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# **Economic and Social Impact of Geta Eye Hospital (GEH) on Cross-Border Relations with India**

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## **Abstract**

Geta Eye Hospital (GEH) established in 1981 under the Government of Nepal's Prevention and Control of Blindness Project, GEH has played a transformative role in healthcare, diplomacy, and development. With financial support from the Norwegian Agency for Development Cooperation (NORAD) and Norwegian Church Aid (NCA), and technical guidance from the World Health Organization (WHO), GEH has provided critical ophthalmic services for over four decades. The hospital has treated more than 1.92 million Indian patients, including 407,657 individuals who underwent eye surgeries, primarily cataract operations. This immense contribution to eye health has positioned GEH as a key institution fostering Nepal-India bilateral relations. This study explores the hospital's impact on medical tourism, cultural exchange, and economic ties, analyzing its role in strengthening cross-border cooperation. Using descriptive and analytical methods, and drawing on both primary and secondary sources, the research frames GEH's influence through the lens of Liberal International Relations theory, emphasizing cooperation and interdependence. The study highlights that GEH has built trust among India's low- and middle-income populations, fostering a "Netra-Prakash" (eye-sight) bond that transcends borders. By facilitating medical tourism and public diplomacy, the hospital has contributed to people-to-people relations, modest foreign currency earnings, and cultural exchange in the border regions. Additionally, GEH has enhanced the capacities of local organizations and fostered cross-border collaborations, exemplifying the effective use of soft power in international relations. Despite its limited

international scope, GEH has made a commendable contribution to Nepal-India bilateral relations, serving as a model for healthcare diplomacy. This paper underscores the need for further research and policy attention to maximize the hospital's potential in promoting sustainable development and regional cooperation.

**Keywords:** Socio-economic impact, Geta Eye Hospital, Cross-border relations, Medical tourism

### **Introduction**

Comprehensive national blindness survey was done all over the country Nepal in 1980/81. Highest prevalence rate of blindness identified in the Far Western Region of Nepal compared to other parts of the country (Geta Eye Hospital, 2081). Survey result discovered that most of the blindness cases could be avoidable. Main cause of blindness found as cataract seconded by trachoma. Prevalence of blindness was 0.84% throughout Nepal where as in Sudurpaschim province it was highest 1.02% in 1981 survey (Pant, 2024). With the initiation of government of Nepal under prevention and control of blindness project and support of the World Health Organization (WHO), Geta Eye Hospital (GEH) was established in Geta Kailali in 1981. Geta Eye Hospital (GEH) is just 14 Km away from Nepal – India International border Gaurifanta, Lakhimpurkhiri district of Uttar Pradesh (UP) India. Initially Norwegian Agency for Development Cooperation (NORAD), Norway and Norwegian Church Aid (NCA) provided the financial support to GEH. Since November 1982 GEH acquired full operational status which is now administered by nongovernmental organization Nepal Netrajyoti Sangh. India has also supported financially and technically on later stage (Geta Eye Hospital profile, 2078). GEH has established its infrastructure in big area of 9 bigha (5.5 acre) adjacent to East of the Dasarath Chand Medical Sciences University at Geta, Kailali.

From 1985 to 2004, the initial financial support for GEH was provided by the Norwegian Church Aid, Norway. Nowadays, GEH is fiscally self-sustained with substantial patient care in Nepal. There are number of other donor agencies also associated to GEH efforts from the beginning up till today (Geta Eye Hospital, n.d.). GEH is a tertiary level hospital and now it has created a history on eye care services in more than four decades. GEH has become a brand on Eye Care and popularly known as Geta only that means Geta is GEH. There are three secondary level hospitals, two surgical centers and twenty two Primary Eye Care Centers (PECC) running under GEH in all nine districts of Sudurpaschim Province. Three additional eye care centers are planned to be established in Sudurpaschim province within 2024/25 (Annual Report, 2081).

Well equipped, furnished and spacious infrastructure of GEH is providing following medical facilities on eye care services: General ophthalmology services, Complete solution to Cataract including surgery, well equipped clinics with subspecialty service for Oculoplasty, Cornea, Glaucoma, Retina, Optometry and spectacle dispensing services, Pediatric ophthalmology service, Laboratory services, Medical imaging and visual fields testing, Pharmacy service, and 24 hour Emergency service on eye care (Geta Eye Hospital, n.d.).

Surgical Eye Camps and Diagnostic, Screening and Treatment (DST) are focused in remote areas to provide preventative and curative eye care services to the patients under Outreach Program. Additionally, School screening programs in various schools are aimed to eliminate avoidable blindness in school children all over the province. Various teaching and training courses are provided to paramedics and medical residents by GEH. Research projects also conducted by GEH for the enhancement in surgical techniques and patient care.

Main donors and supporters are Seva Foundation, USA/Seva Canada Society, CBM International, Orbis International, World Health Organization (WHO), DAK Foundation, Fred Hollows Foundation, See International, DFID, UK, Distressed Children and Infants International, USA, Proctor Foundation, Vision for the World, Helping Hands Health Education International, Noor Dubai Foundation, UAE, Qatar Charity, TIKa, (National and International, n.d.). Government of Nepal is continuously supporting while occasional support was available from Government of India, Government of Japan and Government of Pakistan in the past.

General tendency of the population residing in Sudurpaschim Province of Nepal is to visit nearby Indian hospitals for most of the medical treatments and it is hard to find any Indian patient visiting Nepal for general medical treatment but it is noticed that accountable number of Indian Eye patients visit GEH for reliable and economic eye treatment. Inward flow of the Indian eye patients has distinct social and economic implications on Nepali society. Increased economic activities in roadside hotels, public transportation, revenue generation in hospital and nearby marketing spots are some examples of economic impacts noticed and exchange of cultural thoughts, establishment of people to people relation, relationship of cross-border local administration are other examples of social implications. This study is focused on mainly to analyze the contribution of GEH on strengthening Nepal – India cross-border relations through Public Diplomacy and to examine the positive indicators for bilateral relations created by GEH activities.

