

Health Care Services in Saarc Countries with Special Reference to India and Nepal

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Abstract

Globalization is characterized by the free flow of business, technology, services and human resources across national boundaries of the countries. This is also presenting an ever-changing and competitive environment amongst the companies and countries. Health care services are also impacted by globalization due to the development of global standards of health service quality and international relations between the countries. Human resources are the core of any country, so health systems and the success of any health care system depends upon efficient and effective delivery mechanism to human capital. SAARC member countries are also collaborate for the health care services. Health and population activities were one of the major areas of cooperation as identified by SAARC member countries. The SAARC member countries primary focus on maternal and child health, primary health care, disabled and handicapped persons, control and combating major diseases in the region such as malaria, leprosy, tuberculosis, diarrhoea, rabies and AIDS. Important health issues have also been at the centre of SAARC social agenda. In SAARC member countries India and Nepal have mutual understanding of the health care services. Government of India is providing assistance to Nepal. Netra Jyoti Sangh for School Eye Health Care Programme in Nepal is as part of the India-Nepal health Cooperation Programme. Nepal has a strong relation with India in terms of medical services, assisted by an open border, a visa waiver programme, and similarity in languages. India is a common destination for Nepalese students and doctors to pursue medical education and avail the fellowships. The government of Nepal should take advantage of geographic and cultural similarity between Nepal and India. Nepal government is also promoting Medical Tourism in Nepal in other medical sectors like ENT, Heart Surgery, Ayurveda, etc. Nepal can be developed as a hub for medical tourists and economical treatment destination especially from neighbouring states of India.

Keywords: Health Care, Saarc Countries, India and Nepal

Introduction

Health is one of the core areas of cooperation between India and Nepal. Beginning with the supply of medicines and equipment, the cooperation has gone on to build and develop health infrastructure ranging from major hospitals to numerous health posts in even the farthest corners of the country. During 1991, Indian economic reform period has been changed the health care system in various ways. Some of new health care policies were upgraded the health services. Such as disinvestment in health sector, but many policies made the difference between hospital and patient. Multinational hospitals open their services in India but they were only focused on upper class. Nepal has made impressive health gains over the past decade despite conflict and other difficulties. The goal of the Nepal Health Sector Support Programme, is to improve the health status of the Nepali population, and to continue the gains achieved so far in improving the health status of Nepali citizens. Approximately two-thirds of the health problems in Nepal are infectious diseases. Epidemics occur frequently with a high rate of morbidity and mortality and there are occasional outbreaks of infectious diseases of unknown etiology. The Nepal Health System introduced as the General Health Plan in 1956 has been expanded by focusing on primary health care, and a comprehensive network-like Health System has been developed; the most basic unit is a Sub-Health Post or Health Post in each Village Development Committee area. India has also support to Nepali health care system. India gives financial

support to Nepal. The Indian and Nepal Government recently introduced a Health Policy encouraging the private sector to invest in the production of health workers and in providing quality health services. As a result, several private health institutions have been founded and are expected to contribute to the development of the human resources required by Nepal and India.

Overview of Nepal's Health Sector

With a per capita gross domestic product (GDP) of US\$694 in 2013, Nepal is the poorest country in South Asia. According to the World Bank, in purchasing power parity terms, 55.1 percent of the total population in Nepal lives below the income poverty line of US\$1.25 a day and 77.6 percent lives below the income poverty line of US\$2 a day. In 2012, the Human Development Index value that the country scored was 0.463, ranking it 157 of all countries in the world. In comparison to other South Asian countries, this rank was only above that of Afghanistan and Bangladesh. However, as indicated by the life expectancy at birth component of the Human Development Index, Nepal seems to have made considerable progress in the health sector. Nepal's life expectancy at birth in 2012 was 67.98 years, which was below only that of the Maldives and Sri Lanka (UNDP 2009). The past two decades, although public expenditure on health in Nepal has not seen substantial changes, both in terms of percentage of total budget and GDP, the outcomes in terms of infant and under-five mortality rates have been quite

impressive. Nepal Millennium Development Goals Progress Report 2010 also corroborates these findings. According to the report, infant mortality rate and under-five mortality rate have reduced from 108 and 162 per 1,000 live births respectively in the base year 1990 to 41 and 50 respectively in 2010. Similarly, maternal mortality ratio has decreased from 850 deaths per 100,000 live births in 1990 to 229 in 2010, and the percentage of births attended by skilled birth attendants has increased from 7 percent to 28.8 percent. Hence, according to the report, of the three goals directly related to health and the other goals are either likely or potentially likely to be achieved by 2015.

