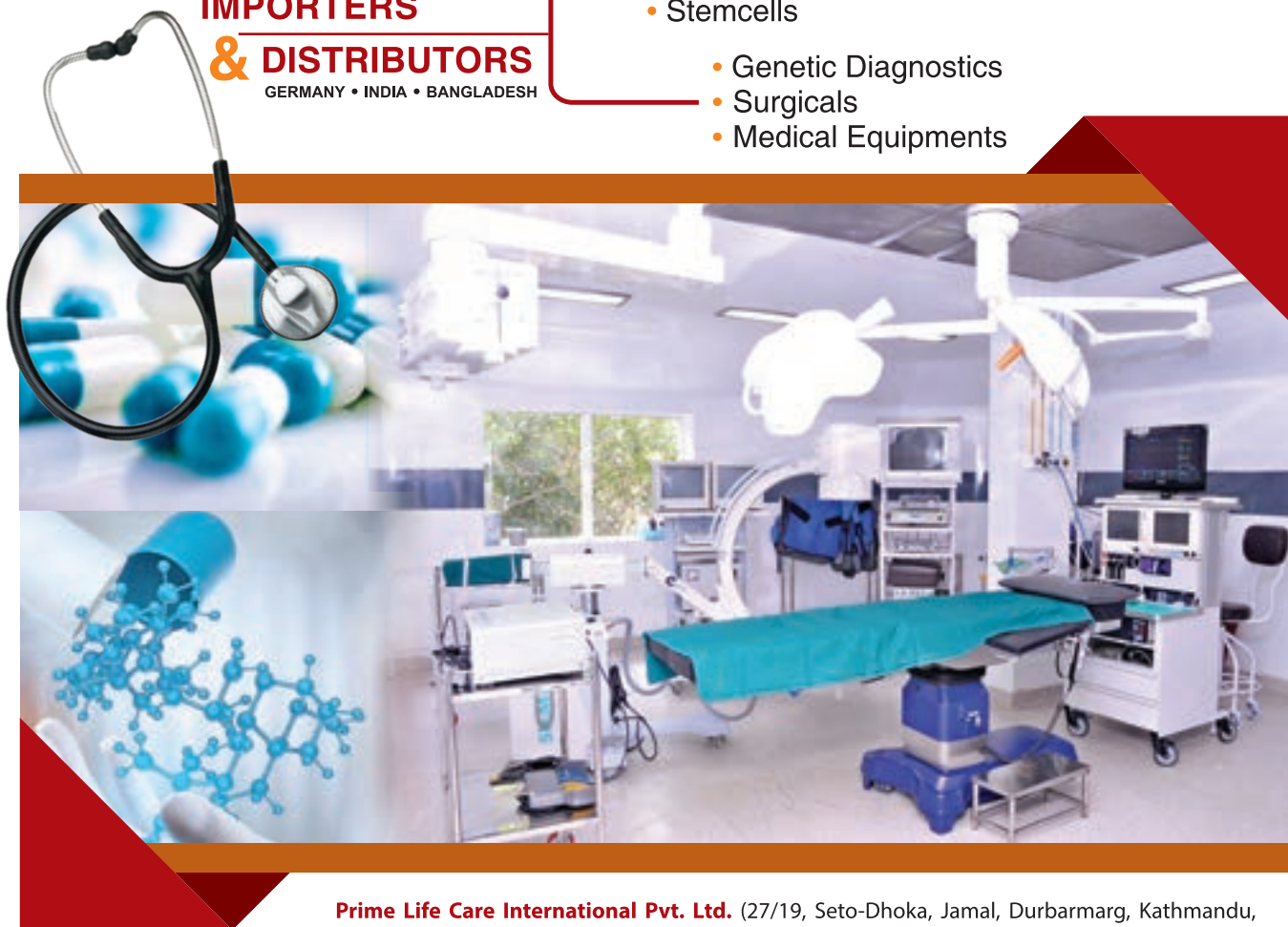
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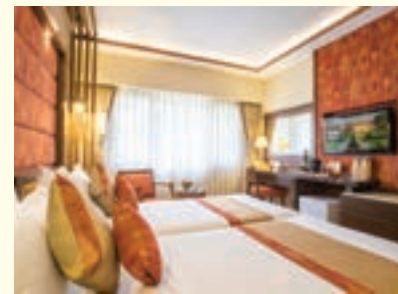


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