

Newsletter - 3



“Repatriation starts in 10 days” says President Pant, NRNA ICC

30 May 2020, President of NRNA, ICC confirmed that Nepal government has agreed to repatriate its citizens from various countries who want to return to motherland. The detail statement translated for general followers.

Respected Non-Resident Nepali Friends,
My greetings to all

After the tireless efforts of the Non-Resident Nepali Association and the talks and discussions held by the association with the Government of Nepal at various stages, the COVID-19 Prevention and Control High Level Coordinating Committee has concluded that 3,000 to 3,500 Nepalis can be repatriated daily in a week or ten days. Will recommend to the Council.

All government and private company Airlines of Nepal will fly and those who want to come to Nepal will have to pay the fare themselves. After arriving at the Kathmandu airport, the passengers will be kept in hotels. The government would decide menu and

hotel cost. Returnees will be able to choose the hotel according to their ability.

According to the list prepared by the Ministry of Foreign Affairs, there is an action plan to repatriate them gradually and the work of bringing citizens from third countries is expected to start in a week. I request my friends to be patient for a few days and express my gratitude to all the individuals, organizations and nations who have cooperated and assisted in the work of Corona Prevention and Relief Distribution between the Government of Nepal and Nepalis abroad.

Stay safe and healthy.

Kumar Panta
ICC President, Non-Resident Nepali Association (NRNA)



Strict lockdown until 14 June

The Coronavirus positive cases on rise in Nepal

Nepal found first coronavirus positive patient on Feb 15 and no positive case detected until March 22. By 23 April, Nepal received 48 positive cases and by 22 May, the COVID-19 multiplied almost 10 times resulting 443 corona patients.

Because of poor management of lockdown and inadequate distribution of groceries, people seemed challenged the lockdown and positive cases also increased dramatically to 1811 by 01 June 2020.

COVID-19 STATUS IN NEPAL

| Until 01 June 2020 | |
|----------------------|--------|
| RT-PCR Test | 71903 |
| RDT Test | 113757 |
| COVID-19 Positive | 1811 |
| Discharged | 221 |
| Death | 8 |
| People in Quarantine | 133975 |

Source: Ministry of Health & Population

The picture speaks itself

Nepalese under COVID-11 attack

| SN | COUNTRY | INFECTED | DEATH | SN | COUNTRY | INFECTED | DEATH |
|----|----------------------|----------|-------|----|-----------------|----------|-------|
| 1 | QATAR | 6911 | 1 | 17 | BELGIUM | 6 | 0 |
| 2 | USA | 1600 | 16 | 18 | SWITZERLAND | 5 | 0 |
| 3 | NEPAL | 1811 | 8 | 19 | FINLAND | 4 | 0 |
| 4 | UK | 1221 | 65 | 20 | GERMANY | 4 | 0 |
| 5 | SAUDI ARABIA | 674 | 7 | 21 | CYPRUS | 3 | 0 |
| 6 | BAHRAIN | 311 | 1 | 22 | NEW ZEALAND | 3 | 0 |
| 7 | UNITED ARAB EMIRATES | 200 | 18 | 23 | HONG KONG | 2 | 0 |
| 8 | KUWAIT | 84 | 1 | 24 | MALTA | 2 | 0 |
| 9 | MALAYSIA | 49 | 0 | 25 | POLAND | 2 | 0 |
| 10 | PORTUGAL | 29 | 0 | 26 | INDIA | 2 | 0 |
| 11 | IRELAND | 22 | 1 | 27 | SWEDEN | 1 | 1 |
| 12 | CANADA | 13 | 0 | 28 | THE NETHERLANDS | 1 | 1 |
| 13 | SPAIN | 13 | 0 | 29 | TURKEY | 1 | 1 |
| 14 | AUSTRALIA | 12 | 0 | 30 | FRANCE | 1 | 0 |
| 15 | JAPAN | 10 | 1 | 31 | MYANMAR | 1 | 0 |
| 16 | MALDIVES | 10 | 0 | | TOTAL | 12970 | 119 |

SOURCE: NRNA ICC -Global Health Committee and Government of Nepal, Ministry of Health/population

Covid-19 and tourism

Can domestic travel address the slump in emerging markets?

Tourism News Analysis (26 May 2020)
COURTESY - OXFORD BUSINESS GROUP

With the coronavirus pandemic causing the closure of national borders and the suspension of international travel, governments in emerging markets have begun to explore whether domestic tourism can kick-start their economies.

