National Workshop
on
Socio-political Determinants of Health:
The Role of Civil Society

December 29-30, 2005
Kathmandu

Organised by
People's Health National Coordination Committee, Nepal
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I. Background

National and international initiatives in identifying key determinants of human health and to realize health for all have proven inadequate. Although the national governments and international agencies talk loud about equity in health, their actions have drifted away from addressing the fundamental determinants of health like poverty, health rights, empowerment, state’s responsibility and so on. Much of their good intentions and energies are limited in patchworks and priority approaches and programs in isolation.

Civil societies have made enormous efforts at national, regional, and global level to draw the attention of policy makers on these issues. The People Health Assembly (PHA) of 2000 and Peoples Health Movement at global level are some of the initiatives taken in this regard. The PHA process is a collective effort in opening up opportunities, drawing in communities and civil society organizations in their work towards just and equitable health. These initiatives have made some impacts in identifying global strategies.

In 2004, World Health Assembly called to act upon the social causes of ill health and inequities. As an action towards this, in 2005, WHO constituted the Commission on Social Determinants of Health of which People's Health Movement is the founding member. As a follow-up, national level consultations are being organized in different parts of Asia to discuss on the Social Determinants of Health.

II. Workshop

Based on this initiative, RECPHEC has organized a national level workshop "Socio political determinants of health" with the aim to explore determinants of health of Nepali people and strengthen civil society's roles to stress holistic approaches in understanding as well as in tackling health of the people with a strong emphasis on Health for All according to Alma Ata Declaration, 1978 and People's Health Charter, 2000 which was reiterated in the Quenca Declaration 2005.

This two-day workshop was divided into three sessions first the inaugural session, second the paper presentation/discussion session and mini-workshop with group discussion to identify the socio-political determinants of Health in the present country context.

There were a total of four presentations by various members to reflect the objective of the workshop. After each presentation, there was extensive discussion and important points were noted to make guidelines for drafting recommendation.
Objectives of the Workshop

- To share experiences in understanding and actions on holistic health stressing the health for all now with equity and social, cultural, economic justice according to the principles and spirit of International Humanitarian laws.

- To identify political and social determinants of human health holistically with eco-harmony respecting humans external and international environment including rights and needs of the people.

- To find the way out to meet health for all urgently and to demand full political and social commitments of all especially the governments including local self governments, political parties, civil societies, social groups, communities, and the peoples.

Day I

III. Proceedings of the Workshop

A two day national workshop on "Socio-political Determinants of Health: The Role of Civil Society" was organized by Peoples Health National Coordinating Committee a national forum of Peoples Health Movement in Nepal. Resource Centre for Primary Health Care being a national secretariat of the PHNCC, provided all the support to convene the workshop on December 29th and 30th at the Himalayan Hotel, Kopundole.

Mr. Shanta Mulmi, General Secretary of PHNCC addressed the welcome speech and briefly highlighted on the objectives of the workshop expressing that this workshop aimed to identify the possible determinants of health of the Nepali people and the role of the civil society and reiterated that the outcome from this workshop would be represented in the meeting of the Commission on Social Determinants to be held in mid January in Iran.

He stressed on the need to strengthen the civil society's role to give pressure at the international level to achieve the goal of equitable health care. He requested all participants present from various sectors to participate actively in the discussion sessions and present their recommendations. He also informed that the outcome of this workshop will help to advocate the national government and international agencies to strategize health policy.
Prof. Mathura started by posing a mute question "Does it really worth to criticize when UN systems and Governments of the world continue to be unresponsive; and if outdated, regressive and oppressive Monarch of Nepal continues to rule directly against the will of peoples and the constitution?"

He presented a cluster of questions about the concept and determinants of holistic health and how to address the health issues of the nation in the present context of globalization and present political situation of the country and the role and sustainability of public and private domains. He questioned on the working modalities of WHO and related international bodies and whether these international bodies represent member governments or people of the member countries and hoped that the representative present in the meeting of the concerned international body would convey this question to the concerned agencies.

He also put forward some concern on the present globalization process and asked whether a government not elected by the people, who did not represent the people can be referred as a public sector. Prof. Shrestha then questioned if a civil society can thrive without developing concepts, policies, strategies and programs by and with people and also whether the conflict transformation was possible without social, cultural and economic transformation.

