



## Thematic Opinion

# Lesson from COVID-19: restructuring the current health system and policies in Nepal

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**Abstract:** Although COVID-19 pandemic has created a state of alarm worldwide, the downfall in health and economy is rather paramount in low income countries. Nepal, due to its inadequate health resources and poor health system, is more vulnerable to the plight. But on a positive note, the weaknesses that have been exposed can be taken as lessons to learn. With the policies committed to achieving health as the fundamental right of people as per the constitution, capacity building, intersectoral coordination, preventive, promotive and curative facilities, and appropriate strategies and preparedness plan, Nepal can combat the pandemic and develop a resilient and well-functioning health system in future. Now is a moment of historic opportunity. Public health program must be strengthened as soon as possible by ensuring that at least minimum requirement are in place at the province and municipality levels and media partnership should be created to prevent societal fear. Furthermore, this is an opportunity to implement the power devolution in federal republic of Nepal.

**Keywords:** agenda for change; COVID-19; effective leadership; health sector reform

**सारांश:** कोभिड-१९ को महामारीले विश्वभर खतराको स्थिति सिर्जना गरेको भएता पनि कम आय भएका देशहरूमा स्वास्थ्य र अर्थव्यवस्थामा यसको प्रभाव बढी हुने स्थिति छ। अपर्याप्त स्वास्थ्य संसाधन र कमजोर स्वास्थ्य प्रणालीका कारण नेपाल पनि बढी जोखिममा छ। यो स्थितिलाई बिगतका कमजोरीहरूको पाठ सिक्दै एक सकारात्मक पथमा जाने मौकाको रूपमा समेत लिन सकिन्छ। नेपालको संविधानमा स्वास्थ्य बारे भएको व्यवस्था र प्रतिबद्धता लाई ध्यानमा राखी स्वास्थ्य क्षमताको विकास, विभिन्न क्षेत्रको आपसि समन्वय, रोकथाम, प्रोत्साहन र उपचारात्मक सुविधा र उपयुक्त रणनीति तयार पार्न सकिन्छ। यस्ता तयारीले स्वास्थ्यलाई जनताको मौलिक हकका रूपमा प्राप्त गर्ने प्रतिबद्ध नीतिहरूमार्फत नेपालले महामारीको विरुद्ध लड्न र स्वास्थ्य क्षेत्रमा राम्रो विकास गर्न सक्दछ। यो परिस्थिति लाई भविष्यमा स्वास्थ्य प्रणालीको विकास, विस्तार र सुधार गर्ने ऐतिहासिक अवसरको क्षणको रूपमा लिनु पर्छ। प्रदेश र पालिका तहमा न्यूनतम स्वास्थ्य सुविधाको विकास र सामाजिक डर रोक्न मिडिया साभेदारीको स्थापना गर्दै जनस्वास्थ्य कार्यक्रमलाई जति सक्दो चाँडो सुदृढ बनाउनुपर्नेछ। यसको साथै संघीय गणतन्त्र नेपालमा शक्तिको विकेन्द्रीकरण कार्यान्वयन गर्ने उपयुक्त अवसर समेत हो।

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## 1. Introduction

Apparently, COVID-19 is the once-in-a-century pandemic that scientists had long been warning and worrying (Gates, 2020). With more than 6.38 million infected cases worldwide till date (Worldometers, 2020) and more than two months of global lockdown, global health and economy is quivering already and its consequences in the aftermath could be even dire. The virus, being a novel one, little is known about its pathogenicity and transmission. Experts are therefore making speculations based on what is evident till date but with varied pattern of the disease, an approved vaccine and treatment is yet to come up despite the continuous toil. The effect of this pandemic is undoubtedly immense but on the flip side of the coin, this pandemic has been an eye to the weaknesses in global healthcare system; and the challenges coming forth if taken as lesson, can open a window to huge set of opportunities. Even the health system of developed countries like United States and United Kingdom is apparently flawed; health inequity and scarcity of human health resource are major concerns and outbreak preparedness seems visibly poor. Nepal, being a developing country struggling in terms of health and economy, there are a lot of weaknesses in the health system and policy which have become more evident with the current COVID-19 pandemic. In this opinion article, we aim to discuss on the current situation of the country in this pandemic and its weaknesses; and put forward ways to restructure the health system and policy to minimize the havoc as well as build a resilient health system after the crisis.

