



**Global
Call to Action
Against Poverty**
People Rising to End Inequalities



Nepal Civil Society Position Paper on Covid-19 Pandemic and Vaccination

Executive Summary

Global outbreak of Covid-19 has had an extensive impact in the social, economic and political arena as well as in the public health. Civil society organizations and civil society movement have been affected by the Covid-19 pandemic but civil society organizations' role and contributions have been remarkable.

Nepal's civil society position paper has considered and analyzed the damage caused to the economic and social well-being and health of the people, and restrictions to rights and freedom. Despite limited resources but huge problems caused by the circumstances of the Covid-19 that include lockdowns and lack of health services, Nepal's civil society were engaged in providing relief, awareness, advocacy and support to governments, and monitoring of the Covid-19 management. Engagement in the Human Rights Mounting Network and formation and mobilization of Rapid Response Teams by NFN were important to contribute to and learn from. Documentation of the human rights monitoring, research on the study of Covid-19 impact to CSOs, reports of the virtual and physical discussions, advocacy, and analysis of the secondary data have provided information and evidence in preparation of this country position paper. While testing, tracing and treatment was the initial focus; later it was emphasized and demanded for the vaccine as the only way to control Covid-19. Nevertheless, inequalities in access to vaccines and other health care services within and across nations have been more recent issues and agenda. In fact, Covid-19 has exposed the inherent inequalities and how the vulnerable and disadvantages peoples get more affected than others.

Having considered and analyzed the situation, the country position paper make 17-point recommendations to governments, development partners, civil society and other actors. Some major areas that the recommendations cover are adopting a more coordinated approach to optimize the vaccine uptake; availability and affordability of testing and treatment for new infections; strengthening resilient health systems on the grounds of universal health coverage and human rights-based approach. The recommendations also include suspending relevant intellectual property rights and enhancing the regional mechanism to promote price negotiations, transparency, quality and safety of the vaccines in developing countries. TRIPS waiver in developing countries is recommended as a priority in scaling up the capacity of producing COVID-19 vaccines and stepping up their technology transfer efforts. Having learned from the Covid-19 pandemic, it is necessary to develop preparedness and response plan and efficient mobilization of domestic resources and mechanisms. Likewise, government needs policy reforms to address the evident inequalities and gaps and focused interventions. The government needs to come up with strategies and

focused actions to create safety nets for such groups of people. As was evident, role of CSOs is more significant during disasters and crises and therefore the recognition and enabling environment for the CSOs. Multistakeholder approach, strengthening local governments and mechanisms are important.

FULL PAPER

Context

First Covid-19 case in Nepal on 23 January 2020 was one of the early cases in South Asia. In early 2021, Nepal's Ministry of Health and Population (MoHP) submitted the National Deployment and Vaccination Plan (NDVP) to the COVAX Facility. Nationwide vaccination campaign started at the end of January 2021 with operational committees and task forces formed at all levels - federal, province, districts, and local level (*palika* / municipality). These committees and task forces leveraged existing immunization coordination committees that exist at all levels, which were expanded as per need for COVID-19 vaccination response.

Nepal launched the COVID-19 vaccination campaign on 27 January 2021. At first, based on the NDVP, health and social sector and front-liners (e.g. health workers, supporting staffers at health facilities, female community health volunteers, security personnel, sanitation workers, elderly people living in care homes, and prisoners were listed as first priority groups for vaccination) were vaccinated, achieving 86% coverage. Following this, people over 65 years old throughout the country and those over 55 years old in all high mountainous terrain districts were vaccinated, achieving more than 77% coverage.

According to WHO, the South East Asia Region has crossed 3 billion doses of COVID-19 vaccines administered as of now so far. More importantly, Nepal has also reached the target of vaccinating more than 70 per cent of its total population with all primary doses of the COVID-19 vaccines. The recent MoHP's report (April, 2022) reveals that COVID-19 vaccination coverage is above 80% among target populations more than 12 years age.

Covid-19 pandemic brought about global challenges, exasperating economy, livelihood, health, education and other basic aspects of human life. Poor and vulnerable nations and societies are affected more than others. In trying to respond to or control the pandemic, various restrictive measures like lockdowns, closures, travel restrictions, etc. were imposed halting economic, social and political activities.

Damage to Economic and Social Well-being and Health

Because of the Covid-19 pandemic, both maternal and neonatal deaths increased, immunization rate declined, outbreaks of measles were reported in several districts,

institutional delivery rate declined, and antenatal and postnatal visits declined manifold¹. Fear of infection kept away the people needing medical services from hospitals across the country².

Women were affected more, because they tend to work in areas that are less tele-commutable, such as hospitality, wholesale and retail. The closure of schools and day care also increased childcare needs, which largely affects working mothers³. News reports and studies show that the effect to women, girls and LGBTIQ was more adverse. Violence and abuse to women and girls were reported to have increased. The people with Covid-19 were discriminated and stigmatized.