Main highlights of this presentation

- Social determinant is one of the important factors in the welfare of people.
- Public have to be empowered for informed decision so that they will be able to take informed action by weighing the advantages and disadvantages.
- Social determinants cannot be segregated from political, cultural, economic, and even environmental ones.
- The power group continues to give pressure on so-called specialized health program with vertical approach which is eroding the concept of holistic health.
- International financial institution and advocates of globalization have lured the international bodies away from the concept of Alma Ata Declaration.
- Conflict cannot be solved without addressing the root causes for conflict.
Discussions

- Private sector should be service oriented.
- We should stop depending on others only or blaming others to address the existing health issues within the country and try and find alternative solutions ourselves.
- We cannot segregate health within social background and keeping it separate from politics cannot solve social problem. The impact of conflict on health should be addressed.
- Traditional skills should be transferred and local resources should be utilized to ensure health rights of the Nepali people. There should be a strong political base to empower people and increase traditional knowledge.
- The effort to raise voice of the marginalized or socially excluded people has remained negligible.
- World Bank and WHO have failed to represent the local people.
- In the context of Nepal, we should analyze "Health of All" strategy policy in line with the present economical, social and political situation and address how we can adopt the decision of Alma Ata Declaration in the best possible way.
Dr. Gupta reflected on the worrisome health situation in many countries and said that the situation that we live in effects our health. He also said that despite WHO intervention to improve the overall health status, it has not improved as expected during the past years and stressed on the need for more proactive approach and intervention. Dr. Gupta then gave a brief background on the Commission on Social Determinants of health (CSDH), which is a WHO initiative to achieve health equity through action on social determinants of health and another opportunity to improve health globally and particularly in deprived communities across the world through worldwide mobilization.

He highlighted on the need for the commission and the basis of civil society participation in CSDH and the many possible conflicts in civil society process on SDH and the areas to begin engagement in.

He gave a brief outline on the social determinations of health which are identified as: trade, food and nutrition security, livelihoods safe employment, marginalization, social exclusion, environment pollution, water and housing security, gender, war, conflict and violence.

**Main highlights of this presentation**

- Health is a social aggregate. Health status is very poor in many countries.
- Social determinants are hierarchical and segmental.
- Proper health delivery for all should be ensured.
- The civil society should strengthen people struggle for health.
- Commission on Social Determinants of health is action oriented.

**Discussions**

- Transparency and ethical codes are required for implementation of all charters/declarations etc. Proper monitoring mechanisms should be in place to ensure people are benefiting.
- The present conflict should not be an excuse to reduce health projects.
- The influence of financial institutions in the health sector is increasing.
Workshop session III: A glimpse on nature of health problems in Nepal

Presenter: Dr. Sharad Onta, MPH, Ph.D, Physicians for Social Responsibility Nepal

Dr. Onta made a presentation on the "glimpse of nature of health problems in Nepal. He said that there is a dynamic relation between cause and effect, more so in the health sector and that it is necessary to analyze the health status of the people and the natures of the health problems in Nepal. Giving a brief sum up of the present health problems in Nepal he said that infectious diseases, maternal and perinatal health problems and nutritional problems together constitute major health problems in Nepal and contribute to almost 50% of all deaths.

Dr. Onta added that while the developed countries have transitioned from existing problem to newer ones, we are still facing the same health problems that we had decades ago, so we are having double the burden of health issues in the country. He also reflected on the irrational use of technology that has contributed in high health service costs. He said that the existing diversity in health problems should be properly analyzed.

Main highlights of this presentation

- Dynamism of cause and conflict on health have to be properly analysed.
- Nepal is still facing burden of health problems like infections diseases, malnutrition and also emerging problems like cancer, heart diseases etc.
- The fundamental health problems are very much liked with economic, gender and urban-rural diversities.

Discussions

- We should mobilize local resources, traditional skill and knowledge. The government should be pressurized to minimize bringing in foreign technology. The attitude with regards to use of technology should also be changed. If social responsibility is engrained in the respective sectors, then the problem of technology misuse could be reduced.
- The service of the state in health sector is in reducing scale.
- Due to market-oriented privatization the poor have to pay more for the health services. The affordability and accessibility of health services of the poor has to be questioned.
- Aggressive promotion of Privatization should be discouraged in health sector.
- The socio-economic and health status of the poor population should be considered while formulating health policy.
Workshop session IV: Public Policy Analysis
Presenter: Dr. Rishi Adhikari, Ph.D, Rural Reconstruction Nepal

He presented a brief background on global economy, international financial institutions, and WTO and its effect on poor nations like Nepal. He said that the poverty factors such as stagnant economy, lack of educational, health services, infrastructures, socio-politic inequality etc, are the cause of ill health. He said that privatization of basic services leads to deepening poverty, increased discrimination and exclusion. So social progress goes down after adoption of privatization and leads to fall of agricultural productivity and exports.