Since the Covid-19 outbreak was first reported in China in December 2019, some 5.58m people have been infected with the virus, leading to 348,000 deaths globally as of May 25.

Although international travel ground to a halt in the first quarter of 2020, domestic tourism could become a popular approach to stimulating economic growth as restrictions are eased in many countries around the world.

Kick-starting travel

The revival of domestic travel in emerging markets is being led by countries that have been comparatively successful in avoiding large-scale outbreaks of the virus, and which rely on tourism for a significant portion of GDP.

One such country is Vietnam, which by May 25 had limited Covid-19 cases to 326 and had not experienced a virus-related death. These results are remarkable considering Vietnam's population of 97m and its close geographical and economic ties with China.

With international travel expected to remain severely limited for the foreseeable future, in mid-May the government launched the "Vietnamese people travel to Vietnam destinations" programme, designed to stimulate domestic tourism.

Running until the end of the year, the programme aims to develop specific tourism products and tours that cater to the needs of local travellers during the pandemic. Meanwhile, airlines, travel agencies, resorts and hotels are offering discounts of up to 50% to encourage internal travel

While incoming flights are still banned.

Elsewhere in South-east Asia, Thailand – which last year welcomed around 40m tourists, making it the most popular destination in the region – has also outlined efforts to incentivise domestic travel from July.



Some of the BT1trn (\$31.3bn) that is expected to be borrowed by the government in 2020-21 is likely to be channelled towards incentives and subsidies to help stimulate the industry.

Meanwhile, the Philippines, which in 2018 derived 12.7% of GDP from tourism, has outlined a series of safety measures, including sanitation and physical distancing regulations, necessary for the re-establishment of domestic tourism. The importance of domestic tourism to the Philippines had been growing before the pandemic, with the country recording 110m domestic tourists in 2018, an increase of 14.1% from the previous year.

Outside of Asia, Egypt allowed hotels to open for domestic travellers in early May, albeit with a maximum 25% capacity, which is to be increased to 50% as of June 1.

How big will the impact be?

Although domestic tourism will undoubtedly offer some relief to emerging economies that have suffered under the virus lockdown, it is unlikely to fully compensate for the losses incurred from international travel restrictions.

The global economy is expected to contract by 3% this year and emerging markets by an average of 1%, according to the IMF. Furthermore, widespread job losses around the world have placed significant pressure on household finances, leaving many people either unwilling or unable to spend money on travel.

This will disproportionately impact lower- to middle-income countries, where tourism was previously geared more towards foreign visitors. For example, while tourism accounted for around 12% of Vietnam's GDP last year, domestic spending only made up an estimated 40-45% of this. As such, efforts will need to be made to not just encourage more domestic trips, but also to entice domestic tourists into spending more when they visit local destinations – not an easy task considering the current pressures on household finances.

Similarly, in Thailand tourism accounts for around 17.4% of direct and indirect GDP, of which just 6% comes from domestic tourists. Meanwhile, estimates have suggested that the Philippines and

Morocco could lose around \$9bn and \$3.5bn, respectively, in tourism receipts this year.

Significant restrictions placed on tourism operators – such as maximum occupancy levels in hotels, and stringent health and safety regulations – is also likely to dampen tourism and hospitality revenue in the short and medium term, with businesses having to consider price hikes to compensate for reduced capacity.

Next step: international travel

While the immediate focus is on domestic travel, selective international travel will be the next step as the health care risks and pressures ease.

As part of so-called 'travel bubble' plans, some countries have looked towards opening international borders to countries that have successfully limited the spread of the virus.

World leaders in this regard have been the Baltic states of Estonia, Latvia and Lithuania, which in mid-May opened their common borders to kick-start movement between the countries.

Meanwhile the governments of Australia and New Zealand – which have together limited Covid-19 cases to 8300, and fatalities to less than 125 – have discussed creating their own travel bubble.

In terms of emerging countries, tourism officials in Vietnam have suggested that the country could create its own travel bubble with Australia and New Zealand, or alternatively with the key tourist markets of China and South Korea. Indonesian officials, meanwhile, have said that Bali may begin a phased reopening to foreign tourists at some point between June and October, if the island can demonstrate sustained success in controlling the virus.

