Governance lessons from Nepal for pandemic preparedness and response

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Introduction

Nepal is in a geopolitically delicate space between China and India. It has a fenceless border with India, and no travel restrictions for citizens between the two countries. Geographic proximity has meant the relationship extends to shared social, cultural and economic ties between families, across countries. During the COVID-19 pandemic, the nearly 2000 km porous border posed a challenge, with lockdowns prompting many people to return home to families on both sides, heightening the risk of disease transmission. Despite a temporary closure of the border in the initial months, there were reports of a number of crossings. Nepal's health system was unprepared and vulnerable to further strain, particularly having only recently transitioned to federalism in 2017.

Methodology

Options' Nepal Health Sector Support Programme (NHSSP), funded by the UK government, had been providing technical assistance to the federal Ministry of Health and Population (MoHP) since 2010, and provided surge capacity for the COVID-19 response. It was firmly embedded at the heart of the action – in the Health Emergency Operations Centre (HEOC), and supported information management including development of guidelines, assessment tools, collation and analysis of data, and developing daily situation and progress update reports. NHSSP reviewed the rapidly emerging evidence which was the top priority to identify gaps and challenges and provide key strategic support.

Findings

- From a health systems perspective, cross-border and internal governance of the pandemic response, were complicated by Nepal's 2015 transition to federalism. Responsibilities and coordination mechanisms for the health sector across the three new tiers of government were still evolving when the crisis began.

- Nepal established additional structures for oversight of the pandemic response - the Prime Minister led High-Level Coordination Committee and the Deputy Prime Minister led Crisis Management Centre. The response implemented by the HEOC based at MoHP had a complex reporting and accountability structure.

- Provincial COVID-19 Crisis Management Centres, and Local COVID-19 Crisis Management Centres, were established as governing bodies at a later stage and were not represented in the high-level decision-making committees.

- Local governments were responsible for setting up health desks at ground crossing points (GCPs) – and 14 (out of 16) are along the border with India. A study led by a global governance partner, the International Organization of Migration, found that GCPs fell short of International Health Regulations (IHR) 2005 requirements.[1]

- The 2022 Joint External Evaluation of IHR core capacities,[2] led by WHO found that Nepal scored low on capabilities available for the point of entry and border health domain, and faced challenges as it lacked a strategy, relevant guidelines and standard operations procedures.

- Routine data from MoHP showed that 6% all travelers screened tested positive. But there were large variations in numbers screened and proportions tested and diagnosed across 13 GCPs along the India border which conducted the tests, and the positivity rates ranged from 13.5% to 2% across GCPs.[3] Most travelers were returning male Nepalese migrants. Availability of health staff at GCPs was low and some of the local governments found it hard to sustain Contact Tracing and Case Investigation due to lack of resources. In areas where local leaders were active screening at the point of entry was better.