## 2. Current Situation

As of June 2, 2020, a total of 75,343 PCR tests have been done in Nepal with 2099 positive cases and eight deaths have been reported as per Ministry of Health and Population, Nepal (CovidNepal, 2020). It has already been 71 days that the nationwide lockdown was imposed. The rationale of the lockdown is to delay the spread of coronavirus infection and buy time for better preparation. But the question is: Are we prepared enough? As a country which bears close proximity with China, the epicenter of the contagion and amongst the earlier nations to have a COVID-19 positive case, Nepal was actually given an ample of time to plan ways to combat and control the outbreak and its effects, but lockdown seems to be the only action taken by the government so far. The aggressive physical distancing polices currently promoted in Nepal is justifiable in the containment of the spread of contagion and in fact highly appreciated globally,

but there is a need for other contingency plan for the epidemic control. While “Test, Trace and Treat” has been constantly emphasized by World Health Organization and other health agencies, until very late, active testing was not done, and testing is yet not as rigorous as it is supposed to be. Contact tracing is yet to be expedited.

As a matter of fact, Nepal's health system is too frail to handle an epidemic of this magnitude. Health is one of the under prioritized areas, with health budget being less than 10 % of the total share (Ministry of Finance, 2020). The number of doctors, paramedics and health workers in Nepal is inadequate. Moreover, the existing human resources are clustered within the city with paucity in the rural areas as reflected by a doctor population ratio of 1: 850 in Kathmandu against 1:150000 in rural areas (Patan Academy of Health Sciences, 2020). In outbreak like COVID-19, which knows no geographical terrain, such inequitable distribution of health resource could pose a huge risk to the country. Moreover, the health workers are ill protected; with the scarcity of Personal Protective Equipment (PPE) for frontline health workers, they cannot work with full motivation in the field which ultimately compromises the quality of health care. According to a recent paper in Journal of Society of Anesthesiologists of Nepal, there are only 480 intensive care unit beds and 260 ventilators in the country (Paneru, 2020). Considering only 0.1 % percent of the population i.e., 30, 000 people get infected in Nepal, our health system does not have the capacity to cater to their needs. Lately, the government has expanded few hospitals and isolation wards. But mere beds without other facilities and health workers cannot be of much help. We can see that many of the isolation wards lack even basic health facilities for the patients. After COVID-19 outbreak raged in the country, a large fraction of private health institutions have halted their service and are apparently unwilling to admit any patient presenting with fever. At times of public health emergency like these, government should take in charge of the entire health sector but our government has failed upon this and has not been able to regulate the private health sector too.

Also, the health information dissemination system which forms the basis of public knowledge and perception of the disease seems weak. On a brighter note, however, the Ministry of Health has now launched an official website about COVID-19 that has up-to-date information regarding current epidemiological scenario of the country and also has other relevant clinical information and notices regarding Covid-19 in both English and Nepali language. Also, it has partnered with Telecom companies and stepped up mobile alerts to raise

awareness regarding COVID-19 (Mishra, 2020).

### 3. Ways Forwards

Vaccine is the ultimate solution to the pandemic but developing, testing and reviewing any potential vaccine is a long, complex, and expensive endeavor. It is right time to learn how to live with virus because we do not know about the vaccine availability and the virus will certainly remain here. In such a context, we need to develop a more resilient health system, immunity system, and design conduct that effectively breaks the chain of interpersonal transmission of the virus. These efforts will improve our response to the current pandemic and strengthen our preparedness for the similar disease outbreak. Until a vaccine is ready, COVID-19 response focus should be on the proven public health practices of containment and mitigation. The government policies and programs for upcoming fiscal year has given priority to health, a clear vision and implementation strategy is yet to be shared. In this context, we propose some key issues, but not limited to, for the promotion of healthy behavior and betterment of health system in Nepal.

National public health capabilities and infrastructures remain at the core of global health security, because they are the first line of defense in infectious disease emergencies. Hospitals, isolation wards, intensive care units, laboratories are to be expanded across all the provinces in the country in order to prepare our health system for the growing case burden. Human health resources have to be trained, distributed and mobilized accordingly. Crisis management plan should be ready in each state of Nepal.

The present situation shows that without widespread testing and contact tracing measures, Nepal will not be able to control deadly coronavirus cases, particularly among the most vulnerable populations. So, testing and tracing has to be done in large scale. To cope with the heavy demand of diagnostic tools necessary to achieve the goal, international aid is to be diplomatically sought.

