

Covid-19 and South Asia: A Response and Beyond

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Abstract

The first human supposedly had walked out from East Africa some 200,000 years ago, and we do know today, that some of the diseases we are faced with, could be as old as 10, 000 years. For the past 100 years' mankind has been challenged by numerous lethal diseases which have transcended international boundaries and have been defined as pandemic. Novel corona virus or, 2019-nCoV is one such pandemic disease. This coronavirus disease has affected the entire world population since late 2019 including that of South Asia. South Asia which is home to one-fourth of the world's population distributed amongst eight countries namely, Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. Interestingly, some of these countries in the region like Sri Lanka, Maldives and Bhutan are found to have performed well as to the UN Human Development Index and its health indicator is concerned, while, the rest like, India, Afghanistan, Pakistan, Nepal haven't done well in improving the health of their teeming millions. Therefore, the response of these countries has been varied in nature as to tackling of the outbreak of this pandemic is concerned. The study makes an endeavor to discuss the status, nature of response to COVID-19 and the likely impact on governance system in these South Asian countries.

Keywords: Pandemic, Coronavirus disease, South Asia, Governance

Introduction

The people in South Asia have now become familiar with the names of some of the lethal diseases like, Chikungunya, Cholera, Crimean-Congo hemorrhagic fever, Ebola virus disease, Hendra virus infection, influenza (pandemic, seasonal, zoonotic), Lassa fever, Marburg virus disease, Meningitis, MERS-COV, Monkeypox, Nipah virus infection, Novel corona virus (2019-nCoV), plague, Rift Valley Fever, SARS, Smallpox, Tularaemia, Yellow fever, Zika virus disease. And all this is due to the fact that there has been an unchecked spread of Novel coronavirus and a marked incapacity on the part of most of the governments, who have been caught unguarded and unprepared in facing upon such a crisis. Most of the governments in Western Europe did not do much in controlling the spread of the virus in their regions as revealed by time.com.

Here, Novel corona virus (2019-nCoV) is particularly scaring as well as challenging to the people and their governments. In fact, it all started in December 2019, in the region of Wuhan, China, that a new (novel) coronavirus appeared in human beings, and it has been named covid-19, as a shortened form of coronavirus disease of 2019. It seems that this coronavirus spreads incredibly quickly between people, and due to its newness, no one has the immunity to the virus. In China it was seen as an epidemic which had spread worldwide taking the form of a pandemic proportion. And, it was only in March this year, that the World Health Organization (WHO) had declared covid-19 a pandemic.

Therefore, before looking at the spread, the affect, the type of response to covid-19, one needs to address how this narrative of epidemic and pandemic had all started in the ancient as well as in modern time. It is understood now that the influenza pandemic of 1918 was the largest in recent history, causing 20 million deaths worldwide. In more recent times since 1957 and 1968 influenza pandemic also killed a million people. In the ancient world, Hippocrates in the year 412 BC had described epidemic that modern doctors believe to be influenza and since then, history has recorded many such epidemics and pandemic. In the Middle Ages too, there were several outbreaks of influenza. One in 1173 and the other in 1510. In 1580 there was a severe outbreak and spread of influenza across the globe. It had started in Asia and had spread to Africa, Europe and America.

In the eighteenth century, there were 13 severe epidemics while, in the nineteenth century there were 12, and probably 8 or 9 of these 25 were influenza pandemics in the modern sense. In the last century, there have been several pandemics, like in 1918, 1946, 1957, 1968 and in 1977 due to the emergence of new sub-types of influenza A virus. It is also worth mentioning

of the epidemics which occurred with the influenza A virus of 1972, 1974 and 1975. Now, one is therefore, required to briefly look at the meaning of this term pandemic. According to the dictionary, a pandemic is simply a widespread epidemic. And Covid-19, signifies a worldwide epidemic.

1.1. How well are the people in South Asia?

It is crucial and vital therefore to understand the level of government engagement in improving the health of their people. And nothing could be more comprehensive than the HDI index prepared by the UN.

Table.1: Inequality-adjusted Human Development Index (out of 189 countries)

Rank	Country	Human Development Index (HDI) (Values)	Life expectancy at birth (years) SDG 3	Expected years of schooling (years) SDG 4:3	Mean years of schooling (years) SDG 4:6	Gross National Income (GNI) per capita (PPP \$)
71	Sri Lanka	0.780	76.8	14.0	11.1	11,611
104	Maldives	0.719	78.6	12.1	6.8	12,549
129	India	0.647	69.4	12.3	6.5	6,829
134	Bhutan	0.617	71.5	12.1	3.1	8,609
135	Bangladesh	0.614	72.3	11.2	6.1	4,057
147	Nepal	0.579	70.5	12.2	4.9	2,748
152	Pakistan	0.560	67.1	8.5	5.2	5,190
170	Afghanistan	0.496	64.5	10.1	3.9	1,746