The lockdown brought about by the pandemic affected the welfare of the poor and the vulnerable through several channels: loss of incomes and jobs of working adults, sale of assets to cope with shocks and to smoothen consumption but buying back such assets will take long, shrinking of the market for agricultural produce through disruption in supply chains along with a decline in work opportunities; and the digital divide excludes them from opportunities of online work and their public-school-going children are deprived of online classes which has long term effects⁴.

Restrictions to Rights and Freedom

Restrictions on freedom of movement caused by lockdown, travel ban, and curfews are associated with the multifaceted effects they cause to the food, health, livelihood and other aspects of the basic lives of the people. During nationwide lockdowns, hundreds of people that include women, children, elderly and the pregnant women had to walk to their destinations.

Right to health, right to education, right to food, and right to work were violated. Health facilities were inaccessible, closed due to fear of coronavirus or were dedicated to Covid-19 treatment. People were reported losing lives or suffering because the patients were not admitted in hospitals, beds were not available. Closure of educational institutions caused a huge loss in education of students. Closure of market and businesses caused the people lose their income and jobs.

Rights and freedom of the people to association, speech, movement and migration were curtailed. Already weak governance, human rights, justice, service delivery, and social security situation got even worse. In the pretext of Covid response, the public spending was not transparent and efficient.

¹ The Kathmandu Post (27 Sept 2020) <https://kathmandupost.com/health/2020/09/27/in-fighting-the-pandemic-the-government-has-ignored-other-deadly-health-issues>

² The Kathmandu Post. (25 Sept 2020). <https://tkpo.st/3i4mT1c>

³ UNDP Nepal (Prepared by IIDS). 2020. Rapid Assessment of Socio Economic Impact of COVID-19 in Nepal.

⁴ UNDP Nepal (Prepared by IIDS). 2020. Rapid Assessment of Socio Economic Impact of COVID-19 in Nepal.



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Civil Society Organizations' Engagements during Covid-19

The effect of Covid-19 made serious impacts to many aspects of people's lives and work. CSOs and NGOs working in different sectors were affected by the lockdowns, travel restrictions, social distancing and other measures taken by the government. During lockdowns, CSOs did not get permits to drive or move which did not allow them to do monitoring.

Many CSOs contributed in response to the pandemic and to support the poor and vulnerable communities during the tough time they faced. But CSOs had very limited resources in comparison to the level of response required. NFN and other CSOs were lobbying for more roles, responsibility and policy environment for CSOs. NFN worked closely with Ministry of Women, Children and Senior Citizens, National Human Rights Commission Nepal, and National Planning Commission in monitoring the response and management of the Covid-19 pandemic.

The Covid-19 circumstances have made it really difficult for the CSOs to get mobilized. NFN's member organizations and all CSOs in general wanted to contribute to the response and recovery from Covid-19 but they had to struggle to have a role and to be able to do something substantial. This is particularly challenging when international development partnerships and supports are dwindling.

Human Rights Monitoring Network

In coordination of National Human Rights Commission (NHRC), the Human Rights Monitoring Network was formed at the national level to monitor human rights situation during the coronavirus pandemic. The central level network included NGO Federation of Nepal (NFN), Federation of Nepali Journalists (FNJ) and Nepal Bar Association (NBA) as members. Similarly, sub committees were formed in all the 7 Provinces and 77 districts of Nepal. This kind of joint initiative should be continued in future. Likewise, Rapid Response Teams formed and mobilized in coordination with Social Welfare Council also supported for the coordination, monitoring and support by CSOs.

Study of Covid-19 Impact to CSOs

In the context of Covid-19 pandemic, NFN commissioned a study of Covid-19 impact on CSOs. The report which mainly focused on the first wave of Covid-19 in Nepal shows that most of the CSOs reported a reduction in their ability to deliver programs and services; organizations with advocacy-based programs were more impacted. The report also illustrates significant decrease in the registration of new CSOs. Funding sources, availability of fund for regular programs and the availability of funds for response to COVID-19 were all low. The report further demonstrates that the CSOs were not much satisfied with the efforts of federal and province level governments; but relatively more satisfied with the efforts of local governments.



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As per the report, 87% of the CSOs stated a reduction in their ability to deliver programs and services. With an improvement in the pandemic's situation, the organizations also reported a slight improvement in their ability to provide services. Moreover, even with some improvement in the capacity, 58% of CSOs still reported a decline in their ability to deliver regular programs. Similarly, 14% of the organizations reported a complete halt to their programs and services. The finding was itself alarming when approximately 1400 CSOs were reported of not being able to deliver their programs and services for nearly a year.

CSOs responded that they contributed an approximate USD 30 million during the first wave of the Covid-19 outbreak. Over 400,000 volunteers actively contributed during the pandemic whereas 50,000 paid staff laid their role in response and recovery during the first wave of the pandemic. CSOs contributed approximately 157,000 PPE sets and other sanitary kits during the first wave of the pandemic. Their top three response activities included distribution of sanitary kits, awareness generation and sensitizing communities. 8 out of 10 CSOs served people from the Dalit communities while 6 out of 10 CSOs provided support to indigenous people.