He also said that access to affordable health care is a key priority for developing countries and the key policy priority is to ensure availability of drugs to doctor, hospitals, and individuals at lower and competitive prices in poorer countries. He concluded that the way to go on would be realizing health as a basic condition for quality of life and human right of people and addressing the key issues/elements related with it.

Main highlights of this presentation

- WTO controls international trade governance.
- The underdeveloped and developing countries should lobby for issues of trade justice rather than free trade.
- We should stop being totally dependent on other nations and try to uplift the nation's health status through local resource mobilization.

Discussions

- Without empowerment, Health for All goals cannot be achieved. Civil society should contribute in this.
- Women health issues should also be addressed.
- In rural areas, food, shelter and clothes are the priority and health and education are secondary. Hence health and education should be promoted as primary needs.

* Due to bad health Dr. Netra Timilsina Ph.D. presented the paper on behalf of Dr. Rishi Adhikari.
After the presentation, a mini workshop was held to identify the economic and socio-political-cultural determinants of poor health. The session was divided into two groups. Each group had its own facilitator and rapporteur.

**Group A:** To identify the economic determinants

**Group B:** To identify the socio-political determinants.

Prof. Mathura Shrestha facilitated the group A while Dr. Sharad Onta facilitated for group B. The overall aim of this mini-workshop was to prepare an analytical framework of the determinants of poor health. The participants were given a framework and asked to identify the determinants in that order.

### Day II

#### VI. Proceedings of Day II

The second day started with a wrap up of the proceedings of day I. The main highlights of the first day's presentations and discussions were briefly reviewed. Then all the participants discussed upon the determinants identified by both group A and B the day before. On the basis of that interaction, two sets of determinants were finalized:

- Economical determinants of health
- Socio-political determinants of health

Based on the determinants identified, an outline for the role of civil society to strengthen their network and tackle the health issues with emphasis on "Health for All" was also made.

To integrate both sets of determinants in a single draft, a sub-committee of five members was made and given the mandate to prepare the final draft.

**Main highlights during the discussion**

- Civil society should raise voice at international level on the question of conditional loan and grant.
- System of policy analysis and impact analysis is required with a bottom up.
- Health policy should be people oriented.
- There should be proper coordination between district health services and national policy.
- Public campaigns and advocacy is required for public empowerment to assert their health and development rights.
- Diversity should be addressed in an integrated and holistic way by recognizing the traditional and alternatives health systems.
- Socio-economic health impact of traditional medicine should be analyzed.
- Traditional medicine should be brought under research and development program.
- WHO directives and mechanism should be clear and should work closely also with NGOs and civil society organisations.
- Food security issues should also be addressed.

### VII. Actions to be taken: Role of civil society

The workshop identified the following action agenda for civil society:

#### Policy analysis and dissemination

The role of civil society is an essential component to ensure people's priorities. So, it should formulate a system of public health policy analysis with bottom to top approach mechanism promoting the voice of socially marginalized groups in public health policy. This would aim to ensure health services to all people in all the regions.

#### Impact analysis

Civil society should keenly analyze the impact of the public health policy on people's health right and status through appropriate research and dissemination mechanism. The accountability and transparency through civil society monitoring efforts should also be promoted.

#### Common forum for regular interaction

Strong network of civil society is necessary to represent people's voice and need. So, a common forum should be formed for the Civil Society, international agencies including WHO, and government to interact on the health situations and take actions accordingly. Through this forum, Civil Society can provide
- Feedback on effectiveness of actions taken.
- People's perspective on ongoing health issues.
- Pressurize the concerned body to take the necessary actions to ensure equity in health care system.
Citizen audit

To ensure proper health services to all people, a mechanism should be developed for social-audit if the performance of health providers/sectors. The civil society can create a taskforce to undertake the health service auditing process.

Civil society campaigns

Civil society should empower itself and campaign aggressively to

- Ensure accountability of the concerned health authorities.
- Strengthen people struggle to assert equal health rights by civil society network.
- Monitor the public health policy and help keep government power in check.
- Mobilize the public to ensure access to health information and services.
- Address human rights and health needs of the grass-root level through participation of socially marginalized groups in public health policy
- Monitor and ensure professional and social responsibility of health professionals

VIII. Concluding session

In the concluding session, Mr. Mulmi expressed that the proceedings had been able to make a reflection on the health status of Nepal and reiterated that the outcome of the meeting would be used for advocacy to the national government and international agencies working on health.

