



Supplies Disruption and Impact Upon Health Sector in Nepal

A MEDIA MONITORING REPORT

Health sector has been severely affected due to the disruption in supplies with irregular supply of surgical equipment and medicines. This has affected timely and comprehensive treatment of the patients. Pregnant, post-partum women, older people, children, earthquake affected communities and patients with obstetric emergencies and chronic conditions have been affected the most. This report documents synthesis of media monitoring of mainstream online news agencies and social media as the findings reflect how critical it is for better preparedness of crisis management for both natural and man-made disasters.

Dr Sushil Baral, Sudeep Uprety and Kritagya Regmi



INTRODUCTION

It has not been hidden that Nepal is currently reeling under acute shortage of all the basic health care services due to the disruption of supplies at Nepal-India Border since September 24. As the supplies have been disrupted, the entire country has been facing shortage of fuel, cooking and oxygen gas, gasoline, medicines and other basic necessities. Thousands of vehicles carrying goods have been blocked at the border. Almost all the economic sectors have been hit severely including tourism, industries, transportation as well as agriculture.

Due to the lack of enough fuel, transportation had been affected badly. The movement of the people hindered as the number of public vehicles decreased by 60 per cent, limiting the transportation of necessary goods. The movement of the public transportation even outside the valley was affected. The vehicles were jam-packed, people were been travelling in an unsafe manner risking their lives. The price of the daily goods therefore increased; schools and colleges also could not function during this time.

The health facilities in the country had a tough time treating patients due to the lack of medicines and other essential equipment needed for surgeries. Patients were deprived of timely treatment, some lives were also claimed. The trucks with medicines were stuck at the border and the medicines which were available couldn't be sent due to the lack of fuel in the necessary places

especially in the rural areas. The regular immunisation programmes and other campaigns initiated by the government to improve the health status of the people were also affected badly.

What this study is about?

A media monitoring study was conducted to document and review the impact upon health sector caused by the disruption of regular supplies coming from neighbouring country India continuously for several months affecting irregularity in distribution of medical supplies and drugs and functioning of regular health services. HERD Research Uptake and Communications team conducted the media monitoring of major online news portals and social media from September to December, 2015. The study focused in understanding the problems that the patients are facing, the availability of health services and the efforts made by the government to tackle the situation.

How was the study conducted?

We selected some of the major online news portals namely Kantipur, Nagarik, Republica, Swasthyakhabar, The Himalayan Times and The Kathmandu Post for four months focusing on health issues, based on their popularity and audience reach. Random search was also carried out in the internet with the keywords 'blockade', 'Indo-Nepal blockade', 'Nepal India blockade', 'health', 'blockade health', 'health sector impact', 'blockade health service', 'government health blockade'. We then recorded data in a systematic manner

based on the title of the articles, author, date published, page it was printed on, and the health issue it covered. Codes were generated which were then divided into broad categories. Microsoft EXCEL was used to record the data and organize the codes. Once the articles were selected, it was categorized into different themes. We then synthesized and interpreted the stories for final structuring to produce in the form of a media monitoring report.

FINDINGS

Lack of essential supplies

Numerous health facilities at all levels lacked over half of the [essential supply requirements](#). Lack of access to health service affected the most vulnerable such as pregnant, post-partum women, older people, children, earthquake affected communities and conditions including obstetric emergencies and chronic conditions such as diabetes and cardiovascular disease. Medicines and other supplies were mobilized in various health institutions within the country and efforts were underway to supply more to meet the demand. Medicines worth tens of millions of rupees have been [stranded on the Nepal-India borders](#).

[Hill districts in the far-western region](#) and far western region were hit hard due to acute shortage of drugs. Health facilities had to use up the stock due to lack of import for a long time. Pharmacies were short of medicines

required for seasonal diseases with the plummeting temperature.

The shortage of medicine in the capital as well as other districts had become more severe. Medicines like benoproston, anedrukm, protomin injection, laitanopost drop were not available. Similarly, vesoprison injection used for neuro surgery and neuro disorder as well as the medicines required in ICU, CCU and in surgeries were not available. [The government hospitals are forced to run in the limited sock of antibiotic citamol and amexocilin](#). Drugs were also unavailable for treatment of communicable and non-communicable diseases and even basic services such as measurement of blood pressure and diabetes in both private and government hospitals. Health facilities were short of drugs for asthma, fever, typhoid and cough, among other seasonal maladies. Medicines to cure mental illnesses, which were imported in large amounts from India, are out of stock. Health workers in Baitadi and Darchula districts also said they have run out of drugs.

