Learning to Live with COVID-19 in Nepal: A Unique Experience

Yogendra P Singh, MD, PhD
Department of GI & General Surgery, Maharajgunj Medical Campus, Tribhuvan University Teaching Hospital, Institute of Medicine, Maharajgunj, Kathmandu, Nepal
Email: ypsingh2065@gmail.com

Corona Virus Disease-2019 (COVID-19) is a global viral respiratory outbreak, known to everyone in society. Nepal is not an exception for this pandemic and we are learning how to live with COVID-19. The pandemic has changed vigorously our daily activities affecting every aspects of the society. In low–middle income countries like ours, we don’t have definite answer to deal with the pandemic, rather we are learning how to live amid COVID-19. We are experiencing something new every day. Despite so many limitations, we need to learn to live with COVID-19.

The first case of COVID-19 was reported from Wuhan, Hubei Province of China on November 17, 2019, according to the South China Morning Post. A cluster of pneumonia cases caused by a novel coronavirus was also reported from the same province by the end of 2019. Then this viral infection spread progressively to other countries. The first case was identified in Nepal on January 23, 2020, in a male who had returned from Wuhan.¹ On January 30, 2020, WHO declared the COVID-19 outbreak a public health emergency of international concern.² Later in March 2020, WHO declared it as a pandemic and urge all countries to take action in detecting infection as well as preventing its transmission. Accordingly, Nepal declared lockdown in the country from March 24, 2020 to July 22, 2020 in order to contain the spread of the deadly coronavirus.³ All public and private transportation services were halted except essential services in the initial period though it was progressively eased in the later part. The domestic and international flights were suspended except rescue of the passengers inside and outside the country. Non-essential services were also banned.

Working from home culture was promoted by the Government except for the essential services sector employees. We learned to stay at home, practice social distancing, wear the mask, do frequent hand washing and use sanitizer. We came to know the various types of masks and how to use them correctly. Some masks and sanitizers are locally made. Mask, sanitizer and disposable gloves have now become part of everyday life. We also learned to use elbow while coughing and sneezing. People have been used to adapt new habits in order to prevent the viral transmission.

Lockdown has now resulted into unexpected consequences on health, education and economics as a whole indirectly too. We do not know exactly when these sectors will recover. There are some reports that quarantine and isolation at home have led to an increased number of abuse during this period. All the school and college students were bound to stay at home. Hotel industry and tourism, the major source of income in Nepal, were closed. The work force, has been working in other countries, came back to Nepal and engaged in agriculture. This seems a bit positive aspect of the pandemic. Mental health issues were greatest in intensity during lockdown. After a few days of lockdown, people started having abnormal behavior, anxiety, anger, depression and harmful use of alcohol and drugs. As a result there was a 20% increase of suicide rate during lockdown in Nepal.⁴ That was a very difficult time for children and young college students to cope the situations during lockdown. Some increase in domestic violence was also observed during this period.

As a health worker in the society, one has to play a key role in educating people to understand the importance of social distancing, personal hygiene and boosting of will power during lockdown called by the Government. In initial period, most of the health services were directed to COVID-19 suspected patients (fever clinic and isolation services) mostly in public hospitals. Other elective services were cut down to the minimum except emergency services. Many health services including maternity and immunization were not provided due to lack of transportation.⁵ Initially, there were some
problems with distribution of food and medicines in the country. We learned to provide online health services. Some of the teaching learning activities were diverted to online only. Medical internship training programs were also postponed.

Initially patients were afraid of receiving treatments in hospital other than emergency. The number of non-COVID patients drastically decreased to less than 10%. Among all the medical services, surgery was the most affected service worldwide due to staffing and work prioritization issues and intraoperative risk of viral transmission. Less number of surgical procedures has a direct impact on surgical education. However, we have slowly started to do surgeries and teach our residents during COVID-19 pandemic.

We are learning to live with COVID-19 by saving lives and ensuring livelihood. In the initial part of the lockdown, every household’s income went down to almost nil and people were surviving with their savings and loans. Some people received foods and other essentials from local government and some kind people in the society. From the second month of the lockdown, people started to work to earn to live with all possible precautions to save themselves from this infection. On June 11, 2020 the Government of Nepal decided to ease the nationwide lockdown, people tried to get back to work as far as practical. Income has been increasing slowly maybe up to one quarter of the pre-lockdown period.

The Government of Nepal had decided to lift the nationwide lockdown from July 21, 2020 with some restrictions on large gatherings, long route bus and air services. Both domestic and international flights will be resumed from September 1, 2020. People are trying to do their activities as usual. However, it might take longer time to normalize the situation as a whole.

Finally, a substantial ray of hope is seen with the development of vaccine against COVID-19. This mRNA-1273 vaccine was effective and safe in first phase trial. We are waiting impatiently for the good news of discovering vaccination against the pandemic. Let’s hope we will get an effective vaccine for this lethal disease in near future.

REFERENCES