



EDITORIAL

THIRD WAVE OF COVID-19 IN NEPAL: CHALLENGES AND WAY FORWARD

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INTRODUCTION

The COVID-19 pandemic is an ongoing pandemic of coronavirus disease caused by Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2). The ailment was first identified in Wuhan City of China on December 2019.¹ On 30th January 2020, The World Health Organization (WHO) declared COVID-19 as a Public Health Emergency of International Concern and on 11th March 2020 WHO declared it as a pandemic.² As of 26th May 2021, there were more than 167 million confirmed cases along with more than 3.48 million confirmed deaths attributed to COVID-19.³ The Covid-19 pandemic is a huge crisis of mankind and a largest challenge of global level after world war II. In Nepal, first confirmed case of COVID-19 was established on 23rd January, 2020 who was a returnee student from Wuhan, China.⁴

COVID-19 is really a mysterious disease of mankind because still we have lots of unsolved quarries i.e., we don't have valid answers why vaccinated people are re-infected? How long antibodies last in our body after infection or vaccination? Which mutation is next? How many series of waves we should undergo? And so forth. Repeated mutation of the coronavirus is a matter of concern throughout the world.

The waves of pandemic

The term 'wave' is used to signify the climbing and falling trends of a disease over a long period of time. The term is also used to describe the seasonality of a disease or infection over successive periods of time. The Covid-19 pandemic has affected almost all countries with skyrocketing numbers of infections and lots of COVID-19 deaths. When we look in detail, there were clear tendencies of sudden ups and successive down in the number of COVID-19 cases during the course of time.

Some countries have already crossed 3rd wave of this pandemic and approaching for its 4th wave (USA, Kenya and Brazil) whereas some are still suffering from the 2nd wave (India, Nepal).⁵ Nepal also suffered from two distinct waves of Covid-19 infections over the last one year with the 1st wave reaching its peak in September 2020 and the 2nd wave beginning from April 2021 with the peak at May 2021. Govt. of Nepal has been criticized for not being able to combat the Covid-19 war due to inadequate preparation for the 2nd wave of pandemic. The 2nd wave of COVID-19 pandemic has shown a destructive impact

to Nepal, with families struggling for hospital beds and oxygen cylinder. During the peak of the 2nd wave, most of the hospitals in Kathmandu and other major cities across the country were facing shortage of intensive care unit (ICU) beds and medical oxygen. The notices of many large-scale hospitals regarding refusal of admitting further patients due to lack of oxygen supplies was fueling the havoc among the public. 2nd wave of COVID pandemic resulted more complicated as compared to 1st wave in terms of case fatality rate (CFR), transmissibility along with infectivity. CFR in 2nd wave was found more than double i.e. 2.65 as compared to first wave (1.10). Likewise, positivity rate was also observed nearly three times (33.7) during 2nd wave as compared to 1st wave (12.55).^{6,7} During the peak of this wave, there were nearly 9000 to 10000 confirmed cases along with about 200 deaths per day.

Since 4th week of May 2021, COVID-19 confirmed cases and deaths are gradually decreasing and at the same time recovery rate is increasing which signifies the chances that we are moving towards the end of 2nd wave. The cruelty of COVID-19 pandemic does not end here even we succeed to overcome the 2nd wave as many of the countries throughout the world are facing sequential waves of COVID-19. So, this is not the time to take rest by reducing the amount of efforts for combating it, but it is the high time for working unitedly from Govt., provincial, municipal, ward along with individual level for making us prepared for combating 3rd wave of COVID-19 as it seems inevitable.

Major challenges and way forward

Open border is of greatest challenges as large number of Nepalese people are migrant workers in neighboring country. Nepal is bordered by India to the south, east and west for approximately more than 1,800 km with designated points of entry and exit. In any cost, Govt. of Nepal should completely shut down the boarder for the migrant during the lockdown except the transportation of essentials. For bringing back Nepalese migrants, Govt. authority should make a special force for tracking them and keeping them inside the fully operational quarantine centers nearby boarder and go for RT PCR test for suspected. Covid-19 confirmed patients should be kept in Govt. run isolation centers with all the required facilities including food, safe drinking water, frequent health checkups and medicine.

As literacy rate of Nepalese population is 56.6 % only,⁸ large proportion of Nepalese still follow the superstitions so they

may easily believe on myths which may trigger people disobeying the public health measures. Robust health education and promotion campaigns should be institutionalized from different levels. A severe punishment system should be established for those who intentionally spread the rumors from various forms of social media. Strict regulations and monitoring for isolated patients (whether home-based or institution-based) should be fully operational through local level governments. Multi-layer Covid-19 disaster response committees should be formed without delay from very bottom level (i.e., Toll level, Ward level and other local community level) to Municipality, District and above levels.

Nepal is victimized by considerable poor socio-economic status and fragile health care system. Nearly 65% of health care expenditure is based on out-of-pocket (OOP) model of health system.⁹ A large fraction of Nepalese economy is donor-dependent. Similarly, one-third of GDP derived from remittance.¹⁰ Though, a good proportion of budget for health is allocated in the current fiscal year, more attention is seen towards curative services rather than preventive one. To stop the frequent waves of COVID-19, vaccine is proven of paramount importance. Nothing can be more important than the health of its' public. so, the most important task of state in current time is arranging COVID-19 vaccine from any means and administrating it to as much as population before the initiation of 3rd wave and many may be many subsequent waves in future. Meanwhile, we must focus on Sanitizer, Mask use and Social distanc-

ing (SMS) strategy which is a cost-effective strategy to combat COVID-19 till the vaccination programme implemented successfully.

Ministry of Health and Population (MoHP) displayed weak public private partnership (PPP) practices in terms of COVID-19 case management. There could be more powerful PPP exercise mutually from MoHP's stewardship by maximum utilization of private medical colleges along with large hospitals before the start of 2nd wave of pandemic. By acknowledging the enormous efforts and energy dedicated to manage critical patients, Govt. should have categorized dedicated hospitals for COVID-19 case management by financing all the expenditure incurred treating the COVID patients only.

There were unceasing political disputes among the leaders of Nepal which was not only delaying important decision making in COVID-19 response but also decreased the trust and confidence from the Nepalese population. It is the time to be united and work together for combating COVID-19 war irrespective of whichever position party leaders are in, governmental or opposition. A central agenda must be COVID-19 instead of annoying power games.

Rapidly recognizing key challenges and bracing health-care delivery system is paramount importance of this time. Still, it is not too late to stop the chances of stopping 3rd wave of COVID-19 in Nepal.

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