

# **Nepal's Response and Diplomatic Effort During COVID19 Crisis**

A Dissertation

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## **LETTER OF RECOMMENDATION**

I certify that this dissertation entitled “Nepal’s Response and Diplomatic Effort During COVID19 Crisis” has been prepared by Prasna Pahari under my supervision. I hereby recommend this dissertation for final examination by the research committee at the Department of International Relations and Diplomacy, Faculty of Humanities and Social Sciences, Tribhuvan University in the fulfillment of the requirements for MIRD 526 Thesis for the Master’s Degree in International Relations and Diplomacy.

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## **DECLARATION**

I hereby declare that the work has been done by myself and no portion of the work contained in this document has been published or submitted in support of any application for any other degree or qualification of this or any other university or institution of learning. In the case of other authors' information, ideas, and arguments, the sources have been duly cited and acknowledged as per the requirements. The copy right of this research work belongs to the author.

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**Prasna Pahari**

September, 2021

## **APPROVAL LETTER**

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## ABSTRACT

The COVID-19 pandemic was originated from Wuhan, China, and has severely affected the world since December 2019. The pandemic is reflected in every country and there is a lack of domestic response mechanism towards the crisis preparedness. The COVID 19 pandemic caused a challenging impact on the economic as well as health sector of Nepal. In the context of COVID-19 national, regional, and global coordination is required to combat the existing global pandemic. COVID-19 has thrown the least developed countries into the shadow of crisis due to the lack of technologies and infrastructure. Nepal as one of the low-income countries, the task of controlling the COVID-19 spread was challenging and it required support from other countries. Taking the diplomatic efforts approach for analyzing the response of Nepal in the COVID-19 crisis, this research focuses on the bilateral and multilateral efforts made to pursue the international communities to control the spread of the COVID-19 virus. This thesis shows that for adapting and responding to the crisis small countries like Nepal needs to diversify their diplomatic effort with regional and global states. In addition to that the foreign policy of Nepal should be prepared to portray its self-interest, relying on data to prioritize essential ties and building the internal capacity maximizing the potential of the governmental and private sector ensuring human security.

*Keywords: COVID-19 crisis, Nepal, Diplomatic efforts, Government response, People*

## **LIST OF ABBREVIATIONS**

BIMSTEC	Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation
BRI	Belt and Road Initiative
CEPI	Coalition for Epidemic Preparedness Innovations
COVAX	COVID-19 Vaccines Global Access
FY	Fiscal Year
GAVI	Global Alliance for Vaccine and Immunization
GDP	Gross Domestic Product
GHD	Global Health Diplomacy
GNI	Gross National Income
GoN	Government of Nepal
HIC	High-Income Countries
ICU	Intensive Care Unit
ILO	International Labor Organization
IMF	International Monetary Fund
LMIC	Low and Middle-Income Countries
MCC	Millennium Challenge Cooperation
MOFA	Ministry of Foreign Affairs
MOHP	Ministry of Health and Populations
NGO	Non-Government Organizations
PPE	Personal Protective Equipment
RT PCR	Reverse Transcription - Polymerase Chain Reaction
SAARC	South Asian Association for Regional Cooperation
UN	United Nations

UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WTO	World Trade Organization



## CONTENTS

LETTER OF RECOMMENDATION .....	ii
APPROVAL LETTER.....	iv
ACKNOWLEDGEMENTS .....	v
ABSTRACT.....	vi
CHAPTER ONE: INTRODUCTION.....	1
1.1. Background .....	1
1.2. Statement of Problem.....	7
1.3. Research Questions .....	8
1.4. Objectives of the Study .....	8
1.5. Significance of the study.....	8
1.6. Limitation of the Study .....	9
1.7. Organization of study.....	9
CHAPTER TWO: LITERATURE REVIEW .....	11
CHAPTER THREE: RESEARCH METHODOLOGY .....	20
3.1. Research Methods .....	20
CHAPTER FOUR: COVID-19 AND NEPAL .....	24
CHAPTER FIVE: NEPAL'S RESPONSE ON COVID-19 .....	28
CHAPTER SIX: COVID-19, NEPAL AND DIPLOMATIC EFFORT .....	35
CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION .....	49
REFERENCES .....	55

## CHAPTER ONE: INTRODUCTION

### 1.1. Background

In December 2019, the COVID-19 pandemic was an outburst and spread as a global pandemic across the world causing serious challenges (Karn, 2021). It was first detected in Wuhan, in the capital city of Hubei province of China then it spread all over the world causing the death of millions of people, ruined global economics delayed development activities, and social and mental disturbances (Rai, Ashok, & Akondi, 2021). According to the World Health Organization (WHO) daily report on September 21, 2021, there are 228.8 million confirmed cases and 4.7 million deaths (WHO, 2021a). At first, China alone fought against the onslaught of COVID-19 and accomplished by swift and effective self-defense, mobility restriction, resource allocation, professional health care, and disinfection measures implemented by the government with the help of the Chinese people (Tian, 2021). It spread rapidly over the Asian, European, and African countries. The measures undertaken to reduce the spread of the Coronavirus are stay-at-home orders, lockdowns, financial rescues, the shutdown of educational institutions and workplaces, and state border closing, cancellation of the mass event, and public gathering by the state to steer the COVID-19 crisis (NHRC, 2021). The countries which were hardly hit by COVID-19 are the USA, India, Brazil, Russia, United Kingdom. Nepal is also one of the first countries to detect its first COVID-19 case in January 2020 (Shrestha & Shrestha, 2020). COVID-19 crisis exposes dimensions of state power in health care practices and economic policy. While remittances contribute about 25 percent of the GDP of Nepal, a reduction in remittances during the time of COVID-19 limits the source of income of remittance-receiving households in the country (WorldBank, 2021). While the

reduction in remittance can maximize the poverty level and ability of families to invest in education and health services. The COVID-19 pandemic hampered international trade between nations all over the world. Being the landlocked countries of South Asia, the major trade countries of Nepal are India and China. The closure of the border with India and China causes panic buying and creates a shortage of goods and supplies. Due to the COVID-19 outbreak, more than 1.6 billion children and youth of 161 countries were out of school, which is close to 80 percent of the world's enrolled students (WorldBank, 2020). The government though introduced an online teaching-learning process, which was ineffective due to the lack of resources and guidelines (Poudel & Subedi, 2020). The effect on the economy caused by COVID-19 increases the economic instability and loss of employment due to the closure of industries and working institutions. It causes millions of people around the world jobless and disrupted the supply chain of interdependent nations. The pandemic has caused an unexpected scarcity in the food supply chains, a reduction in agriculture production, and demand rapidly. According to studies conducted on violence during the COVID-19 pandemic it was found that the impact of the pandemic on violence against women and children is increased, during COVID-19 (Krubiner, O'Donnell, Kaufman, & Bourgault, 2021). In Nepal, there was a shortage of food due to the reduction in income and obstruction in supply due to the lockdown imposed by the governments (MoAD, 2021). Amid the crisis, it has witnessed a significant change in diplomatic relations among many countries. Some countries have built new alliances and some have regained the mistrust engaging in vaccine diplomacy. High-income countries (HIC) are using their health sector to strengthen diplomatic relations and improve their global image (Rana, Patel, Mohyuddin, & Deb, 2021). Many researchers have found much knowledge about the virus and at present more than 170

vaccines are in preclinical trials and more than 60 are in various phases of clinical trials (Excle, Saville, Berkley, & Kim, 2021). The global vaccination campaign is going in full swing to tackle the pandemic worldwide. The WHO announced COVID-19 as a Public Health Emergency of International Concern (PHEIC) on January 20, 2020, and the COVID-19 pandemic on March 21, 2020 (WHO, 2021). Due to the announcement of lockdown by governmental authorities' unplanned migration, shock mobility causes the various level of forced migration in a crisis. In most of the low- and middle-income countries (LMICs), government actions were criticized for not preparing about the pandemic and for enforcing the lockdown immediately without giving time to prepare. Developing countries have been struggling with a lack of resources such as the inadequacy of health workers, drugs, medical supplies, and health infrastructure. In the South Asian region where countries like India, Nepal, Sri Lanka, Maldives, Bangladesh, and Afghanistan lie covering over 21 percent of the global population got affected more by COVID-19 due to multiple factors such as poor health management, poor literacy, poor housing, and low standard of living conditions with poor health diagnostics capacity facilities. The southern part of Nepal which has an open border with India had become a hotspot for COVID-19 cases due to the influx of Nepalese migrants which may have caused a large number of COVID cases. To earn for a living, people worked as street sellers, delivery drivers, domestic employees, rickshaw pullers, bus drivers, construction laborers, and garbage collectors. They lost their employment then instantly they stopped moving, and they had no money to pay their rent or buy food. Because the pandemic and lockdown disturbed normal mobility cycles, they were forced into shock mobility (Xiang & Sørensen, 2020).

According to WHO's Global health workforce statistics database 2019 low-income countries of Asia, Africa and Latin America have less than 10 doctors per 10,000 people (WHO, 2019). Whereas developed countries of South America and European countries have at least 20 or more doctors per 10,000 people (WHO, 2019). In the case of Nepal, According to World Bank data doctor to population ratio is 1:750 (TheWorldBank, 2018). Furthermore, numerous reports have revealed that a significant number of doctors and other health workers have died as a result of the coronavirus epidemic while treating infected patients. The pandemic has brought to light that the situation was difficult for Nepal due to the weak healthcare system. While responding to COVID-19, the country has been combating the worst health repercussions with an under-resourced and under-staffed health care system. Due to a lack of quality human resources, health system capacity, and significant resource constraints, Nepal's secondary and tertiary health systems are overwhelmed with the management of COVID-19 cases. At the same time, the priority to address the needs of other infections and Non-Communicable Diseases (NCDs) have not been prioritized. Therefore, many countries have been facing a lack of health workers and medical professionals during the pandemic. Most of the low and middle-income countries are not capable of developing vaccines due to a lack of technologies and infrastructures. As a result, the vaccine nationalism exhibited by rich and powerful countries delayed the fight to end the pandemic. With the increase in global crisis due to COVID-19, there is a need for coordination across the globe, and strong collaboration in science, decision making, and policy formulation should be made. Global health issues have been addressed significantly at the global level since the establishment of the WHO. The WHO and United Nations (UN) under the Sustainable Development Goal 3 (SDG3) regarding "Good Health and Well-being"

have the main objective of achieving universal health sector coverage and providing access to safe and effective medicine equally all over the world. But the healthcare scenario during the COVID-19 crisis shows WHO has been failed to achieve the objective due to a shortage of health care supplies and testing kits (Gautam & Kaur, 2020). Global health diplomacy and vaccine diplomacy are tools for finding opportunities for health security, justice, and health equity (Alkhaladi, et al., 2021).

