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## THE CHANGES IN NEPAL DURING THE COVID-19 PANDEMIC (2020-2022)

***Abstract:** In this paper, the author has chosen to focus on the many ways in which COVID-19 has affected and partly still affects the situation in Nepal. This applies not only to the health and financial consequences but also to the bright spots. COVID-19 has helped to focus on issues and areas of action, which will hopefully live on in the post-COVID-19 era. Among other things, cleaner air has not only provided a better view of the mountains but has also – more significantly – had a great effect importance for the health of the population. Furthermore, the focus will be on how these changes due to the Corona crisis in Nepali society affect the 17 Global Goals. Goals of how to solve i.e., the climate crisis and to improve everyday life for citizens worldwide. The third Global Goal: Ensuring healthy lives and promoting well-being for all at all ages was really put under pressure in Nepal during the COVID-19 pandemic. The dilemma was between saving elderly people versus the younger generations being locked in due to lockdowns. How did Nepal tackle this dilemma? And what about the country’s health system?*

**Keywords:** Nepal, COVID-19, the Health System

### Introduction

The Nepalese Ministry of Health and Population reported on 23 January 2020, one confirmed case of COVID-19 in the capital, Kathmandu. This was also the first case of COVID-19 in South Asia. The first documented case of local infection was confirmed on 4 April 2020, and the first death occurred on 14 May. The number of confirmed cases has steadily increased since then, and

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on 27 August 2020, 34,418 confirmed cases were reported up until then of COVID-19 in the seven different provinces of Nepal, and at the same time 175 deaths were attributed to COVID-19. The Ministry of Health and Population estimates that 99% of cases are asymptomatic, i.e., with mild or no symptoms, and of those 97% are imported cases<sup>2</sup>.

On 26 March 2020, the Ministry of Health and Population developed guidelines for managing and handling quarantine under COVID-19. The guidelines included several public health measures, including social distancing, hand washing, correct use of masks and hand sanitiser as well as information campaigns via radio, TV, and printed material. Nepal's government extended the country's lockdown for another four weeks, through 21 July 2020. Furthermore, all public and private offices and businesses closed. Only emergency services were kept open. The shutdown was, however, eased from 15 June, making it possible to move in private vehicles. In addition, work was carried out in certain sectors such as agriculture and construction. This soon after led to a sharp increase in the number of COVID-19 cases and hospitalizations, which meant that the government reinstated the country in a partial shutdown for some specific areas from 5 August 2020<sup>3</sup>.

This is not the first time that Nepal is facing a national emergency. Nepal has been affected by various infectious disease outbreaks in recent times, including cholera, influenza, and dengue fever. At the same time, large sections of the population have been vulnerable to chronic malnutrition, which is especially true in rural areas. Nepal is still struggling with a wide range of problems which was caused by the powerful earthquake in 2015.

Complete or partial shutdowns of the various sectors have had a major impact on the supply of resources to the healthcare system, and at the same time, the pressure on the healthcare system has increased further, due to the many cases of COVID-19. In particular, the health system's service around maternal health care has been affected. One recent study published in *Lancet Global Health* reported that the lockdown in Nepal has halved the number of births in hospitals and hospitals as well as increased the number of stillbirths and deaths in newborns. This has further raised serious concerns about ensuring timely and proper quality maternal health care at the local level<sup>4</sup>.

Despite the high number of confirmed COVID-19 cases, the country's overall mortality rate among those infected is low. This may be due to that Nepal has more young patients than other countries and that the young patients

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<sup>2</sup> World Health Organization, *Focused COVID-19 Media Monitoring, Nepal – Sharpening the COVID-19 Response through Communications Intelligence*, <[https://reliefweb.int/sites/reliefweb.int/files/resources/Focused%20COVID-19\\_Media%20Monitoring\\_July%2023%2C%202021.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Focused%20COVID-19_Media%20Monitoring_July%2023%2C%202021.pdf)> (20.10.2022).

<sup>3</sup> *Ibidem*.

<sup>4</sup> *Ibidem*.

are not affected to the same degree by the corona infection as the elderly. However, there is a need for further research into this regard. Furthermore, it is reported that more than 67% of COVID-19 deaths have occurred in patients with multiple diagnoses, including diabetes, hypertension, cardiovascular and respiratory diseases, a simultaneity, which despite a large prevalence in Nepal is not on the same level as in many western countries. The pandemic has also had an impact on mental health both with health workers on the front line and with the COVID-19 patient. Stigma and discrimination are reported among several healthcare workers at their workplace and for COVID-19 patients. Health workers have been forced to leave their tenancy housing because of their occupation. In addition, they have been shaped access to restaurants and hotels where they have been denied food and accommodation. This has ultimately put them at higher risk for psychological challenges.

On 7 May 2020, the government implemented a Health Sector Contingency plan, which should help to keep the morbidity and the mortality of the disease down. Health and vaccination stations at the international airport and the borders to India and China. All nationals entering Nepal must go into self-quarantine for 14 days and all international flights are being suspended. The next most important step that the government has focused on is overcoming the spread of COVID-19 through an expansion of the number of test centres from one to 22 during the last few months. In addition, 25 hospitals were appointed to carry out specific tasks in the fight against COVID-19, including isolation facilities for infected COVID-19 patients.