Hundreds of trucks laden with medicine are stranded at various border points. Fourteen pharmaceutical industries along the Birgung-Hetauda section [stopped medicine production](#) due to the lack of raw materials and security threats. Medicine production had come to a halt due to the supplies disruption. Nepal imports medicine and surgical equipment worth around Rs 20 billion a year.

The District Public Health Office (DPHO) in Kapilvastu was running out of stock medicines but had not been able to replenish. Likewise, some districts in the eastern region were also facing an acute shortage of medicine due to Tarai unrest. Siraha too was facing acute shortage of medicine and surgical equipment in the both government and private hospitals.

Bajhang was also reeling under the [medicine crisis](#) including BCG vaccine, which immunizes children against tuberculosis. They also lack blood bank.

[Pharmacies in the capital lack vital drugs](#) needed for ICUs, CCUs, general surgery and other medical services. Pharmacies lacked injections such as Adrenalin, Atropine, Peperacint and Tazobacta and Bupivacaine Hydrochloride, Pendura, Vasopressin and Lobatel Ol. These were used in ICUs/CCUs and in surgery. Some pharmacies were short of even common medicines such as Pantoprazole and Omeprazole, which are used for treating gastroenteritis patients.

The health facilities in Parasi, Baitadi and Palpa were also having drug crisis. Due to the closure, the [government has not been able to distribute free medicines](#) in villages. The central and regional stores had not been able to distribute medicines and the districts have also not received budget due to which the medicines are not being distributed. The health facilities were having difficulty as the spirits needed to

clean wounds as well as gastritis medicines are out of stock.

The health facilities have started using [medicines produced in Nepal](#) as the medicines are not being imported from India. Of the total 70 medicines provided free by the government only few medicines are left. There was [medicine shortage in Bhaktapur](#) for treatment of respiratory disease, asthma, eye, allergies, skin, gastrics and diarrhoea.

Pregnant women had also been affected in rural areas as there was shortage of [nyano jhola – a special care package for new born babies](#). [Acute blood shortage](#) has been reported in Jhapa as, hospitals were having hard time for surgery. People in [Dolakha have been suffering](#) as they have a shortage of medicines since the last two months.

Even Ayurvedic hospitals had started running out of medicines. Tanahun district was reeling under [acute shortage of ayurvedic medicines](#). Regular treatment of patients had been affected for want of medicines.

Public having a hard time

Numerous people suffering from various diseases had been affected the most due to the disruption of the supplies. Many have not been able to visit the hospitals due to the unavailability of transportation. While some haven't been able to visit the health facilities as they were unable to afford other means of transportation such as taxis that were charging exceedingly high rates.

Number of patients visiting hospitals had declined significantly. Even if they reach the health facilities, [patients are forced to return without any treatment](#) due to the shortage of medicines. They were referred to other places. The number of patients visiting the health posts has been increasing with the onset of the winter season but the health posts are running out of medicines. People living in about 20 VDCs in Mugu were facing difficulties due to the shortage of drugs. Patients who need to undergo surgery had been deprived of the service due to an acute shortage of vaccines in Parsa. The shortage of a vaccine called Bupivacaine has deprived pregnant women of their surgery.

National Center for Aids and STD Control (NCASC) warned [that thousands of people living with HIV would soon be barred from getting antiretroviral \(ART\) drugs](#). ART centers across the country were running out of stock, including those in the Tarai region. Over 13,000 people living with HIV, including 2,500 children, had been getting drugs from the ART centers across the country. Due to the fuel crisis and volatile security situation the concerned bodies had not been able to supply the life-saving drugs to the ART centers.



The supplies disruption had also posed serious threat to lives of children, elderly and ailing people at the [earthquake affected areas](#) as all the demolished health facilities were in the same condition as they were after the devastating earthquake. Several aid agencies had committed to rebuild destroyed health facilities including district hospitals and had initiated works in some areas before the disruption in the supplies started. Due to the scarcity of raw materials and fuel in the district, reconstruction works had been halted since the supplies distribution has been disrupted.

People were unable to utilize free service as the [hospitals lacked medicines](#) and other things. Lack of life saving drugs has created difficulty for patients and their family. The economically weak patients and the disabled patients receiving treatment at the zonal hospitals have been affected. Lack of medicines for winter diseases have been creating havoc among patients.