As soon as the pandemic spread all over the world and exposed the status of the health care system of every country, it triggered a geopolitical debate about the political, economic, and military predominance among one country to another. International trade cooperation was suffered from geopolitical rivalry and shifts. The response of the major powers to the epidemic will have a significant impact on the form of post-Covid-19 global politics. However, there are two distinct reactions to the Covid-19. One is the response to the virus, in which almost all countries are protecting themselves medically without resorting to political posturing (OECD, 2020). The other response is to the Covid-19's overall effect, particularly its economic impact. The COVID-19 outbreak has escalated tensions between the most powerful countries the United States and China, who are both vying for global control. By finding that the origin of the virus in China, the former President of western countries has unleashed a barrage of criticism from the media, academics, and lawmakers, all of whom are ready to blame China for the virus's spread due to Beijing's incompetence and concealment, according to them. Despite the WHO warning about the COVID-19 as early as January 2020, Trump has accused the organization of being “China-centric” and calling it fake (Mahase, 2020). A blame game was encountered between the countries for the spread of the disease and about the role of WHO as the main coordinator in controlling the epidemic. The withdrawal of funding to the WHO by

the former US President Donald Trump also resulted in an unusual situation for combating the COVID-19 pandemic (TheWashingtonPost, 2020). This has resulted in a fragile situation reducing the ability of health organizations to assist the highly affected countries. The centralized Chinese government was successful in mobilizing all national resources to combat the Covid-19 outbreak throughout the country. Army medical staff were mobilized from around the country to be stationed in Wuhan, and the entire country's infrastructure and services were coordinated (Adalala, 2020). During the crisis, the world witnessed nationalistic activity in many high-income countries to secure vaccines, essential medical supplies, and drugs selfishly. The major global and regional summits such as G7 and G20 addressed health as a part of concern and important components of global food, environmental, oil, and water agreements. To address the issues diplomatically, countries were undergoing the digital transformation to get engaged in diplomacy. Many regional and global power may emerge from the current crisis to recover and stabilize. The long-term impact of this pandemic should concern national governance, including future preparedness for pandemic through increased diplomatic efforts for public and global health readiness. Closer global coordination and cooperation could be reinforced for the issue related to health security (Adalala, 2020).

Health diplomacy has been placed on the periphery of international affairs for far too long. The COVID-19 pandemic has provided numerous examples of states putting health first in foreign policy, from the European Union's regional vaccine initiative to India's delivery of hydroxychloroquine to the United States in April 2020, a practice that should be continued even after the pandemic (Jit, Ananthakrishnan, Martin, Mckee, & Wouters, 2021). As a result, it is past time to advance health diplomacy as a field of study and practice in international relations. Vaccine diplomacy is to make a

group of diplomatic measures to access for vaccine reinforcing bilateral and multilateral cooperation between countries for research and development and to make the sure agreement for the procurement and donation of the vaccine at the shortest term (Abduazimov, 2021). Vaccine diplomacy is that the utilization of vaccines to reinforce a country's diplomatic relations and to influence other countries by developed countries and for low and middle-income countries.

## **1.2. Statement of Problem**

In the context of COVID-19 national, regional, and global coordination is required to combat the existing global pandemic. COVID-19 has thrown the least developed countries into the shadow of crisis due to a lack of technologies and infrastructure. Nepal as one of the low-income countries, the task of controlling the COVID-19 spread was challenging and required support from other countries. During the pandemic, Nepal had to heavily depend on donations from bilateral and multilateral support. For Nepal, regional and global coordination is an integral part of the adaptation of pandemics. Nepal needs to build the domestic capacity and emergency response mechanism addressing the gaps which are critical for successfully dealing with future outbreaks. Two interconnected parts for the response of pandemic is the important first one is to prepare domestic coordination and policy formulation; good quality policy is important for sound government decisions. The second equally important aspect is to build the external outreach securing support for the pandemic response. Sometimes there is not always a lack of policy capacity in low-income countries, there is also a lack of strong domestic will. The procurement process of the COVID-19 vaccine is also affected by numerous policy challenges in Nepal. Deepening relations with regional actors and medium powers while engaging with



major powers may be a more acceptable prospect and attractive balancing tool for countries like Nepal that are trapped in the big power struggle. This is significant because of the vaccine diplomacy or rivalry, as one may characterize it (Rahn, 2021). For Nepal, regional and global cooperation is an integral part of adapting to the process and overcoming the crisis. Prioritizing domestic needs by developed countries seems to increase their protection and the vulnerabilities for low and middle-income countries. This study argues the diplomatic efforts of Nepal during the COVID-19 crisis.

### **1.3. Research Questions**

- How do Nepal's diplomatic practices deal with the COVID-19 crisis?

### **1.4. Objectives of the Study**

- To find diplomatic practices of Nepal to deal with the COVID-19 crisis.

### **1.5. Significance of the study**

This study provides Nepal's foreign policy on effective response to the COVID-19 disasters. It will be helpful not only in curbing for current crisis but also focus highlighting the need for strengthening the health system for future possible pandemic threats. All medical equipment such as ventilators, medical equipment, and the vaccine could also be said to be through successful diplomacy as it was. In this sense, there is a necessity to shed some light on the diplomatic effort. For future possible pandemics, Nepal should prepare a strategy to build good relations between international organizations and also among regional and global powers. In other words, this research paper analyzes the case of Nepal's access mostly due to its specific foreign policy orientation. This research aims to study the struggle of Nepal

to influence the major developed and developing countries for getting support during a pandemic, medical supplies, and procuring the COVID-19 vaccine using its international relations and foreign policy and how it could be an example that has not started vaccination campaign yet specially for low and middle-income countries. This study becomes useful for priority setting and accessing the required vaccine for decision-makers and policy formulation. This study gives a wider perspective to understand the efforts of distributions of vaccines and plans of low and middle-income countries for eradicating the global COVID-19 crisis. In conclusion, this study provides an overview of the struggle of low and middle-income countries like Nepal to deal with the global crisis. This study implicates the vaccine diplomacy of Nepal in procuring the COVID-19 vaccine context and it will clarify the international relation of neighborhood countries.

#### **1.6. Limitation of the Study**

This thesis focused on the diplomatic measures taken during the response to the COVID-19 crisis. It offers an overview of bilateral relations with some selected countries to focus on the lack of strategic coordination in diplomatic efforts in Nepal. This study will primarily depend on secondary sources including various reports of diplomatic missions, journals; books will also be used for the necessary information and very few primary sources will be used to fulfill the objectives of the research.

#### **1.7. Organization of study**

The first chapter introduces and provides background information on the origin of the COVID-19 pandemic, socio-economic impact, psychological impact, health impact due to COVID-19 in the world and Nepal, Number of confirmed cases, and death due to COVID-19, vaccine development, the introduction of vaccine diplomacy all over

the world. It also explains how the world is dealing with a global pandemic. The focus of this chapter is to introduce the research problem and objectives with the significance and limitation of the study

The second chapter includes the compressive review of suitable and related literature, in different forms available, identifying several gaps and contradictions in them which this study intends to work on. This chapter further explains the bilateral and multilateral relation of Nepal with neighbor countries and international organizations into different sections as per the theme of the issue being reviewed. It includes global health diplomacy, vaccine diplomacy,

In research methodology chapter it explains how the study is conducted throughout the research period. It includes the conceptual boundary and understanding of ideas to be frequently used within this study such as the role of international relations and the role of the government in procuring the COVID-19 vaccine. Qualitative data for the research method is deployed to measure the diplomatic effort made by the government of Nepal for the medical supplies and procuring the vaccine.

Chapter four starts with the current status of COVID-19 status in Nepal by reviewing documents published by the WHO, national authorities, research articles, and national archives. It shows that the population of Nepal was affected by the global pandemic. In chapter five the response of Nepal during the COVID-19 pandemic is described by reviewing the documents published by the government of Nepal, research articles, reports, documents from the website of national and international organizations. Then, chapter six describes the diplomatic effort during the pandemic. It gives the details about the bilateral and multilateral activities of Nepal to get assistance from the international communities. The last one is chapter seven is about the conclusion of the whole thesis/research.