The pandemic has created an even bigger burden on an already overburdened healthcare system. Nepal has one of the world's poorest health systems with a density of health personnel (doctors, nurses, and midwives) of 0.67 per 1,000 inhabitants, which is below the WHO minimum fixed at 2.3 health personnel per 1,000 population. The existing rapid diagnostic facilities for testing of COVID-19 cases are inadequate and the provision of such services in the peripheral parts of the country are grossly inadequate. The hospitals are mostly unprepared for the increase in COVID-19 cases mainly due to a lack of resources, limited intensive care beds, isolation places, medical equipment, including test kits and delivery of personal protective equipment (PPE) for healthcare workers, limited capacity for data collection and reporting and limited coordination of efforts. During the epidemic is a significant part of the health personnel also taken out of active service due to the need for isolation after exposure to infected patients. In addition, it is challenging to maintain social distance in many parts of the country, as many homes have very little space. Furthermore, maintenance of basic hygiene is made difficult by restrictions on access to water and soap.

Nepal needs to invest more in infrastructure, capacity building and strengthening of primary health services to tackle the outbreak and not least to

avoid the derivative and indirect one's negative effects of the shutdown and the pressure on the health system. There is a great need to increase testing capacity and supply of PPE for frontline workers. The best strategy to limit the contagion at the community level is rapid identification of the infected through extensive testing and tracing of contacts, insulation of those infected with corona, prevention through awareness campaigns and prevention of infection in the vulnerable and exposed part of the population, such as the elderly and people with dependents comorbidity.

Local, voluntary health workers have largely remained, used to mitigate the shortage of professional health workers, especially in resource-constrained areas. In Nepal, it is pronounced degree health volunteers, local women, often with limited formula training working within the health system at the village level. They are considered the front line of healthcare workers in Nepal and are the first point of contact between residents of the local community and the primary healthcare facilities. They can act as an important element in information, tracking and reporting of corona cases and support those who will have to go into isolation. The pandemic has shown that it pays for the government to invest even more in this group of health workers. All in all, a coordinated, multisectoral effort with strong leadership from the public health sector, guided by strong political commitment, is required to tackle the COVID-19 pandemic and not least the derivatives and often indirect one's health consequences.

As can be seen, the third Global Goal was really under pressure, and the health system was on the highest alert. For the elderly and chronically ill, the SARS-CoV-2 is extra dangerous, and a large, sudden pressure on the healthcare system can take the focus away from other diseases. Many, especially older people, are unhappy and live with anxiety and fear of the situation. The COVID-19 situation has set back the third goal somewhat in Nepal.

However, *gender equality*, goal 5, will change in future. Women make up a larger proportion of the health and care sector and are thus exposed to a greater risk of being infected with corona. On the positive side, it commands respect that a great many women are at the forefront of hospitals and nursing homes, where they provide a vital effort.

### **Health in Nepal and COVID-19**

Although Nepal is a poor country, its healthcare system is not the worst in South Asia, but it is nevertheless strongly challenged when it faces a pandemic like COVID-19. Nepal does not spend much money on its health care, and the country doesn't have very many doctors. There is a private sector with hospitals and healthcare staff, primarily located in Kathmandu, but here you must pay, and it is expensive to consult a private hospital. Outside of the larger cities,

there are relatively few healthcare professional facilities, and often a sick person must travel far to get one diagnosis and treatment. Many Nepalis in case of illness must make do with what may be of health experience in the local environment. Some may be lucky that there is a doctor in the nearest town who can help for a fee, and a pharmacy if medication is needed. It is typically many hours' walk from home.

Deaths per 1,000 population: heart diseases 158.35, lung diseases (especially COPD) 100.75, blood clots 80.01, influenza and pneumonia 47.23, diarrheal diseases 36.73, diabetes 33.25, tuberculosis 24.24, liver diseases 23.05, kidney diseases 21.72, Alzheimer's/dementia 20.52, COVID-19 12.00. When looking at data for the extent of the COVID-19 pandemic in Nepal, must be remembered that lung and respiratory-related diseases are very common and that 10% of deaths are due to these ill judgments. If you have a lung disease during these months, it can be difficult to determine whether it is ordinary pneumonia or whether it is COVID-19 that is the cause of the death. Families also cannot assess what their elderly – and other family members – die off. There can be many people infected with COVID-19 who are not tested and may die of COVID-19 without the cause being properly noted. The statistics are not going to tell the whole truth about the COVID-19 pandemic in Nepal. The extent of lung and respiratory problems in the population is worsened by the heavy pollution and generally poor air quality in Kathmandu Valley. Approximately 10% of Nepal's population lives here. It is unfortunately not much better out in the country where there are many families strongly influenced by a poor indoor climate in houses where food is prepared over an open fire indoors<sup>5</sup>.

In Nepal, however, there is limited understanding of mental health problems. There is little knowledge of the population's mental disorders. Mental problems are furthermore often associated with taboo and shame, and it's not something you talk about. However, COVID-19 has given rise to focus on the psychological and Behavioural consequences of the pandemic, which unfortunately seems to go hand in hand with limited opportunities to offer counselling, help and treatment.

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) found in 2016 that there are 0.129 psychiatrists and 0.024 psychologists available per 100,000 inhabitants of Nepal, i.e., a total of 35 psychiatrists and 7 psychologists throughout the country, and most psychosocial support facilities are found in the cities. The one in advance limited access to help, combined with the shutdown, which put a stop to

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<sup>5</sup> Nepal, Ministry of Health and Population, *Health Sector Response to COVID-19. May 2021*, <[https://COVID19.mohp.gov.np/COVID/englishSituationReport/60b4e108d27c8\\_SitRep477\\_COVID-19\\_31-05-2021\\_EN.pdf](https://COVID19.mohp.gov.np/COVID/englishSituationReport/60b4e108d27c8_SitRep477_COVID-19_31-05-2021_EN.pdf)> (20.12.2022).

treatment courses and treatment with psychopharmaceuticals, has made so difficult to offer the necessary help during COVID-19.