Figure 1: COVID-19 Emergency Response Architecture in Nepal
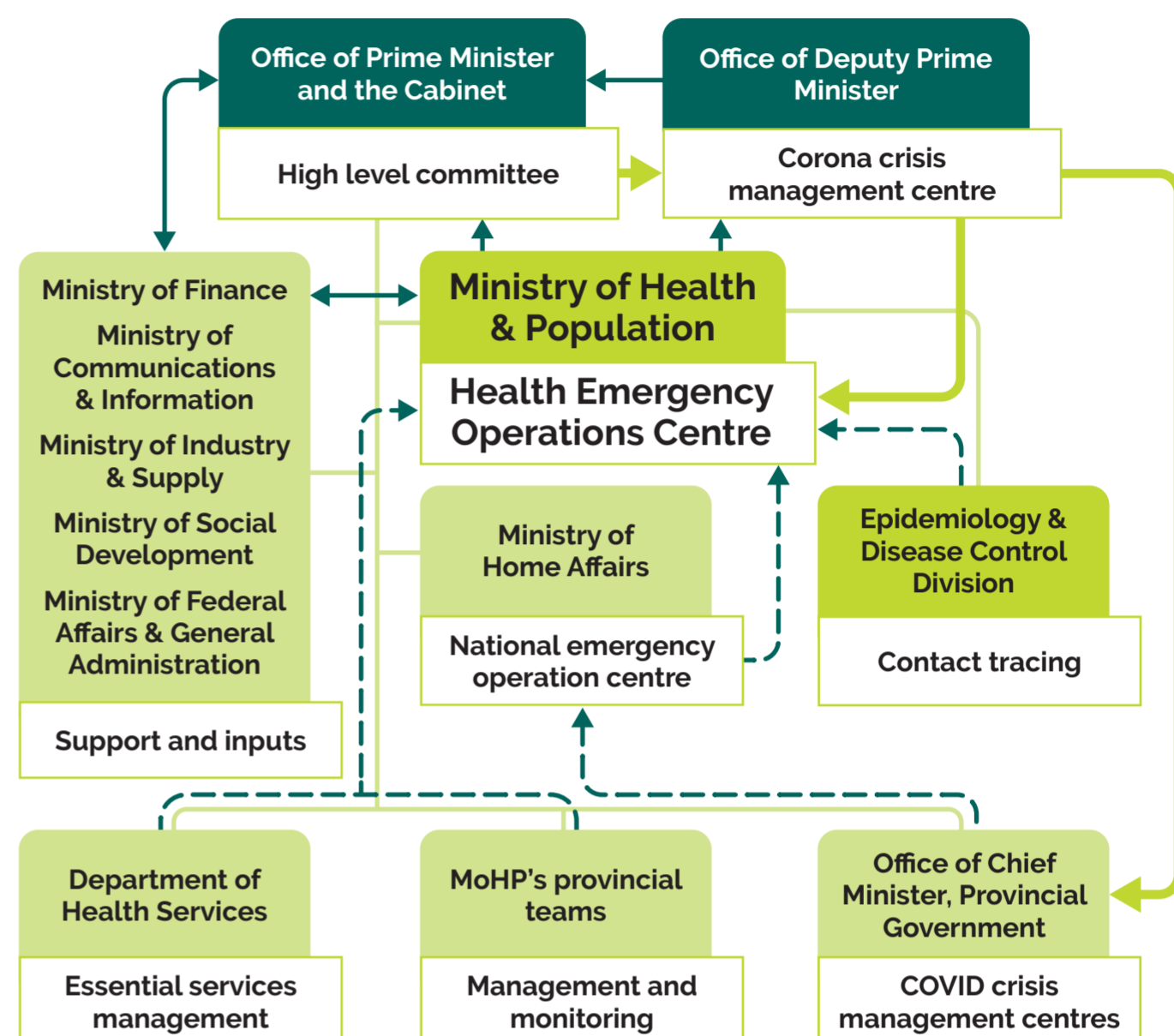
Lessons learned

Three key lessons for future pandemic preparedness:

- Local level governments in Nepal are key for ensuring an effective response, but this varied based on their circumstances, capacities and expertise. It is important to ensure that health personnel and other frontline officials at local level governments are trained for better preparedness and response, particularly to handle any ailing migrants. Local government need to be lead actors from the outset.

- The federal level government has to invest efforts in coordination mechanisms for the devolved health system for everyday functioning and preparedness for any future pandemics. This will need to include cross-local level governments co-ordination at GCPs in terms of information sharing and response planning.

- Cross border co-ordination and health governance is essential. The existing interconnectedness and interdependencies between Nepal and India already provides an enabling environment to establish a clear framework for how disease surveillance and response can be conducted along the border, and how families that rely on livelihoods and relationships across the borders on a day-to-day basis can be supported during such emergencies. The IHR (2005) self-assessment data can be useful to advocate for investments in health security.

1. Assessing the Ground Crossing Points of Nepal and Their Compliance with the International Health Regulations (2005) to Prepare and Inform the Public Health Response to COVID-19, International Organization of Migration (IOM)

2. Joint external evaluation of IHR core capacities of Nepal, Mission report: 28 November – 2 December 2022. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.

3. KC Subedee, KP Paudel, et al, COVID-19 Amongst Travelers at Points of Entry in Nepal: Screening, Testing, Diagnosis and Isolation Practices Trop. Med. Infect. Dis. 2022, 7, 99

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