

Experiencing health beyond borders: Pandemic and its impact on a public health- international student in Norway by Sujan Rijal

Pandemic: Staying proactive, staying ready:

It was early February and I was returning to Norway. I had been to Nepal for a fortnight. While the rest of the world was moving at its own pace, China was badly hit by something known as COVID-19, a completely new strain of virus no one knew the origin of. As I was returning, there was apparent chaos in Nepal's airport where people did not want to spot anyone coming from China or who had a transit at any Chinese airport. N95 masks had become a new statement of airport fashion. On the back of my mind, I knew it was a serious situation as China had gone into full-blown lockdown for over a month. But the rest of the world and government all over did not recognize it as something which would eventually halt the entire world. Like everyone, I had N95 mask that was supposed to filter out the virus and also a small pack of sanitizer bought in triple the normal price. Such rise in price and the black market was normal in developing nations like ours when a crisis is imminent. The price of essentials hikes up drastically, nothing unusual.

Fast forward 17 hours or so, as I stepped into Oslo Airport, what was surprising to see was there was nothing in place to try and prevent the virus from entering into Norway. For me at least, airport security should have been in place as primary measure with international migration being the leading, of the possible ways, for initial transmission of such viruses between countries. This was an exercise shared across the globe. Maybe it was because at the time no other nation had taken the virus as a global threat or no one had at least imagined it to spread like wildfire; engulfing one nation after another. Most of us were busy criticizing what China was doing in the city of Wuhan, how inhuman it was to quarantine people, including small kids. That was until the day all of us were doing the same be it Norway or Nepal, we were in it together. Suddenly what looked inhuman measure was the only option. At one point, it didn't matter who we were, where we came from, we even witnessed the largest of economy and strongest of health systems fall apart. We certainly may not have had enough time to prevent the virus from spreading completely, but there was certainly an opportunity to contain it or flatten the curve, per say. But now, there was a tiny virus creating havoc and a gigantic globe with no clarity on how to deal with it.

There is no evidence to suggest that a pandemic occurs at certain intervals. There have been as many as fourteen pandemics (*not an official list*) listed from the 1700s to 2020s. But there is no pattern to it. There was a gap of 34 years between the Hongkong Flu of 1968 and SARS of 2002. Since then, in almost two decades, there have been three other instances of pandemics. So, a statement like "we are overdue for a

pandemic" does not really make much sense. This might lead many to conclude that such unlikely events are not worth investing. But we should be more concerned with the magnitude of the loss from the event than the actual likelihood of occurrence while prioritizing the response to such events. I think this is exactly what happened in this very situation as most of the societies around the world have been caught off guard.

Our society today is built on complex global interactions which include mass migration and rapid urbanization as the driving force and thus International health as a science is more relevant than ever. Health is not merely a problem of a specified area or a country alone. The world moves at such a pace that if not handled in time, the health problems confined to a certain geographical area can breach international borders in no time and leave everyone reeling. COVID-19 has shown how some health issues can travel across nations in the blink of an eye if taken lightly initially. Similarly, health problems are also not a problem in the health sector alone. Every aspect of the society is affected by it and which is why multi-disciplinary, multi-dimensional, global effort is required to manage such issues. At a time when such concepts should have been put into action, most of us were short-sighted, busy enjoying our lives, and spectating the events unfolding in China. Had we tried to take precautions beforehand, we would have been at a much better place than we are now. With a rapid drop in the economy, COVID-19 can also be taken as a warning sign for the governance system of nations that downsized their health system and the investment in health with a focus on power and economy only. The devastation of the world's largest economy offers one huge lesson to learn that the economy of a nation is only as good as the health of its population.

Different strategies: one common goal:

As they say, the rest is history. It has been over two months since the world has gone into complete lockdown and so has the lives of the people. People have not been able to leave their houses (*except in a few countries who have decided to take a different approach to the problem*). Businesses crashing down, millions of people filing for unemployment benefits, plummeting stock markets, stalled economic growth among the many implications of the lockdown which was forced to impose for all the government around the world. China was prompt in imitating the lockdown of the province where it first started and later various parts of the country. As the cases began transcending boundaries, countries all over began imposing lockdowns realizing the seriousness of the issue. Even countries like the UK and the US who were hesitant at first realized that lockdown and social distancing might be the only possible measure to slow the spread with the cases in these two countries rising exponentially towards the later part of the period.

