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The Coronavirus Pandemic in South Asia: Challenges and Responses

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(Amarjeet Kumar Singh - Anadolu Agency)

As covid-19 creates havoc around the world, and with the World Health Organisation (WHO) describing it as a 'pandemic', governments have had to scramble to manage the spread and impact. This policy outlook looks at the regional statistics, shared challenges and country-specific concerns and vulnerabilities as well as provides evidence-based policy and programmatic recommendations.

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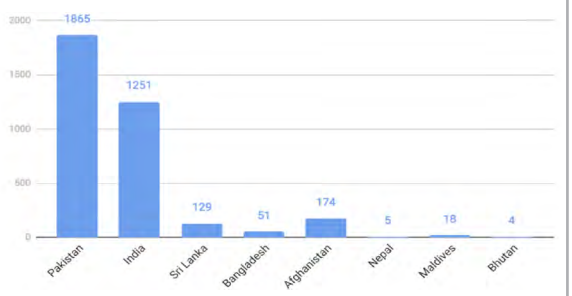
As covid-19 creates havoc around the world, and with the World Health Organisation (WHO) describing it as a 'pandemic', governments have had to scramble to manage the spread and impact. South Asia, namely Pakistan, India, Bangladesh, Sri Lanka, Nepal, Maldives, Afghanistan and Bhutan have begun to experience what is being described as 'phase three' of the covid-19 pandemic as of late March 2020. This development comes after the disease spread widely among local communities. In contrast, during 'phase two', the transmission was predominantly traced back to arrivals from foreign countries. As the coronavirus spreads, the fight against this disease has accelerated both in terms of prevention and cure. This policy outlook will outline some of the key common challenges as well as advantages associated with South Asia when it comes to fighting covid-19, along with some unique country-level priorities.

Regional Statistics

As of March 31st 2020, South Asia's covid-19 cases have remained low compared to, for example, the European Union, the United States or China. Nevertheless, cases are continuing to rise, and according to some experts, are about to grow exponentially.

Confirmed covid-19 cases in South Asian countries

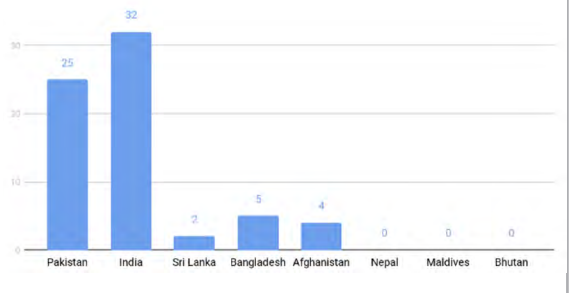
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Confirmed deaths in South Asian countries

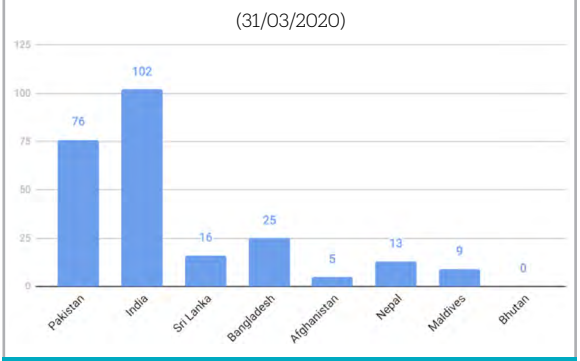
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Source

Confirmed recoveries in South Asian countries

(31/03/2020)



Source

Given the above figures, Pakistan and India have the highest number of confirmed cases, with the highest fatality rate in Afghanistan (approximately 2.4%) and the lowest fatality rate in Sri Lanka, Nepal, Maldives and Bhutan with all countries reporting zero fatalities. Nepal has also reported the highest recovery rate (33%).

However, there are concerns that confirmed cases of covid-19 are under-reported in South Asia. This may be due to multiple factors, including high costs of testing for cash-strapped governments and lacking health infrastructure that may have led to a lack of testing, and consequently, detection of the disease.

Common Advantages

Considering countries in the region fair similarly on multiple demographic, socioeconomic and human development indicators, this section focuses on common advantages that may be at play in South Asian nations' fight against the novel coronavirus. Firstly, the median age across South Asia is 27.6 years. As the novel coronavirus is believed to be deadlier for the elderly, who are also more likely to be hospitalised and thus potentially overwhelm health systems, this may be an advantage.