On behalf of organising committee Mr. Mulmi expressed his sincere thanks to ACHAN, Chennai for the financial support and to Dr. Narendra Kumar Gupta from Janaswasthya Abhiyan for the technical support provided to make the workshop a success. Lastly he also thanked all the paper presenters and the participants from various organizations for their actively participation in the discussion and contributed in realizing the overall objective of the workshop.
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<th>Causal Pathways</th>
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<tr>
<td>1. Global economic relations/globalization</td>
<td>- TRIPS is not being able to reserve small industry benefit of developing countries</td>
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<td>- Market-oriented health services resulting in inaffordability and inaccessibility to health services for the poor</td>
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<td>2. National priority and political commitment</td>
<td>- Cost recovery strategy in public health services</td>
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<td>3. Donors/recipient relations</td>
<td>- Dependency on donor agencies and international health products</td>
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<td>- Disparity between global and national contract</td>
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<td>4. Resource utilization</td>
<td>- Unequal distribution of resources</td>
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<td>- Displacement of traditional knowledge, skills, and practices</td>
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<td>- Improper utilization of foreign resources</td>
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<td>- Acceptance of conditional funding (not being able to identify recipient's benefit during agreement)</td>
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<td>- Brain drain resulting in lack of human resources for health</td>
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<td>5. Socioeconomic relation</td>
<td>- Discrimination on ethnic, caste, gender, rich/poor, and rural/urban areas</td>
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<td>- Lack of access to education and health services</td>
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<td>- Low self esteem</td>
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<td>- Unavailability of health services</td>
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<td>- High cost of health services</td>
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<td>6. Armed conflict</td>
<td>- Misallocation and misappropriation of health services</td>
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<td>- Less priority to health sector</td>
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<td>- Dysfunctional government health systems</td>
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<td>- Disruption of services (health services are available only in the district headquarters, thus people outside the headquarters have no access to health services)</td>
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<td>- Migration/displacement of people from conflict zone which might result in adverse health effects</td>
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<td>7. Cultural</td>
<td>- Superstitions, beliefs, taboos resulting in preservation of harmful practices.</td>
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<td>- Deviation from good practices (due to market promotion, consumerism and media influence)</td>
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<td>8. Working environment</td>
<td>- Unsafe working environment resulting in occupational health hazards like diseases, disability, and deaths.</td>
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<td>- Violence at workplace (gender based violence)</td>
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<td>- Lack of policy, regulations and self awareness that might affect health status</td>
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<td>9. Behavior and lifestyle</td>
<td>- Risky behavior like substance abuse (drugs, alcohol, tobacco), unsafe sexual behavior</td>
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<td>10. Food security</td>
<td>- Inadequate food intake at the family and individual level</td>
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<td>11. Natural disaster</td>
<td>- Lack of preparedness and proper safety measures</td>
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<td>- Lack of policy regulation in disaster management</td>
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Annexure

- Paper Presented in the workshop
- Schedule
- List of Participants
Annex I:

**Concept of Health and its Determinants**

Prof. Mathura Pd. Shrestha

Does it really worth to critique when UN Systems and Governments of the world continue to be unresponsive; and if outdated, regressive and oppressive monarchy of Nepal continues to rule directly against the will of peoples and the constitution?

"Man's struggle against oppression is a struggle between memory and forgetfulness"

- Milan Kundera

**Critical questions on Holistic Health**

- What is a holistic health? How to manage relationships between different sets of determinants of health?
- How to investigate social determinants? How to empower peoples of informed decisions and actions? How to prevent myths around prescribed hypes?
- How to avoid social factors being made scapegoats by irresponsible state and related bodies?
- Can social determinants be separated from political, cultural and economic, and even environmental ones?
- Did not the so-called specialized and prioritized health programs actually destroy the concepts and strategies of HFA?
- Can health be separated from aspects of humans and human living? Can a part of humanity in this world be healthy if other are not?

**Questions on WHO and related International Bodies**

- Why and how WHO managed to forget the principles of its own constitution, especially the second paragraph related to the rights of every human to the highest attainable standard of health, and the last paragraph related to a government's responsibility on the health of its peoples through the provision of adequate health and social measures?
- How IFIs and advocates of Globalization lured WHO and other international bodies away from the concepts of Alma-Ata Declaration on HFA?
- Whom the WHO represents? – The member governments or peoples of the member countries?
- What should be the responsibility of WHO on the neglected problems of oppressed peoples?