Major infectious diseases

- Degree of risk: high
- Food or waterborne diseases: bacterial diarrhoea, hepatitis A and E, and typhoid fever
- Vector borne disease: Japanese encephalitis, malaria, and dengue fever

Overview of India's Health Sector

Among the social services, health and education are the major components. The Economic Survey (2011) has indicated that the sale from the health services sector is expected to grow by 25.6 per cent in 2010-11 and by 19.8 per cent in 2011-12. Analysis of Centre For Monitoring Indian Economy (CMIE) database, it is found that there are total 133 companies which are engaged in the realm of health services and their combined sales is of Rupees 62,644.5 million and their foreign exchange earnings are close to Rs. 1390 million. Their total exports are of Rs. 1,368.7 million (source: Economic survey of India). Apollo Hospitals Enterprise Limited has the maximum share (29.15 per cent) in the health services in India. This is followed by Indraprastha Medical Corporation Ltd. 6.92 per cent and Wockhardt Hospital Ltd. 6.52 per cent. The top five hospitals hold share almost 50 per cent of the total health services in the country. The rest of the actors have very little base in the health services market. The healthcare market in India is estimated at Rs. 1,715 billion (USD 35 billion) in 2012 (ASSOCHAM). This includes retail pharmaceutical, healthcare hospital services, and medical and diagnostic equipment suppliers. Another area that has expanded in the last few years is of clinical trials. Approximately 1.2 lakh clinical trials were carried out in 2010 with around 10 million patients, which in 2013 covered 13 million patients (ASSOCHAM). This makes it very clear that the larger player in the Indian Health services sector have yet to evolve an international strategy for offering their services. On the contrary, the smaller players are far more active and well placed with strategies for export of services and in establishing external linkages.

Health facilities availed by different age group in India and Nepal

| India | | Nepal | |
|-------------------|------------|-------------------|------------|
| Age Group | Percentage | Age Group | Percentage |
| 0-14 years | 28.5% | 0-14 years | 31.6% |
| 15-24 years | 18.1% | 15-24 years | 22.6% |
| 25-54 years | 40.6% | 25-54 years | 35.7% |
| 55-64 years | 7.1% | 55-64 years | 5.6% |
| 65 years and over | 5.7% | 65 years and over | 4.5% |

Source: NSSO

Source: Ministry of Health & Population (Nepal)

Health Status in India and Nepal

| | India | Nepal |
|--------------------------|--|--|
| Birth Rate | 19.89 births/1,000 population | 21.07 births/1,000 population |
| Death Rate | 7.35 deaths/1,000 population | 6.62 deaths/1,000 population |
| Maternal mortality rate | 200 deaths/100,000 live births | 170 deaths/100,000 live births |
| Infant mortality rate | Total: 43.19 deaths/1,000 live births • Male: 41.9 deaths/1,000 live births • Female: 44.63 deaths/1,000 live births | Total: 40.43 deaths/1,000 live births • Male: 40.5 deaths/1,000 live births • Female: 40.35 deaths/1,000 live births |
| Life expectancy at birth | Total population: 67.8 years Male: 66.68 years Female: 69.06 years | Total population: 67.19 years Male: 65.88 years Female: 68.56 years |
| Health expenditures | 3.9% of GDP | 5.4% of GDP |
| Hospital bed density | 0.9 beds/1,000 population | 4.7 beds/1,000 population |

Source: NSSO (India) & Ministry of Health and Population (Nepal)

Major infectious diseases in India

- Degree of risk: very high
- Food or waterborne diseases: bacterial diarrhoea, hepatitis A and E, and typhoid fever
- Vector borne diseases: dengue fever, Japanese encephalitis, and malaria
- Water contact disease: leptospirosis
- Animal contact disease: rabies

India - Nepal Health Care Program

Nepal Netra Jyoti Sangh (NNJS) and Indian Embassy signed a Memorandum of Understanding (MoU) for providing Indian grant assistance of NRs.10.27 Million to NNJS for School Eye Health Care Programme in various districts of Nepal. According to a press release issued by Indian Embassy, the MoU will cover the cost of for providing 9000 optical dispensing devices to vision impaired children and 300 Low Vision Dispensing Devices to school going children in Nepal during the year 2014-15. Mobile Medical teams will visit the scheduled schools and perform health education sessions for students and parents parallel to the ocular examination of school children. The teams would examine about 1, 90,000 school-going children during the year. Government of India has been providing assistance to NNJS for School Eye Health Care Programme in Nepal as part of the India-Nepal Economic Cooperation Programme since 2001. Under this programme optical devices/spectacles have been distributed to over 37,000 school-going children. A mobile eye care van duly fitted with ophthalmic equipment was also gifted to NNJS for implementation of this programme in 2009.