Secondly, South Asia as a region may be what is come to be known as 'behind the curve' when it comes to covid-19 infection and having learned from other worse affected regions, may be able to apply lessons learned effectively to 'flatten the curve'. As of March 26th 2020, despite the low numbers of cases of novel coronavirus regionally, Sri Lanka has imposed a strict indefinite curfew, India has imposed a 21-day complete lockdown, Nepal has closed its borders, and while Pakistan and Bangladesh have not compelled lockdowns, social distancing measures have been undertaken. Furthermore, the military has been deployed in both countries to help civil administrations enforce preventative measures. Even in Afghanistan, the Taliban who have been historically sceptical of global health organisations, have confirmed that it was ready to cooperate with the WHO.

Common Challenges

According to World Bank data, population density in South Asia was 380 people per km^2 in 2018, making it one of the most densely populated regions in the world. This makes social distancing very difficult, as many people live in close quarters with their families and neighbours and share facilities such as toilets. Lack of access to clean water and disinfectants is common, and with regional air pollution reaching alarming levels, managing a full-blown novel coronavirus outbreak is expected to be a nightmare.

On top of that, South Asian countries do not have advanced healthcare systems. For example, India has one doctor per 2000 people (the WHO recommends a doctor-patient ratio of 1:1000), while Pakistan has approximately 2000 ventilators in preparation for the covid-19 outbreak. Somewhat ironically, both are reported to have rapidly expanding nuclear weapon arsenals. South Asian countries tend to historically underspend on health care. Quarantine arrangements have been lacking severely in multiple countries, including India and Pakistan. In the case of Pakistan, the poorly managed quarantine facilities on the Pakistan-Iran border were considered the source of most positive cases of covid-19 in the country.

Given the massive constraints, governments have opted for measures such as enforced lockdowns and curfews. While they can be considered pre-emptive measures in order to avoid what is likely to be an unmanageable situation, the impact of such measures on the economies of South Asia is expected to be enormous.

This is firstly since, as data from the International Labour Organisation (ILO) shows, most South Asian countries have very high numbers of informal workers. For example, Nepal, India and Pakistan have informal employment rates of 91%, 81% and 78% respectively. As per the ILO, informal employment is defined as 'all remunerative work (i.e. both self-employment and wage employment) that is not registered, regulated or protected by existing legal or regulatory frameworks, as well as non-remunerative work undertaken in an income-producing enterprise. Informal workers do not have secure employment contracts, workers' benefits, social protection or workers' representation'. That means that in India, for example, which has implemented a 21-day lockdown with no measures such as government food programs or cash transfer programs, more than 8 out of 10 people (81%) are employed informally. This is significant as many informal workers do not have job security, and lockdowns mean loss of critical income. Experts are warning that lockdowns and curfews without support measures in place may lead to a desperate situation, particularly for informal workers earning daily wages. This is already evident in India where many daily labourers believe the lockdown amounts to an 'order to starve', particularly when backed up by the threat of policy violence. Food security is also a problem in Sri Lanka, where a curfew has been imposed. It is not unreasonable to expect conflict, potentially in the form of riots or violent protests, to follow soon after. Such workers are also more likely to seek out work, thereby increasing their risk of infection and possibly becoming carriers.

Secondly, some economies in South Asia, such as Nepal and the Maldives are heavily reliant on tourism. In Nepal, more than a million jobs are generated by the industry. Tourism has become the main driver of the economy in land-locked Nepal. The novel coronavirus outbreak in neighbouring countries as well as in countries that are the source of much of Nepal's tourism (India, the United States and China) has generated panic in the country. Nepal, with just three confirmed cases of covid-19 as of March 26th 2020, with no deaths and one person having recovered already, has sealed its borders as a preventative measure. However, this is likely to create havoc for the country's economy as more time passes.

Case Studies: India and Afghanistan

India

The Indian government was quick to undertake preventative measures such as airport screenings and flight restrictions as early as late January as the novel coronavirus spread in China. The country, however, did not ban incoming international travel until mid-March 2020, and that led more than 80,000 arrivals from the Gulf States and elsewhere to pour into India every day. This led India to enter 'phase three' from 'phase two' of the covid-19 spread, with local community transmission gaining traction over cases being traced to arrivals from foreign countries. The country is the most densely populated out of all South Asian countries, with millions of people living in extremely close proximity, many without access to clean water or disinfectants. Immunocompromised people are documented to be more likely to experience the more severe forms of covid-19, and with more than a third of Indians being hypertensive and 10 per cent diabetic, along with rampant malnutrition, the Indian government was potentially neglectful by delaying banning all incoming international travel.