**Health and Globalization**

- What really is a Globalization?
- Is it not hegemony to justify dominance of the rich industrialized countries over the poor ones?
- Is it not a ploy to legalize ever-widening gaps within and between countries and peoples?
- Why the walls and bondages between and within peoples, communities, nations and the world are growing taller and formidable for the poor, women, deprived, displaced and disabled?
Can information, knowledge, sciences, technology, humanity and other common human goods be imprisoned by IPR, PR, other obligations imposed by IFIs and superpower?

Is health a tradable commodity for profits? Or is it a fundamental human right or intangible human good?

How to empower the peoples of the world especially the poor and the weak to turn the present globalization of evils to that of peoples without walls, boundaries, disparities or dominations between and within countries, cultures and peoples?

On public/private domains

Can a government with following 5 evils can be called a public sector? That is a government:

- Not representative of the people nor elected,
- Not responsible to peoples,
- Not transparent or accountable,
- Not committed to serve peoples, and
- That instigates peoples to hate politics and their culture in order to insure their own monopoly by minimizing people’s participation in politics?

Can a private sector (monopolized by rich and powerful) sustain without:

- Credible services to the peoples,
- Public satisfaction,
- Internationally acceptable standards of goods and services out of good practices,
- Contributions to social development, and
- Strong components of public welfare?

Should professionals, individuals or institutions run after money/capital with (A hook or crook types of) profit motives or makes the latter run after the former?

On Civil Society

- Becoming part of peoples’ struggle for political, social, cultural and economic justice, equity, democracy with human rights, and sovereign rights of the people,
- Addressing the development needs of the peoples especially of the deprived, women, socially displaced, minorities and marginalized populations, Madhesis and dalits,
- Advocating democracy and peoples’ political, social, cultural and economic empowerment and identity, and
- Developing concepts, policies, strategies and programs by and with peoples?

On conflict transformation and health

- Are not the conflict and the peace two sides of a same coin?
- Can peace be forced? Is a dead or inert peace less traumatic than a conflict?
- Can conflict auger opportunities and social changes?
- Can conflict be managed without addressing root causes and problems precipitated by their generic development?
- Can conflict in Nepal be transformed without political, social, cultural and economic transformations?
- Can the conflict resolution in Nepal be imagined without a new constitution through an elected constitutional assembly that guarantees people’s sovereignty?
Annex II

Civil Society Action on Social Determinants of Health
Challenges and possibilities

Dr. Narendra Gupta

Commission on Social Determinants of Health

- A who initiative to achieve health equity through action on social determinants of health
- Its another opportunity to improve health globally and particularly in deprived communities across the world through worldwide mobilization

The Need

- Social dimensions of health were obliterated by the technology driven sectoral programs
- Comprehensive approach to health care turned into selective care
- Enforcement of neo-liberal policies in health care further reduced the action on health inequalities

Strong Civil Society Engagement into CSDH

- By exerting people’s power in forums where policies and programs affecting people’s health are formulated.
- Through promotion of social, political and community action to improve the health of the people.
- By shaping Commission’s knowledge generation, action and leadership

CSDH from the civil society perspective

- Clarity on the political and economic dimensions of the health within the Commission
- Weighted understanding of the different social determinants of health
- Affirmation to the fact that Health is a fundamental human right

Basis of Civil Society Participation

- Indepth participation with joint formulation of the plans, policies and strategies with CSDH.
- Mutual freedom and transparency with collectively worked out ethical codes.
- Civil Society organizations maintain their own analysis
- Stress on the resurrection of the spirit of Alma Ata declaration of “Health for All”
- Uninterrupted flow of information to develop the new pathways for promotion of work around social determinants of health
Civil Society: Asia - I

**Asian Diversity** (Geography, Culture, Political system & governance, Socio-economic system, civil society, etc)

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<th>Sub Continents</th>
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<td>India</td>
<td>Bangladesh</td>
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<td>China</td>
<td>Pakistan</td>
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<td><strong>Small Countries</strong></td>
<td><strong>Indonesia</strong></td>
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<td>Nepal</td>
<td>Malaysia</td>
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<td>Sri Lanka</td>
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<td>Myanmar</td>
<td>Japan</td>
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<td>Thailand</td>
<td><strong>Island / City-States</strong></td>
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<td>Vietnam</td>
<td>Maldives</td>
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<td>Cambodia</td>
<td>Hong Kong</td>
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<td>Korea – North &amp; South</td>
<td>Singapore</td>
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<td>Bhutan</td>
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**Asian Civil Society** (Working on Social Determinants of Health – Services, Advocacy, Empowerment, Research, etc.)