## **Methods and Materials**

This study is focused on GEH only and cannot be generalized. Descriptive and Analytic study is the methodological design. Primary sources like Key Informants and observation are used as well as and secondary sources of data like books, journals, newspapers and office record are analyzed to meet the objectives of the study. Mixed method is used to examine the enhancement on Nepal-India bilateral relations through public diplomacy based on the services provided by GEH to the Indian eye patients.

## **Theoretical Framework**

The purpose of the research work is to analyze the contribution of GEH on strengthening Nepal – India cross-border relations and examine the positive indicators for bilateral relations created by GEH activities. In fulfilling the stated purpose Socio Political indicators, Trade and economic factors, Socio – cultural activities as well as public diplomacy are considered as independent variables and enhancement on Nepal–India bilateral relations is considered as dependent variable here. Unit of analysis is GEH itself.

Every state wants to make friendly relations with its neighbors as far as possible. Relations become unfriendly or adverse between states by so many misunderstandings, their individual interests or by any socio-political causes. Great powers or major powers want their dominations among their friendly or neighboring states and they use different means to demonstrate such dominations.

O. P. Jindal Global University defines International relations as an academic discipline which covers multilateral approach like war, diplomacy, trade, foreign policy including relations with other international actors such as Intergovernmental Organizations (IGOs), International Non-governmental Organizations (INGOs), International legal bodies and MultiNational Corporations (MNCs) (What is International Relations, 2024). There are different theories of International Relations, most important of them are: Realism reiterates that state compete for power and security. b) Liberalism argues that International relations are based on mutual benefit and cooperation. c) Constructivism says that International relations can be on Ideas, Norms and Identity. d) Marxism emphasize that International relations are the reflection of capitalist mode of production (What is International Relations, 2024).

Political thinkers like John Locke, Thomas Hobbes, and Emanuel Kant argues that International Relations are not only political they can be economical through commercial firms

and cultural which are based on cooperation and interdependence among the states. Such thinkers are considered as the liberalist thinkers. Individualism, liberty and equality are the principles of liberalism. States relations are forged through interdependence, cooperation, supranational political structures and International organizations. Arguments of liberal theorists are as states worry more about total gains than relative gains. Relative gains, are closer to realist's argument and illustrate a condition where a state procedure its amplification in welfare comparative to other states and may reluctant to do any conformity that make a contender stronger (Meisser, 2018). Thus; as an alternative of an anarchic international system, there are lots of occasions for cooperation and broader philosophy of power. An additional supposition is that absolute gains can be made through cooperation and interdependence (Snidal, 1991). Liberal theory of International Relations quarrel that power should be calculated or combined instead through state economies, political freedoms and rights along with the possibilities of peace and cooperation (7 Components, n. d.).

Bilateral relations are the political, cultural and economic ties between two sovereign states (Bilateral Relations, n.d.). Bilateral relation between Nepal and India was established in 23 June 1947 which is also based on mutual cooperation and interdependence it can be in the form of cooperating each other in medical field especially in eye health service. Liberal theory of International Relations applies here hence India is supporting economically and Nepal is providing eye health service to bordering Indian population. It can be an example of exploiting soft power in diplomacy.

## **Results and Discussion**

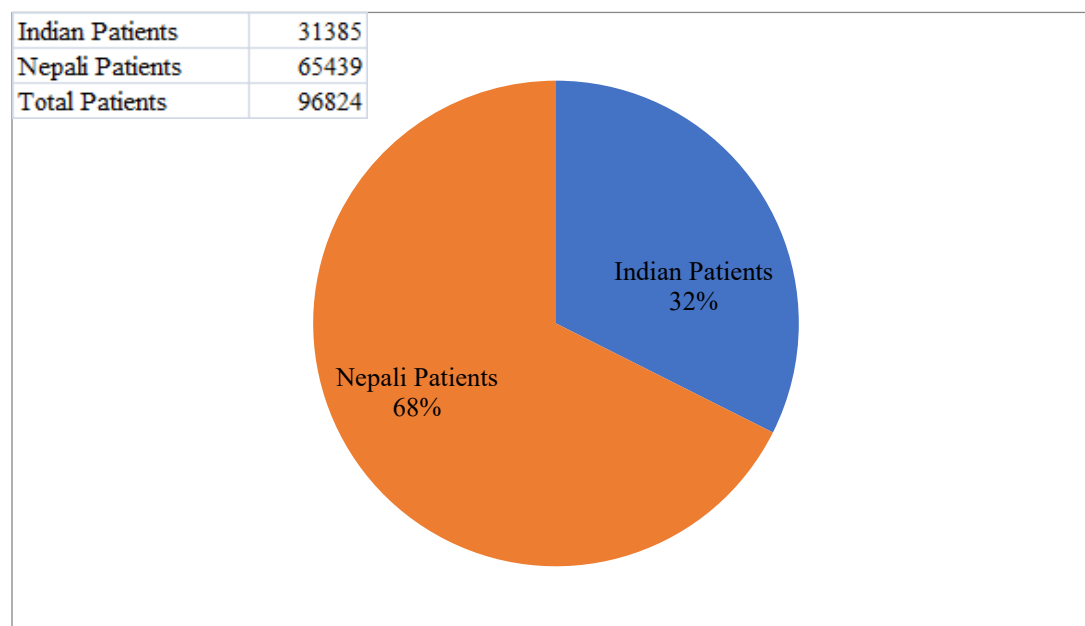
### **Patient Flow**

Eye patients from Sudurpaschim province of Nepal and neighboring district of Indian states of Uttar Pradesh and Uttarakhand visit GEH establishments. Sometimes patients from Lumbini and Karnali province also come to get service from GEH who believes better care is provided in GEH and same way patients from other parts of India also visit GEH appreciating GEH Brand. In current years in average of more than 250000 patient visits for eye care service every year to GEH and different Secondary Eye Hospitals as well as Primary Eye Care Centers running under GEH. As of May 2024, total of 4809535 patients were provided proficient Eye Care service by above mentioned all hospitals, eye care centers and outreach activities since establishment of GEH in 1981. A total of 679429 patients went under different eye surgeries mainly cataract and trachoma