NNJS is an apex voluntary organization, recognized by Government of Nepal as a National Society for Comprehensive Eye Care having 14 eye hospitals, 50 eye care centres, 250

community based organization under its umbrella in various districts of Nepal. It is expected that this grant assistance would go a long way in addressing the curable eye problems/blindness being faced by the people of Nepal. Government of India's assistance to Nepal Netra Jyoti Sangh is a part of the India-Nepal Economic Cooperation Programme which has an outlay over NRs.66 billion with more than 490 large and small development projects completed or currently being implemented in almost all the districts of Nepal. These developments have been undertaken in response to local needs and in partnership with the Government of Nepal.

Another, Iodine Deficiency Disorders (IDD) is a major micro-nutrient deficiency in Nepal. Starting from 1973, Government of India has provided assistance of Rs. 43 crores for the programme of control of Goitre and other iodine deficiencies in Nepal. Govt. of India has also agreed to provide Rs. 4.3 crores for Iodine Deficiency Disorders Nepal, the Memorandum of Understanding for which is to be signed. The programme has been very successful in controlling Iodine Deficiency Disorders in the country, which has been one of the health related success stories of Government of Nepal.

Nepal and India: Financial Assistant

Nepal constructed the newly college block of B.P. Koirala Institute of Health Sciences (BPKIHS) at Dharan in eastern Nepal. This Constructed with Indian assistance of Nepali Rs.109.7 million (over \$1.1 million), it is the biggest hospital-cum-medical college outside the Kathmandu Valley. The hospital provides medical care to patients of not only eastern Nepal but also to those from all over Nepal and some parts of India too. The new college block will provide additional infrastructure to B.P. Koirala Institute of Health Sciences to meet the increased demand for MBBS and postgraduate seats, said a statement issued by the Indian embassy. The Indian government is also providing Nepali Rs.16 million per annum to B.P. Koirala Institute of Health Sciences for five years towards hiring Indian faculty from reputed institutes for introducing super- specialty courses and or any other programme specifically for promoting ties and exchanges with India. The institute is awarding MBBS and postgraduate degrees in medical sciences thereby helping make Nepal self-reliant in the health sector.

India's commitment to extend all possible assistance to the people of Nepal in their endeavour for peace, development and prosperity. This is important of educational and health infrastructure at the grassroots level for Nepal's overall development and expressed the hope that the new college block constructed with Indian assistance would be able to make a contribution in that direction. The India-Nepal Economic Programme has an outlay of over Nepali Rs.65 billion with more than 475 large and small development projects completed or currently being implemented in almost all the districts of Nepal. These development projects, mainly in the sectors of education, health and infrastructure development, have been undertaken in response to local needs, and in partnership with the Nepal government.

India and Nepal: Medical Tourism

The money obtained through medical tourism can be invested in developing the public health care system. However, the real leap forward in medical tourism will actually be made possible through the support of the government at some point. Medical

tourism alternately called health tourism, medical travel, health travel or medical value travel is the process of people travelling to another country for the purpose of obtaining medical treatment. Traditionally, people would travel from less developed countries to major medical centres in highly developed countries for medical treatment that was unavailable in their own country.

Many politicians and elites of Nepal travel to India for super specialized treatment in Medanta or other hospitals. Medical tourism in Asia is a booming industry. People both from Asia and the West are being attracted to cities and 'hubs' of medical excellence in a number of countries, such as Malaysia, Thailand, India, Singapore, Taiwan and South Korea. However, very few politicians, policy makers and the public know that Nepal is attracting hordes of eye patients from various neighbouring states of India for eye examination and eye surgery. The factors that have led to the increasing popularity of eye care for Indian patients are affordability, less waiting time for treatment, ease of travel to Nepal and good standards of treatment. However, medical tourism for eye care was quite different three decades ago. People from Nepal had to go to Sitapur (India) for eye treatment and cataract surgery.

