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# The Grim Reality of Health System Uncovered with COVID-19 Pandemic in Nepal

Richa Nepal,<sup>1</sup> Bharosha Bhattarai<sup>2</sup><sup>1</sup>Department of Internal Medicine, Bharatpur Hospital, Bharatpur, Chitwan, Nepal, <sup>2</sup>Dhankuta District Hospital, Dhankuta, Nepal.

## ABSTRACT

With advent of community transmission of COVID-19 in Nepal, the number of cases continues to rise and poses threat to the fragile health system of our country. 'Trace, isolate, test and treat' is the strategy advocated by World Health Organization to fight against COVID-19. Despite the efforts for last nine months, Nepal lacks in some aspect of this strategy. Lack of prompt testing facilities and substandard quarantine and isolation centers, have led to mismanagement of cases. The panic regarding COVID-19, lack of adequate protective measures to healthcare workers in early stage of the pandemic, and nation-wise lockdown, has led to collateral damage in the form of increased morbidity and mortality due to non-COVID related illnesses. COVID-19 pandemic has uncovered the grim reality of the debilitated health system of our country. With mass influx of Nepali migrant workers, the epidemic is expected to grow exponentially. We need to understand that the health system of Nepal must be prepared to function to its maximum capacity in the coming days.

**Keywords:** COVID-19; health; Nepal; pandemic

## INTRODUCTION

Nepal reported its first COVID-19 case on 24<sup>th</sup> January, 2020 and since then; the numbers have steadily risen to 74,745 cases by 28<sup>th</sup> September, 2020.<sup>1</sup> History has witnessed deadly pandemics in the past which came, peaked and waned. The unfolding pandemic of COVID-19 in Nepal, poses threat to its fragile health system that could collapse, if immediate measures are not taken in these unprecedented times. This articles aims to highlight the challenges faced by our imperfect health system during the time of this global crisis.

## PRESENT SCENARIO IN NEPAL

'Trace, isolate, test and treat' is the strategy advocated by World Health Organization to fight COVID-19 pandemic.<sup>2</sup> However; testing facilities for COVID-19 are in acute shortage all across the country. Recently, a deceased 70 year old from Birgunj, one of the districts of southern Nepal, was reported to be positive for COVID-19, one week after the day he died.<sup>3</sup> This scenario reflects the sad reality of diagnostics in the country, which has led to public health blunders. Do we have enough healthcare workers to fight against this disease? The answer is 'No'. Doctor patient ratio is estimated to be 1:1724 for whole

Nepalese population with geographical mal-distribution of doctors.<sup>4</sup> The density of doctors in Kathmandu, the capital, is 40 times to that of rural Nepal.<sup>4</sup> Leading daily of Nepal recently published the data regarding current availability of 1 ventilator for 1,14,000 Nepalese population.<sup>5</sup> Ravaged by the disastrous earthquake in 2015, and handicapped by the unending political instability, Nepal and its government seldom committed its priority on the issues of health.

With economic fallout, triggered by COVID-19, it is estimated that more than a million of migrant Nepali workers, in different parts of the world, are seeking for return to their homeland. Isolation wards and quarantine facilities had crammed up, after the migrant Nepali workers, who were stranded in Indo-Nepal border, were made to enter the country. The first COVID-19 related mortality in Nepal was a 29 year old post-partum female who died after 9 days of birth of her child.<sup>3</sup> The second fatality was a 25 year migrant worker, who rapidly deteriorated in a day and died in a quarantine facility, even before he could be taken to any healthcare center.<sup>3</sup> Out of total deaths related to COVID-19 till date, many cases were posthumously confirmed of being positive for severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2).<sup>3,6</sup> Apart from the disease itself, the chaos

**Correspondence:** Dr Richa Nepal, Department of Internal Medicine, Bharatpur Hospital, Chitwan, Nepal. Email: [nepaldeepika123@gmail.com](mailto:nepaldeepika123@gmail.com), Phone: +9779860236283.

and frenzy among general public and even healthcare workers, has led to some serious collateral damage. It is estimated that maternal mortality rate increased by 200 percent, since lockdown was enforced due to COVID-19 pandemic in Nepal.<sup>7</sup> Institutional deliveries have drastically decreased due to complete halt to public transportation and fear of contagion of COVID-19 in healthcare centers.<sup>7</sup> Stigma related to COVID-19 and lack of personal protective equipment to frontline healthcare workers, has created a state of panic, such that every patient coming to hospital has compromised management. As a result, the morbidity and mortality, due to non-COVID related illnesses, has grossly increased in past few months.

Empirical treatment based on evidence, is not wrong in clinical medicine; especially in conditions when severity of illness warrants dire urgency of treatment or when diagnostic facilities are not promptly accessible. What is defective with our health system is that, the empirical treatment of hits and misses has become a norm. We didn't know the diagnosis of most of our patients even before COVID-19. Some of those patients survived and some didn't. Polymerase chain reaction (PCR) - the modern advancement in molecular diagnostics, has been used worldwide for etiological diagnosis of different infectious diseases for last few decades, but PCR labs in Nepal, were restricted to very few centers before COVID-19 unfolded. Fifty four PCR labs have been recently setup for COVID-19 testing across the country till 28<sup>th</sup> September, 2020, and Ministry of health has permitted the private sector, to expand COVID-19 testing.<sup>8</sup> Both public and private sector need to collaborate at the earliest, to set up large, economical and accessible testing infrastructures so that mass testing could be made possible.

Lack of economic and social security have hardly hit the motivation of healthcare workers to work. COVID-19 pandemic has added another factor of stigma towards healthcare workers, who are being considered as potential carriers of disease.<sup>9</sup> Out of 481 deaths reported till 28<sup>th</sup> September, 2020, two of them are reported to be healthcare workers. As the epidemic grows, healthcare workers need to be protected from both the virus and possible public ostracism; but measures for protection are only limited to being the rhetoric. Some hospitals have been declared to be corona dedicated, where isolation wards and intensive care units for COVID-19 cases are segregated; but they have already fallen short with rising number of cases. Thus, we need to understand that once cases start to overwhelm, entire health system might need to function to its maximum

capacity. The demarcation between COVID and non-COVID hospitals would be very difficult to be maintained then.

## CONCLUSIONS

It is high time that every healthcare worker and every health institute need to prepare themselves for the inevitable COVID-19. It is still too early to predict how COVID-19 will change the dynamics of health system in our country, but it has definitely uncovered the grim reality of our health system. The pandemic of COVID-19 has come, and will take some time to abate. For now, we need to embrace this fact and act in whatever ways we can, to minimize the damage!!!

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