Psychosocial consequences of COVID-19 Transcultural Psychosocial Organization (TPO) performed between 23 April and 3 May this year a study on the psychosocial impacts of COVID-19. It was answered by 2014 participants. The investigation showed that about 50% of the participants had at least one psychosocial problem, while 32% had two or more psychosocial problems – concerning restlessness, fear, anxiety, worries or sadness. In Clinic One Kathmandu they say that from approx. April to July saw an increase of around 150% in the number of psychiatric patients who approached their clinic. They have just experienced demand for online consultations, which they now offer. The patients are mostly office workers who experience depression, insomnia, and anxiety to become infected. Furthermore, infected, who have been declared healthy, experience post-traumatic reactions or fear stigmatization in society, which is why they isolate themselves from others.

Alcohol has typically been used as a strategy for handling the problems, which has aggravated the existing psychological challenges. This has – in addition to several deaths due to alcohol poisoning – increased violence against women in the home. As we see here at home, there has also been commentary in Nepal about increased domestic violence because of the shutdown and the forced social distance and isolation. The national helpline has seen an increase in phone calls regarding partner violence, and the Women's Rehabilitation Center (WOREC), which fights violence against women and children, reported 336 cases of violence against women and children from 33 districts during the lockdown period from 24 March to 15 May. 198 of these referred to domestic violence, typically committed by the woman's spouse, but also by other family members or neighbours. 7 July was the number up to 843. In comparison, WHO reported 1319 cases of violence against women in the period July 2018 to June 2019. The focus has also been on pregnant women and new mothers who have not had access to the necessary help during and after the pregnancy. It is most often pregnant women<sup>6</sup>.

Furthermore, women's physical health, which is focused on COVID-19 opened a new awareness of the mental health of pregnant women. Many pregnant women have not had access to examinations and counselling during pregnancy or after the birth, when clinics closed, and public transport stopped. Below the shutdown saw a 200% increase in mortality among mothers, and likewise became an increase in mental health problems among new mothers<sup>7</sup>.

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<sup>6</sup> A. Nepal, *Domestic Violence—An Epidemic Amidst The Pandemic*, <<https://www.worecnepal.org/content/247/2021-06-07>> (20.12.2022).

<sup>7</sup> Nepal, Ministry of Health and Population, *Health Sector Response to COVID-19...*

Under lockdown from 24 March to 6 June (i.e., 74 days) also saw an increase of 20% in the number of suicides, of which 80% have been due to depression. The risk cofactors include economic stress, social isolation, lack of access to psychosocial support measures, barriers (taboo and fear of stigmatization) with taking against treatment, increasing fear of dying by infection, loss of a loved one, work stress, social stigma, and discrimination. Insufficient and incorrect information regarding the virus has also been the cause of suicide among infected people.

Despite the limited focus on psychosocial challenges in Nepal, COVID-19 seems to have given mental health issues attention in a different way than earlier. Transcultural Psychosocial Organization has run a campaign on TV, on the radio and via social media and posters in the streets to make the population aware of the psychosocial challenges, Men can experience in connection with COVID-19 and to provide information on where you can contact. In addition, the organization has in all seven provinces initiated various support offers intending to psychosocial challenges, including i.e., individual psychosocial counselling, psychiatric help, and group services both online and in person<sup>8</sup>.

### **Nepal, COVID-19 & Health and Finances**

Goal 8: *Decent jobs and economic growth*. In some industries, the crisis will lead to lower incomes, fewer working hours, and high unemployment. The crisis reminds us that we cannot continue to consume and the growth thinking – grow in the way we have been used to. Also, in Nepal?

Goal 9: *Industry, innovation and infrastructure*: A lot of innovation always happens during wars and crises, and we can benefit from man's general inventiveness.

As it can be read, it doesn't look so bad with COVID-19 in Nepal, but different studies present other types of problems that can be seen as derivative effects of COVID-19. How these problems affect the individual household, is very dependent on where the family lives in Nepal, where the family's income comes from, as well as the usual factors such as caste, gender, level of education and economic condition.

It is not only the health of Nepalis that is greatly affected by the COVID-19 pandemic, but it also affects their living conditions in several ways other, different ways, not least financially. Here I would like to mention the loss of

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<sup>8</sup> Transcultural Psychosocial Organization Nepal, *COVID 19: Operationalizing Regional Exchange 4 Mental Health and Psychosocial Support (CORE4MHPSS)*, <<https://www.tponepal.org/COVID-19-operationalizing-regional-exchange-4-mental-health-and-psychosocial-support-core4mhps/>> (20.12.2022).

three important sources of income, which have major consequences for many families:

1. About 10% of the population works outside Nepal, i.e., at least 3 million. Every year these workers transfer a lot of money for their family back home in Nepal. In 2015 and 2016 these transfers contributed more than 31% of Nepal's gross national product. In 2020, the extent of transfers from abroad decreased sharply, and this is primarily due to COVID-19. A study in the western part of Nepal, where many families have one or two members in positions as migrant workers in the Gulf States or a country in Southeast Asia, reported a decrease of 61% in the transfer of money. It affects both the individual families and the entire country's economy<sup>9</sup>.
2. Workers – often with day labourer-like status – both in agriculture and inside the cities, have also been hit hard, not least because of the government's shutdown of the country, but also of a general travel ban. Most of these workers are without the formal sector, that is, they cannot take sick leave, they cannot work from home, and if they cannot work, they lose their income. A study from Yale University in The United States as of April this year reports that 65% of the Nepalese migrant workers in India were sent back to their villages in Nepal when the Indian government shut down the country's economy. Lack of money transfers to families in the villages means that food reserves disappear faster, investments in agriculture fall, the next harvest will be smaller due to lack of fertilizer, insect control etc., food prices in the cities rise and so on<sup>10</sup>.
3. Trade in Nepal is also strongly affected by COVID-19, and many small traders and shop owners are experiencing heavy losses in their earnings. People have less money, fewer products are sold in the local markets, and borrowed money cannot be repaid with continue. It's another vicious cycle that's hard to break out of<sup>11</sup>.