- Health and development NGOs
- Health and development networks
- Health and development institutes
- Social movements
- Campaigns & alliances
- Advocacy resource groups

**Asian Civil Society**

**Health and Development NGOs**

- Gk-Bangladesh
- Hands – Pakistan
- Sarvodaya – Sri Lanka, Etc

**Asian Networks**

- Achan
- Third World Network
- Hai – Asia –Pacific
- Ci – Regional Office For Asia Pacific, Etc

**Institutes**

- Resource Centre For Phc – Nepal
- Council For Health & Development – Philippines
- Mh Human Development Centre – Pakistan, etc
Social Movements

- Phm Country Circles
- Asian Social Forum Network
- Asian People's ALLIANCE FOR HIV/AIDS (APPACHA) etc

Campaigns & Alliances

- Alliance For Health Workers – Philippines
- People’s Health Coalition For Equitable Social Development – Korea
- Asian Migrant COALITION – HONG KONG, etc

Advocacy Resource Groups

- Pesticide Action Network – Malaysia
- Consumer Network – Pakistan
- Ave Andaman Network – Thailand, Etc

Asian Perspectives on Social Determinants of Health

- People’s Charter for Health
- Asian People’s Charter for HIV / AIDS
- Health and Development Strategies for UNESCAP (Strong CSO involvement)
- Asian / World Social Forum Documents & Declarations …and many more

Possible Conflicts in Civil Society Process on CSDH

- Difficulty to comprehend diversity and dynamism of CSOs globally and locally
- Non-participatory dialogue structures
- Inability to look at determinants holistically - social, cultural, economic, political
- Life styles of meetings/ processes
- Northern domination of CSO & Knowledge hubs
- Inability to comprehend dynamics of dialogue and consultative processes with movements/ campaigns
- Inadvertent focus on micro-NGOs and international NGOs
- Conflicts of interest (for-profit NGOs/ private sector)
- Inadequate focus on war, trade, environment as dominant social determinants

Areas to Begin Engagement

Initiate country work through strong collectivization of movements, unions, human rights groups, campaigns, networks and voluntary organizations working on people’s issues for action around social determinants of health.

Social Determinants of Health

- Gender
- Water and housing security
- Environmental pollution
- Marginalisation Social Exclusion Dalits, Adivasis Street Children, Differently able, Aged
- Livelihood and safe environment
- Food and nutrition security
- Trade
- War, conflict and violence
Annex III

A glimpse on Nature of health problems in Nepal

Dr. Sharad Onta

There is a dynamic relation between cause and effect, more so in the health sector. Health is the reflection of socioeconomic condition of a society. Similarly, ill health is the cause and effect of the poverty.

Dynamism of cause and effect

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<td>Cause</td>
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1. Burden of disease

Infectious diseases

- Maternal and perinatal health problems
- Nutritional problems
  Together constitute the major health problems in Nepal
  These diseases contribute to
  50% of all deaths
  68% of total DALYs lost

Childhood problems have high burden. The highest risk groups are children under 5 years

- Diarrhea
- Malnutrition
- Acute Respiratory Infection
- Other infections

Burden of these problems are resulted in

- High maternal death
- High infant and childhood death
- Low life expectancy at birth

2. Transition of health problems

Double burden of diseases
Existing problems, plus
Added burden of emerging problems

Triple burden of diseases
Re-emerging problems

3. Diversity of the health problems

The fundamental characteristics of health problem in Nepal

- Economic diversity
- Urban rural diversity
- Regional diversity
- Gender diversity

A. Economic diversity Poverty gap in health

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<td>IMR/1,000 live births</td>
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<td>63</td>
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<td>&lt;5 mortality/1,000 live births</td>
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<td>90</td>
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<tr>
<td>Childhood malnutrition %</td>
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<td>31</td>
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<td>Delivery by health workers %</td>
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B. Rural urban diversity

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<td>100</td>
<td>60</td>
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<tr>
<td>&lt;5 mortality/1,000 live births</td>
<td>147</td>
<td>93</td>
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<tr>
<td>Childhood malnutrition %</td>
<td>53</td>
<td>20</td>
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4. Rising cost of health services

- Technical inputs in health services
- Irrational use of technology

5. Poor pay high cost for the services

Urban centered services
  Indirect cost
  Delayed intervention

6. Suffering of people

Not the disease itself, rather consequences of the disease
Annex IV

Public Policies

Rishi Adhikari

The World Trade Organization (WTO) is the main international body that decides the rules that govern international trade. The WTO promotes ‘free trade’ - getting rid of regulations that restrict big business or the free flow of goods. Free trade does not automatically lead to poverty eradication or environmental sustainability. In fact, it can increase poverty and be harmful to countries at different stages of development.