## CHAPTER TWO: LITERATURE REVIEW

The COVID-19 pandemic forced countries to maintain social distancing between their populations, restrict mobility within and between countries, and impose varied periods of lockdown in which people were encouraged to stay at home. All social activities were curtailed to a bare minimum because they all had the potential to become COVID-19 transmission hotspots. As a result, economists concluded that COVID-19 causes significant negative consequences for the world economy. Due to disruptions in major revenue sectors such as remittances, industry, tourism, and border disturbances, the World Bank anticipated that Nepal's economic growth rate would range from 1.5 to 2.8 percent in FY2020 (WB, 2020). As a result, according to an economic survey conducted by the Ministry of Finance, the economic growth of Nepal has become negative by 2.12 percent first time in the last two decades in the fiscal year 2019/20 due to the impact of the COVID-19 pandemic (MoF, 2021). According to World Bank's latest country classifications by income level, Nepal was upgraded from a low-income country to a lower-middle-income country in July 2020. In 2019, Nepal's gross national income (GNI) per capita increased to \$1,090, exceeding the needed level of \$1036 (Thehimalayantimes, 2020). According to the economists in the same report, due to the high degree of unemployment induced by the COVID-19 epidemic in the economic sector, Nepal will revert to a low-income country (Bhattraï & Subedi, 2021). The impact of COVID-19 has paralyzed the economy of the whole sector of the country and world. Nepal is facing an economic slowdown and fall in great difficulty due to high dependence on the foreign remittances and agriculture sectors. According to the Ministry of Labor, Employment, and Social Security of Nepal, remittance contributes about 25 percent of the country's GDP, but the lockdown of the COVID-19 crisis resulted in job cut and loss of

employment (WorldBank, 2021) Most of them returned to the home due to worldwide lockdown. The ability of farmers to supply their products in the markets affected their income and causes food loss. The border closure interrupted agricultural input supplies such as seeds, fertilizers, etc. which delayed agricultural production and harvesting, as well as affected farmers' livelihoods (Karn, 2021). As lockdown opened in the mid-month of September 2020, the gradually increasing economy was hit hard by the second wave of the COVID-19 pandemic and the lockdown measures of the COVID-19 virus (Parajuli, 2021). According to a study conducted by the World Travel and Tourism Council, Nepal's tourism sector generated 240.7 billion in revenue and supported more than one million employments directly and indirectly in 2018 (Panthhe & Kokate, 2021). The sudden worldwide lockdown and border closure had led loss of thousands of jobs in the tourism sector of Nepal.

Nepal's foreign policy is governed by the country's national interest in improving the nation's dignity by defending the country's sovereignty, territorial integrity, and independence, as well as advancing the country's economic well-being and prosperity. It also aims to contribute to international peace, harmony, and security. As a landlocked country sandwich between the two larger and most powerful countries, Nepal always managed to maintain good relations with both neighbors China and India. However, because of the open border and similar culture, geography, and living styles, Nepal's relation with India remains a top priority. The bilateral relation between Nepal and India has gone through a roller coaster for a long time. During the 2015 Nepal Blockade (Dixit, 2015), the two countries' connection was severely disturbed. The Government of Nepal accused India of imposing the blockade, which was strictly denied by India claiming the blockade was imposed by Madhesi demonstrators. The dispute on the western border escalates the tension between India

and Nepal (MoFA, 2020). Though Nepal has maintained friendly relations with its neighboring countries and has bilateral relations with over 167 Out of 193 UN member countries (MoFA, 2020). Since, the border blockade 2015 Nepal and China accelerated connectivity through the new border crossing, up-gradation of roads, and growing cooperation on cross-border trains and transmission lines. It can be considered as a balance relation with the neighboring countries (Giri, 2019). Nepal and China have always remained coordinated and friendly. Both countries agreed and strengthen bilateral relations for mutual benefits. Nepal signing the BRI may seem out of desperation but this can create economic transformation and may allow converting from a landlocked country to a land-linked country (Parajuli, 2018). United States of America was one of the first countries to extend development assistantship in Nepal through USAID in various sectors such as transportation, communication, public health, etc. (MOFA, 2020). Currently, the geopolitical relations between the USA and China have made the ratification and implementation of the Millennium Cooperation Challenge (MCC) in Nepal which can severely affect the relation of Nepal with the USA and disturb aid and investment in Nepal (Poudel S. S., 2021).

The trade between Bangladesh and Nepal has been increased and Bangladesh has shown a significant interest in importing power from Nepal and Bangladesh can access the seaport as an alternative to the Indian seaports but Nepal has failed in increasing connectivity between Nepal and Bangladesh. There is strong potential for the two countries to reach more strategic relations in a common interest area (Parajuli, 2021). Japan is a strong supporter of Nepal's development efforts. It has been assisting Nepal in human capital development, social sectors such as public health, agriculture, and infrastructure development, among other things, through bilateral grants, loans, multilateral aid, and technical assistance (GoN, 2012).

The European Union is Nepal's main humanitarian aid provider and trading partner, resulting in ties that are far from amicable (Ghimire, 2019). Despite the EU's desire for a stronger political and economic engagement with Nepal, Nepal has squandered a chance due to its indifference. Nepal can improve the bilateral relations with the regional middle-income countries such as South Korea, Australia, Qatar, Saudi Arabia, and Israel which can complement the assistance of big power states for the future pandemic response, development, and economic opportunities. The Bangladesh government signed a memorandum of understanding (MOU) with China's Sinopharm and Bangladesh's Incepta Vaccines Ltd for manufacturing Sinopharm COVID-19 inactivated vaccine as an agreement, where Bangladesh produce 5 million jabs per month for local pandemic prevention and control (Embassy of Pople's Republic of China, 2021). Although Bangladesh has signed an agreement for 30 million vaccines, while India delayed vaccine exports due to the rising cases in the second wave of pandemics and the opportunity for China arose (Hasan, 2021). Meanwhile, the U.S. is trying to match the diplomatic effort of China providing millions of vaccines to Bangladesh. In the case of Nepal, it has no other options than depending on the third countries for grant and procurement process of vaccine which can take a longer time for reducing the crisis of COVID-19 pandemic.

Israel's experience and emergency response structure are also exemplary for a low-income country like Nepal. Though Israel struggles to reduce the spread of virus and death cases, the vaccination rollout of the country was amazingly successful. The necessary infrastructure for this to happen offers governments scope to act in ways that are denied to others that lack such organization and capacity (McKee & Rajan, 2021). The civilian defense cooperation of Israel has been taken as a cautionary tale to the world. Nepal has established friendly relations with Israel for more than 60 years,

and there is a desire on both sides to enhance the relationship. Israel has offered Nepal technical support in a variety of areas, and there is certainly potential to strengthen the relationship.

In general view, one of the main theories states that the main actors in the international relationship between the countries are those who pursue their interests; they seek to increase their power by ensuring their security and they try to achieve their national goals of interests. Diplomacy is the art of bringing the different aspects of countries' power to bear the consequences upon global situations which concern directly with national interests (Julian & Karpowicz, 2017). International cooperation on disease control was first introduced in the 14<sup>th</sup> century for infectious and tropical disease control and later in 1852 (Alkhaladi, et al., 2021). Europe held International Sanitary Conference for multilateral cooperation to prevent the spread of cholera. International coordination and strong relation between the nation and effective diplomacy is unique and innovative measures to overcome the crisis of the COVID-19 pandemic.

In the case of a health epidemic, particularly infectious diseases such as HIV, SARS, Zika, and Ebola, are commonly affected regional boundaries and specific states in which case the support came from the high-income countries. But in the current COVID-19 epidemic, high-income countries were affected more than others with more active cases and deaths (Chattu, Singh, Kaur, & Jakovljevic, 2021). When COVID-19 global scenario started to increase in December 2019, it was spread rapidly by the misalignment of information, uncertainty, incomprehensible narratives, and ambiguity in communication (Gabarron, Oyeyem, & Wynn, 2020). In some countries, it causes disinformation about the precaution measure and threatens the



mitigation measures of the current scope of COVID-19. Poliomyelitis and now COVID-19 are two examples of health issues tackled through foreign policy but not as a security problem. Most of the developed countries having well-equipped health facilities face catastrophic failures. (Prasad, 2009) has said that besides economic influence small states can use their sovereignty and political status to improve cause and effect using non-economic solutions. Small states may be dependent on high-income countries but they can develop an ingenious system to overcome the difficulties. For example, small states like Israel whose major economic sources are now technology and industrial production were once underdeveloped due to the lack of resources. Their economic dynamism attracted attention from international business leaders and investors. By using their resources in the development and encouraging international communities to support their demands, small states like Nepal can also shift their economic status. For the above example of Israel, there should be a strong correlation with state and administrative capacity. Policy capacity is not lacking in Nepal but there is always a lack of will to implement those policies practically.

The study published in the Global health research and Policy journal revealed the need for global coordination and collaboration for tackling current COVID 19 pandemics (Alkhalidi & Meghari, 2021). The global pandemic has shown the fragile condition of the global health system and the lack of management in health care systems. The initiation of the Prime Minister of India was appreciated for regional response to pandemic during the South Asian Association for Regional Cooperation (SAARC) video conference, but due to the rapid and quick spread of the virus, it was short-lived. During the video conference, states had agreed to establish a SAARC COVID response fund (Malik, et al., 2021) but due to the overwhelming pandemic,

countries could not formulate a clear strategy and they alone did regional cooperation. But, as being a small state, Nepal needed to be much active in diplomatic efforts with larger countries to commit to a regional framework. The world has witnessed many countries' selfish attitudes toward getting the vaccine, medicines, and PPE. A study (Taghizade, Chattu, Jaafaripooyan, & Kevany, 2021) shows that global health diplomacy (GHD) sensitized the countries about the importance of a better health system for people's health and to increase the nation's economy. The pandemic has made the realization that countries must improve their health care systems, focusing on investing more in science and technology to solve the current challenges and future possible pandemics. For a better post-pandemic world, GHD can be used as a tool for international coordination, improve the global economic condition, trade, and address the lack of resources in health sectors. To build a safer world the concept of global health diplomacy, science diplomacy, vaccine diplomacy, and research coordination is a powerful tool. Cooperation and support aimed at addressing public health concerns in the framework of foreign policy can help to broaden cooperation and strengthen alliances. Until paying close attention and not considering global pandemic is a potential threat to international communities. As per WHO reports on COVAX: Working for Global Equitable Access to COVID-19 vaccines, about 22 low developed countries need to rebuild their entire health care system (WHO, 2020). Some of the developed and developing countries such as the United States, China, India, United Kingdom have lent a helping hand to low- and middle-income countries by donating vaccines. World Health Organization's COVAX program is also a most effective approach to bridging vaccine inequality through vaccine sharing mechanisms. World Health Organization (WHO) plays a crucial role in pushing countries for global cooperation for public health issues. Developed countries need to

implement international foreign policies for sharing and providing new technologies and infrastructure in global health issues (Mamudu & Glantz, 2009).