While it can be justified given that such a move would have had negative economic impacts, particularly as many countries did not consider travel bans necessary before mid-March 2020, India's ruling Bharatiya Janata Party (BJP) led by Prime Minister Narendra Modi encouraged the utilization of unscientific measures for both prevention and cure for covid-19. BJP leaders threw multiple parties where cow urine was touted as prevention and cure. At such events, local BJP leaders drank cow urine to spread the message of its usefulness to combat covid-19. Along



Delhi police officer wields his baton against a man as a punishment for breaking the lockdown rules after India ordered a 21-day nationwide lockdown to limit the spread of the coronavirus (COVID-19) in old Delhi, India on March 29, 2020. (Imtiyaz Khan - Anadolu Agency)

with cow urine, yoga has also been touted as a cure. After a prominent guru extolled the benefits of yoga, the Chief Minister of Uttar Pradesh, Yogi Adityanath, recommended it for several diseases including covid-19. Indian ministries issued advisories recommending traditional medicines and remedies for covid-19 on 29th January 2020. Unfortunately, this is not unique to the current situation. Given the massive popularity of Prime Minister Narendra Modi and his party in India, such actions carry grave danger when it comes to disinformation and misinformation. In a developing country such as India with high Internet connectivity and low levels of literacy, where effective health communication is a difficult task at the best of times, irresponsible statements from the ruling government can have disastrous consequences.

According to a group of scientists quoted in The New York Times, instead of the official numbers of 649 confirmed novel coronavirus cases and 13 deaths as of March 26th 2020, the actual number in India is estimated to be more than 21,000 infections. This divergence is likely due to the lack of testing.

Indian Administered Kashmir has been under lockdown since August 5th 2019, following the decision to revoke Article 370 of the Indian Constitution that had given special rights to Jammu and Kashmir. A lockdown and communications blackout followed immediately after as Kashmiris were expected to protest against what many of them saw as an attempt to alter the demographics of their region. Some have - somewhat jadedly - offered consolation to Kashmiris, as the novel coronavirus spreads through India leading to a country-wide lockdown, that they have had significant experience with lockdowns so it may not be as hard for them. However, considering Kashmir still does not have access to 4G Internet technology that the rest of India does, consequences of the covid-19 outbreak may be compounded. Firstly, there is a consequent lack of access to information on preventive measures. Secondly, Kashmiri children do not have access to online education, as the rest of India does. Kashmiri children have not had access to schools since August 2019, and the lockdown is only going to exacerbate the issue. Thirdly, Kashmir's economy, already devastated by the Indian government crackdown since August 2019, is going to be further impacted as the communication blackout does not allow for working from home. Additionally, there are thousands of young Kashmiri boys and men who have been jailed and allegedly tortured since August 2019. Given that many countries (Afghanistan and Pakistan being regional examples) are considering releasing prisoners from overcrowded jails to reduce the risk of coronavirus transmission, no such initiative has been taken by the BJP when it comes to Kashmiris, despite calls to do so.

As of March 31st, 49 confirmed cases emerged from the Kashmir Valley, with one confirmed death. However, the BJP government refuses to reinstate full internet services in the region, despite several international calls to do so, including by Amnesty International India's Executive Director Avinash Kumar:

'The situation in relation to the coronavirus is constantly evolving. To ensure its full communication to the people of Jammu and Kashmir, the government of India must urgently lift internet restrictions in the region and ensure real-time preparedness of the people against the spread of the virus. The responses to coronavirus cannot be based on human rights violations and a lack of transparency and censorship.'

Afghanistan

Afghanistan has, as of March 31st 2020, 174 confirmed covid-19 cases. Though the numbers are unexpectedly low, this is likely to be linked with lack of testing as is the case in India. Afghanistan is particularly vulnerable to a covid-19 outbreak due to multiple factors.

The first factor is that thousands of Afghans are entering the country from neighbouring Iran every day in a bid to escape the disease outbreak there. Most of the positive cases are returnees from Iran. The Afghan government has yet not ordered the closure of the Afghanistan-Iran border. Considering Pakistan, which received almost a million pilgrims returning from Iran, has linked most of the cases in the country to them, it is likely that not closing the border as well as lacking screening facilities, is leading to many cases of covid-19 entering Afghanistan undetected. Given that there is a severe lack of screening, a lack of proper quarantine measures appears to be a natural by-product. The Afghan government's inability to ensure preventative measures in anticipation of a covid-19 outbreak has increased the risk of coronavirus transmission in the country.