Agreements are negotiated between rich and poor countries and there is a danger that poor countries are forced to make concessions that are not good for their economies. Rich countries attach conditions to aid, loans and debt cancellation that require poor countries to adopt certain trade policies. Often these conditions force countries to make commitments that go far beyond what they have negotiated at the WTO.

WTO is designed with rules for benefiting industrialized nations with stronger economic and trading system. Nepal, as the member of WTO (2004), is unlikely to benefit as it is poor, unindustrialized least developed, subsistence economy country with poor infrastructure, huge supply side constraints, and lack of competitiveness.

Health care System is at risk as WTO’s arm-twisting mechanism privatizes it. WTO as an instrument of trade liberalization can effect public health negatively as follow: Based on existing level of development; availability and access to health facilities; country's pharmaceutical production capacity; availability of human resources, and research and development capacity.

- Privatization
- Rapid expansion of private health sector
- Globalization
- Pro-market economy
- De-centralization
- Government spending low on social sector such as health.
- Exclusive and non-participatory
- Non-targeting.

Poverty Factors

- Stagnant Economy, unemployment
- Unsafe and unfulfilling employment
- Declining social status
- Relative deprivation and poor health
- Lack of essential health care
- Inadequate health services judged to be unjust and unfair
- Uneven distribution of health hazards
- Lack of educational health care and welfare
- Lack of physical and social environment
- Weak biological factors
- Poorer working condition
- Inadequate clean water and sanitation
- Inadequate and safe housing
- Unsafe and less nutritious food supply
- Underlying socio-economic inequalities contributing to health status variation
- Lack of political will and commitment for social development rather than economic development
- Societies with less inequality in income, less variation in housing standards, better working condition seem to have less health inequalities between different socio-economic groups.

The Poverty factors cause Ill health

Privatization

- Privatization of basic services as Neo-liberal agenda promoted and imposed by International Financial Institutes and WTO.
- Basic services shift from Government to Private providers (big National and International Corporation etc.) creating erosion of national sovereignty and Human Rights, and quality of lives of people. They have no responsibilities and accountability to people and communities.
- Takes away little access the poor women; men and children have on services.
- Leads to deepening poverty; increased discrimination and increased exclusion of women, and marginalization of communities
- Abdication of Government responsibility
- So, social progress goes down after adoption of privatization
- Failures to redistribute gains of economic growth, in regions, caste, class, and gender
- Attracted resources away from rural access where about 90% people live
- Fall of agricultural productivity and exports
- Lack of alternative employment opportunity, particularly in rural areas
- Increased poverty and inequality in both political and economic dimension
- Conflict ensued as unequal growth pattern forced disadvantaged young people from rural areas to join radical left
- War waged against political system and economic policies
- Cost of war is rising day by day
  - 1997/98 Rs. 4,213.5 million, 1.69% GDP
  - 2002/03 Rs. 8,947.1, 2.82% GDP
  - 2003/04 Rs. 14,836.1, 16.5 % budget
  - 1997/98 to 2002/03 social sector budget dropped from 18.40 % to 14.98 % of budget
- Debt servicing is deceasing foreign exchange
- And economy is on the verge of collapse

TRIPS

- Price of patented drugs and amount of patent royalties will increase with strengthening and prolongation of patent holders’ monopoly with MNCs free to export finished or semi-finished products rather than transferring technology
- The relationship between Intellectual Property Polices and Access to Medicines is controversial policy debates
- Access to affordable medicines is a key priority for developing countries
Obstacles to access to medicines: Inadequate public health infrastructure, insufficient funding, cumbersome regulatory procedures and high prices of medicines

Medicines will be of high price due to powerful patent monopolies of pharmaceutical companies in the health sector

They do not invest on R and D of drugs for treating diseases of poorer people as evident from failure to do enough to assist the millions of people dying from HIV/AIDS for lack of access to anti-retroviral drugs

They put pressure on developing country governments to prevent the local manufacturing or import of cheaper generic version of drugs produced in countries where patents are not available or respected.