The WHO launched the COVAX program in response to impoverish the international responsibility to its member countries understanding equity of vaccine distribution in an unequal world to finance the COVID-19 vaccine. The initiative's main goal was to get COVID-19 vaccines to all nations including 92 low-income countries. COVAX program is co-led by Global Alliance for Vaccine and Immunization (GAVI), the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO with delivery partner UNICEF (COVAX, 2020). Its goal is to hasten the research and manufacture of COVID-19 vaccines while also ensuring fair and equal access to all countries across the world. Within December 2020, the program had raised US\$2.4 billion and secured access to 2 billion doses of the latest COVID-19 vaccine for distributing vaccine jabs (WHO, 2020) (COVAX, 2020). The decision was taken by former US President Donald Trump to withdraw funding to WHO was another blow to the multilateral mechanism for reducing the ability of health organizations to help people living in low and middle-income countries (Joseph & Branswell, 2020). The WHO and its regional offices had done a commendable job during this pandemic through the coordination, technical support, financial mechanism development, and guidelines and supplying essential deliverables such as testing kits, PPE, vital medicines, and vaccines (Taghizade, Chattu, Jaafaripooyan, & Kevany, 2021).

Global health diplomacy results in the enhancements of national, regional, and global efforts to improve the health crisis, succeed in accomplishing the political interests, and improve the direct and indirect economic gain. Global health diplomacy has initiated vaccine diplomacy for the use and delivery of vaccines among different

countries. It is providing an opportunity for low- and middle-income countries to strengthen their weakness in the field of scientific research and development to transfer technologies. Efforts need to take for strengthening health management systems and infrastructure by focusing on global science diplomacy, strengthening bilateral and multilateral collaboration to mitigate inequalities. In this way, low and middle-income countries that are unable to procure vaccines could save their vulnerable population from the pandemic (Khan & Dhama, 2021). The concept of vaccine diplomacy became strong in the 20th century when US scientists and the Soviet Union worked together to develop an oral polio vaccine to reduce epidemics of childhood poliomyelitis Which was later followed to eradicate naturally occurring smallpox in 1977 (Hotez, 2017). Vaccine diplomacy includes the teamwork of the GAVI alliance, elements of WHO, Gates Foundation, and other international organizations (Hotez, 2010). Most of the COVID-19 vaccines developed in the USA and Europe are secured by the western countries, the void of demand of developing countries and LMCs are fulfilled via vaccines manufactured in India and China. Although COVID-19 vaccine donor countries may expect future benefits in exchange for their commitments, these benefits may or may not be realized in the future. It's possible that what happens during the once-in-a-generation COVID-19 pandemic stays in the pandemic due to a lack of precedent. Vaccine donations, whether it is the result of empathy or diplomacy, could have a positive impact on eradicating vaccine inequality.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1. Research Methods**

This article first studies the existing literature on the status of the COVID-19 situation in Nepal and the efforts of governments of Nepal on response then provides an overview of the diplomatic efforts of Nepal during the COVID-19 crisis. It subsequently shows the state of Nepal's bilateral relations with the secondary powers highlighting the strategic cooperation in Nepal's diplomatic effort. This thesis provides the use and assessment of qualitative research methods in the diplomatic efforts for responding to a pandemic. Qualitative research is the study of the phenomena and appropriate conclusions for research questions of how they happen in the perspectives they perceived (Loraine Busetto, Wick, & Gumbinger, 2020). It is used to understand how individuals experience the world. Qualitative research tends to be flexible and focus on retaining rich after analysis of data (Bhandari, 2020). It can be done by different approaches emphasizing different perspectives. In research, qualitative methods are adopted when they cannot be answered in quantitative methods. In this dissertation, the case study method was used for analyzing the response of diplomats of Nepal and governments of Nepal and it is a widely used method for analyzing the international relations of countries. This study includes an understanding of COVID-19 situation assessment, preparedness of diplomatic strategy, the response of strategy, and monitoring with the arrangement of resource requirements. The intention here is to contribute to expanding the knowledge of foreign policy and international relations of Nepal then concrete practice during the crisis period. The initial assumption is that either Nepal received medical supplies and assistance in grant, it is considered as the diplomatic efforts of Nepal.

The qualitative nature of the research necessitated the content analysis to assess the information collected for the dissertation. Official documents from the Ministry of Foreign Affairs (MoFA), Ministry of Health and Population (MoHP), Department of Consular Services (DoCS) collections from diplomatic documents, reports from multilateral organizations as well as thinner collections of journals revealing bilateral and multilateral efforts of Nepal during the COVID-19 crisis are the major sources of data presented throughout this thesis.

A search strategy for discovering relevant literature was created after the research question was identified and an overall review method was examined. This includes deciding on search terms and databases to use, as well as inclusion and exclusion criteria. Some critical judgments were made here that will ultimately influence the quality and rigor of the review. Words or phrases were utilized as search terms to find relevant publications, books, and reports. These terms were created using phrases and notions that are directly relevant to the dissertation's study issue. These search phrases were restricted based on the review's goal and research topic.

The main objective of this assignment is to assess the knowledge about the action of the government of Nepal responding to the COVID-19 crisis and coordination with the international communities through its diplomatic actions. The epidemic has sparked a flood of research articles that identify and quantify the socio-economic damage caused by COVID-19. For a better understanding of the potential diplomatic efforts, this current body of work is consulted. Public policy practitioners, among different fields, have begun to propose a variety of diplomatic actions that must be carried out by the government of Nepal. This has informed evaluation of what measures would be appropriate based on Nepal's bilateral and multilateral relations

with international communities and the diplomatic effort that should be approached by Nepal to eradicate the effect of the crisis and post-pandemic losses. This situation suggests urgent action to introduce innovative and alternative approaches for improving the health diplomacy and foreign policy of Nepal. For studying and answering the research question of this report there is a wide range of literature available on the internet. The literature review aims to synthesize and provide the existing knowledge about the action of Nepal responding to the COVID-19 pandemic. Being built on existing knowledge they help the readers to understand the objective of this study. It is possible only with profound knowledge of what is wrong in the existing findings in detail to address the gap of the study. The research question of this study is relevant because it shows the efforts of Nepal in responding to the pandemic and recommends actions for a future possible pandemic.

Therefore, the first step of this thesis was to scan other literature reviews that already exist, assess the number of research studies that must be assessed, and fulfill the clearly defined objective, significance, and specific research question. This study gives the concept of how political leaders and diplomats made efforts, executed Nepal's foreign policy, and how other states react to those efforts. This study also shows the lack of Nepal's diplomatic relations with the neighboring countries. This study limits research of assessment of the effectiveness of Nepal's Diplomacy to the effectiveness of diplomatic missions. Diplomatic effectiveness is determined by a complex web of interconnected factors. This article examines their impact on the evolution of diplomacy and considers how diplomacy, as a tool for good governance, could adapt to meet new problems, become more relevant, open, and agile, change its methods, and fully exploit the opportunities presented by technology advancements. The scope of diplomatic missions' operations, as well as how they could be

implemented and exercised to improve the country's relationship with the global state through international cooperation, health diplomacy, and improving policy environments, were the focus of this study. This thesis also demonstrates how the global emergency affected low-income countries like Nepal and how the challenges of a pandemic could be addressed through multi-sectoral coordination and global governance frameworks based on international norms and through the successful implementation of health diplomacy. This study also shows the lack of clear communication and coordination among the diplomats and governments of Nepal which minimizes international cooperation during public health emergencies. During the pandemic, it was expected to utilize regional and global networks for coordination to combat the crisis.



## CHAPTER FOUR: COVID-19 AND NEPAL

Since the beginning of 2020, the global epidemic of COVID-19 has been wreaking havoc on the human and economic crisis. The global economy contracted by 3.3 percent in 2020, with most countries economic growth slowing due to the slowdown in global economic activity due to the epidemic which is higher than the economic damage caused by the devastating earthquake in FY 2071/72 (MoF, 2021). The first case in Nepal was detected in January 2020 on a man Wuhan returned to Kathmandu from the Chinese city (Shrestha & Shrestha, 2020). He visited a hospital for respiratory problems and was admitted after confirming the infection of COVID-19. During the initial phases, there were no resources to test for the novel coronavirus. So, the sample was sent to Hong Kong for testing (Bastola, et al., 2020). The government of Nepal shut down all the educational institutions postponing all national examinations and prohibiting the gathering of more than 25 people all over the nation (Karn, 2021). Due to the COVID-19 outbreak, more than 1.6 billion children and youth of 161 countries were out of school, which is close to 80 percent of the world's enrolled students (WorldBank, 2020). The government though introduced an online teaching-learning process, which was ineffective due to the lack of resources and guidelines (Poudel & Subedi, 2020). COVID-19 posed a threat to global immunization achievement. Experts have cautioned that because of the disruption to vaccination campaigns caused by COVID-19, millions of children could die from diseases that could have been prevented. COVID-19 has disrupted vaccination campaigns in at least 68 countries, and it is predicted that 34.8 million children in South-East Asia are missing normal vaccines as a result of the virus (Mahato, et al., 2020). The sudden nationwide lockdown created panic situation and havoc among people due to increase in price and shortages of goods and supplies. More than

300,000 people left Kathmandu valley within 48 hours due to the closure of educational institutions and professional institutions (TheRisingNepal, 2020). Thousands of people wanted to return to their hometown and they got stuck where they were. Due to a dearth of public transportation, many people walked for days. Fear of the virus, as well as job losses in cities, has reversed decades of rural-urban movement trends. The traveling restriction from and to international destinations resulted from thousands of people in Indian border check posts and different parts of the world to prevent from spreading of the COVID-19 virus. In many countries such as the US, Australia, students rushed to leave the COVID-19 hotspots. Overnight, the cost of flying was increased tenfold. Students purchased extra tickets in advance of some flights being canceled and others being stuck in transit. With the guidelines provided by WHO, the government of Nepal began to raise awareness about handwashing frequently with soap and water or alcohol-based hand sanitizer as well as proper use of a face mask. As a landlocked country sandwiched between China and India, Nepal is highly dependent on the supply of goods and supplies. But due to border restrictions of both countries, there was a huge scarcity of essential health-related supplies and deliveries such as face masks, PPE, hand sanitizer, gloves, and caps leading to mental stress among health care workers and the public. To deal with scarcity, many organizations and hospitals started sewing masks using plain clothes. Due to COVID-19, the pandemic crisis creates the high- pressure work for health workers. Frontline workers, nurses, doctors, lab technicians gave their best professional services with inadequate resources to protect human life. The COVID-19 increased the social discrimination among people. House owners restricted medical professionals and frontline workers to stay their homes fearing the spread of the virus in the neighborhood, cured patients were socially avoided and discriminated leading

decrease in moral support, which has brought serious mental health impacts among health workers and the public. Although the government does not have actual data on suicide attempts, according to reported cases on media and police records, it reveals that there has been a rise in the number of suicides during the pandemic, which may be primarily due to fear of loneliness, unemployment, and frustration. Later, government and non-government organizations started running several helpline services to provide mental health counseling over the phone and raise awareness about mental health. Misinformation and inaccurate concept about the COVID-19 spread in unauthorized news channels and social media created mislead to the public. People coming out violating rules and guidelines of government further aggravated pressure as security concerns and spread of the virus.