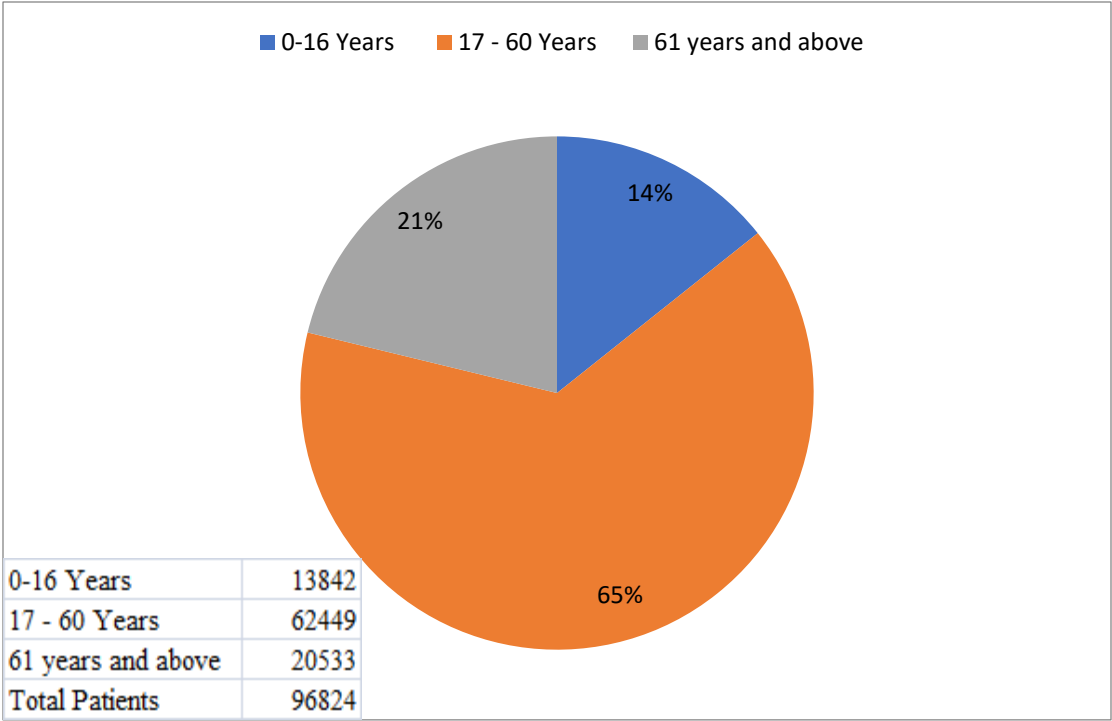
since the beginning. A total of not less than 1923814 Indian patients were benefitted on their eye health and not less than 407657 patients went through different eye surgeries from GEH establishments (Community Outreach Records, 2024). If we analyze the figures, about 40% of total out patients are from India and about total of 60% surgical patients are Indians. Gradual decline in the number of Indian eye patients visiting GEH is noticed during recent years. One of the causes of that declination in patient number could be the insurance facilities introduced by Indian government in the form of Prime Minister Jana AarogyaYojana (PMJAY, 2023).

In the year 2080 B. S. (April 2023 – March 2024) GEH has provided services to 96824 eye patients out of which 65439 about 68 % from Nepal and 31385 about 32% from India. Pie chart representation is given below in Table - 1. About 14% (13842) portion is covered by children up to 16 years of age, biggest portion about 65% (62449) is covered by patient of age group 17 to 60 years and 21% (20533) is covered by eye patients more than 61 years as shown in age wise representation given below in Table – 2. Monthly patient flow is shown is Table – 3. Highest patient flow can be seen in July 10350 and lowest in October 5593. Caste wise representation of patient is given in Table – 4 where Brahmin/Chhetri together making biggest number 59574. Table – 5 is showing comparative patient data of previous three years from 2077 – 79 B. S.