Promoting early competition from generic medicines is one important way to foster competition, stimulate price reductions and expand access to drugs

Key policy priority is to help ensure that drugs are available to doctors, hospitals and individual at lower and more competitive prices in poorer countries

Public Private Partnership (PPP)

PPPs are particularly useful for implementing large-scale projects, primarily based on contractual relations between public and private entities, mostly through design–build–finance and operate/maintain (DBFO or DBFM) type contracts

Social projects (Health, education) have not been successful so far.

There is danger of overtly benefiting private sector at the cost of public funds and the community contributions

Way Forward

Realize health as basic condition for quality life and human right of people

Improve Human Right

Ensure Multilateral Trade Agreements are consistent with international Human Right commitments and treaty obligations

Restore and uphold rights of communities to control and access basic services

All have right to health thru equitable health policy, health promotion and education, health care and health care services

Stop corporatization of basic services including health

Stop privatization and liberalization of services, de-regulation, trade liberalization, using instruments of aid, trade and debt

Total cancellation of debt

Foreign aid be used in social services and rural infrastructure

Provide untied grant aid for basic services

Persistent and or increasing unemployment increases poverty and poor health

Military aid does not address root causes of poverty Reciprocate ceasefire and create conducive environment for peace dialogue

Poverty and inequality are the root causes and need to be addressed

Improved transport connecting urban and rural areas increases income and employment

Develop and implement strategies for production and distribution of products and services

Enhance interaction between trade and health policy makers and practitioners with greater mutual awareness
### Workshop Schedule

#### 29th December

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>08:00 - 09:00</td>
<td>Registration of the participants and tea/Coffee snacks</td>
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<tr>
<td>09:00-09:15</td>
<td>Welcome and Objectives of the workshop&lt;br&gt;- Mr. Shanta Lall Mulmi, RECPHEC</td>
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<tr>
<td>09:15 - 09:30</td>
<td>Introduction of the Participants</td>
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<tr>
<td>09:30 - 09:45</td>
<td>Concept of Health and its determinants&lt;br&gt;- Prof. Mathura Pd. Shrestha, RECPHEC</td>
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<td>09:45 - 10:15</td>
<td>Floor Discussion</td>
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<tr>
<td>10:15 - 10:30</td>
<td>Social Determinants on Health: An Overview&lt;br&gt;- Dr. Narendra Gupta, People's Health Movement, India</td>
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<td>10:30 - 11:00</td>
<td>Floor Discussion</td>
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<tr>
<td>11:15 - 11:30</td>
<td>Nature of Health Problems in Nepal&lt;br&gt;- Dr. Sharad Onta, Physicians for Social Responsibility, Nepal</td>
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<td>11:30 - 12:00</td>
<td>Floor Discussion</td>
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<tr>
<td><strong>12:00 - 13:00</strong></td>
<td><strong>Lunch</strong></td>
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<tr>
<td>13:00 - 13:15</td>
<td>Public-Policy Analysis&lt;br&gt;- Dr. Rishi Adhikari, Rural Reconstruction Nepal</td>
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<td>13:15 - 13:45</td>
<td>Floor Discussion</td>
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<tr>
<td>13:45 - 16:00</td>
<td>Determinants of Health (Group-Work): The session will be divided into 2 groups. Each group will have facilitator and rapporteur.</td>
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<tr>
<td>16:00 - 17:00</td>
<td>Group Report, presentation and discussion</td>
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<tr>
<td><strong>17:00</strong></td>
<td><strong>Tea/Coffee/cookies</strong></td>
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#### 30th December

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>09:00 - 09:30</td>
<td>Breakfast</td>
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<tr>
<td>09:30 - 10:15</td>
<td>Wrap up of the Day One session</td>
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<tr>
<td>10:15 - 12:45</td>
<td>Way out: Where do we go: Our role</td>
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<tr>
<td>12:45</td>
<td>Concluding Session</td>
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<td><strong>1:00</strong></td>
<td><strong>Lunch</strong></td>
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### Annex VI

**Participants of National Workshop on Socio-Political Determinants of Health: The Role of Civil Society**

December 29-30, 2005: Kathmandu

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<tr>
<th>S.N.</th>
<th>Name</th>
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<td>Babu R Pokhrel</td>
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<td>Nimesh Regmi</td>
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