Source: UN Human Development Report 2019

Table 1 above provides a brief insight into the Human Development Index report prepared by the UN back in 2019. The HDI values justify the investment of countries on health and education which paved a way for them to fight against COVID as compared to the rest of 189 countries. Now, for those countries which have invested on public health seemed to have been at the forefront in fighting the scourge of coronavirus much effectively than others. Sri Lanka, which is also ranked at the top of the table has recorded very few deaths. The country had reported just 11 deaths when this study was prepared. For instance, a fairly poor, lower middle-income group country like Bhutan, which provide free medical care to all its people has done remarkably well in containing the spread as well as in terms of no recorded Covid deaths. Even Maldives has recorded a very low death rate which is less than half a per cent. And, these instances are quite an

achievement, a feat in itself. Interestingly, one must recall that some of the South Asian countries tend to invest heavily on defense expenditures because of security considerations and thereby, neglecting investments in public health and welfare.

Despite being counted as one of those countries in the region, which saw a fairly high defense expenditure in the past, Sri Lanka has continued to invest in public health, providing free medical support to its people. Thereby, the island nation has been able to take on the challenge of fighting the coronavirus in a much robust manner compared to its bigger and richer neighbors. On the other hand, the bigger and resource rich countries in the region have turned to something called “herd-immunity” (meaning of herd-immunity, when a large portion of a community, the herd, becomes immune to a disease, making the spread of disease from person to person quite unlikely. Result in the whole community becoming protected India with a billion plus population is experiencing a rapid rise in COVID infected people coupled with a substantial numbers of deaths. 52,889 were cases of reported deaths. While Pakistan with a much smaller population of 22 million has witnessed an equally alarming number of deaths, 6,201 when this study was conducted. Bangladesh similarly with a very high population in around Dhaka saw a staggering death rate of 4,057. Similarly, Afghanistan with its ongoing political crisis has registered much lower deaths, 1,375 was the figure officially reported. Despite of the fact that some of these countries like India, Pakistan, and Bangladesh having far better medical facilities than the smaller neighbors have witnessed high level deaths are due to government apathy, lack of preparedness and poor management.

Broadly speaking, the South Asian countries faced this crisis with many other already existing deprivations like the poverty, hunger, gaps in public health infrastructure and access to basic health infrastructures along with a lack of social protection therefore, for a better understanding of the South Asian condition and its level of preparedness for covid-19 or any other such health related issues in the current time and or in the future, we may refer to Table 2.

Table. 2: Level of preparedness in South Asia to Covid-19, Health system

	Govt. health expenditure (% of GDP)	Hospital beds (per 1000 people)	Nurses and midwives (per 1000 people)	Physicians (per 1000 people)
Afghanistan	0.49	0.47	0.17	0.27
Bangladesh	0.47	0.67	0.26	0.46

Bhutan	2.49	1.75	1.28	0.31
India	0.91	0.70	1.37	0.74
Maldives	5.21	4.30	5.65	2.57
Nepal	1	0.30	2.31	0.67
Pakistan	0.72	0.60	0.52	0.90
Sri Lanka	1.62	3.55	1.92	0.84
South Asia	0.89	0.67	1.14	0.74
OECD members	7.52	4.13	9.29	2.81
East Asia & Pacific	4.54	3.67	2.85	1.48
World	5.8	2.70	3.44	1.45

Source: UNESCAP based on World Development Indicators, accessed at

Table 3: Level of preparedness in South Asia to Covid-19, Access to basic infrastructure

	Basic drinking water services (% of population)	Basic sanitation services (% of population)	Open defecation (% of population)
Afghanistan	57.59	38.75	15.49
Bangladesh	96.72	43.78	2.88
Bhutan	95.38	65.67	1.56
India	89.81	50.48	35.17
Maldives	98.42	96.20	1.13
Nepal	87.13	51.28	30.54
Pakistan	90.31	54.45	16.31
Sri Lanka	87.39	93.41	1.29
South Asia	89.81	50.65	29.28
OECD members	99.23	98.06	0.28
East Asia & Pacific	90.90	79.43	3.18
World	88.05	69.94	11.54

Source: UNESCAP based on World Development Indicators

Table 4: Level of preparedness in South Asia to Covid-19, Connectivity

	Fixed broadband subscriptions (per 100 people)	Mobile cellular subscriptions (per 100 people)
Afghanistan	0.02	53.41
Bangladesh	2.47	76.69

Bhutan	2.41	83.30
India	1.21	75.40
Maldives	5.76	155.59
Nepal	1.12	88.85
Pakistan	0.80	65.26
Sri Lanka	3.30	109.72
South Asia	1.28	74.57
OECD members	28.32	112.27
East Asia & Pacific	15.37	99.96
World	10.92	93.72

Source: UNESCAP based on World Development Indicators

Table. 5: Covid-19 in South Asia

Country	Confirmed	Recovered	Deaths
Afghanistan	37,599	27,166	1,375
Bangladesh	282,344	163,825	3,740
Bhutan	147	103	0
India	2,702,742	2,038,585	52,889
Maldives	6,079	3,602	24% or, 0.39% mortality rate
Nepal	28,257	17,580	114
Pakistan	290,445	272,128	6,201
Sri Lanka	2,902	2,760	11

Sources: Ministry of Health

Now, let us turn our attention to country wise response to the challenge posed by covid-19. For instance, Afghanistan (Banerjee and others) is faced with a huge challenge as majority of its people live in rural areas with little or no access to modern medical support and medical care. On top of it, the country continues to experience near war-like conditions with insurgents continuing to fight with government forces making it more difficult for the people in the rural areas to have proper access to healthcare. Although, the Taliban organization has allowed the movement of WHO and Red Cross to visit affected areas under their control. Moreover, its border with Iran, which remained a major covid-19 hotspot poses a greater challenge to the country. Despite the international community's support for the country at this hour of double-trouble more sustained support is required.