Vaccine, health and other issues and challenges

Evidence suggests that there persist a range of inequalities to access vaccines and other essential health care services in many developing countries. Despite this reality, Nepal has made remarkable progress of achieving a global target of vaccination coverage more than 70% by mid-2022. However, there are still strategic and operational issues to ensure access to vaccines for poor, socially marginalized and vulnerable populations – particularly living rural and remote communities. A rapid participatory and exploratory social research (NFN: 2022) revealed that poverty, socio-cultural marginalization, socio-political and gender inequalities, and poor health systems have profound impacts on ensuring vaccine equity and social justice for the marginalized populations. These include poorest of the poor communities, indigenous and/or ethnic minorities, sexual and/or gender minorities, disabled and elderly, so called low-caste populations and migrants and/or internally displaced populations due to disasters or health emergencies in both rural and urban areas. These populations have experienced several challenges of social, economic, cultural, political, gender, geographical and psychological barriers to access the vaccines in the health facilities.

Notably, civil society organizations played crucial role of community awareness raising, advocacy for increased access to COVID-19 vaccines as part of right to health, referrals, psychosocial counselling to the affected communities, and the provision of some relief packages for poor, marginalized and vulnerable populations during the difficult situation. However, the recognition of their support and contributions was not fully acknowledged and appreciated in the national forum or platforms.

Recommendations

Considering the existing situation, some of the key recommendations to governments, development partners, civil society and other actors are as follows:

1. While Nepal has successfully rolled out vaccine, there are still areas where the governments, civil society, development partners and private sectors can work together in a more coordinated approach to optimize the vaccine uptake and sustain the efforts at the local level.
2. In the federal context, the three tiers of governments should develop and maintain a vaccination-plus strategy that combines mass vaccination, availability and affordability of testing, treatment for new infections at all levels.
3. There should be a clear focus on strengthening resilient health systems on the foundations of universal health coverage, grounded in human rights and gender equality. This also demands a robust procurement and supply chain management of the vaccines in order to ensure the vaccines reach the rural and/or remote areas on time.
4. More advocacy at national and regional level is needed to maximize the production of safe and effective vaccines and other COVID-19 products by suspending relevant intellectual property rules and enhancing the regional mechanism to promote price negotiations, transparency, quality and safety of the vaccines in developing countries. More specifically, ensuring TRIPS waiver in developing countries should be a priority in scaling up the capacity of producing COVID-19 vaccines and stepping up their technology transfer efforts.
5. Plan and prepare for the delivery of health care facilities, vaccines and medicines at an affordable price even after the graduation of Nepal from the LDC status.
6. Government needs to develop preparedness and response plan with increased allocation of domestic resources for health care services to ensure access to essential health care and vaccines for poor and marginalized communities.
7. There is an urgent need to plan for specific and targeted pro-poor health interventions such as mass campaigns and mobile health camps to reach out the unreached populations in the rural and urban areas with poorest of the poor, marginalized and vulnerable populations (e.g., women and children, elderly, disabled communities, migrant workers, people living with HIV, TB or other chronic diseases, etc.)
8. More investments from the local government are needed to ensure protection of vulnerable groups, including older people, women, children, disadvantaged communities, migrants, sexual and/or gender minorities indigenous people, people with disabilities, and people with comorbid medical conditions.
9. The important role of civil society organizations and their significant contributions in the area of awareness raising, capacity building of community-based organizations, advocacy, counselling, referrals and rapid response in the communities need to be

fully acknowledged and appreciated from the government and other key development partners at all levels.

10. Strengthen health information management systems to generate evidences of service coverage and gaps, and advocate for equitable health services in the communities.
11. Build the capacity of local governments and civil society organizations in mobilizing the local communities for enhancing their role and social accountability in preparedness and response of health emergencies, and also create community demands for health care through participatory research, advocacy and social networking.
12. Mobilize media to advocate for right to health agenda in the communities by advancing social and behavioural change communications based on the local context, language, culture and traditions.
13. Prioritize community and health systems strengthening initiatives to ensure adequate human resources for health, adequate health infrastructure, robust supplies and logistics management of essential medicines, vaccines and medical equipment at the local level.
14. Strengthen multi-sector, multi-stakeholder engagement and partnerships to meet the unmet needs of marginalized and vulnerable populations to access essential vaccines and health care in the communities.
15. More investments are needed in behavioural and social sciences research to develop and implement more effective interventions and policies to change behaviours, and therefore reduce the likelihood of pandemics and viral transmission and increase the resilience of the marginalized and vulnerable communities in coping the pandemics.
16. Covid-19 has affected the Dalits, marginalized communities, self-employed people in the formal and informal sector, and the people involved in the tourism and service industry. Because of such impacts, many people are likely to be pushed to poverty. The government needs to come up with strategies and focused actions to create safety nets for such groups of people.
17. Social sector and their actions have been affected since the resources and funding for these organizations are dying. So, governments at all levels need to utilize the resources and strengths of such organizations in the fight against and recovery from Covid-19.