65% of the Nepalese who work in India were, as I said sent home. But the same also applies to a significant number of Nepali migrant workers in Southeast Asian countries as well as in the Gulf States. The workers who continue to stay without Nepal's borders have typically had the scope of their

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<sup>9</sup> B. Willitts-King, J. Bryant, *Scaling up humanitarian cash transfers in Nepal*, <<https://www.calpnetwork.org/wp-content/uploads/2020/03/scaling-up-ctp-in-nepal-1.pdf>> (20.12.2022).

<sup>10</sup> Ministry of Labour, Employment and Social Security, *Nepal Labour Migration Report 2022*, Kathmandu 2022, <[https://moless.gov.np/storage/files/post\\_files/Nepal%20Labour%20Migration%20Report\\_2022.pdf](https://moless.gov.np/storage/files/post_files/Nepal%20Labour%20Migration%20Report_2022.pdf)> (20.12.2022).

<sup>11</sup> Central Bank of Nepal, 2020. *NRB Releases Monetary Policy for FY 2020-21*, "NRB News", 41/ (1) 2020, pp. 1-4.



reduced job offer and therefore also their income compared to 12 months ago. New migrant workers cannot leave.

The effect in Nepal can be seen in Map 1. It does not only show lost earnings across Nepal, but it also shows that there are many households with too little food and that there is a close connection between the two relationships. It is also interesting that the decline in tourism revenues did not seem to be such a big problem; in Bagmati Province with Everest and Langtang, Kathmandu and Bhaktapur are doing well financially quite a bit better than in the Sudurpaschim and Karnali provinces. Gandaki province with Pokhara, Jomsom and Annapurna also has it reasonably purely economic.

How are Nepal and the Nepalese getting through COVID-19? Like the rest of the world, Nepal has high expectations for a vaccine against COVID-19 and hopes that it will arrive soon. Several people inside and outside the government are starting to look at the healthcare system's lack of capacity and not least lack of facilities and staff. For many years, Nepalis have focused on their children's education more than the family's general state of health. Maybe that will change now. With the new municipalities, there have been more resources for local development and not least for local services. Pressure from the population for more health clinics, doctors, nurses, etc. may lead to improvements. However the families' financial conditions require more help from the government at all levels – both municipality, province and central. It can go several months, perhaps several years, before the many migrant workers can return to their workplaces in, for example, the Gulf States. Maybe the jobs will be in large numbers for Nepalis in other countries not recreated after COVID-19, so Nepal must focus on domestic development, get the national economy going and create jobs for the Nepalese within its borders. COVID-19 could well have some positive effects for Nepal if politicians and managers start to focus on investments in production, infrastructure etc., which creates growth and jobs and thereby easy changes in the structure of the country's economy<sup>12</sup>.

The long border between Nepal and India has pretty much always been open to traffic and trade between people on the plains to the south and the people of the hills and mountains to the north. Although there are a few border posts places along the 1808 km long border, the openness of the border is a historical fact on both sides. In Nepal, it has contributed to the development of opportunities for labour migration to India, which in recent decades has extended to include large parts of the world. This labour migration has become a crucial part of Nepal's economy. The financial year 2018-19 consisted of

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<sup>12</sup> *Ibidem.*

remittances – the money which migrants send to their home country – 28% of GDP<sup>13</sup>.

Migrant workers often live and work under conditions that make them more vulnerable, partly because of fewer rights and more precarious working conditions. The global shutdown in the spring of 2020 because of COVID-19 created a renewed focus on the vulnerability of migrant workers, which became special visible on the border between India and Nepal. The Indian government shut down on 24 March 2020 landed with four hours' notice. It sent millions of migrant workers in India, suddenly out of work, on migration towards their home region, and while many of these were Indians, that was true too for hundreds of thousands of Nepalese labourers in India to go home. However, Nepal already had two days before closing its borders for fear that the disease would be brought into the country from China or India. Millions of Nepalese were stranded, and only slowly did they find 'alternative' routes across the border bypassing the border posts and in the direction of Far Western (Sudurpaschim) and Karnali Provinces, from which many originate. Elsewhere in India, migrant workers were housed in camps, where they waited in conditions of poor sanitation and hygiene and limited opportunity to protect against infection<sup>14</sup>.

Also, in the Middle East and Malaysia, many Nepali migrant workers were without work and the opportunity to fend for themselves. The United Arab Emirates demonstrates ready Nepalese migrants because they don't have been paid for two months, and many countries asked Nepali people who had lost their jobs to the Nepali government assistance for repatriation. The government's response was hesitant at best. Others, who were soon put to work, preferred to stay where they were, among other things, for the sake of their children's education.

It was early predicted that COVID-19 could have disastrous consequences for Nepal's economy because the crisis hit migrant workers particularly hard. The World Bank expected that the value of remit would fall by 14%. In Nepal, the atmosphere was about as pessimistic. Nepal Rastra Bank – the national bank – predicted a decline of 15%, and you also saw a sharp drop in April 2020. In the following months, however, the level of remits was roughly the same as the previous year. Economists explained this with the money that was sent home, stemmed from savings rather than wage income, and in August the Asian Development Bank reported a decline of as much as 28.7% for 2020.