The COVID-19 epidemic also affected Nepal's agriculture sector, which is the country's major contributor to GDP. Due to sudden nationwide lockdown affected every stage of the food supply chain consisting of production, availability, and distribution. Farmers were forced to dump their dairy products and vegetables after the decrease in supply and closure of processing companies. Where there was a price hike and shortage of commodities in local markets of urban areas. The lockdown measures might reduce the spread of the virus but it disturbed hundreds of thousands who lost their livelihoods, jobs, and the whole country slip into a deep economic crisis.

The economic crisis brought on by the catastrophe of COVID-19 has the potential to exacerbate Nepal's economic instability, health inequality, social imbalances which have a significant impact on poverty levels. While lockdown has harmed traders particularly those with tiny businesses and limited sources of income, the poor,

marginalized peoples, and daily wagers were greatly affected. Research has found that pandemics like COVID-19 have the potential to destroy millions of people's lives. Due to socioeconomic disadvantages like job insecurity, housing instability, discrimination, and food scarcity, marginalized and low-income persons face a higher mental load.

## CHAPTER FIVE: NEPAL'S RESPONSE ON COVID-19

The COVID-19 response of Nepal initially was praised when the country began imposing travel restrictions prohibiting public gatherings, and closing educational institutions. The government decided to completely seal Nepal's land border with neighboring countries. Nepal Army and Armed Police Force along with Nepal Police build quarantine facilities for confirmed patients and the isolation center. After a nationwide lockdown, the COVID-19 Crisis Management Centre headed by the Deputy Prime Minister was established as the implementing agency (MoHP, 2021). The government of Nepal imposed at least 14 days of quarantine and isolation for returnees from the international destination (MoHP, 2021). There were two confirmed cases of persons who were back to Nepal from China and France until the end of March 2020 (Kangsakar, Dumre, Raut, & Huy, 2021). Then the government of Nepal was alarmed to apply strict measures restriction on incoming passengers from abroad, complete lockdown across the country. The Ministry of Health and Populations (MOHP) established the COVID-19 emergency response plan to reduce the health impact of the epidemic (MoHP, 2021). The major quarantine and isolation centers were set up in schools, colleges, hotels, and other locations that were managed and organized by local governments, as well as public and private health organizations. The rapid diagnostic test (RDT) was introduced since the number of cases expanded drastically because of infrastructural restrictions, the PCR technology was deemed insufficient to detect all cases, and the Rapid Diagnostic Tests (RDT) were used. The RDT kits were utilized because they provided quick findings and allowed for mass testing. However, observations revealed a wide range of findings, implying that, despite its ease of use, RDT may have overlooked many good cases. RDT-based testing was eventually phased out in favor of real-time PCR-based

diagnostics. Over the course of a year, the MoHP has enabled a network of 83 COVID-19 diagnostic laboratories in both the public and private sectors, commencing with one public sector COVID-19 diagnostic laboratory in the country (MoHP, 2021). The assessments revealed flaws in a variety of areas, including ICU capacity, ventilators, infection prevention and control (IPC) methods, and human resources, to name a few (MoHP, 2021). A guideline for COVID-19 and non-COVID-19-related services was also issued by the government. Its main goal was to make it easier to treat suspected, potential, and proven COVID-19 cases while also continuing non-COVID-19 treatments.

According to an assessment report published by the Ministry of Health and Population (MoHP), COVID-19 readiness and response guidelines were prepared by the provincial governments (MoHP, 2021). They used risk communication and community involvement to disseminate real-time information and updates over the internet, as well as press releases and media briefings regularly. In addition, the governments worked together with designated and hub hospitals to manage COVID-19 cases and recommend them to higher-level centers. They also focused on the supply chain management of vital commodities for local governments, such as PCR kits and personal protective equipment (PPEs). Local governments carried out emergency preparedness and response efforts following federal and provincial responsibilities. Despite applying measures, the isolation center became a breeding and transmitting center for COVID-19 due to a lack of management in sanitation facilities and hygiene, poor medical care (Rayamajhee, et al., 2021). The private sector and non-governmental organizations (NGOs) may have been mobilized around the country to assist local administrations and security forces like APF, Nepal Police, Nepal Army in building and operating quarantine facilities (Parajuli, 2021). These

non-governmental organizations have the resources and assets to both construct and repurpose existing facilities for the detention of suspected individuals. This would have avoided some quarantine facilities from becoming possible sources of infection in the future. The Human Development Index (HDI) of South Asian countries is very low as compared to the other countries. Whereas Nepal ranked among medium human development countries (UNDP, 2020). According to (WHO, 2021) report, Nepal's current health expenditure is 5.84% of its GDP. This shows Nepal has a poor track record of investments in public health, thus the COVID pandemic made it more vulnerable resulting in more damages. To accomplish the requisite major improvements in their separate health systems, Nepal must ensure that its overall annual healthcare expenditure is directed to the appropriate sub-sectors within their overall national healthcare sectors. If Nepal is to be prepared for another epidemic, institutional calibrations must be expanded. Protecting public health should be explicit should be part of a larger civil-defense strategy, with duties for public health, civil administration, and security forces well established. In the event of an outbreak, Standard Operating Procedures (SOPs) must be established with precise standards for different government and security institutions to follow. In addition, a gap analysis must be undertaken to identify both capacity and resource shortfalls, as well as a method to reduce reliance on vital equipment and pharmaceuticals from outside sources.

Community-based networks and organizations engaged in ensuring public safety and improving public health to raise awareness programs to improve health literacy. There was progress on expanding the capacity of more than 82 laboratories for testing within one year (MoHP, 2021). But there is still a lack of diagnostic facilities for testing and confirming COVID-19 cases in most parts of Nepal. Most health

institutions are suffering from a lack of resources including ICU beds, isolation wards, and health workers. The Ministry of Health and Population has allocated funds to various institutions to carry out COVID-19 prevention and control initiatives. Infrastructure development, human resource support, medicine and instrument procurement, capacity building, as well as prevention and control programs, and other miscellaneous activities have all been granted resources. To reduce the spread of the virus and protect people from future pandemics like COVID-19 government needs to improve the conditions of health institutions, resources, and surveillance. Due to the scarcity of test kits, PPE and skilled health workers, and medical supplies the testing capacity of the country was limited which made suspected cases continue to transmit the virus while waiting for the COVID-19 test.

The country's economy has been hard hit by the lockdown, which has disproportionately harmed the poor, daily wage earners, and other marginalized groups in rural areas who rely on day-to-day work for food and other necessities. The government has responded by establishing the "COVID-19 prevention, control and treatment fund", which has received contributions from hundreds of organizations, businesses, and individuals. The government of Nepal and other stakeholders have provided a relief package for laborers, the poor and marginalized people, as well as distributing emergency foodstuffs; however, due to the lack of data on poor households, a lack of proper coordination among the stakeholders, and lack of monitoring mechanism for distribution packages, such relief packages are not being implemented effectively. Despite the introduction of COVID-19-related economic assistance for the poor, Nepal government frameworks lack a uniform definition of "the poor" and a database to identify those who qualify for assistance.



The government's priority to control the spread of COVID-19 and lockdown implementation to control transmission put vulnerable people such as pregnant women, children, the elderly, and persons with non-COVID ailments at risk. During the lockdown, pregnant women had difficulty getting regular antenatal care and delivery service, while a patient with non-communicable diseases had difficulty accessing long-term care and medicines (UNEPA, 2020). Cancer, hypertension, cardiovascular disease, diabetes, chronic respiratory diseases, and mental illness are all serious public health issues in Nepal (Singh, 2020). Because the Nepalese government postponed these national-level initiatives, millions of children aged between six months to five years missed out on measles and rubella mass immunization, vitamin A, and deworming tablets (UNICEF, 2020). The government of Nepal has prioritized the health sector in the budget of the fiscal year of 2021-22, allocating NRs. 122 billion amid the ongoing COVID-19 crisis. For only procurements of vaccines, GoN has allocated a total of 26.75 billion (ANI, 2021)

In comparison with the HICs, a lack of testing capability and the fact that most deaths in Nepal occur at home without notice of attributable cause may have obscured some of the initial impacts. Community compliances with "stay at home" initiatives have been hampered by high population densities of urban areas, congested housing, the precarious nature of people's livelihoods, and a lack of governmental resources. COVID-19 cases in Nepal far surpass those reported in HICs due to inequitable access to public health care, ventilators, oxygen, therapeutics, and vaccinations (Ritchie, et al., 2021). Amid of crisis, trembling political stability of Nepal can be considered as the challenges to provide the resource required for the provision of reducing the effects of the COVID-19 crisis. Nepal can respond well to lockdowns and supply chain disruptions, having previously experienced a crisis due to natural

catastrophes such as earthquakes and disasters. The initial phases of the first wave were effectively maintained by the government and police. The ruling party and opposition focused more on political agendas than concentrating on the COVID-19 crisis. In certain cases, governments themselves have aggravated and expedited transmission. Political leaders in Nepal held enormous protests in the early months of 2021, just before the pandemic's second surge. The procurement of testing kits and other medical supplies became controversial. The COVID-19 crisis showed the state of Nepal's domestic politics and government reflected the state of society (Shakya, 2020). The lockdown has had an impact on every sector of the country, but it has been disproportionately felt by the poor, daily wage earners, and other marginalized groups in rural areas who rely on day-to-day work for food and other necessities. For addressing that problem, the government established the "COVID-19 Prevention, Control, and Treatment Fund," which has received contributions from hundreds of organizations, businesses, and people. The Nepal Rastra Bank (Pokhrel, Maharjan, Shrestha, & Subedi, 2021), the country's central bank, announced relief packages as part of its yearly monetary policy to help reduce the effects of COVID-19 on the economy. These packages include loan repayment deadline extensions, refinancing options, infrastructure project grace periods being extended, and targeted lending in productive industries at lower rates.