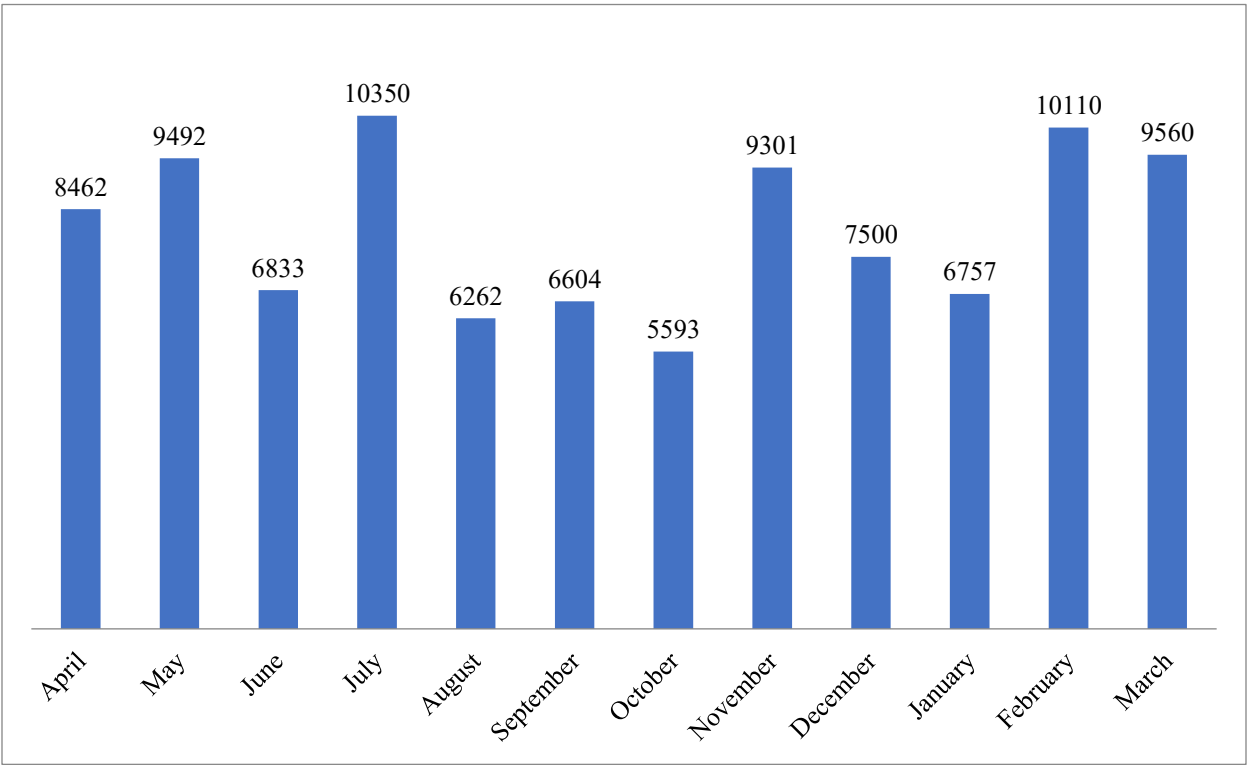
**Table – 1: Out Patient Department Data of Patient Nationality at GEH  
(April 2023 – March 2024)**



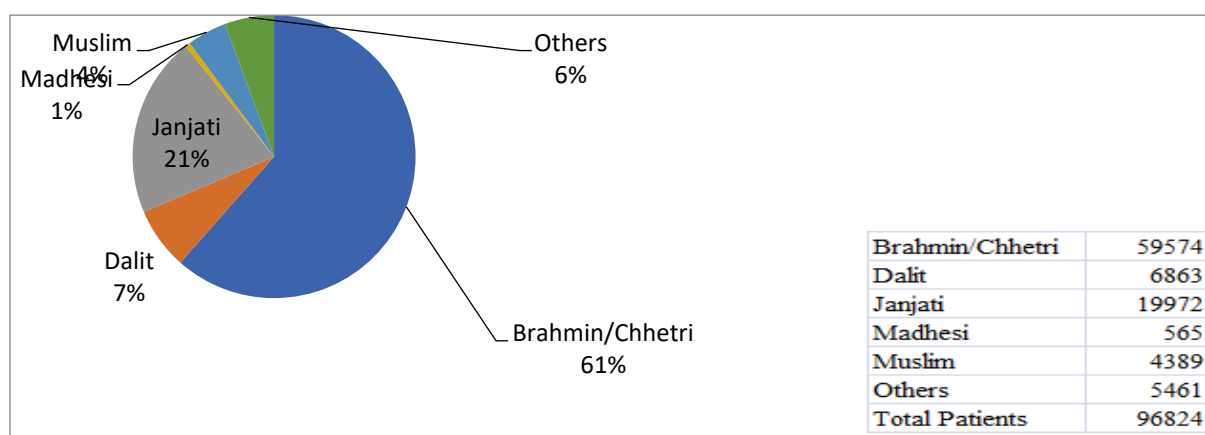
**Table – 2: Age wise Patient Detail at GEH (April 2023 – March 2024)**



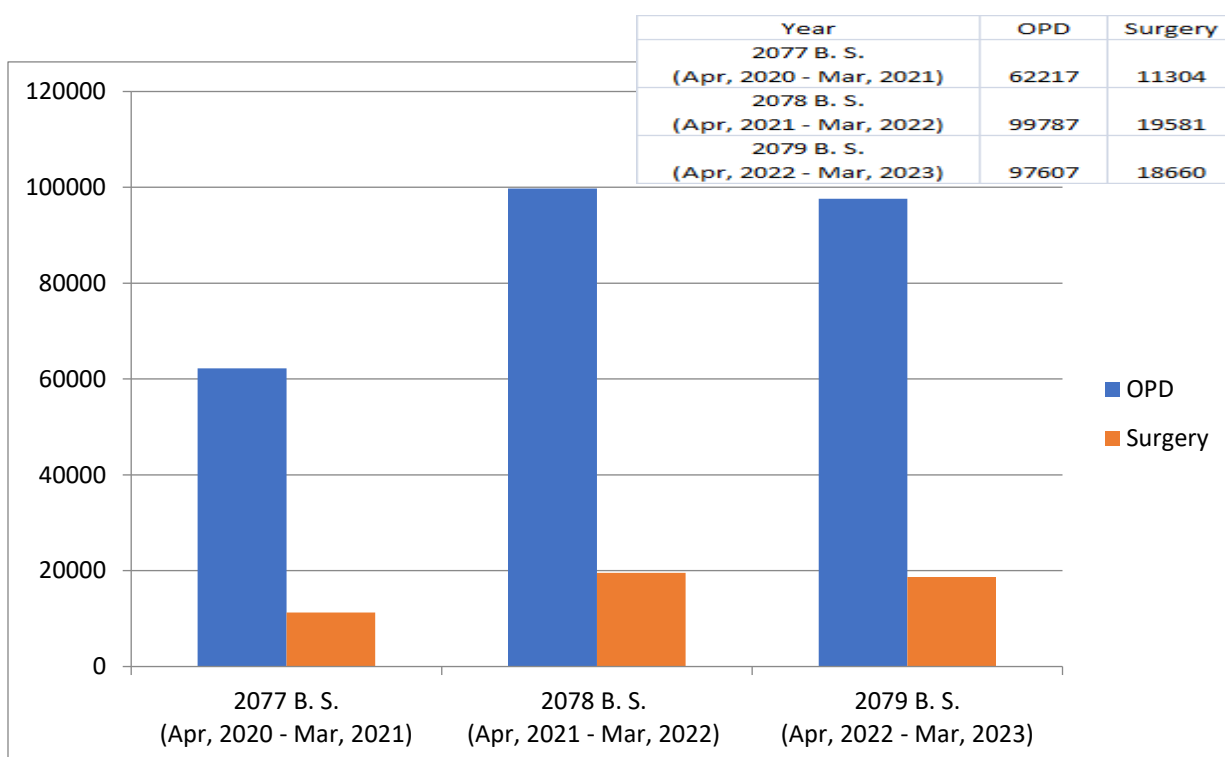
**Table – 3: Monthly Patient Detail at GEH (April 2023 – March 2024)**