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<sup>13</sup> ACAPS (The Assessment Capacities Project), *Migrant Vulnerability in Bangladesh, India, and Nepal: COVID-19 and Labour Migration*, <[https://reliefweb.int/sites/reliefweb.int/files/resources/20201012\\_acaps\\_thematic\\_series\\_on\\_migrant\\_vulnerability\\_in\\_south\\_asia\\_0.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/20201012_acaps_thematic_series_on_migrant_vulnerability_in_south_asia_0.pdf)> (20.12.2022).

<sup>14</sup> S. Biswas, *Coronavirus: India's pandemic lockdown turns into a human tragedy*, <<https://www.bbc.com/news/world-asia-india-52086274>> (20.12.2022).

Such a decrease would send many families in Nepal into poverty and make it difficult to implement education or just pay for rent and other necessities. As the figures came for July, however, they showed a more than healthy increase in remittances compared with the month before. Until then, the expectation in Nepal had been that hundreds of thousands of migrant workers would return home with imminent risk of mass unemployment, and the Nepalese government has therefore launched an ambitious and optimistic plan to create 700,000 new jobs with a particular focus on the one group. Besides entrepreneurship is with particular focus on agriculture. In the wake of COVID-19, there are in Nepal, like many elsewhere, created a renewed longing to become self-sufficient with a view to a nation to become resilient during the pandemic<sup>15</sup>.

Meanwhile, the question remains about why remittances are at their highest level ever. Looking at a country like the Philippines, which sends many migrant workers to the service industry, has there been a significant drop in remittances, which the receiving country? In contrast, Asian has countries that predominantly send migrant workers to manufacturing industries, seen an increase. This applies in addition to Nepal, for example, to Bangladesh and Pakistan. A possible explanation may be that many Nepali migrant workers, e.g., in Malaysia, are employed in industries that produce or have converted the production of goods of critical importance during the pandemic. Industries, such as the oil industry in the Middle East, which also has many migrant workers, are not like that either hit hard as first assumed. Another explanation for the fluctuations may be that a part of the sharp drop was due to the migrant workers waiting out the situation – both in Nepal and where they were – and that a lot of the money that was subsequently sent home and created the big increase in June and July, was originally scheduled to be aired home in April and May. If so, perhaps something significant could still be seen fall of 2020, although it may probably be less than the first predictions. Also, the Nepalese government's current stop for permits for labour migration outside the country led to one in Nepal not having this earning opportunity. With the relatively large number of returned migrants, there will be a significant drop in remittances, unless this situation quickly changes. We do not yet know about the crisis growth or decline in 2021 and that's all too early to conclude anything. What we know for sure is that there is still an elevated global uncertainty that may strike both vulnerable migrant workers and their families back home in Nepal hard<sup>16</sup>.

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<sup>15</sup> WHO Country Office for Nepal, *Situation Update #66- Coronavirus Disease 2019 (COVID-19)*, <[https://cdn.who.int/media/docs/default-source/nepal-documents/novel-coronavirus/who-nepal-sitre/weekly-who-nepal-situation-updates\\_66\\_v2.pdf?sfvrsn=1197fcb0\\_5](https://cdn.who.int/media/docs/default-source/nepal-documents/novel-coronavirus/who-nepal-sitre/weekly-who-nepal-situation-updates_66_v2.pdf?sfvrsn=1197fcb0_5)> (20.12.2022).

<sup>16</sup> *Ibidem*.

## Nepal, COVID-19 & the Political Situation

Goals 1 and 2: *End poverty and stop hunger*. A prolonged financial crisis because of the coronavirus crisis will mean a loss of income for millions of people. More will be pushed out of poverty, and those who are already most vulnerable will be hardest hit. Hopefully, aid packages, citizen's wages and coordinated relief will help those who are hardest hit.

Furthermore, Goals 4 and 10: *Quality education and less inequality*. With closed schools and online education, many young men are not getting the quality education they were promised. However, the pandemic can save travel time, reduce traffic and reduce CO2 emissions. Inequality in the world will increase as a result of the coronavirus crisis. In Europe too, disagreements arise between the north and south about how to support each other. Those who have a lot must step in with a hand to those who waver. Here, aid packages can help to modify the negative effects of the crisis<sup>17</sup>.

Nepal has been affected by the COVID-19 pandemic and the resulting economic slowdown. But there have also been several other political cases which have shaped the domestic and foreign policy agenda in Nepal. In addition to the pandemic and the economic challenges that Nepal now faces, it remains the relationship between the Communist Party's two-party chairmen K. P. Sharma Oli and Pushpa Kamal Dahal, who leave their mark on the political debate. The rollout of federalism remains sluggish, and there have been several serious cases that have once again focused on the fight against discrimination and the need for equality between the social groups in Nepali society. The tense situation between the two big neighbours to the north and south, China and India, and their recent border disputes, also affect the buffer country of Nepal. K. P. Neither does Oli's nationalist political relations with India less smooth<sup>18</sup>.

On 21 July 2020, the then Finance Minister Yubaraj Khatiwada announced that the pandemic had peaked in Nepal, that the shutdown that had been in force since 18 March, was repealed, and that business was once again optimistic. But since then, it has gone downhill rapidly with higher infection rates and more deaths. The COVID-19 pandemic is effectively over control. The National Bank of Nepal has estimated that it will take at least nine months after a total reopening before business life is up to the level before the shutdown. It also has been estimated that almost 23% of all employees in Nepal have lost their jobs since March. The trade organization FNCCI has stated that the economic transactions are greatly reduced and that mainly is the

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<sup>17</sup> B. Adhikari, S. S. Budhathoki, *Silver-lining in the Time of Mayhem: The Role of Local Governments of Nepal During the COVID-19 Pandemic*, "Journal of Nepal Medical Association", vol 58, issue 231, November 2020, p. 961.

