## Correspondence

## Post-earthquake recovery in Nepal

We are grateful to Buddha Basnyat and colleagues (October, 2015),<sup>1</sup> for drawing attention to the potential infectious consequences of the devastating April 25 Nepalese earthquake and the subsequent aftershocks. The need to "build back better" is imperative.

However, Basnyat and colleagues do not mention the current fuel crisis which is seriously hampering earthquake recovery. A new constitution was passed in Nepal on Sept 20, and since then there have been complex border issues restricting importation of diesel, petrol, and cooking gas from India to Nepal.

In Nuwakot District an unparalleled 90% of health institutions were affected by the earthquake. The fuel restrictions have delayed construction of the planned prefabricated hospital, and as the winter cold deepens, inpatients at Trishuli District Hospital are still universally being cared for in tents (figure).

Additionally, limitations on petrol supplies have resulted in overloading of public buses. More than 35 people were killed when an overcrowded bus crashed in a neighbouring district on Nov 3, the victims being brought to Trishuli Hospital. The long-term environmental effects of people being forced to use wood for cooking and heating should also be considered.



Adult ward at Trishuli District Hospital, Nov 13, 2015

Furthermore, some hospitals are in danger of running out of medication again owing to problems at the border.

Inadequate attention has been paid internationally to this issue, which is delaying plans for revitalisation of the health sector in Nuwakot District and indeed the recovery of the rest of Nepal. We call on the international community to demand that the Nepali and Indian governments resolve this problem as a matter of urgency.

Opinions express reflect those of the individuals and not of the organisations to which they are affiliated. We declare no competing interests.

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See Editorial Lancet 2015;