**Table – 4: Caste wise Patient Detail at GEH (April 2023 – March 2024)**



**Table – 5: Comparative patient data of previous three years 2077 – 79 B. S.  
(April 2020 – March 2023)**



Source: Geta Eye Hospital, Information Technology Section

## Indian Government Support on Eye Health

Financially Indian Embassy supported GEH through then District Development committee, Kailali in 2065 BS. Total amount is about 3 crore Nepali Rupees by which Operation Theatre and ward building was built. Indian Embassy also supported on cataract surgeries, Cataract



surgery, Trachoma Surgery and sponsored spectacles to school children. The detail of support is as per Table – 6 below.

**Table - 6: Indian Support to Geta Eye Hospital**

Support	Cataract Surgery			Trachomatous Trichiasis Surgery			Spectacles to School Children			Infrastructure Development Support NPR
Year AD	Number	Rate NPR	Amount NPR	Number	Rate NPR	Amount NPR	Number	Rate NPR	Amount NPR	
2005	626	1000	626000	12	1000	12000				
2006	1056	1000	1056000	289	1000	289000				
2007	1877	1000	1877000	94	1000	94000	502	600	301200	
2008	2559	1000	2559000	136	1000	136000	237	600	142200	
2009	281	1000	281000	141	1000	141000	352	600	211200	29993655
2010	1463	1000	1463000	304	1000	304000	545	600	327000	
2011	578	1000	578000	278	1000	278000	790	600	474000	
2012	534	1100	587400	394	1000	394000	564	700	394800	
2014	841	1100	925100				426	700	298200	
2016	640	1100	704000				1048	700	733600	
Total	10455		10656500	1648		1648000	4464		2882200	29993655
Grand Total NPR: 45180355 (Four crore fifty-one lacs eighty thousand three hundred and fifty five only)										

*Source: Geta Eye Hospital, Admin Office Record.*

## **Achievements of GEH on Eye Health**

### ***Big number of eye patients cured***

According to census 2078 total population of Sudurpaschim province are 2711270 which is the targeted service population for GEH and underlined secondary eye hospitals and eye centers located in 9 different districts. Although patients from rest of Nepal and neighboring districts of Indian provinces Uttar Pradesh and Uttarakhand also visit in accountable number that means GEH's service population is more than which is numbered here. According to the Rapid

Assessment of Avoidable Blindness (RAAB) survey 2019, 1.5 percent that is 40670 of total eyes are operable cataract eyes in Sudurpaschim province (RAAB Survey in Nepal, 2019). It is considered that there are another 40670 operated eyes in Sudurpaschim province making about 81340 eyes which needs eye care support and each year growth of eye problems are considered 25 percent of total eye problems which makes about 20335. GEH is providing operation service to about one fourth of total operable eyes although total operations done are 24761. RAAB survey showed about 25 percent eye problems in total population which makes 677817 and needs eye medical care. In fiscal year 2079/80 GEH itself provided eye care service to 97607 patients and other eye hospitals and eye care centres under GEH provided eye care services to 167375 patients making total of 233065 Nepali patients excluding 31917 Indian Patients which makes one third of total patients remained in the society after reducing Indian patient number.

### ***Branded as Geta***

Name of Geta Eye Hospital is derived from the local village name located in Godawari Municipality of Kailali district. Geta was not famous as it is now due to Geta Eye Hospital. Geta has become the synonym of complete eye solution in Sudurpaschim of Nepal as Colgate is the synonym for toothpaste, Coke is the synonym for cold drinks and Apple is the synonym for computer technology. Eye patients don't say they are going to eye hospital, they only say that "they are going to Geta". All secondary Eye Hospitals and Primary Eye Care Centers (PECC) under GEH are prefixed with branding name Geta Eye Hospital. GEH is successful in making its impression as reliable and economical eye caring institution. Interestingly GETA can be a full form of institution slogan "Get Eye Treatment Accurately".

### ***Reduction in blindness***

National blindness survey was firstly done in 1981 in Nepal. Findings of that survey were prevalence of bilateral blindness was 0.84% in Nepal and highest percentage was in then Far Western Region of Nepal which was 1.02 % because of the highest percentage blindness in Far Western Region First Eye Hospital away from Kathmandu was established in Geta of Kailali District. The survey showed that that cataract was the main cause of blindness which was almost 71 % (Rapid Assessment, n. d.). Latest Rapid Assessment of Avoidable Blindness (RAAB) survey done in 2019 – 21 in Nepal and the findings displayed that prevalence of blindness in total population of Nepal was 0.28 % and surprisingly it is the lowest in Sudurpaschim Province (then Far Western Region) which is 0.21 % (Pant, 2024). Latest RAAB report showed that the endeavors

of NNJS, Geta Eye Hospital was really appreciable which ultimately made the lowest percentage of blindness in Sudurpaschim Province which was highest in forty years back (Rapid Assessment, n. d.).

### ***Elimination of Trachoma***

Prevalence of Trachoma is dropped down to minimum and Nepal was declared as Trachoma eliminated first country by WHO in 2017 in South Asian region. GEH played a commendable role in controlling second biggest cause of blindness Trachoma.