However, the good networks of eye hospitals and eye care centres in Nepal have started to deliver affordable and quality eye care services in Nepal. Encouraged by the good facilities and cheap options available at the eye hospitals in Nepal, and ease of travelling to Nepal, many Indian patients have started to flock to this country for eye treatment. More than 200,000 Indian patients visit Nepal for eye surgery, and more than 1.5 million for eye treatment every year. Although medical tourism in Nepal has not been developed as a national industry and there is no government policy to promote medical tourism in Nepal, medical tourism in eye care can be cited as a model for other medical fields as well.

Nepal has many world heritage sites, the magnificent Himalayas and a rich artistic and cultural heritage and people from all over the world visit Nepal every year. The government of Nepal should take advantage of geographic and cultural proximity between Nepal and India and promote Medical Tourism in Nepal in other medical sectors like ENT, Heart Surgery, Ayurveda, etc. in the future. Nepal can be developed as a hub for medical tourists and economical treatment destination especially from neighbouring states of India. Indian and other western patients can come to Nepal for treatment as it is far cheaper here. Here, medical check-up, diagnosis, lab facilities, indoor service, surgery and follow up is provided at a low cost compared to other countries. Long term policy and good planning is necessary to promote medical tourism in Nepal. Policy makers in Nepal are faced with a dilemma: whether to invest limited resources in public health care systems or in medical tourism development. The overall budget for health care in Nepal is quite low as compared to other countries, and some argue that investment in the nation's medical tourism industry may have negative effects on the Nepali public health care system. However, the government of Nepal can promote certain medical fields for medical tourism and find a good balance between promoting medical tourism and developing the public health care system. The money obtained through medical tourism can be invested in developing the public health care system. However, the real leap forward in medical tourism will actually be made possible through the support of the government at some point. Initially, the

government incentive programs through public-private partnership policy can be started in Nepal to promote medical tourism. Interestingly, the inflow of foreign direct investment in the health care sector in Nepal has not been only in the area of modern medicine, but also in the area of traditional medicine like Ayurveda and Acupuncture, in which Nepal has comparative advantages. Medical tourism in Nepal can become a new and emerging business. Nepal has already shown its comparative advantage in the field of eye care. Nepal Trade Integration Strategy 2010 has identified health services as one of the 19 sectors having export potential. However, it also notes that the overall export potential and socio-economic impact of the health sector as of now is low. There are also some barriers which can restrain the promotion of medical tourism and realizing its relative competitiveness in health services in Nepal like lack of appropriate information channels for attracting foreign consumers, permanent migration of specialized health care personnel to developed countries, lack of information and communication technology-related infrastructure, incoherence between private and public health institutions, limited choice of services and political instability. A good public private partnership policy, revision of health-related laws, and easing entry of foreign medical practitioners to Nepal could be some steps for the promotion of medical tourism in Nepal.

India- Nepal: Health Opportunities

Nepal has a strong relation with India in terms of medical services, assisted by an open border, a visa waiver programme, and similarity in languages. India is a common destination for Nepalese students and doctors to pursue medical education and fellowships. Nepal relies heavily on India for cancer drugs and investigations example patients or samples from them are sent to India for Positron emission tomography (PET) scans or fluorescent in-situ hybridisation testing for mutation analysis, respectively. Visual inspection with acetic acid for cervical cancer screening has become a common practice in Nepal too. Thus, the progress in cancer care and research in Nepal parallels that in India. We were pleased to discover the interest of the oncology community in cancer research and care in India. We would like to draw attention to a few other aspects of optimism and opportunity for cancer treatment and research in Nepal and India. India and Nepal should explore research in, for example, spiritual healing, ayurveda, yoga, meditation, and other cost-effective alternatives that are unique to the country. This factor can be promoting health tourism to boost the country's economy and thereby improve funding for cancer. Both countries can also work together on developing cancer treatment. India and Nepal are collaborating in cancer treatment in the private sector.

Conclusion

Nepal has a strong relation with India in terms of medical services, assisted by an open border, a visa waiver programme, and similarity in languages. India is a common destination for Nepalese students and doctors to pursue medical education and fellowships. Many politicians and elites of Nepal travel to India for super specialized treatment in Medanta or other hospitals. That's why medical tourism in Asia is a booming industry. Politicians, policy makers and the public know that Nepal is attracting hordes of eye patients from various neighbouring states of India for eye examination and eye surgery. The factors that have led to the increasing popularity of eye care for Indian patients are affordability, less waiting time for treatment, ease

of travel to Nepal and good standards of treatment. Nepal can be developed as a hub for medical tourists and economical treatment destination especially from neighbouring states of India. This is benefit for the both side and SAARC played an important role in South Asian region.

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