Our Mental Health in the Current Pandemic

Compiled by Dr Shishir Regmi *

(* Dr Shishir Regmi is a Psychiatrist and has nearly 3 decades of experience of working in mental health, both in developing and developed parts of the world, about 12 years in Nepal and over 15 years in UK as Consultant. He is currently working as Consultant Psychiatrist in Counties DHB and Honorary Senior Lecturer in Psychological Medicine at the University of Auckland)

Many countries are in the midst of the COVID 19 Pandemic at present. Many governments are focusing on how to control the disease by taking measures to limit the spread and save lives. Large numbers of people in many countries are already grieving because of the deaths caused by this pandemic.

The Pandemics of magnitudes like COVID19 can cause immense fear and anxiety among the affected or even yet to be affected people especially elderly, children and the vulnerable. People can get worried about their own life and those of their friends and families. It may affect even their basic functioning like sleep and appetite. If they already have any mental or physical health problems, they may deteriorate. Some people may fall pray to or increase the use of alcohol, smoking, street drugs or online gambling.

Although generalized fear and fear-induced over reactive behaviours are common to start with, such outbreaks can precipitate or exacerbate many mental health conditions like depression, anxiety, posttraumatic stress disorder etc. not only in the victims of the pandemic but also in their friends, families and even in the frontline healthcare workers.

It can also cause significant economic and social impacts. Many of them are already noticed in the form of job loss, reduced job opportunities and increase in number of people seeking job seekers allowances. Stigma and discrimination targeted at certain communities and racial violence have already been reported but their full extents are yet to be known. They in turn have their own mental health implications.

Even the measures to control the Pandemic, like protracted physical distancing measures, may have their own implications. People may feel lonely, lose their identity, and experience disruption in their usual activity. They can have impacts again on marital discords, domestic violence, child maltreatment, bullying etc. There may be increase in self-harm incidents or death by suicide.

Thus, the mental health impact of the Pandemic can be very distressing in the immediate time frame but they are not only limited to this and the effects may last for years to come. The race to vaccine is continuing but even then there will be no vaccine to their effects on mental health.

It is therefore of utmost importance to consider our mental health and take appropriate steps without further delay.

Simple steps to cope with stress in such situation:

1. Follow the advice given by the Authorities and Public Health Specialists. The sooner the Pandemic gets controlled, the lesser the impact.
2. Maintain appropriate and regular exercise for body and mind (e. g deep breaths, meditation, relaxation exercises) and eat healthy and balanced diet, avoid alcohol and drugs and sleep well. In case of any difficulties, consult your doctor.
3. Spend time in your hobbies and activities that you enjoy provided they are healthy and permitted. Some people pick up new hobbies at such times like singing and dancing. Make sure that you enjoy them, they are healthy and they are legally and socially allowed.
4. Keep in touch with the relevant news but please be aware that information overload on such pandemics can be disturbing.
5. Try to beat the loneliness by remaining in touch with people you trust. Share your feelings and anxieties. Some may like to eat, sing or play games together using online digital technologies. Such activities not only beat the loneliness but also help us feel safer and reduce our anxiety.
6. Look after your health, if you are taking medication do not stop them without talking with your doctor. If you are receiving mental or physical health service or experiencing any such difficulty, speak to your providers. Please also keep the required crisis or emergency numbers handy and use them if required.

7. Try to look after your family, friends and neighbourhood specially, those in need. People often show great humanity and experience huge satisfaction from helping others in such circumstances. It helps us to cope better with stress.

Finally, we all respond differently to stressful situations and there is no one approach that suits everybody. The above are general principles only. Please seek medical and appropriate professional advice as needed. Be kind to yourself and to those around you. We all are in this together and helping each other helps to cope with the stress and enhances the sense of belongingness. It also makes community cohesion stronger and ultimately changes the world into a better place to live.

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Recent findings about CoVID-19

Dr Anirudra Pathak, Saudi Arab

It seems that the disease is widely disseminated worldwide.

Thanks to autopsies performed by the Italians and shown that it is not pneumonia, but it is disseminated intravascular coagulation (thrombosis). Therefore, the way to fight it is with antibiotics, antivirals, anti-inflammatories and anticoagulants.

The protocols are being changed here since noon! According to valuable information from Italian pathologists, ventilators and intensive care units are not required.

If this is true for all cases, we are about to resolve it earlier than expected.

Important news about Coronavirus: Around the world, COVID-19 is treated wrongly due to a serious pathophysiological diagnosis error. The impressive case of a Mexican family in the United States who claimed they were cured with a home remedy was documented:

Three 500 mg aspirins dissolved in lemon juice boiled with honey, taken

hot. The next day they woke up as if nothing had happened to them! Well, the scientific information that follows proves they are right!