Promoting good hand hygiene is one of the most basic but powerful tools to reduce the spread of COVID-19. Regular and thorough hands washing with soap or use of hand sanitizer are critical measures to protect ourselves and the health workers who care for others. All health facilities should establish or strengthen hand hygiene improvement strategies.

Despite all precautions, if anybody catches the infection, it is not their fault. It must be noted that the condition is curable and most people recover from it; the patient and the family need support and cooperation in times during such times of distress. Cases have been reported that people affected with

COVID-19, as well as healthcare workers, sanitary workers and security forces, who are in the frontline for management of the outbreak, are facing discrimination on account of heightened fear and misinformation about infection. Such misbehaviors should be immediately stopped.

While the impact of COVID-19 is massive, other infectious diseases specially the vector borne diseases that are common in forthcoming summer and rainy season cannot be overlooked. While our focus remains here, we should also be prepared in the mitigation and control of outbreak of those diseases.

In the absence of proper regulation, deaths due to non-COVID related causes, hunger, malnutrition, poor maternity and neonatal care can toll higher COVID-19 itself. It is therefore necessary to maintain a robust health system with supportive environment from the government for the smooth functioning of existing health institutions. At times of crisis like these, government should take in charge as well as regulate all the public and private health institutions and make sure all necessary health services are being delivered with paramount importance to the safety of patients and health workers. Relief packages should be targeted and reach to the actual needy people, rather than mere squandering for namesake.

In the light of the dire need coupled with the ubiquitous scarcity of PPE, country has to take a lead on the local production of PPEs. Few hospitals and organizations have already started this. As locally produced PPEs cost much less than the imported ones and also offers job opportunities to the citizens, it needs to be supported by the government and increased by many folds. National pharmaceuticals, food and textile industries as well as other industries need to be promoted to decrease our dependency on other nations. Self-reliance is a key to combat the economic downfall caused by the crisis.

The government has emphasized the establishment of Food and Drug Administration (FDA) and National Center for Disease Control (NCDC) in its policy and program documents. FDA should be responsible for protecting people's health by ensuring the quality of food, drugs and medical devices, evidence-based information, and support for emerging public health threats. The main responsibility of NCDC should be to analyze the data of the current health problems of people, find out what is making people unhealthy and explore the effective ways to prevent and control. NCDC should be a center of excellence for control of diseases which bring new knowledge to save lives of people, provide training and research opportunity using multi-disciplinary integrated approach for

surveillance of communicable diseases and outbreak investigation. The center should be well equipped with modern technology capable of testing.

There is a high level of anxiety and panic among the people due to the ongoing epidemic and their mental health is at stake. Mental health services need to be an essential part of all government responses to COVID-19. They must be expanded and fully funded.

During the pandemic, media messages heavily influence the public. Media can, and should, support public health responses both in preparedness and controlling the outbreak by teaming up with government in providing consistent, simple, and culturally appropriate messages.

Telemedicine is the new need of the time. Although this might not be possible in the rural realms of the country, this can be an effective tool to ensure health service to the people, while minimizing the risk of contagion to and from the health personnel. Now is a moment of historic opportunity. With effective leadership, well-managed coordinated programs, appropriate health delivery systems, newer technologies and professional as well as social commitment, the health condition of Nepali people can be improved rapidly even within the context of limited resources and slow economic growth (Subedi, 2006, 2018). Those committed to the poor must stand squarely on the side of the poor. Their struggle should be against the creation of dependency. They also must play a positive role in demonstrating that there can be an alternative system which, with the same resources, can much better serve by focusing on people's need. Improvements within the health sector require effort across several sectors. This is an opportunity to implement the power devolution in federal republic Nepal.

#### 4. Conclusion

Lockdown and physical distancing saves lives but imposes large cost on society due to reduced economic activity which indeed puts vulnerable low-income population in jeopardy. We need to start planning for an escalation in our response to COVID-19 and a surge in demand across the health and social care sector; the expectation must be that our unscheduled care services and the wider national health system, which are already stretched, will be severely challenged even by a modest increase in cases.

The pandemic can be limited when public health outbreak response strategies and tactics are prepared properly. Public health program in Nepal must be strengthened by ensuring that at least minimum requirements are in place at the province and district levels; and media partnership should be created to prevent societal fear. This is a right time to implement the federalization in Nepal and to ensure that the citizens have greater access to health services.

#### **Ethical approval**

Not applicable

#### **Availability of data and material**

Data sharing not applicable as article does not include generation and analysis of data

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#### **Conflict of interest**

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