In Nepal, the COVID-19 vaccination program was carried out with the coordination of a three-tier governance framework to deliver vaccines. MoHP coordinated the immunization campaign with provincial and municipal governments, distributing vaccines to more than 60 hospitals in seven provinces and 201 vaccination centers in 77 districts, guaranteeing equal distribution to the public (Bhattarai & Dhungana, 2021). In the first round of inoculation, the Ministry of Health and Population

(MoHP) prioritized frontline health and sanitation workers, ambulance drivers, and mortuary drivers under health equity and ethical norms. The government expanded the COVID19 immunization program to elderly people and chronic disease patients in the second phase. Similarly, in the later phase, MoHP provided vaccines for populations over 60 years old expanding coverage to students and labor who were going abroad for studies and employment. Finally, a vaccination campaign aimed to immunize all eligible citizens. The migrants and refugees were also prioritized ahead as per age-group eligibility in recognition of their heightened vulnerability (Prabhu, 2021). Though the government of Nepal has tried to do its best to tackle the pandemic crisis, there was a clear capacity gap in several sectors such as management in quarantine facilities, procurement of essential medical supplies, mobilization of expertise of NGOs, and the private sector. The government of Nepal needs to be capable of providing health facilities and treating as well as managing cases for a future possible pandemic like the COVID-19 crisis. The country must have taken a lesson from the current pandemic situations. The Nepalese government must establish a clear mechanism and system for controlling COVID-19 and other morbidities; establishing a list of operable COVID-19 and non-COVID-19 facilities would allow people to access health care. Similarly, the government must boost primary health care services by ensuring regular supplies of vital medicines and increasing human resources for health services; these measures may help to minimize the pressure of patients on secondary and tertiary hospitals.

## CHAPTER SIX: COVID-19, NEPAL AND DIPLOMATIC EFFORT

In the early days of the pandemic, the recorded incidence of COVID-19 cases and deaths hit harder in high-income countries than low-income countries. The intensity of the pandemic narrowed by wider testing, contact tracing, and "stay at home" campaigns executed by the government. From the beginning of 2021 the immediate threat to many countries mitigated by improvement of health services, clinical management, and drug treatment expanding vaccine program. In December 2020, Nepal formed eight committees to coordinate eight global vaccine manufacturers (Upadhyay, et al., 2021), and a separate committee including representatives from Finance, Home Affairs, and Foreign Affairs ministries for procuring vaccines. But, in that committee, a key stakeholder the secretary of MoHP was not included which shows the distinct lack of coordination among the key relevant authorities. The second wave of COVID-19 severely impacted most of the South Asian country including Nepal. With Covid-19 infections in Nepal spiraling out of control, the country was on the verge of a lack of infrastructure for intensive care for a large number of patients. To tackle such a situation, Prime Minister KP Sharma Oli appealed to the global community to assist in the battle of the COVID-19 crisis. Following the prime minister's appeal, the Ministry of Foreign Affairs issued a circular to all Nepali missions around the world, suggesting that they seek assistance from their host countries, with country-specific requests addressed in some cases.

The pandemic has proved that health should be considered as the central part of the international agendas and primary concern of Nepal's foreign policy strategies. The key elements for improving the health sector and public health are access to the quality health care system, health information system, availability of essential

medicine and services, adequate human and financial resources, and good governance. Since the beginning of the pandemic, the Ministry and diplomatic missions throughout the world have worked with foreign governments and Nepali diaspora community organizations to assist Nepali individuals in need. To gain assistance and protection for Nepalese people during these tough times, the Ministry coordinated with the governments of nations with considerable populations of Nepali nationals at the highest levels of government. The lack of coordination between the different levels of government agencies and the policy gap of Nepal was seen clearly in vague Standard Operating Procedure (SOP) during Bahrain Prince Sheikh Mohamed Hamad Mohamed al-Khalifa incidents (Poudel A. , 2021). Nepal Drug Authorities were unaware of the import permit of Oxford-AstraZeneca vaccines was brought by the Bahrain prince. Whereas the Bahrain Government claimed that they had received permission from Nepal's Embassy in Bahrain for bringing 2000 doses of AstraZeneca (Poudel A. , 2021).

This study provides the details of these engagements of the governments of Nepal and its diplomatic efforts during the crisis. The President, Prime Minister, and Foreign Minister had a conversation over the phone with their counterparts in many countries, particularly key labor destinations, to assure Nepali nationals' safety, protection, and wellbeing. The head of the state Honorable President Bidhya Devi Bhandari held a telephone conversation with the President of China requesting the grant of the vaccine (MoFA, 2021). The MoHP sent letters to Covid-19 vaccine manufacturers, while the MoFA sent diplomatic cables to India, China, Russia, the United Kingdom, and the United States. The Nepalese embassy in India was active in the procurement process as well. The Embassy of China sent a letter to the Ministry of Health and Population through the Ministry of Foreign Affairs offering the vaccine which was put on hold

for a longer time. Similarly, Prime Minister K P Sharma Oli held telephone conversations with South Eastern Head of State and leaders of India, Qatar, UAE, Kuwait, Oman, Bahrain, Cyprus, and Israel requesting medical supplies such as oxygen plants, PPE, ventilators, and intensive care unit equipment (MoFA, 2020). Foreign Minister Pradip Gyawali spoke with his counterparts in Pakistan, Australia, Saudi Arabia, Kuwait, Spain, the UK, Ireland, and Canada (MoFA, 2020). Nepal also continued to engage at the regional and multilateral levels to promote cooperation and collaboration to deal with the pandemic. Foreign Minister Pradip Gyawali held several rounds of video conferences with the Nepali Ambassadors and leaders of Nonresident Nepali Associations in the labor destination countries to discuss the impact of COVID-19 on the employment of Nepali migrant workers and the measures to be taken to ensure their wellbeing during the difficult times. Procurement, transportation of medical supplies provided by the government of Nepal coordinating with the line Ministries and relevant agencies as well as foreign governments. Several friendly governments, including India, China, Japan, the Republic of Korea, Bangladesh, Switzerland, the US, UAE, and Qatar, expressed their solidarity to Nepal by providing medical equipment and supplies worth billion rupees (MoFA, 2020). Development partners such as Germany, the United Kingdom, the European Union, UN agencies, the Asian Development Bank, the World Bank, and international non-governmental organizations (INGOs) provided funding for Nepal's health sector (MoF, 2021). The Nepalese government provided face masks to China during the initial outbreak of COVID-19 and is considered a positive gesture by China. The government of Nepal coordinated with diplomats and foreign nationals to evacuate stranding Nepalese to their home country through chartered flights (MoFA, 2020).

During the second wave of the COVID-19 crisis, South Asian countries scrambled to combat the pandemic. Lack of resources to cope with the pandemic plunged Nepal into public health disaster. While India faced a second wave of COVID-19, critical medical commodities such as medical oxygen cylinders, production plants, and oxygen concentrators were supplied by many countries showing global effort to support (Parpiani, et al., 2021) and Nepal was turning away patients for lack of beds, supplies, and equipment. This immense support received by India shows the importance of strategic ties with countries. Whether it is a developed or developing country, it needs to pave the way for diplomatic negotiations to increase the support for addressing the crisis.

Nepal has received medical supplies through bilateral mechanisms during the current pandemic. Regardless of states' differing capacities, India offers largely unconditional help by supplying essential health equipment that has been favorably received by the government. Nepal. India might have granted and invested in the health sector for two strategic reasons. First, they may view bilateral mechanisms as more effective to control the spread of COVID-19 that may come through the open border between Nepal and India. Second, India may see the longer-term strategic gain in using bilateral health diplomacy that helps them to develop relations that may serve future foreign policy interests. In this case, such bilateral health diplomacy may show a trend in foreign aid or grant focused on the interests of donors than the receiver. However, such strategies in the time of global pandemic are unsuitable as the catastrophe of the crisis cannot be resolved and mitigated in absence of global and regional cooperation. When the world's diplomatic missions were competing for the acquisition of vaccinations to satisfy their local needs during the second wave crisis, the Nepalese Embassy in China and the Chinese Embassy in Nepal were very active in making the

Sinopharm vaccine commercially available to Nepal (Maskey, 2021). Throughout the terrible time of the COVID-19 pandemic, China has constantly provided support by delivering necessary products, equipment, and vaccines. It provided support in the same way that a trustworthy friend would in a time of need. However, China's willingness to assist may be limited, as they frequently state, "China will assist within their capacity." They are not always able to give immunizations and other critical services in the grant. This is something Nepal must consider ahead of time. It is self-evident that the Chinese side would be more comfortable if Nepal entered into a business deal for medical supplies and vaccine procurement rather than requesting a grant alone to ensure a long-term supply of vaccinations. Even though the United Kingdom was the first country in the world to create a diplomatic presence for Nepal and is one of the country's most important development partners in tourism, trade, and the economy (EoN, 2019), there was minimal cooperation during the COVID-19 pandemic. The Nepali diaspora in the United Kingdom, which has continually supported Nepal's efforts to develop the oxygen plants by organizing local campaigns, fundraising, and other means (Shrestha S. , 2021). The Former Prime Minister of Nepal KP Sharma Oli has urged the UK to deliver the vaccines, claiming that it is the UK's responsibility to help Nepal because many Nepalese Gurkha soldiers had given their lives while serving in the UK (Vaidyanathan, 2021). However, there was very little support from the UK government than from other countries