[Patients are also reeling under the economic burden](#). Black marketing of essential medicines also led the patients have been forced to pay additional amount. [Renal patients](#) were having a

hard time as the dialysis centers have shortened their service period. Cancer patients were also in a difficult situation as the medicines are difficult to find, the medicines for chemotherapy and radiotherapy not produced in Nepal. Government hospitals, health posts and primary health centers have been [requesting patients to buy medicine from private drugs stores](#).

[People have cut down their diet intake](#), patients are deprived of basic medication, and health facilities have been running out of emergency drugs.

Along with the Nepalese the [Indian citizens are having a hard time too](#). As the treatment cost more in India, a large number of Indian citizens visit Nepal for treatment. Indians coming for eye treatment at Geta Eye Hospital in Dhangadi had shown anger due to the problems they have been facing. As the stock of essential medicines and surgical equipment are getting short, many patients were forced to return without receiving the service.



The leprosy patients going for treatment at Leprosy Hospital, Lalgadh were having difficulty as the [surgery had been halted](#) due to the shortage of oxygen and other essential medicines. The risk of disability and blindness among the patients due to halt in reconstruction surgery has increased. More than 5 dozen patients were waiting for surgery. Patients who had been at the hospital awaiting surgery also feared that they might be affected badly as the surgeries have been halted. Doctors referred else were but the lack of ambulance has claimed a lot of lives.

Hospital finding difficult to provide services

Hospitals were having a hard time treating patients. The shortage of life saving medicines made it difficult to provide services. Health institutions had been compelled to [cope with the shortage of medicines](#). Doctors had been [forced to stop surgery](#) due to unavailability of necessary medicine.

Due to the humanitarian crisis, the hospitals had been [sending the people with limited medicines](#). As the medicines are not imported the doctors say they have reduced medicines. Even medicines needed for children are not available.

Services adversely affected at Narayani Sub-regional Hospital, Birgunj. Ongoing agitation had also thrown the [hospital's preparations to provide CT scan service in limbo](#). Lumbini Zonal Hospital also ran [out of stock](#). Many concerned bodies urged the government to ease medical

supply. Mechi Zonal Hospital started [referring pregnant women elsewhere](#) due to the lack of blood.



Hospitals across the country saw sharp drop in the flow of patients given the fuel crisis and also essential drugs and saline stock depleted fast. Likewise, the mobility of the ambulances has been affected.

Shortage of blood bags had been reported by many hospitals. It led to problems in surgery and medication to serious patients. Kidney Transplant Centre cut its services as due to the shortage of fuel the doctors. The Red Cross Society also could not collect enough blood and has not been able to deploy field workers due to the crisis.

The Kathmandu-based referral hospitals, including Tribhuvan University Teaching Hospital, Bir Hospital and Shahid Gangalal National Heart Centre, were fast running out of their stocks of life-saving drugs, including adrenaline and atrophin that were used for heart patients.

District Public Health Office, Banke said they [are unable to provide the prescribed medicine in full quantity](#) due to the shortage. [Surgeries have also been](#)

[affected](#) in the hospitals throughout the country including the capital. Even the surgeries in big government hospitals were hampered.

Hospital officials in Morang district demanded the government to ease the regular supply of petroleum products to provide health care services to the patients. [Services of nearly a dozen of hospitals in Biratnagar have been severely affected](#) surgery, ICU and CCU services, hemodialysis, x-ray, video x-ray, ECG lab and other services. The hospitals in the districts were also facing acute shortage of oxygen-filled cylinders.

Routine Programme hampered

Around 200,000 children have been deprived of [vitamin A and albendazole](#). The national Vitamin A programme has been severely hampered. [Concerned bodies fear that the scarcity of medicines will have serious and far-reaching consequences](#). Child Health Division CHD has been struggling to carry out immunization programmes at health facilities across the country. Regular immunization programmes have been badly hit in several districts of the eastern Tarai region.

Health workers, serving at the health facilities of the region have said that hundreds of children and pregnant women have been deprived of essential vaccines that protect them from deadly viruses.

The ongoing protests and supplies disruption has hit HIV patients as well.

National Center for Aids and STD Control (NCASC) officials said that the center is struggling to continue the antiretroviral medicines administered to the people living with HIV. This disruption of supplies has also become an [obstacle to the government's aim](#) of reducing neonatal death and death related to pneumonia and hypothermia.

Concerns over supplies disruption

The supplies disruption has also gained the attention of the international bodies. [External development partners](#) worry about the drugs and supply shortage in health facilities. International organizations have emphasized the seriousness of the present situation and its humanitarian implication. They expressed their commitment to ensure safe access to quality health care services. They urged all concerned bodies to ease the supply of essential goods including vaccines and drugs.