### ***Developed eye awareness***

Continued service to eye health created big eye awareness in the society. People are visiting eye hospitals and centers to get eye checked regularly. Eye problems or diseases are very difficult to be noticed by that very person who is suffering. Most of the educated and aware people have stopped using eye drops and eye related medicines without prescription of qualified medical person. Rate of using looking glasses has increased a lot and eye caring habits improved so that avoidable blindness is decreased a lot in the society.

### ***Eye health services provided to their locality/Door steps***

Geta Eye Hospital is conducting more than 20 free eye surgical camps, more than 200 Diagnostic screening and treatment (DST) camps every year in different districts of Sudurpaschim Province of Nepal. Main aim of such camps is to provide eye health services to their door steps. Around 8000 different type of surgeries performed in such camps and around 14000 eye patients treated on the same. 40 percent of total surgeries and 60 percent of total general out patients are provided services to their door steps.

### ***Infrastructure development***

Apart from Geta Eye Hospital there are three secondary eye hospitals, two surgical centers and eighteen primary eye care centers are established in different parts of the province to cover whole population of Sudurpaschim province. It's obvious that big budget was invested to create such infrastructure which is also a noticeable achievement in eye health.

### ***Extended community outreach***

To conduct surgical eye camps, diagnostic screening and treatment camps, school screening, eye awareness training to teachers of schools, health workers and mother groups needs a huge investment in establishing relationships in the society. Based on such activities community outreach is extended to maintain a regular connection to the society.

### ***Production of trained manpower***

There are more than 160 trained medical practitioners working with Geta Eye Hospital. Around 10 employees retire or discontinue active service every year from the hospital. Retired personnel established in the society and practice owned skill. Hospital is also conducting different paramedical courses and fellowship programs ultimately producing trained medical practitioners. GEH is contributing in production of trained medical manpower in the society.

### ***Employment in locality***

As mentioned above the hospital is providing employment to the Nepali citizens. Among them more than 40 percent employees are locals from within the range of 5 kilometer from the hospital. More than 20 restaurants and grocery shops are established Nepali citizens for hospital staff and patient. More than 20 micro buses, tempos and taxis are also employed on transporting patients to and fro border – hospital. Since hospital cannot accept bigger than INR 100 note so that money changers are also employed. Hospital has provided limited market for local agricultural products and forum for cultural exchanges. Hospital has certainly increased the real state value around the locality.

### ***Reliable high quality affordable Service***

Indian patients believe that service provided in the GEH is professional, reliable high quality and affordable than the eye health service available in bordering districts of India. Nearest Eye Hospitals from GEH in India are Dr. Shroffs Charity Eye Hospital in Mohammadi, Lakhimpur Kheri which is 127 Km away and Sitapur Eye Hospital (SHE) located in Khairabad of Sitapur district, Uttar Pradesh which is 165 Km from GEH, Kailali. Regular Indian eye patients visiting to GEH are people residing within 200 Km radius which sometimes goes up to 300 Km. Few Indian patients are noticed coming from Delhi, Punjab, Haryana up to Maharashtra, these places are really very far away from GEH, Kailali. Main reasons motivating Indian patients' visit GEH is reliable eye health in affordable price. Comparative list of few items is shown in the table - 7 below.

**Table - 7: Comparative price list of Sitapur Eye Hospital (SHE), Khairabad, India and Geta Eye Hospital (GEH)**

<b>Items</b>	<b>SEH Price in NPR</b>	<b>GEH Price in NPR</b>	<b>Cheaper Percentage</b>
Small Incision Cataract Surgery (SICS)	5600	5080	9.2
Phaco with Foldable	13600	10680	21.47

Phaco with non-foldable	12800	8920	30.31
IOL Explants	6400	3200	50
Squint Correction	32800	10000	69.51
Pterygium Excision with auto graft with fibrin glue	30400	8920	70.65
REVIT+EL+SOI	49600	13630	72.52

Source: <https://getaeyehospital.org.np/services/service-charge/>,  
<https://sitapureyehospital.org/services>

### **Medical Tourism**

Nepal is beautiful country naturally. Hundreds of thousands of tourists visit Nepal every year. There are so many touristic places in Sudurpaschim Province of Nepal. Patients come from different places of neighboring Indian district can be encouraged to go for the sightseeing after their treatment to the above mentioned places. Local culture and food can be introduced to them for their memorable medical visits in GEH.

### **People to people relations**

Most of the patients visit GEH at least for two times and accountable number of patients visits GEH for more than two times. Since GEH has passed more than four decades serving eye patients, many patients' three generations have taken services from the hospital. They have a kind of affiliation and affection for the GEH. Such patients have lot many Nepali friends here in GEH and around in local community. Some of them may have turned their friendship in family relations by marrying their loved ones from Nepal and India. The famous "Roti Betika sambandh" special relations of "living and marrying" among people from two neighboring nations is proven practically here. GEH can be a good tool for the government to enhance its public diplomacy initiatives.

### **Foreign Currency Income**

Based on the figures above around 45000 eye patients from India visit every year to GEH for medical treatment. Number can be doubled because every patient is accompanied by at least one guardian which means around 90000 Indians visit GEH and Nepal with the aim of eye treatment. Although recent data shows that number of Indian patients visiting GEH is gradually decreasing. They stay at least one night at GEH in case of normal OPD patient and at least three nights in surgery cases in GEH. Figures shows that 40 percent patients in OPD and 60 percent

patients in OT are Indians that means about a half of the total income of hospital is from Indian patients in foreign currency. Apart from that their travel cost, lodging and food cost is also a foreign currency flow in local market. Table – 8 is showing average minimum expense of an Indian citizen visiting GEH which is Nepali Rupees thirteen hundred (NPR 1300). Table – 9 is showing the calculation of income from Nepali and Indian patient separately. Hospital's total clinical income of the mentioned period is two hundred thirty-four million fifty-one thousand five hundred and forty-five (NPR 234051545). 32% Indian patient's contribution is 47.82 % of income which is one hundred eleven million nine hundred twenty-eight thousand two hundred and twenty-four (NPR111928224) where as 68% Nepali patient contribution is one hundred twenty-two million one hundred twenty-three thousand three hundred and twenty-one (NPR 122123321). Since 57.93% of surgical cases are from Indian patients and surgery service is more costly compared to outpatient cases hence average expense of an Indian patient is more which is three thousand five hundred and sixty six (NPR 3566.23) compared to a Nepali patient one thousand eight hundred and sixty six (NPR 1866.21). Table – 10 is showing total foreign currency income from all Indian visitors which is one ninety-three million five hundred twenty-nine thousand two hundred and twenty-four rupee (NPR 193529224).