<sup>18</sup> *Ibidem*, p. 963.

population's daily food and household purchases that keep consumption going. In line with the gradual reopening, it has proved that the purchasing power of the Nepalese has weakened, and that the business world has in no way recovered lost revenue. Apart from mobile phones, motorcycles and other popular electronic products, consumption has gone sharply down. Even sales of alcohol have fallen, by as much as 80%<sup>19</sup>.

Several factories along the Itahari-Biratnagar and the Simara-Birgunj corridors in the Terai were also hard hit due to COVID-19 cases among factory workers and the shutdown of production. The revenues in tourism and among the airlines are at rock bottom and have for long periods been close to zero. Local banks have provided substantial loans to hotels, restaurants, and the transport industry. Not since Nepal opened the outside world at the beginning of the 50s and began to receive tourists there have been as few as now. In the first half of the year fell imports by 20%, which has benefited the national economy. But at the same time, The Ministry of Finance lost significant VAT and customs revenue. With falling tax revenues, the government is forced to absorb new government loans. Today, government loans amount to approx. 37% of gross domestic product, and this is expected to rise, perhaps to 51%<sup>20</sup>.

Nepal has 923,000 registered companies, and almost all are smaller companies with fewer people than 10 employees. According to the Nepali Ministry of Finance and the World Bank are expected the economic growth in Nepal to fall by around 0.6%, which sounds like a surprisingly small drop compared to many other countries around the world. This can be because the Nepalese economy is less integrated with the world economy, than is the case with many other economies.

### **Nepal, COVID-19 & Tourism**

Global Goals 14 and 15: *Life in the sea and on the land*. Everything is connected. It is one of the teachings that we confirmed during the coronavirus crisis. All the changes that occur during the crisis in terms of transport, CO2 emissions and many kinds of activities in the world, have many derivative effects – including derivative effects on the conditions for life in the sea and on nature's ecosystems as well as global biodiversity. The estimate is that the interest in a term like 'planetary health' will be intensified because of the current health crisis.

In 2019, Nepal hardly waits for the turn of the year and the big tourist year, Visit Nepal 2020. The Nepalese were so clear, and they believed in tremendous

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<sup>19</sup> *Ibidem*, p. 962.

<sup>20</sup> *Ibidem*, p. 964.

tourism growth and dreamed of almost reaching its utopian goal of two million tourists in 2020 – not least via the big investment with the year of the visit.

Although Nepalese tourism only went ahead with a modest 2% in 2019, somewhat less than the hopes of both the authorities and large parts of the tourism industry side, where there are high hopes throughout the sector and large investments in hotel construction. However, the slowing growth also created quite a few frowns in the more analytical one's parts of the industry. What if you had done the right thing and done well enough?

At first, the major shutdowns and travel advisories wreaked havoc around the world during large parts of the spring season which is Nepal's second largest, which naturally created concern across all sectors. Simultaneously there was an expectation and belief in an almost ricocheting effect, and that some clean and the vital autumn had been saved. In the winter and spring seasons of 2020, almost 40% managed to be completed, before the shutdown hit with full force in April. Even so, the number of tourists has fallen from 730,000 in the period January to August 2019 to 199,903 in the same period in 2020. The decline in July and August reflects in higher degree of reality. It is as much as 99.9%, follow the Department of Immigration<sup>21</sup>.

Over the summer of 2020, it became clear that the normal Indian, Asian, and partial southern European visit would not come, and then everyone waited anxiously for Nepal's main travel season, the autumn season. Right up until early September large parts of the industry had a hope for an almost miraculous (large) number of tourists in October, especially after the news of an internal opening in mid-October. But the spread of COVID-19 to Kathmandu has at the same time extinguished great hopes, and the travel guides around the world make it natural that it presumably is not recommended to travel to Nepal for the time being – at least until 2020.

Nepal was in a difficult economic situation, and the estimated revenue loss continued until the end of 2020 reaching just over 700 Mio. Dollars. Well over 500,000 Nepalis have lost their direct source of income, and this affects 1.5 million livelihoods of Nepalis. At the same time, in the belief in progress, just over 1.5 billion dollars in the tourism sector. Some of them are threatened with the risk of a subsequent local financial crisis. There has been an intensive investment in hotels in Nepal in particular, where the 4- and 5-star hotels, which are concentrated in Kathmandu and Pokhara, have been in focus. But the Terai has also experienced large and increased investments. Alone in Chitwan, there are tourism investments underway for 250 Mio. Dollars. In Chitwan,

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<sup>21</sup> *Visit Nepal 2020 Tourist Arrivals: 2% Drop in January*, <<https://www.nepalisansar.com/tourism/visit-nepal-2020-tourist-arrivals-statistics/>> (20.12.2022).

16,000 Nepalis have by the way lost their job in the tourism business under COVID-19<sup>22</sup>.

The backlash is so deep and so violent that both the Maoist rebellion and the earthquake in 2015 suddenly appear as fewer parentheses, and you really must go back to the 1950s to see the same low number of voyages sent as now. Nepal thus once again stands for should revive the country's tourism sector, but it may prove more difficult than under the two recent crises due to a potential collapse among hotels – via the large degree of mortgage – in combination with most of a year without income. We must hope, the gloomy one's predictions turn out to be wrong.