While much energy has been spent on the country's internal political conflict, it is high time for building the internal capacity maximizing the potential of the governmental and private sector, an organization into the smart and dependable unit for ensuring human security. This can be done by the process of strengthening diplomatic relations with regional and global states. Even though there are now about



39 international diplomatic missions, more than ever before, the sheer number of Nepali embassies does not necessarily indicate the quality of Nepali relations with secondary powers. This is a critical issue in terms of a state's ability to strategize and establish coherent foreign policy concepts. A low-income country like Nepal needs to prepare concrete steps in diplomatic ambitions, domestic capacity, and systems. Inadequacy has been seen in terms of coordinating with neighborhood countries and global powers. Nepal's diplomatic effort has been far-reaching than it needs to be in the midst of the crisis to get enough support for the country. There were no sincere efforts seen from the governments to seek support from international society at the time of crisis. Most of the assistance came from the donor side realizing that they need to support Nepal instead of outreaching of government to secondary powers. The diplomatic effort of the most important development partners i.e., India, China, and the US was passive in the time of need. The reason behind the less effort can be health-related issues of ambassadors because most of them have aged over 65 years and hardly getting out for the diplomatic missions and without their support and cooperation diplomatic efforts are proactive. But the former politician and diplomats could seek health and support through their contacts. Nepal has received most of the medical supplies and vaccines through grants despite less diplomatic efforts, bilateralism, and multilateralism. As vaccine development takes place rapidly, the geopolitics of those countries also heats up seeking national constrain to grant and provide vaccines depending on the ability of countries. Nepal as a current head of SAARC and member of regional cooperation like BIMSTEC and BBIN can influence the neighboring states towards the regional support for the pandemic.

Bangladesh made frantic diplomatic efforts to get the COVID-19 vaccines to support its faltering immunization campaigns, as supplies run out and supply prospects are

clouded by a lengthy Indian ban on vaccine exports (Paul & Sharma, 2021). It has requested assistance from several countries, including the United States and Canada. Bangladesh's foreign minister has urged Canada's high commissioner to work with the government of Bangladesh to ensure that Bangladesh receives vaccines (Paul & Sharma, 2021). In the case of the multilateral effort of Nepal, it is in collaboration with WHO, UNICEF, GAVI for getting vaccine jabs through the COVAX program. COVAX promised to supply vaccines covering 20% of the population depending on the funding (WHO, 2021). The arrival of COVAX supplied vaccines are expected to prevent the transmission of COVID-19 boosting Nepal's vaccination efforts. UNICEF assisted Nepal in obtaining COVID-19 vaccinations through COVAX and made diplomatic efforts to address a supply disruption caused by the second COVID-19 crisis in India.

It was fortunate that safe and effective vaccines have been developed within the first year of the COVID19 pandemic. The government of Nepal updated the drugs act 2035 allowing registration of new drugs and vaccines for the emergency. Following the amendment, the government of Nepal will be ensuring that emergency use authorizations for vaccines are issued within 15 working days and import permits are issued from the competent authorities within five working days after the vaccine is offered by COVAX. (DDA, 2021). As Nepal is situated between the two large medical supplier countries of the world, the country's diplomacy primarily focuses on the needed medical supplies including the COVID-19 vaccine for full coverage of Nepal. Though the relation between Nepal and India always passes through the roller coaster Nepal is one of the first countries to get the grant in vaccine supply. During the visit of the foreign minister to India in January 2021, Nepal received its first consignment of the vaccine in the bilateral grant. There was an improvement in the

relations between the government and Nepalese public opinion towards India. Later, the Ministry of Health and Population signed an agreement with the Serum Institute of India (SII) for the procurement of 2 million doses of vaccine but after receiving the first consignment of 1 million vaccines India delayed its second lot due to the second wave of pandemic (Maskey, 2021). Following SII's announcement that it would be unable to provide vaccination till the end of the year, GAVI, UNICEF, and WHO urged that Nepal look into other options outside the CoviShield vaccine. In the face of uncertainties surrounding COVID-19 vaccine supply from India, Nepal began looking to China to meet its vaccine needs. China has been by far the greatest donor and exporter of vaccines to Nepal. Since the outbreak of the COVID pandemic, emergency procurement has become critical in the fight against the disease. However, there has been an increase in the number of cases of corruption in COVID procurement (Shrestha P. M., 2021). Affordability is the factor that is considered by Nepal while choosing the vaccine jabs. In which India's locally made vaccine was taken in priority over Chinese vaccines. Although the price of the Chinese vaccination has not been revealed because of a non-disclosure agreement, it is estimated to be around \$10 per dosage, whereas Nepal paid \$4 per dose for the SII vaccine (Poudel A., 2021). Because of logistics, cost, existing storage and shipping facilities in Nepal, and India's commitment to expediting procurement, Nepal gave precedence to vaccines produced in India. However, India's failure to provide vaccines caused a gap in the procurement of vaccines that were addressed by China (Gupta, 2021).

In light of the ongoing COVID-19 outbreak in Nepal, the Nepalese Embassy in Washington continues to participate in diplomatic and humanitarian efforts to procure vaccinations and other crucial medical supplies for Nepal. Through the Honorable President's letter, the Hon. Foreign Minister's telephone conversation and several

letters delivered to the State Department and the US Embassy in Kathmandu, the Embassy of Nepal in Washington D.C. requested US vaccine support. In light of the two nations' close and long-standing bilateral relations, as well as Nepal's recent spike in COVID-19 cases, Nepal anticipates a large number of vaccine doses. According to the US embassy in Nepal, the US has provided almost \$70 million in Covid-19 support to Nepal since the beginning of the outbreak including aid from USAID for oxygen cylinders, breathing devices, Covid-19 testing, contact tracing, treatment, personal protective equipment, and infection control. Around 1.5 million doses of the Johnson & Johnson vaccines were supplied to Nepal by the United States under the global COVAX facility (MoFA, 2021)

The inequality of global vaccine access has also turned vaccines into diplomatic bargaining chips. China India, Russia has all seized the opportunity to use access to their COVID-19 vaccines to curry favor with friends and foes. Low-income country like Nepal is snubbed by countries with higher income, facing a worsening pandemic and tired of lack of sufficient vaccine doses and large countries that have nationalist political agenda. India is one of the first countries to apply diplomatic relations for shipping its first doses of vaccines in the South Asian region. India recommended that a COVID-19 emergency fund be established, with member nations of SAARC contributing voluntarily. India made an early unilateral donation to the fund of ten million dollars to cover the costs of immediate actions but the SAARC COVID-19 fund has suffered from the lack of policies and guidelines due to the India-Pakistan bilateral problem This is the failure of SAARC countries diplomatic effort (Pattannaik, 2021).

A foreign policy rationalizing political appointments and better utilizing Nepal's foreign service specialists is required. The foreign policy should accurately portray Nepal's self-interest, relying on data to prioritize essential ties and justify diplomatic missions. Instead of continuing to implement inadequate policy, Nepal can adapt and respond to the changing patterns of international life by conducting a self-critical assessment of the situation and making meaningful policy decisions in the future (Varughese & Payne, 2020). It is now more than ever government of Nepal needs to develop and improve diplomatic relations with the global state and multilateral organizations. The bilateral and multilateral organization's effort is to increase the connection with Nepal investing in development work. Due to the lack of self-interest and adequate foreign policy, most of them were limited in the planning phase, and that coordination stalled. Other low-income countries have signed agreements for different phases of a vaccine clinical trial, which may help them obtain more vaccines. To strengthen clinical trial research capacity building technical capacities of health professionals and workers of South Asian countries, India provided e-training under the ITEC program, and clinicians, epidemiologists from Nepal have also participated. In the global arena, Nepal was one of the first countries approached by the Russian diplomatic office in Kathmandu, the Nepalese reaction was delayed due to a split in opinion on whether or not to engage in clinical trials, as well as concerns about safety and post-trial reimbursement. Nepal should reconsider making such a decision after consulting with experts and diplomats, which will have a positive impact on the development of the health sector for self-sufficiency in vaccine supply. A move like this will make it easier to combat future pandemics like COVID-19, as well as research and development of new health technology.

Because Nepal lacks well-resourced government hospitals and labs for proper vaccine storage, the government of Nepal should explore enlisting private sector assistance to support its efforts and make efficient use of available private institutions. To distribute the vaccination at a subnational and local level, the GoN should collaborate closely with the private sector. The Government of Nepal should consider enlisting the help of the private sector to purchase permitted vaccines, but such imports and distributes should be tightly supervised by the relevant government authorities, and price ceilings should be imposed on vaccines for public use. The goals of ensuring global health and serving the national interest do not have to be mutually exclusive. This is the argument made by many global health advocates, who argue that improving global health is a public good. However, like with climate change agreements, states frequently prioritize short-term personal gain over long-term societal interest. Health diplomacy has traditionally sat on the periphery of international affairs. However, the COVID-19 pandemic has provided numerous examples of states putting health first in foreign policy, such as the European Union's regional vaccine initiative, a practice that is likely to continue after the pandemic is over. While the crisis in Nepal continues, health diplomacy could be a good place to start to improve India-Nepal bilateral relations and reduce public health risks. To improve ties, countries need to invest more diplomatic capital. On the ground, local and international organizations can help create an environment favorable to political engagement between the two administrations, as well as between the Nepalese government and the agitating forces. Nepal, as a country with limited governance capabilities and limited economic resources, must now face the world with renewed vigor and action. Nepal's diplomatic capabilities are still in their infancy. To meet the ever-increasing demand of its inhabitants, the country's major requirements are

currently foreign development cooperation and foreign investment. To address the rising difficulties, reimagining the global scenario and contemplating a newer method in external actions are required. To prepare for the new difficulties, reskilling and upskilling are also required.

