

Scarcity of Medical Supplies and Health Professionals in Nepal: Alarming Second Wave of Coronavirus Disease 2019

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ABSTRACT

Nepal is facing health emergency due to skyrocketing coronavirus disease 2019 (COVID-19) cases and mortality each day in the last few weeks. This has led to the scarcity of essential medical supplies even in the major cities, and the meagre population of health care professionals is insufficient. Practical measures such as regional cooperation, public-private health care collaboration, resources generation, and distribution should be the collective focus to reduce the effects of the COVID-19 pandemic further.

Keywords: Coronavirus disease 2019; health care professionals; medical supplies; Nepal.

INTRODUCTION

Nepal is facing a significant burden of coronavirus disease 2019 (COVID-19) cases. The first case of COVID-19 was identified in Wuhan, China, on 31st December 2019, while Nepal reported its first case on 24th January 2020.¹ As of 7th May 2021, there was 377,603 total recorded cases, 295,395 recovered cases, 3,579 total deaths, and 78,629 active cases.² Here, we discuss the significant challenges faced by Nepal in this COVID-19 pandemic.

Scarcity of medical supplies

Pandemic created a global scarcity on the availability of the healthcare infrastructure like ventilator, intensive care unit (ICU), and personal protective equipment (PPE), leading to an increase

in the gap between treatment required and treatment provided. Low- and middle-income countries with all their inbuilt feature such as lesser economic capacity, minimal financial allocation to health care, a non-progressive political system are going to face medical and moral challenges while serving the vulnerable and disadvantaged population during this period of crisis.³

With nearly one-third of the world population, South Asia sees an unprecedented rise in COVID-19 cases

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each day. Nepal, which shares an open border with India, is currently in a state of panic as the number of cases per 100,000 is comparable to that of India.² The number of COVID-19 cases is skyrocketing each day during the second wave of COVID-19 in Nepal. Social media are flooded with an urgent request for the availability of medical necessities like oxygen, ICU beds, PPE, and lifesaving drugs. Nepal had never faced a similar magnitude of health emergency like a pandemic in the past.

During the first wave of the pandemic, especially in Southeast Asia, there were fewer cases compared to the mammoth of cases in Western countries. Southeast Asian countries like Nepal imposed a strict lockdown for few weeks to break the chain of transmission of the coronavirus in the community, and they were seemingly successful in controlling the pandemic to some extent. After few weeks, lifestyles returned to routine, as if the pandemic has taken into control. None had anticipated the current situation in South Asian countries like Nepal and India, whose health capacity and medical resources had not been thoroughly tested by the first wave.

In the last three weeks, the only statistics common between Nepal and India are the surging number of COVID-19 cases. Both the number of cases and death of patients are hitting newer records each day. Almost all the hospitals are fully occupied, with no additional capacity to admit newer cases. Most hospitals are facing acute shortages of oxygen support for the patient, which has further increased mortality. To make the situation worse, the Ministry of Health and Population, Government of Nepal, has released an official paper signalling the government's incapability to provide the care needed to the rising number of sufferers. It hints towards the limited resources our nation has accumulated and the unpreparedness to fight against this pandemic.

If the scenario continues to be the same, Nepal will share the fate of those nations that suffered during the first wave. Limited coordination among different stakeholders in the management of health care, inadequate policies for infection prevention and control (IPC) and medical resources are the

significant challenges that have to be tackled as soon as possible in this current scenario in Nepal.³

Scarcity of health professionals

Another scary situation emerging in Nepal is a paucity of health professionals responsible for delivering optimum care to COVID patients. As the presence of pandemic is notable for more than a year, health care workers have been short in supply, especially when they become ill and stay quarantined, hospitalised, or succumb to the disease.⁶

In a lower-middle income country like Nepal, the health workforce is scarce even in good times. The number of health care personnel (including doctors, nurses, and midwives) in Nepal accounts for 3.15 per 1000 with an average of 23 medical doctors per 10,000 of population. A majority (two-thirds) of the doctors are working in the few major cities of Nepal.^{7,8} The challenge to stay mentally sound and physically safe to deliver uniform, updated care to the patient is a demanding task for health care personnel at this moment of crises worldwide. The insufficient and inequitable distribution of health workers in Nepal has dramatically impacted the proper management of COVID-19 patients, especially in rural areas.

This inadequate population of frontline health workers is insufficient in battle with COVID-19. This void in the number of health workers exacerbates the lack of PPEs and other resources. It is sad to hear news regarding the social stigmatisation of health workers by some people who consider health care personnel as carriers of the infection rather than a warrior against the pandemic. The nation should empower this limited skilled group of the workforce by constantly providing a sense of security and respecting their effort to save lives.

Way forward

World Health Organisation has encouraged the national and local authorities of the South Asia region to strengthen the existing disease control and prevention activities and strengthen the surveillance and sequencing capacities to understand the extent

of transmission of SARS-CoV-2 variants.⁴ South Asian countries are taking individual actions on this pandemic. Proper regional coordination and collective action plans can decrease the socio-economic and health implications of the pandemic.⁵

Political instability has belittled the pandemic in Nepal, and their commitments and unified agendas among parties are quintessential. A solid partnership between public and private health sectors should be initiated as soon as possible. Governmental health sectors need to be upgraded promptly by increasing the number of ICU beds, ventilators and establishing oxygen plants. In case

of financial limitations, foreign grants and aids with technical support can be explored. Government should focus on making provision to recruit and train new healthcare personnel to fulfil the gap seen in effective healthcare delivery. A joint task force unifying all private and public health workers under a single wing with common agenda to provide indiscriminate care to the sufferer throughout the nation is the need of time.

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