As the disruption in supplies started having serious implications on the health services, [Nepal Medical Association asked for international support to meet medicines demand](#). NMA blamed government in its failure in solving the crisis. NMA highlighted that operations which should not be postponed are being postponed in the absence of required medicines and medicines required for emergency unavailable, which will create humanitarian crisis. NMA further [urged the government](#) and the agitating parties find a solution to the current crisis through dialogue.

Members of civil society also expressed concerns over the disruption in supplies resulting in a grave humanitarian crisis in Nepal. A group of 12 members of the civil society [appealed to the concerned parties of Nepal, and to the international community](#) including India to recognize the crisis and take effective steps to bring it to an immediate end.

Ministry of Health and Population (MoHP) warned that [all hospitals across the country will be shut down soon if the ongoing supplies disruption continues](#). Hospitals informed MoHP that they are not in a position to run hospitals any more as they essential drugs as well as fuel to run ambulances and hospital generators and other drugs to sterilize medical accessories. Hospitals expressed worries of spreading deadly diseases in the wards as they lacked drugs to sterilized medical accessories.



The health workers of Biratnagar [staged a protest](#) on November 27 after having serious problems in treatment of patients in lack of vital drugs. The health workers, who are working in various hospitals in Biratnagar, and medicine entrepreneurs said that they had to organize the protest programme as they were unable to work in an environment

where they lack security of their own lives. They expressed concerns over the condition of patients struggling to find the medicines they need. They further urged the agitating parties and the government to keep medical sector free from politics.

Government efforts

Government of Nepal has been making efforts to provide necessary goods to the people. A task-force formed by the government [decided to give priority to health institutions while distributing fuel](#). The task-force led by Balkrishna Khakurel, Director General of the Department of Drug Administration, said immediate efforts would be made to make medicines available to health institutions.

In order to tackle the current crisis the government planned to use stock of drugs that were meant to be used only during [the time of disaster and other natural crisis](#). The Department of Health Services (DoHS) has decided to use the medicines that are kept in all five regions of the country as part of the Emergency and Humanitarian Assistance. The decision was made after the a majority of hospitals and health institutions have ran short of many essential and life-saving drugs affecting the lives of patients.

The Ministry of Health and Population also got ready for [fast-track medicine procurement](#) in a bid to ease supply of drugs in the country. The MoHP is planning to procure 105 types of essential drugs worth Rs 200 million for now.

The Ministry of Health and Population (MoHP) also informed that it has asked the [Thai government and all other international aid agencies to provide life-saving drugs](#) in the wake of the acute scarcity of essential medicines. MoHP has also asked all international aid agencies, including Direct Relief, to provide essential medicines to Nepal. Direct Relief is an international charity organization, which has already provided medicines to Nepal in the recent past.

The Ministry of Health and Population (MoHP) also considered to [procure vital life-saving drugs from third countries](#) due to the supplies disruption. Department of Drug Administration (DDA) has also encouraged the national drug manufacturing companies to boost their production following the supplies disruption. The DDA has also told those companies to be prepared to import chemicals from Bangladesh and other countries via air cargo.

CONCLUSION

The earthquake of April 2015 was an unpleasant experience for all Nepalis. The Government of Nepal needs to be acknowledged for its efforts in terms of crisis management during that period. Lessons from the experiences gained during that period also highlighted the need for improvement in development of a comprehensive emergency preparedness plan in order to handle emergency situation of many sectors including health. With the greater initiation of the Ministry of Health and

Population, along with support from private sector, various development partners, NGOs, local communities, foreign medical teams and several voluntary associations and groups; the emergency situation was managed to some extent. Now, with crisis of the earthquake aggravated with another man-made disaster through supplies disruption, it has become more important than ever to develop a comprehensive health emergency management response plan for such crisis situations so as to be more prepared in the future. With the comprehensive response plan in place; a greater preparedness is required with regards to adequate skilled human resources, infrastructure, data management information system and logistics arrangement. A special Disaster Preparedness Unit in health with well-equipped system, skilled human resource and logistics is the need of the hour. This unit needs to be operational not only at the central level but also in regional level, and in strategic locations so that the response initiatives can be immediately as the situation demands.

Corresponding Author:

Sudeep Uprety

sudeep.uprety@herd.org.np



Health Research and Social Development Forum (HERD)

Thapathali, Kathmandu, Nepal

URL: www.herd.org.np

Email: info@herd.org.np