This information was released by a medical researcher from Italy: Thanks to 50 autopsies performed on

Because the problem is cardiovascular, not respiratory. It is venous micro-thrombosis, not pneumonia, which determines mortality. Why is thrombi formed? Because inflammation, according to the literature, induces thrombosis through a complex but well-known pathophysiological mechanism. Unfortunately, what the scientific literature said, especially Chinese, until mid-March anti-inflammatory drugs was not used.

thromboembolic diseases.

patients who died of COVID-19, Italian pathologists have discovered that IT IS NOT PNEUMONIA, strictly speaking, because the virus does not only kill pneumocystis of this type, but uses an inflammatory storm to create an endothelial vascular thrombosis. As in disseminated intravascular coagulation, the lung is the most affected because it is the most inflamed, but there is also a heart attack, stroke and many other

In fact, the protocols left antiviral therapies useless and focused on anti-inflammatory and anti-clotting therapies. These therapies should be done immediately, even at home, in which the treatment of patients responds very well.

The later performed less effective. In resuscitation, they are almost useless. If the Chinese had denounced it, they would have invested in home therapy, not intensive care!

DISSEMINATED INTRAVASCULAR COAGULATION (THROMBOSIS):

Therefore, the way to fight it is with antibiotics, anti-inflammatories and anticoagulants.

An Italian pathologist reports that the hospital in Bergamo did total of 50 autopsies and one in Milan, 20, that is, the Italian series is the highest in the world, the Chinese did only 3, which seems to fully confirm the information. Previously, in nutshell, the disease determined by a disseminated intravascular coagulation triggered by the virus; therefore, it is not pneumonia but pulmonary thrombosis, a major diagnostic error.

We doubled the number of resuscitation places in the ICU, with unnecessary exorbitant costs.

In retrospect, we have to rethink those chest X-rays that discussed a month ago and were given as interstitial pneumonia; in fact, it may be entirely consistent with disseminated intravascular coagulation. Treatment in ICUs is useless if thromboembolism is not resolved first. If we ventilate a lung where blood does not circulate, it is

useless, in fact, nine (9) patients out of ten (10) die.

Because the problem is cardiovascular, not respiratory. It is venous micro-thrombosis, not pneumonia, which determines mortality. Why is thrombi formed? Because inflammation, according to the literature, induces thrombosis through a complex but well-known pathophysiological mechanism. Unfortunately, what the scientific literature said, especially Chinese, until mid-March anti-inflammatory drugs was not used.

Now, the therapy is being used in Italy with anti-inflammatories and antibiotics, as in influenza, and the number of hospitalized patients has been reduced. Many deaths, even in their 40s, had a history of fever for 10 to 15 days but not treated properly.

The inflammation did a great deal of tissue damage and created ground for thrombus formation, because the main problem is not the virus, but the immune hyper-reaction that destroys the cell where the virus penetrated. In fact, patients with rheumatoid arthritis have never required admission to the ICU because they are on corticosteroid therapy, which is a great anti-inflammatory.

This is the main reason why hospitalizations in Italy are decreasing and becoming a treatable disease at home. By treating her well at home, not only is hospitalization avoided, but also the risk of thrombosis. It was not easy to understand, because the signs of micro-embolism disappeared!

With this important discovery, it is possible to return to normal life

Three 500 mg aspirins dissolved in lemon juice boiled with honey, taken hot. The next day they woke up as if nothing had happened to them! Well, the scientific information that follows proves they are right!

and open closed deals due to the quarantine, not immediately, but it is time to publish this data, so that the health authorities of each country make their respective analysis of this information and prevent further deaths. Useless?

The vaccine may come later. Now we can wait.

In Italy, as of today, protocols are changing.

According to valuable information from Italian pathologists, ventilators and intensive care units are not

necessary. Therefore, we need to rethink our priorities in dealing with COVID-19 pandemic.

Não há (Translation by automatic device).

For NRNA Global Health Committee, this is third issue of Global Nepali Health Newsletter. We strongly believe that we will improve this newsletter in days to come.

I highly appreciate suggestions and encouragement tendered by Global health Committee Chairperson Dr Sanjeev Sapkota and all committee members.

Chief Editor- Baburaja Maharjan (Founding president of NRNA New Zealand and Advisor of NRNA Health Committee)

Editor - Professor Dr Nirmal Rimal (Ex-Coordinator of mobile Health Camp in Nepal)