**Table – 8: Average Daily Expenses (Non-medical) of an Indian Citizen at GEH**

Patient	Transportation Expense	Day (Duration)	Meal Expense	Accommodation Expense	Total NPR
OPD	100	2	4 X 200 = 800	2 X 80 = 160	1060
Surgical	100	3	6 X 200 = 1200	3 X 80 = 240	1540

Average Daily Expenses of an Indian at GEH:  $1060 + 1540 = 2600$ ;  $2600/2 = \text{NPR } 1300$

**Table – 9: Per patient expenses calculation at GEH by Nationality (April 2023 – March 2024)**

- Total OPD patients visited at GEH: 96824 (Nepali: 65431/67.59%, Indian: 31385/32.41%)
- Total Surgical Cases: 13186 (Nepali: 5678/43.07%, Indian: 7508/56.93%)
- Total Income of GEH: NPR 234051545
- Income from surgical cases: NPR 158964122 (67.91%)
- Income from other cases: NPR 75087423 (32.09%)
  - Patients other cases: 83638 (Nepali: 59761/71.46%, Indian: 23877/28.54%)
  - Income from other cases: NPR 75087423

- From Nepali patients: NPR 53657473 (71.46%)
- From Indian patients: NPR 21429950 (28.54%)
  - Income from surgical cases: NPR 158964122
- From Nepali patients: NPR 68465848 (43.07%)
- From Indian Patients: NPR 90498274 (56.93%)
  - Total income from Nepali patients: NPR 122123321 (NPR 1866.21/Nepali patient) – 52.18%
  - Total income from Indian patients: NPR 111928224 (NPR 3566.23/Indian patient) – 47.82%

**Table – 10: Total foreign currency income from patients and visitors at GEH (April 2023 – March 2024)**

- Income from medical service: NPR 111928224
- Income from non-medical services:
- Patients: 31385
- Guardians: 31385 (at least one person with a patient).
- Total Indian visited GEH: 62770
- Income from non-medical services:  $62770 \times 1300 = \text{NPR } 81601000$ 
  - Total income:  $111928224 + 81601000 = \text{NPR } 193529224$

Source: GEH accounts section records.

### **Different Views about GEH**

According to Chief Medical Director of GEH Dr. Suresh Raj Pant, GEH is providing a reliable eye health Service to Indian patients in cheaper price and generosity which has provided a limited chance of medical tourism to Indian patients to have a scenic view of touristic places in vicinity. He also thinks that patient flow from India has increased some commercial activities which ultimately earn some amount foreign currency. He reiterates that people to people relation is also strengthened just because of this movement of patients from India.

Same way, community outreach manager of GEH Mr. Ramesh Bhatta's perception is as "Geta Eye Hospital has built a strong trust in its eye care service among Indian patients, and they do not hesitate to visit GEH. At GEH, they feel comfortable staying and getting services with equal opportunities as Nepali patients. Because of GEH's contribution to eliminating blindness in Indian patients, the Embassy of India supported GEH to build an indoor and operation theater building.

As the northern districts of India do not have well-equipped subspecialty eye care service providers, patients seeking subspecialty services from those areas get service at affordable charges.

Indian citizen who guide and helps Indian eye patients voluntarily from Hardoi district of Uttar Pradesh Mr. Ranveer is a regular visitor of GEH, he has escorted number of eye patients from his locality to GEH for eye treatment says that “Indian eye patients come GEH only for reliable eye treatment although they can get eye treatment in zero expenditure because Indian government has supported her citizen through insurance policy like PMJAY even though they prefer to visit GEH”.

NNJS President Dr. Chetraj Pant’s view on GEH contribution to the bilateral relation of Nepal and India is also supporting the views of others. He stated that “Nepal has developed its capabilities on the medical fields especially on eye health sector with the passing time. Initially, Nepali people of Sudurpaschim province had to rely more on Indian health institutions, which is remarkably reduced in recent days. Before GEH was established in Geta, Kailali, Sitapur Eye Hospital used to be the only solution to Nepali eye patients but now the scenario have been changed and accountable number of Indian patients visit GEH even from and around the vicinity of Sitapur Eye Hospital establishment. It’s a growing faith of Indian patients on the service of GEH which ultimately contributing on strengthening bilateral relationship of Nepal and India”.

Former foreign Minister of Nepal Mr. NP Sawad opined that “Although we are inferior in majority of the aspects with India, its good news for us to have opportunity to serve people from our neighboring state India in eye health sector”. It indicates increased faith of Indian population in eye health service provided by GEH. Interdependency between Nepal and India must be increased in future. Accountable number of Indian patients visits GEH and I believe that people to people relation with India is strengthened in Sudurpaschim province and Indian bordering areas just because of our reliable and affordable service provided by GEH to the people of low to medium economic class population”.