Bangladesh (Banerjee and others) is facing with a daunting economic challenge posed by the pandemic. The garment industry is witnessing a major shrinking in its demand in its European and North American markets. The result is large-scale lay-off of workers. It is also reported that one in every four workers engaged with the manufacturing industry is facing income loss. Bangladeshis living in poverty are face with an uncertain future like the ones in the rest of South Asia. At another level the Rohingya refugees living in refugee camps in Cox Bazaar are also faced with an imminent health crisis. The fear from being disliked keep the Rohingyas away from coming forward for testing.

Tiny landlocked Bhutan (Kuensel *et. al*, 2020) tucked in the eastern Himalayas between the two Asiatic giants is also faced with a steep road ahead. Although it has been successful till now in limiting the spread of the virus, a recent surge could be imminent due to the porous nature of the border that it shares with India which has seen a spike in the number of cases. Her dependence on India also makes her appear vulnerable in this crisis. However, it is the only country in the region with limited resources that is has not seen a single number of deaths due to covid-19. It is indeed a feat for the country. Any surge in the number could limit her capabilities and defeat all her efforts in fighting the virus.

In India (Banerjee, The Wire) an apathetic attitude on the part of the government initially, and its administration has caused a major spike in number of covid-19 cases. Despite the fact that India perhaps has the best capability in fighting the virus. However, a knee-jerk reaction to the spread caused, unplanned lock-downs have caused tremendous hardships for the poor section especially for the migrant workers in the country, leading to spread of the virus from the hotspots into the countryside. This was coupled by unsympathetic attitude on the part of law enforcement agencies which has increased the level of suffering amongst the poorer section of the population. Her tests still remain much below the level of what is required at the moment. Interesting to not here that all those countries in East Asia which have been somewhat successful in putting a check to the spread have carried out large-scale tests of its population.

The tiny island nation of the Maldives (UNDP) in the Indian Ocean is also faced with a big challenge. The country has been caught unprepared for the crisis. Its health facilities are not prepared for the crisis. On top of it, its economic dependence on a lucrative tourism industry has also added on to its plight economically.

Nepal (UNDP), a country dependent on tourism, foreign remittances from its migrant workers in India, the Middle East and beyond is also faced

with a serious challenge. As her migrant workers have either returned to the country or, are unable to send much required money to their homes due to economic slowdown and closure of economic activities in those countries. On top of it, land-locked Nepal's dependence on India for various economic reasons and the recent differences which the country has developed with her southern neighbor has added to her headache.

Pakistan is equally faced with a herculean task of tackling her economic woes which dates back pre-covid-19 days in terms of balance of payment crisis, and the ongoing political crisis with her neighbor India on one hand and of addressing the emergency arising out of the spread of covid-19 amongst its population. Any extended lock-down on her people have their direct fall-out in terms of unemployment for those attached with the informal sector of the economy. And interestingly, one might observe that the political leadership (The Week) in the country has been quite astute in not prolonging a complete lockdown of the economy for long. The divergent nature of the healthcare system, in some of the provinces and regions having advanced facilities compared to others also adds on to the stress level created by covid-19. The political difference which Pakistan is currently experiencing with her neighbor India even at the level of regional cooperation is also affecting Pakistan as well as the rest of the regional countries' ability in fighting this virus.

Sri Lanka, a country ranked higher in the UN Human Development Index Report is equally faced with the challenge from the spread of this virus. The response has been militarized (The Hindu); it has deployed its armed forces in fighting the pandemic. Interestingly very few incidences of deaths have been reported from the island nation compared to other bigger and much resourceful neighbors.

In the conclusion one must understand that one thing is very clear, that much of the vulnerable and poor sections of the people in the South Asian region are at far greater risk than any other sections. And secondly, the South Asian region with all its backwardness and inequalities face a bleak future with the spread of covid-19. A number of economic packages by the respective governments along with the financial support from both the regional and sub-regional groupings like, the SAARC, BIMSTEC, BBIN, UNESCAP, World Bank and others can only help the region to overcome the challenges in terms of health and in socio-economic spheres from getting worse. However, the role of the governments in fighting this pandemic remains under the scanner. Governments across South Asia have responded differently to this pandemic. While some remains apathetic,

others remain pro-active even in transforming the nature of response to that of troops mobilization.

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