Sweden, however, adopted an approach that has been infamously quoted by some experts as something like "*playing chess with death*". An intervention called **Herd Immunity** in which the virus is let to spread among

the people substantially such that most of the people carry the virus and eventually develop immunity against it. If we look at the data, Sweden is not badly placed with approx. 47,000 total infections and 5000 deaths without any forms of lockdown. Moreover, it is believed it is more likely that they develop herd immunity faster than other countries. We will have to wait and see which approach brings better results. It is anyone's guess as of now.

Similarly, countries like South Korea and Singapore have been relatively successful in containing the pandemic through mass testing and rigorous tracing of the infected ones. They have avoided the need to lock down whilst keeping the morbidity and mortality low.

On the other hand, developing nations like India and Nepal have been into lockdown for over two months now. By theory, the infection curve should be going down now but the number of infected is increasing day by day and with limited resources for mass testing and frail health system which makes effective contact tracing almost impossible. Lockdown alone simply does not seem to be the answer. Then there are implications of lockdown. If we talk about Nepal in particular, people had to walk miles and miles to get to their villages because they did not have a shelter or enough food to eat. There are no unemployment benefits like people in the developed world are privileged of having. This begs the question: Is this strict of a lockdown worth it for the long run?

Provided that any possibility of a vaccine against COVID-19 is far away from materializing any time soon, a combination of effective testing, contact tracing, lockdown, social distancing, and basic hygienic practices may be our best shot at getting through this.

COVID-19 and international students

Learning opportunity- first-hand experience of pandemics and how health systems around the world works:

I always have been the type who tries to search the positives in every situation, however dire it might be. We, Nepal as a nation have gone through hardships, be it whether the massive earthquake that shook the whole nation or three-month-long economic blockade imposed by our neighboring nation (*the big bullying India*). A lot of people lost their lives, their loved ones, home, and belongings in the earthquake. But I always thought it allowed us to build back better. We always knew that we were earthquake-prone but rarely acted on it. This massive event jerked us to think and build back sensibly.

On the same note, although it might sound controversial, I take this pandemic as a huge learning opportunity as a student of public health and human civilization as a whole. Since I came into this field, I have been studying about different health systems around the world and assess their strengths and weaknesses. All those hours spent looking at the presentation slides, reading articles, and books trying to analyze the health systems; time had come to experience it first-hand. It was interesting to see different health systems go about their business in this period.

At a time when the health care costs are rising at a faster rate than the GDP itself, there have been cries of cutting down the health care costs all over the globe. COVID-19 has left policymakers scratching their head. Is cutting the fund the right thing to do? Or there is a need for a sustainable model in health that does not falter in times of such emergencies.

We heard a piece of news that soon after the epidemic first made headlines; China had built a 1000 bedded hospital in 10 days or so. Similarly, countries like Italy and the UK began constructing temporary medical facilities meant for patients with COVID-19. Those countries had enough human health resources and thus could mobilize them immediately. They also could mobilize the fund they had and step up mass testing and contact tracing. The health authorities of such nations have been very prompt and definitive in providing the government with valid evidence-based advice such as urging the citizens to strictly follow basic hand hygiene, forcing people to maintain social distancing, or even stay home in coordination with the other sector of the nation. The US health system which is mostly funded by private health insurance made it free for the people to go and test for the virus. All the developed nations have a fixed channel for the patients to go through in case of infection. Norway for instance, in case of infections first asks the patients to consult their GPs and not immediately rush to the hospital. Hospitals are meant for people in serious conditions and the capacity of hospitals has been increased for COVID-19 patients without heavily impacting the capacity for other health conditions which required medical assistance. They had as few as only 9000 odd infections and approx. 260 deaths till the end of May which is an astonishing figure provided the infection had started booming early March. Also, countries like Norway are helped further by the fact that they do not have to fight third world problems like maternal mortality, malnutrition and primarily focus on the virus for the time being thanks to their health system characterized by evidence-based planning, sufficient funding, prioritizing health as an indispensable part of the society and nation, lack/complete absence of politicizing sensitive aspect like health, etc.