### **Positive indicators developed by GEH on strengthening bilateral relations with India**

#### ***Socio - Political***

Accountable number of patients coming from Indian bordering districts to GEH everyday needs some administrative cooperation at entry points from both the countries. Even in lockdown period caused by COVID 19 eye patients coming to GEH from India were given permission to



visit from border administration of both the countries by following established protocol. Since, no visa is required to Nepali citizens to enter India and vice versa there is possibility of Illegal entry of criminals and terrorists from third country to India via Nepal and via India to Nepal. When border security is tightened by visualizing possibility of such entry, actual patients coming to GEH are given proper consideration to entry Nepal at border check points which is an important positive indicator of good bilateral relation on political as well as administrative sector.

### ***Economic***

Indian economic support to develop hospital infrastructure is one of the best indicators of strong bilateral relations. Good bilateral relations lead to economic support. India is supporting on human resources development by providing trainings to the manpower employed in GEH and other secondary eye hospitals as well as primary eye care centers under GEH.

### ***Increased Trade***

As mentioned above approximate 90000 Indian citizens (Eye patients and their guardians) per year visit GEH and stay in Nepal at least for one night. If we consider their average expense is NPR 1300 per person in lodging and food that makes NPR 117000000 (Eleven crore and seventy lakh) apart from clinical expenses which is expanded in Nepal by them. It shows that local trade is also increased due to movement of Indian citizens in GEH and around.

### ***Socio – Cultural***

Political barriers cannot stop growing social and cultural relationships. Similar creed and ethnicity, similar language, similar festivals, similar lifestyle and similar economic behaviors of people residing in border areas of Nepal and India bring them even closer so that a kind of special relationship of bread and stove “Roti-BatikaRishta”. Bread (Roti) cannot be cooked without stove (Bati). It refers to the close relationship and interdependency of two different entities like husband and wife relationship. Now Roti – BatikaRishta is transformed in to Roti – BetikaRishta in the context of Nepal and India bilateral relationship. Roti refers to bread(food) or employment and Beti refers to bride (marriage) and family. Accountable numbers of cross border marriages happen every year and thousands of people go across the border from both sides to seek employment in Sudurpaschim province region. Although Roti-Beti relationship in between India and Nepal is one of the oldest relation since Puranic (Since long back) age but GEH is also considered to be contributing in the flourish of that relationship.

## ***Public Diplomacy***

Geta Eye Hospital also contributed in developing positive views in Indian citizens who visited GEH for their eye treatments. Although India is a major power, developed in all the aspects compared to Nepal. According to CEOWORLD magazine India Ranked 29<sup>th</sup> with 45.84 points at overall health care index where as Nepal is at 108<sup>th</sup> rank with 21.4 points on the same out of 110 countries. Taiwan is topping the list with 78.72 points at overall health care index where as USA at 15<sup>th</sup> with 56.71 points and El Salvador at the bottom with 18.6 points (Wilson, 2024). Indian government have launched on 23 September 2018, Aaysmaan Bharat Yojana which is also known as Pradhan Mantri Jan AarogyaYojana (PMJAY) is an mega scheme of Health Insurance aimed to provide 50 crore Indian citizens from weaker economic section. It provides insured sum of rupees 5 lakhs on medical treatment costs, medication, diagnostic and pre-hospitalization expenses. It offers cashless hospitalization to under privileged citizens on secondary and tertiary empanelled hospitals nationwide (Aayusmaan Bharat, 2023). Having that much of facilities Indian citizens from different part of the country come to visit GEH to verify their belief of reliable and professional service provided by GEH. They ask bigger and deeper engagement of GEH to their localities by providing community eye camps like Diagnostic, Screening and Treatment (DST) camps as well as surgical camps.

GEH has contributed on increased dimension in public diplomacy especially in the field of eye health service. Public diplomacy is a very good tool to promote country's soft power. With increased engagement of GEH in Indian bordering territory may contribute more on positive mindset of Indian citizens towards Nepal. GEH may initiate free eye camps with active support of local government of India.

## **Conclusion**

GEH is only tertiary level eye hospital established in Sudurpaschim province and it is the oldest hospital established currently under non-governmental organization (NGO) Nepal Netrajyoti Sangh (NNJS). GEH has a biggest contribution to the Nepali society on eye health with its three secondary hospitals and 24 primary eye care centers on top of that 3 primary eye care centers are planned to be established within 2024/25 (Office Records, 2024). As per WHO declaration Nepal was the first country in South Asia who was able to eradicate Trachoma in 2017. Bilateral blindness was found highest in Nepal which was 1.02 % in Sudurpaschim then Far Western region in 1981 blindness survey and it was again found lowest in Nepal to 0.21% in 2019

– 21 RAAB survey. Big numbers of Indian eye patients were cured in GEH. GEH has become a family eye hospital for Indian families residing close to the borders because some of them are regular visitors to GEH and current visitors are third generation patients visiting. A special kind of sentimental relation is established with them. Instead of having PMJAY insurance coverage where complete treatment is done freely based on Aayusmaan card, Indian patients prefer to visit GEH for their reliable treatment. Such level of reliance shown by Indian people has really a positive impact on bilateral relationship in between Nepal and India.

Socio-Political indicator can be the priority given to Indian eye patients visiting GEH at border check points, Panchayat level local leaders asking for eye camps in Indian localities to be conducted by GEH, increment in local trade figures, Strengthened Socio-Cultural mutual relationship and trustworthy situation developed in public diplomacy are the considered positive indicators in bilateral relations.

Special relation of bread and stove “Roti – Bati” was transformed to bread and family “Roti-Beti” now at the verge of changing to Eye-Sight “Netra Prakash”. Here we can consider Netra to Indian eyes which are filled with the Prakash to Nepali sight after treatment. New name of India – Nepal relations can be depicted in Sudurpaschim province and local bordering territory of India as Eye-Sight “Netra-Prakash” relation.

Eye-Sight “Netra-Prakash” relation has done recommendable value addition in medical tourism, people to people relation, foreign currency income, cultural exchange, local level organizations cross border relations established ultimately effective recognizing public diplomacy which is a very good tool of soft power demonstration. GEH has a limited International scope but recommendable contribution in Nepal-India cross-border Relations.

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