The short-term strategy is therefore corrected towards China and the Asian markets. But also, towards the classic Indian pilgrimage, weekend, and casino market. On the other hand, the belief in a quick return of the Western markets is less visible. Moreover, it is gradually a very strong domestic market with a strong focus. The great economic progress, led in the larger cities, has led to a sharp increase in the number of Nepalese travelling in Nepal. It is estimated that there are 5 million domestic tourists on an annual basis.

However, Nepal has many underlying problems if a healthy recovery is to be achieved within a short time horizon of 1-2 years after the end of the coronavirus crisis. International studies point to the need for more strong niche products on the market, more real luxury à la the strategy in Rwanda, but without a price that scares people away. It will be interesting to see if, in the long run, an actual tourism strategy is coming – post corona – and not least, what it is in that case will deal with and contain. In the trekking and mountain industry, one predicts also difficult times. Many believe that trekking is the primary activity in Nepal, but probably only 20% of all travellers there take in the mountains in Nepal – i.e., trekking and mountain climbing. It's a big sector tough, with around 125,000 jobs and an important sector of economic diversification and income in the outlying areas<sup>23</sup>.

In the countryside, the financial leverage is less than at the hotels in the cities, but owners of the accommodations in the mountains live currently without income, and many have invested their wealth (and liquidity) and therefore have a very marginal basis for survival. Therefore, there are many trekking areas, where the teahouse owners have left for a period in the highlands and have travelled to the cities of the Terai as well as Kathmandu and Pokhara to survive and make it through the crisis.

After a survey among Nepal's incredible 2,600 trekking agencies, of which under 5-8% are real companies, already showed in May up to 80% cancellations for the autumn season, a violent reaction 5-6 months before the

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<sup>22</sup> *Ibidem.*

<sup>23</sup> *Ibidem.*

start of the season. That number is now close to 100% for the rest of 2020, and the question is how many must close during autumn this year, and not least during 2021 if winter and possibly spring also smokes.

For the trekking industry, there is a future need for better accommodation options in outlying districts and for new routes, which not be hit by the cobweb of soil and driveways. It applies to both high altitudes and medium-high hiking routes. It is a very big challenge.

### **Nepal, COVID-19 & Nature**

What depends on global goals 6 and 7: *Clean water and sustainable energy*, disrupted supply chains during the pandemic and lack of water could reduce access to proper hand washing facilities and essential products such as disinfection, which can prevent the spread of infection. Abut energy, the crisis will probably be reduced for a period due to less transport and fewer activities. Conversely, the many hours we users in front of the screens at home, of course, lead to increased amounts of energy on that front.

Together with global goals 11 and 12: *sustainable cities and responsible consumption*, where, especially, people in poor slum areas have a greater risk of becoming infected due to high population density and poor sanitary conditions. Urban development must now be thought of more sustainably. Some discover that it is nice when there are no noisy cars in the cities. Out in the country, others discover that they can live and work from there. The places and ways we live may change in the future. Furthermore, consumers, producers, distributors, retailers, and many others will possibly change their habits. More will realize that we cannot continue to calculate with such large growth rates as we do usually, and we can't keep producing and transporting like that unsustainable as it is now<sup>24</sup>.

In the spring of 2020, the inhabitants of Kathmandu experienced that the grey blanket of smog that normally covers the valley suddenly lifted and disappeared. Now, for the first time in many years, they could see the Himalayas' row of white teeth stand clear and distinct against the blue sky. Though COVID-19 is causing major problems for the economy all over the world, we experience that for a while something good is happening for the environment and public health. Kathmandu is one of the world's most polluted cities. Kathmandu Valley is like a pot that keeps on the air pollution. It can already be seen when we approach landing at the airport, and it is felt in the throat after a few days in the city. That is not healthy for the people who travel in Kathmandu year out and year in.

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<sup>24</sup> B. Dev Baral, K. Thapa, *Effect of the COVID-19 Lockdown on Ambient Air Quality in Major Cities of Nepal*, "Journal of Health and Pollution", 2021, 11/(29).



On 24 March 2020, Nepal shut down to limit the spread of COVID-19. They stopped production. Traffic died down, both on the roads and in the air. Already during its first month after the shutdown of society experienced a very significant decline in Nepal's larger cities in the air content of the so-called PM2.5 particles, which make up the main component of the smog. PM2.5 are particles smaller than 2.5  $\mu\text{m}$  (micrometre). These PM2.5 particles which originate from different combustion sources, including aircraft and vehicles, are among the most harmful to health, as they contain toxic and carcinogenic substances<sup>25</sup>.

The fact that air pollution is extremely harmful to health also prevails in other words, no doubt. In China alone, a quarter of a million people died each year – before the coronavirus – from diseases, and spring air pollution. In the same China, the coronavirus has limited air pollution by 25%.

Environmental experts around the world are calling on their governments to keep the focus on the environment and on everything we have learned about during the coronavirus limitation of CO2 emissions. At the same time, health experts point out that many lives have been saved during COVID-19 because the conditions for the world's lungs have become so much better. Scientists all over the world even believe that the drop in pollution has saved more lives than COVID-19 has taken. Also, this one announcement is extremely interesting for Nepal, which is among the world leaders when it comes to shopping about lung diseases.

### **Nepal, COVID-19 & Reflections**

Sars, AIDS/HIV, Ebola, Bird flu, Swine influenza (Influenza A), MERS, Monkey Pox, Dengue fever, Zika, COVID 19 are all zoonotic diseases. A zoonosis is any disease or infection that is naturally transmissible from vertebrate animals to humans. A growing global population, spreading urbanization and climate change are all contributing to a higher risk of zoonotic diseases. Humans and wild animals live closer and closer together, creating opportunities for viruses to mutate in entirely new ways. Diseases on a global scale create poverty and famine.