According to the acting provincial public health director of Kandahar Province, Muhammad Zaeem Zmarial Kakar, many Afghans do not adhere to recommendations provided by the Afghan government for several reasons. These include low literacy levels leading to an inability to comprehend the seriousness of the threat to fatalistic beliefs and rumours based on pseudo-religious reasoning such as Muslims being immune to the novel coronavirus. A lack of trust between the Afghan government and some factions of the Afghan public cannot be ruled out as a contributing factor. These reasons present significant challenges to healthcare workers and public health professionals working on developing preventative measures for the country. Additionally, health communication related to the novel coronavirus has not been context-specific in Afghanistan. For example, many advertisements feature hand sanitizers, which are not at all common in the country. Hand washing is advertised, but most cities in Afghanistan lack public toilets.

This is very similar to the unsuccessful messaging employed by the United States in Afghanistan. In the early 2000s, when the Bush administration launched its 'war on terror' programming that aimed to win Afghan public approval for US policies, some themes deployed by the US military included 'the war on terror justifies US intervention', 'Taliban are enemies of the Afghan people, and 'monetary rewards are offered for turning in weapons and/or capturing Taliban leaders'. US researchers found much of the communication material used to be inefficacious as it was developed without considering the local socio-cultural landscape. For example, many Afghans did not know what US dollars looked like, so material that offered monetary rewards in dollars was woefully ineffective. Using footage of the actual attack on the World Trade Centre elicited the same response, as much of the Afghan rural population had not even seen a television, much less New York. Similarly, images of the Taliban used in the material were images of everyday Afghans. Many Afghans did not know what the Taliban leaders looked like and were likely to associate material showing targeting of Taliban with targeting of all Afghans.

Additionally, political instability threatens to increase Afghanistan's vulnerability to covid-19. After a long drawn out election in Afghanistan, Afghan President Ashraf Ghani and his political rival Abdullah Abdullah both claimed victory and the United States had to mediate to resolve the problem by propagating an inclusive government that would accommodate both, as was done in 2014. However, the U.S. Secretary of State Mike Pompeo was unable to mend fences between the old rivals and consequently the United States announced cuts in financial aid to Afghanistan, starting with a cut of $1 billion in aid to the country in 2020. Considering Afghanistan is cash strapped, uses US aid for even basic expenses, and is amidst a political crisis that may compound national unity issues, such a loss of resources could be disastrous for Afghanistan. In recognition of this fact, the United States pledged $15 million for help in the fight against covid-19, but questions remain whether it will be enough.

Recommendations

Given common advantages and challenges, as well as country-specific priorities and vulnerabilities outlined above, South Asia, having entered 'phase three' of the pandemic with the virus spreading widely among local communities and less likely to be traced back to arrivals from foreign countries, could benefit from the following:

- • Instead of enforced lockdowns and curfews, it may be more beneficial for national and local governments to focus on encouraging social distancing measures. To be effective, awareness campaigns should be conducted on multiple platforms, including television and online.
- • Internet provision must be declared a human right and necessity for all to ensure effective health communication for all. In this context, the communication blackout in Kashmir must be lifted.
- • Effective health communication materials need to be developed, keeping in mind the socio-cultural context. Given that South Asia is a deeply religious region, it may help the national and local governments to enlist the help of religious leaders or at least monitor their messaging related to covid-19.
- • Prioritize preventative healthcare over curative by investing in testing. Testing has been shown to be very effective in terms of enabling tracking and isolating those infected, thus limiting the spread of the disease. Regional governments can direct limited resources towards testing, instead of scattering said resources in multiple directions, especially as South Asia does not have a very high number of confirmed cases as of yet.
- • Provide safe and sanitary quarantine facilities. Quarantine facilities must be particularly focused on ensuring women, children and minorities are safe from harassment and exploitation.
- • Encourage national and local media to not create panic by adhering to guidelines related to reporting disasters, including reporting reliable data, featuring trusted experts and ensuring all news is thoroughly fact-checked. Irresponsible reporting may potentially lead to food hoarding, price gouging, and discrimination towards any particular group, amongst other unsavoury outcomes.
- • Media professionals must avoid politicking at the expense of the potential victims, as was witnessed in the case of Pakistan recently. They must focus on providing vital information to their audiences, instead of on playing blame games or prioritising partisan politics.