To deal with any future outbreak of the dreaded viruses, the Ministry of Foreign Affairs and its embassies abroad must be equipped and invigorated with skilled health experts and trained health personnel. In the years ahead, that method could be advantageous in carrying out bilateral, regional, and global cooperation to address any health-related catastrophes. Integrating health diplomacy with political diplomacy might also strengthen the WHO, a global health organization that has been accused by a powerful state of failing to help stop the spread of the coronavirus. As promising news of successful vaccines comes from the United States, the United Kingdom, China, and Russia, timely aggressive action is also required to handle vaccine diplomacy for the safety of Nepal's 30 million people. COVID-19 has given a valuable lesson in the use of health science diplomacy to make a fresh start in the diplomatic sphere, which is significantly more useful for a country like Nepal.

Key international multilateral institutions and non-governmental organizations have been generous in disbursing funding promised to Covid-19-related projects. According to the policy brief of the Nepal Institute for policy research on Nepal, the risk outlook report carried Nepal had received a total of USD 529 million from various donors as of March 31, 2021, against a commitment of USD 544 million to deal with the consequences of the Covid-19 outbreak. It got USD 250 million in concessional loans from the Asian Development Bank (ADB), USD 214 million from the International Monetary Fund (IMF), and USD 5.8 million (out of a pledge of USD

29 million) from the World Bank. ADB has also pledged a grant of USD 3 million under the technical assistance framework (Upadhyay, et al., 2021). Other bilateral donors, UN agencies, and international NGOs have contributed technical assistance funding for a variety of programs and initiatives. The majority of the financial aid has come from three multilateral agencies: the Asian Development Bank, the International Monetary Fund, and the World Bank. We may therefore infer that, despite a poor track record of obtaining most pledged funds in the past, including those for post-earthquake rehabilitation and reconstruction (the 2015 Gorkha Earthquake), Nepal has been able to secure almost all committed money for COVID-related initiatives. This achievement was made possible not just by the efforts of the GoN, but also by the fact that the major global organizations had prioritized low- and middle-income nations for financial assistance grants and loans.

New challenges and conflicts between power states can no longer be disregarded in this changing world environment. The next challenge and possibility are securing one's interests and requirements in the new world environment. In the current situation, regardless of whatever party is in power, the government of Nepal's every statement, plan, commitment, and diplomatic approach must be clear and in keeping with the country's interests. As the world's foreign policy continues to be afflicted by insecurity and a morality problem, ethical issues develop. In light of the changing scenario, the government of Nepal must establish a new foreign policy that takes into account the national perceptions of 30 million people. The government's weakness is that it did not thoroughly investigate all options by attempting to negotiate with multiple vaccine-producing countries. Furthermore, internal political conflict between the ruling party and the opposition party kept leaders and ministers preoccupied with negotiations when they should be focusing on public health issues. It would not be



difficult for Nepal, as a country sandwiched between India and China, to secure considerable supplies if diplomatic efforts were used effectively. Small states countries like Nepal should aim to use both powers to their advantage in the region, as governments compete with the tool of pandemic diplomacy.

## **CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION**

This thesis analyzes various articles and reports about Nepal's bilateral and multilateral relations with regional and global states using a diplomatic effort approach through the lens of the COVID-19 response. As discussed in the above chapters' low-income country like Nepal historically has a resource capacity gap, which has been heightened by ineffective management of the pandemic. This paper also highlighted the diplomatic efforts can be bridged by further diversifying relations with the secondary powers, while there is tremendous friendly relation potential. There should be leverage in the future.

The relation of Nepal and its neighborhood country China and India are multilayered. Nepal's political leadership has been unable to compensate for the shortcomings in its bilateral and multilateral relationships, even though the country is small in comparison to its neighbors. As a result, its institutions have remained unstable, and its growth has slowed. The interests of big powers and the vulnerabilities of Nepal can be addressed through strategic partnerships. Governmental agencies such as diplomatic missions have been seen as the most important method of securing the state's interests and increasing its influence within the international community as a small power (Khanal, 2019). Regional states and middle-income countries such as Australia, South Korea, Turkey, Qatar, Saudi Arabia, and Israel, among others, have the potential to not only supplement the aid provided by other big countries but also to improve Nepal's domestic capabilities. Many of these countries, as noted in the preceding chapters, have substantial state capability and a track record of dealing with unconventional challenges. However, there is one important point and that is without strategic consistency in Nepal's policy, just advocating for greater aid and assistance

will not benefit the country. Instead of improving the country's internal capability and institutions, such an approach will exacerbate the country's culture of dependency, making it even more vulnerable to outside meddling. The government of Nepal can spend its energy on identifying the domestic pandemic response, resources, and capacity gap instead of spending on the deliberation of the country's political debate.

A vaccine may be immune against the virus but it would not end the future pandemic crisis. Those responsible authorities of diplomacy must demonstrate their ability to handle the difficulties posed by changing global diplomatic developments to better equip Nepal's diplomats with a combination of traditional and techno-scientific competence. The sooner this is done, the better the outcome will be and to face the challenges of the dynamic circumstances, consistent and suitable response is essential. If not, diplomatic activities will become irrelevant, and the nation would suffer as a result, possibly posing a threat to national survival. The country also must not forget diplomacy stands for good relations and undisputable international relationships. Getting ready for future possible pandemics requires strong diplomatic ambitions and a concrete plan towards the development of domestic institutions and systems.

In every uncertain situation, the public places entire trust in leaders who are capable of making critical judgments in a difficult situation. The government has established various committees and task teams to prepare for and respond to COVID-19, but these groups have been chastised for their inability to take preventative steps. In the COVID-19 crisis, the Nepalese leadership is divided over whether or not to accept a grant from the United States Millennium Challenge Corporation, whether Lord Ram was born in India or Nepal, and whether elections should have happened or not. Furthermore, the COVID-19 crisis has exacerbated many flaws, including a

procurement scandal involving Chinese personal protective equipment (PPE) and newly purchased but malfunctioning polymerase chain reaction (PCR) machines, delays in deliveries of vaccines jabs, delays in receiving expert opinions, and expert disagreements with government decisions, understaffed and under-resourced public health care systems, a lack of media management, insufficient supplies and resources, poor planning, and intemperate behavior. The global shortage of personal protective equipment (PPE) for frontline health care workers, such as surgical masks, N95 masks, respirators, hand sanitizers, gloves, face shields, disposable gowns, and other items, was not only an ethical issue but also a significant barrier to pandemic preparedness. In an emergency like this pandemic, there is a critical requirement for adequate manufacture and distribution of equipment, which is critical for patient care. The scope of such rapid goals extends beyond the health industry. Strong political will, commitment, action, and mobilization are required at all levels, from local to global, through diverse public-private partnerships. The government should listen to experts, more effectively implement anti-corruption strategies at all three levels of government, and co-produce and implement policies for the effective management of an unpredictable situation that requires ultimate sacrifice from all politicians. It is also critical that the government allow political space to adapt and reverse decisions that have been made. The private sector must be involved in COVID management by government agencies.

In conclusion, all of these events have highlighted the significance of investing in national health and research systems to improve laboratory capacity and staff, both of which are critical for a rapid and effective national response to health emergencies and global health security. Containment methods rely on political commitment and community engagement led by patience, discipline, and solidarity. To put an end to

the epidemic, the virus must be eradicated. The pandemic's future path will be determined in large part by vaccine availability in all parts of the world, as well as how long the immune system remains protected following vaccination or recovery from infectious disease. The inequity in vaccine distribution may increase more crises in coming years, creating a great challenge to our efforts to cope with the pandemic. Nepal should intensify its international relations to strengthen its friendship with other countries to collaborate for health sector improvement in Nepal. For this, the following recommendation has been made.

Nepal's diplomatic mission has been active in diversifying the medical supplies whether by grant or purchase. Because of geopolitically sandwiched between China and India, it has the potential to get the attention of both countries as well as the global diplomatic efforts. For the future possible pandemic, bold diplomatic ambitions and concrete steps towards calibration of domestic institutions are needed. The government needs to act aggressively to improve international relations with the international communities. Nepal also needs to raise the voice on vaccine equity and against vaccine nationalism by high-income countries which has secured the vaccines more than they needed. Cooperation and support aimed at addressing eradicating COVID-19 pandemic concerns in the framework of foreign policy can help to broaden partnerships and strengthen diplomatic ties. Countries need to work together to address the current global crisis and potential threats of the future for a healthier and safer place. Although classifying a health issue as a foreign policy concern may result in increased awareness and money, it is also possible that programs linked with such health objectives will face increased political scrutiny.

Nepal should participate in vaccination and pharmaceutical clinical trials without hesitation. From data generated by everyday Nepal's public health, research capability needs to be expanded. New technologies in epidemiology and public health institutions such as oxygen plants and cold chain supply for storing drugs and vaccines need to be established in each hospital. The Nepal Health Research Council's capability needs to be strengthened to address the overall research difficulties provided by COVID-19 and other infectious illnesses, including vaccine research. The Government of Nepal needs to consider seeking assistance from the private sector to support its efforts and make optimum use of available private hospitals and clinics because Nepal lacks highly resourced government hospitals and labs for proper vaccine storage. To distribute the vaccination at a subnational and local level, the GoN should collaborate closely with the private sector. The Government of Nepal should consider engaging the private sector in the procurement of authorized vaccinations, but such imports and distributes should be tightly supervised by the relevant government authorities.

Apart from concentrating only on vaccine procurement, Nepal needs to have a long-term vision of self-sufficiency in COVID-19 vaccines, by supporting pharmacological institutions that can manufacture vaccines with the technical support of collaborating countries/manufacturers. Simply lobbying for more aid and assistance will not do the country any good. Instead of that building internal capacity and systems will reduce dependency and even more external interference. The possibility of such collaboration exists for all three Russian, Chinese, and Oxford AstraZeneca vaccines whether with the UK or India, but primarily with Russia. Nepal should also be vocal in supporting the temporary waiver of patency rights which is crucial for cheap mass production of vaccines for low-income countries. This is far from the last epidemic risk our globe

will face, and this COVID-19 pandemic has demonstrated that we all are interconnected—until every country is safe, we are all at risk. When the next pandemic comes, the entire world must adopt best practices to preserve lives and safeguard livelihoods. We have a unique opportunity to boost global readiness right now.

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