To combat natural disasters on a global scale, international cooperation and coordination is required. Global goal 16: *Peace, justice and strong institutions* and global goal 17: *Partnerships for action*, precisely deals with this problem. When there is poverty and famine, the risk of conflicts between countries and/or organizations also increases. Many people suffer unfairly during such a crisis. Many are forgotten in the world, and in times of crisis, it reminds us how important it is to stand together on a global level. A crisis like COVID-19 can

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<sup>25</sup> *Ibidem.*

put globalization in reverse, but it can also help to strengthen international cooperation within for example health, among other things in the joint search for a vaccine. Virtually all the consequences of the coronavirus crisis are about something that goes across. If you imagine that you can solve the problems in silos, then you are wrong. All this requires cooperation and partnership.

As for the global climate goal, the climate movement may lose its momentum for a while because we cannot come together on the issue. But at the same time, many will discover that a globe in lockdown leaves fewer climate footprints, as we produce less and transport less. In other words, the climate problem can be a background to future much more serious pandemics or mysterious disease outbreaks in individual isolated regions.

As it appears from the papers, a country like Nepal was affected in all areas that have to do with the 17 global goals. As for the COVID-19 pandemic, it has had very serious economic consequences and partly health consequences. On the political level, it has been partly used as a political tool. The politicians, either on purpose or due to a lack of understanding, have used the pandemic in their political interests. As poor organization of commercial life in Nepal as well as in the rest of the world has caused very big problems in commercial life. However, the climate movement may lose its momentum for a while because we cannot come together on the issue. But at the same time, many will discover that a globe in lockdown leaves fewer climate footprints, as we produce less and transport less.

### **BIBLIOGRAPHY:**

1. ACAPS (The Assessment Capacities Project), *Migrant Vulnerability in Bangladesh, India, and Nepal: COVID-19 and Labour Migration*, <[https://reliefweb.int/sites/reliefweb.int/files/resources/20201012\\_acaps\\_thematic\\_series\\_on\\_migrant\\_vulnerability\\_in\\_south\\_asia\\_0.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/20201012_acaps_thematic_series_on_migrant_vulnerability_in_south_asia_0.pdf)>
2. Adhikari B., Budhathoki S. S., *Silver-lining in the Time of Mayhem: The Role of Local Governments of Nepal During the COVID-19 Pandemic*, "Journal of Nepal Medical Association", vol 58, issue 231, November 2020
3. Biswas S., *Coronavirus: India's pandemic lockdown turns into a human tragedy*, <<https://www.bbc.com/news/world-asia-india-52086274>>
4. Central Bank of Nepal,. 2020. *NRB Releases Monetary Policy for FY 2020-21*, "NRB News", 41/ (1) 2020
5. Dev Baral B., Thapa K., *Effect of the COVID-19 Lockdown on Ambient Air Quality in Major Cities of Nepal*, "Journal of Health and Pollution", 2021, 11/(29)

6. Ministry of Labour, Employment and Social Security, *Nepal Labour Migration Report 2022*, Kathmandu 2022, <[https://moless.gov.np/storage/files/post\\_files/Nepal%20Labour%20Migration%20Report\\_2022.pdf](https://moless.gov.np/storage/files/post_files/Nepal%20Labour%20Migration%20Report_2022.pdf)>
7. Nepal, *Domestic Violence—An Epidemic Amidst The Pandemic*, <<https://www.worecnepal.org/content/247/2021-06-07>>
8. Nepal, Ministry of Health and Population, *Health Sector Response to COVID-19. May 2021*, <[https://COVID19.mohip.gov.np/COVID/englishSituationReport/60b4e108d27c8\\_SitRep477\\_COVID-19\\_31-05-2021\\_EN.pdf](https://COVID19.mohip.gov.np/COVID/englishSituationReport/60b4e108d27c8_SitRep477_COVID-19_31-05-2021_EN.pdf)>
9. Transcultural Psychosocial Organization Nepal, *COVID 19: Operationalizing Regional Exchange 4 Mental Health and Psychosocial Support (CORE4MHPSS)*, <<https://www.tponepal.org/COVID-19-operationalizing-regional-exchange-4-mental-health-and-psychosocial-support-core4mhpps/>>
10. *Visit Nepal 2020 Tourist Arrivals: 2% Drop in January*, <<https://www.nepalisansar.com/tourism/visit-nepal-2020-tourist-arrivals-statistics/>>
11. WHO Country Office for Nepal, *Situation Update #66- Coronavirus Disease 2019 (COVID-19)*, <[https://cdn.who.int/media/docs/default-source/nepal-documents/novel-coronavirus/who-nepal-sitrep/weekly-who-nepal-situation-updates\\_66\\_v2.pdf?sfvrsn=1197fcb0\\_5](https://cdn.who.int/media/docs/default-source/nepal-documents/novel-coronavirus/who-nepal-sitrep/weekly-who-nepal-situation-updates_66_v2.pdf?sfvrsn=1197fcb0_5)>
12. Willitts-King B., Bryant J., *Scaling up humanitarian cash transfers in Nepal*, <<https://www.calpnetwork.org/wp-content/uploads/2020/03/scaling-up-ctp-in-nepal-1.pdf>>
13. World Health Organization, *Focused COVID-19 Media Monitoring, Nepal – Sharpening the COVID-19 Response through Communications Intelligence*, <[https://reliefweb.int/sites/reliefweb.int/files/resources/Focused%20COVID-19\\_Media%20Monitoring\\_July%2023%2C%202021.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Focused%20COVID-19_Media%20Monitoring_July%2023%2C%202021.pdf)>