POLICY BRIEF

COVID AND CITIES: NEPAL

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Background

Urbanization is an inevitable process that all countries go through globally and more than half of the world's population currently resides in urban areas. In Nepal, the urban population jumped to 38.8 percent in 2016 from 14 percent in 2001. The slum population alone accounted for 54.5% of the total urban population in 2014 and is on the rise among the fast-growing cities of Nepal. The slum settlements due to its poor housing and overcrowding condition provides a favorable environment for infectious diseases like COVID-19 to spread. The restrictive measures adopted by governments to prevent the COVID-19 pandemic further worsened the livelihood of urban poor impacting their health and health care seeking behavior. In this context, we conducted a study to assess measures taken by government of Nepal to prevent and control COVID-19 and its impact on health and livelihood of the urban poor. The study was conducted as part of the work in Nepal of the Community-led Responsive and Effective Urban Health System (CHORUS) research project consortium. The members of this research consortium are HERD International Nepal, University of Leeds, University of York, ARK Foundation Bangladesh, University of Ghana, the University of Nigeria and BRAC University in Bangladesh. The study reported here draws on data from a review of mass media coverage and review of policies on COVID-19 published from 1 January 2020 to 31 August 2020. The media review included three national news outlets: The Kantipur Daily, The Himalayan Times, and Onlinekhabar. The policy review covered policies, directives and guidelines developed and issued by the government which were documented on various government websites. This policy brief highlights findings of the study and recommendations based on those findings.

Findings

Preparedness of Healthcare System

The Ministry of Health and Population (MoHP), designated 126 hospitals of different levels to provide COVID-19 treatment services in between January and August 2020. Despite the designation of hospitals, both public and private hospitals were frequently reported to have been under-prepared in terms of infrastructure, medical equipment, diagnostic facility, Personal Protective Equipment (PPE), number of beds and wards, ICUs and ventilators and trained human resources to prevent and control COVID-19. Importantly, the safety of health workers was compromised due to the shortage of PPE. Due to these challenges the quality of service delivery suffered. During the period, the government developed guidelines for the effective management of human resources (HR) for the provision of COVID-19 treatment services, however the health system was reported to be unprepared to fully comply with those guidelines.

Prevention and Management of COVID-19

The government formed a High Level Coordination Committee (HLCC) to respond to the pandemic within one month of the first COVID-19 case detection on 23 January 2020. Lack of clarity in the role and responsibilities of provincial and local government resulted in difficulties in case investigation, contact tracing, quarantine management and regulation of compliance on self-quarantine. As a result large

numbers of Nepali migrant returnees were not properly managed in quarantine centers. Lack of basic amenities, skilled human resources and necessary medical equipment, inappropriate food provision, poor hygiene, safety issues for women manifested in poor management of quarantine centers. Isolation centers were set up across provinces and local levels to contain the surge of COVID-19 cases based on MoHP's directive. However, most hospitals could not manage to do so, with shortage of ICU beds and ventilators. A shortage of isolation wards was felt across the country and in some cases infected patients had to be shifted to quarantine centers, which raised concerns for possible transmission to non-infected people staying in those centers. This helped contribute to the spread of the COVID-19.

Engagement of private sector

Having 40 percent of the country's health work force, the private sectors is an important part of healthcare system in Nepal. However, the government could not capitalize the opportunity to mobilize the private sector during early phase of COVID-19 response. For instance, private laboratories were not allowed to conduct testing until May 2020 although public hospital and laboratories faced huge pressure in performing tests. When the COVID-19 cases increased, the government introduced a partnership approach based on the cost reimbursement modality. According to this model, the government would provide grants to private, non-government, cooperative and community hospitals for providing COVID-19 related services so that patients would get service free of cost. Later with growing number of cases, the government could not cope with the financial pressures and revised the policy to focus on home-isolation and limited the provision of grant to public hospitals only. The government was also caught in controversy in a purchase deal as well. When the government contracted a private firm for the procurement of PPE, it drew widespread media controversy for possible corruption in the deal. Early engagement of private sector in testing and treatment could have lessened the burden of government in COVID-19 response. But the government missed this opportunity.

Impact on urban poor

The government relied on a nationwide lockdown and travel restrictions to control the spread of COVID-19. The extended period of complete lockdown meant that the livelihood of daily wage earners, street vendors; poor people and people with disabilities in particular were largely affected. Large numbers of urban poor travelled from cities, including Kathmandu, to the villages following the livelihood crisis, as the government relief package was not sufficient to reach them. Moreover, the government failed to address the needs of people living in slum settlements where chances of disease spreading are high. Routine health service delivery to the urban poor was also disrupted during lockdown period. The lockdown and travel restrictions first imposed on 24 March 2020 lasted for four months, however as the COVID-19 cases surged in the country, markets could not immediately bounce back, so the urban poor suffered economically for several months.

Recommendations

Improving the readiness and availability of the services

The COVID-19 pandemic showed the fragility of the health system of Nepal, exposing severe gaps in public health infrastructure, human resources, logistic chain management and laboratory facilities for

testing and treatment of COVID-19. Urgent efforts are required to build a resilient health system with investment in primary health care and a focus on human resources, health infrastructure, and community engagement to contain current and future pandemics. Well-worked out triage plans to separately treat COVID-19 and non-COVID patient needs to be formulated and implemented at all the health facilities.

Prompt decision making

The federal government should take prompt decisions during health emergency to make the response plan and operationalize it. Importantly, sub-national governments were found to be dependent on federal level decisions during the COVID-19 crisis. By utilizing available time before the COVID-19 cases dramatically surged, the government could have made impactful efforts such as forming response mechanisms, establishing infrastructure, managing human resources and ensuring medical supply. So, the government's prompt decision making will help prevent, control and manage the pandemic in future.

Effective coordination among three tiers of government

Effective control and management of any emergency such as the COVID-19 pandemic, requires continuous coordination among all three tiers of government to formulate plans and strategies along with taking restrictive measures. In an emergency situation like COVID-19, the Nepalese government should prioritize coordination in its upcoming policies and plan to clearly define the roles for federal, provincial and local government.

Multi sectoral coordination

COVID-19 explicitly highlighted the roles of various sector in prevention and management of the pandemic. Measures like the nationwide lockdown and other restrictive measures, procurement of medical supplies, distribution of the relief packages, and emergency health care service required the leadership from various sectors. A committee with representation from different sectors at each tiers of the government along with well-defined terms of reference would enable effective crisis response.

Strengthen partnership with private sector

Delayed involvement of the private sector in testing and treatment of COVID-19 increased the pressure on public hospitals during the first wave of COVID-19 in Nepal. Sharing the responsibility of response during crisis makes the response effective. The government should bring the private sector on board and deliver responsibilities while fighting national health emergencies like COVID-19. Since the private sector can offer human, financial and logistic resources, the private actors are crucial in emergency responses. Better engagement with the private sector will help build resilient health systems.