On the contrary, things are different in the east. Health workers in Nepal have had to fight for protective equipment with the government. We had enough time to prepare ourselves with enough stocks of PPEs but

the politicians who were responsible for the purchase of the materials were involved in corruption on the purchase. It took over a month for the politicians to realize and decide on the fact that Rapid Diagnostic test (RDT) was not useful and PCR had to be carried out. There have been stories that people are being denied health services who have symptoms similar to COVID-19, which is not surprising to hear in a country where health is the responsibility of the state, but only in theory. People have been sent back when they go to health facilities to get themselves tested even if they have some symptoms and are given reasons like they looked fine and the tests were meant for people who are in worse condition than them. And on top of all this chaos, we have had instances of measles outbreak in the country. Studies suggest that over 10,000 children are on the verge of malnutrition and there has been a 200% increase in the maternal mortality rate since the pandemic. Routine immunization of children has been affected. All these facts point towards a health system that is weak at its core. This reflects how short-sighted our health system is and has been to date. Having said that, I by no means am trying to downgrade the efforts of all the brave health workers who have been working day-night without proper protection to fight this off. Even the system has functioned much better than expected in the scenario but if only we had a better health system in place, it would have made a huge difference. No wonder why some health systems are ranked above others.

Effect on education:

The first thing that crosses your mind in the times of pandemics is your health. You are scared for yourself that you might catch the virus. Universities, public gatherings, restaurants, etc. are closed until further notice. When you see thousands of people succumbing to the infection every day, it strikes a certain amount of fear in you and you constantly keep on thinking about it. Focusing on your studies when there is so much going on around you and you fear for your safety is one tough task. Then there is your family and loved ones who are far away from you more at risk and not privileged enough to have a strong health system at their disposal.

Digital classes were fun. I enjoyed it as much as the regular classes. Classes were recorded and you could always go back to the recordings if you had any confusion as many times as you like. It was awkward at first, but interactions became more frequent and easier on the online platform as we got more used to it. In terms of learning, I would say COVID-19 has brought us, interesting opportunities and paved a new way for future learning.

But there is so much you can do. Some topics needed an immediate person to person interaction which was limited on digital platforms. Similarly, students who had to leave their countries due to the virus, had

problems joining the classes due to the different time zones. At least we had recordings of the lectures but sitting for an examination from miles away, in particular, is not easy. On top of that, take into context the technical difficulties with the internet, computers and lack immediate feedback, which makes it hard for both students, teachers, and management. COVID-19 has also forced all of our examinations to be home exams. Since it is hard for the teachers to mark students as they have all the resources available to them while sitting for the examination, the majority of exams will be pass/fail which is a bummer especially for those, like myself, who have been targeting good grades for future studies and PhDs.

More than the classes, closure of libraries has been the biggest issue for me. Books can be pretty expensive to buy for students like me. So, I borrow most of my books from the university library. COVID-19 and the subsequent lockdown meant you could not borrow books which has been a major issue for me. But I understand the fact that books can be tough to disinfect and can aid in the transmission too. Universities should work with the health authorities to find a safe way to enable the students to borrow books from the library even in times of emergencies like this.

Then comes the financial aspect of being a student. As an international student in Norway, you have to cover your living expenses yourself and there is no option than work part-time. As the nation went into lockdown, everyone lost their jobs. As students, we were not entitled to any sort of financial security from the government of Norway even though we pay taxes like regular citizens. Asking for financial help back home is not an option, especially for students who come from developing nations like me. All that you earn in a month is just enough to pay for food and rent. Students from non-EU zones, have to renew our VISAs every year and need to document that we have finances to cover the expenses for the next year. With no job contracts or money, I started wondering if I had to return. It would have been a shame if I had to. I had given up a scholarship from another institution from another country to come here. I chose the quality of education over financial security. A month into the lockdown, I started having second thoughts on my decision of rejecting the offer. Whether I should have chosen financial safety over my actual career choice. I have friends who went on with the offer and they had nothing to worry about. I do not regret my decision to date but if anyone asked me for advice if they had the same offer, I would not be as sure as I was a year back. The financial and mental stress takes a toll on you and distorts focus from the studies.

As the months of lockdown unfolded, I started hearing the news that the Australian government was saying that the international students who could not sustain themselves could go back to their countries. Short of money to even pay rent and buy food, how can one pay for chartered flights? Moreover, how could they when all the international flights are grounded? Not a responsible thing for a government like the Australian,

to ask people to go back who bring in billions of dollars every year to the country for education which according to the universities is the primary source for them to sustain. Fortunately, we did not have to go through that stressful situation in Norway.

I understand that it was our choice, as self-financed student, to come here. We knew about the rules, living costs of Norway, and all the implications. But we didn't know about the pandemic either. If we had known that the pandemic was on its way, we would most certainly have chosen another path.

Effect on social life:

Having to stay in a room with no one to talk to. You cannot go out and socialize with your friends and colleagues. Staring at the screens of your laptop and phones is as tiring for the mind as it is for the eyes. Social life was virtually non-existent for most of a month. All the negativity and fear being circulated on social media has not helped either. There have been reports of an increase in depression and domestic violence all over the world. We, in Norway, have been fortunate than those in Italy or France in the sense that we were never restricted to walk out alone. Nevertheless, I like many have engaged myself in things like meditation, yoga, and light physical exercises. Keeping in regular touch with friends and families online has helped a lot.

What is, could have been and should be done:

Firstly, what the Norwegian authorities have done to contain the contamination is commendable. To stop the infection rate and deaths at minimum when people were dying across borders every minute is a testament to the strong governance and health system. The fact that Norway is one of the strongest economies in the world helped. They could close down the country and still sustain it for a month or two without major sweat. However, it was a pity that in one of the strongest economies, international students who worked and paid taxes were left out in the cold. Students from the beginning were not provided any unemployment benefits and there was no mechanism in place for that. This pandemic has now raised an opportunity to put in place a mechanism for these international students who form a large bulk of students in most universities across Norway. Just a separate process for the students, who pay taxes, to get benefits in these sort of crisis would be of great help. Universities like Bergen, Oslo Met announced financial assistance for the international students right away realizing the gravity of the issue. The University of Oslo which has as many as 600 international students, however, could have acted more promptly than it did.

Setting up emergency fund which could provide financial assistance in times like this can be very useful. Certain regular scholarships and grants schemes from respective departments, even when there is no crisis, to students who excel at their academics and for different projects will be helpful and motivating at the same time.

The university however handled the education aspect with much ease and grace that it did not feel for one bit that we were compromising with the academics. They also worked in coordination with the student union and UDI which extended the deadline for international students like us to document our financing till October, which honestly is a lifesaver. On behalf of all of us, I would like to thank all the parties involved that made this happen from the bottom of my heart.

As far as contribution to the social life is concerned, it would have been great if the university was able to conduct zoom sessions with the help from psychological counsellors at regular intervals for those who needed someone to talk to.

Sustainable health system in the wake of COVID-19: How this experience will affect my contribution towards the health of my country?

I would like to write a few words on how this experience will be of great significance when I eventually return to my country. A sustainable health system is the one that maintains a balance between the demand for health services and the supply of services in the long run with the quality accepted by the people. The experience now will hopefully help me influence the development of the health system which is open with the role of each structure clearly defined within the governance. A health system that results in optimization of the input in terms of output. One that is not static. It is hard to anticipate when such pandemics can occur but if it occurs, the health system can adapt to these situations proactively and not falter. A health system that ensures a perfect balance between the preventive, promotive, and curative aspects of the health system. A health system that is free from politics, will be based on evidence rather than guesswork. A system which assesses the cost and outcomes of strategies systematically under the resource constraint faced by us and make decisions. I believe, health economics as my major will render me capable of turning that dream into reality. And maybe, the health system of my nation will be able to go toe to toe with the best health systems of the world.

Conclusion:

I was lucky to have been chosen to receive this scholarship, but there are many more like me out there, I hope that they receive the much-needed support somehow. As the lockdown is loosening down lives are coming back to the track but the damage done in the past few months will take years to repair. Especially, to international students like us, what if the crisis happens again? What if the second wave is a true phenomenon and not just speculations? For how long a system can sustain a foreign student at times when it hard to sustain its citizens?

As Bill Gates in his blog said, we are at war. Not the war that we were anticipating but a war in which all of us are on the same side; we might have many boundaries, but we are a single globe, and now is the time we do not just act as nations but a globe as a whole.