THE HIDDEN PANDEMIC: IMPACT OF COVID-19 IN SOUTH ASIA

PRIMER
The Hidden Pandemic:
Impact of COVID-19 in South Asia

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The Context

The COVID-19 pandemic which began in late 2019 is still far from over. On the one hand, the novelty of the virus has led to the most significant global public health emergency of the 21st century, whereas, on the other hand, the evolving nature and trajectory of the virus have also posed a challenge for scientists around the globe to find its cure. The evolving and mutating nature of the virus, and the emergence of newer variants in different countries, is an indication that the pandemic will continue to exist in the immediate future.

Needless to say, the pandemic has affected everyone irrespective of nationality, race, religion, age, and gender. A total of 633 million cases with 6607377 deaths have been reported worldwide so far owing to COVID-191. The COVID-19 pandemic has virtually affected every corner and every facet of the world. Initially what started as a global health shock now has a profound impact on socioeconomic dynamics.

During the early outbreak of the pandemic, the virus was portrayed as the ‘great equalizer’ of castes and classes, the rich and the poor, the urban and the rural that did not discriminate between those domiciled in luxury houses and apartments and those living precariously in slums and ghettos2. Nevertheless, in hindsight and knowledge from additional research, it has become evident that the impartial and great equalizing characteristics of the virus were misleading and illusive, at least in two ways. Firstly, the death rates are cross-culturally associated with socioeconomic deprivation and other measures of inequality. Mortality rates, vaccination rates, and patterns of viral transmission highlight systemic inequalities between people, groups, regions, and nations. Secondly, a variety of aggravating conditions that behave as comorbidities that exacerbate the emotional harm caused by the epidemic are faced by the socially marginalized.

1 https://www.worldometers.info/coronavirus/coronavirus-death-toll/
Besides the discriminatory impact of COVID-19, the hoarding of vaccines by global “haves” has exposed the vast inequality and polarization between the global North and the global South. The myopic, selfish, and suboptimal move of wealthy countries in the stockpiling of COVID-19 vaccines that exceed their domestic requirement has left poorer countries and their citizens in a disadvantaged and dangerous situation. The vaccine monopolist and anti-Trade Related Aspects of Intellectual Property Rights (TRIPS) waiver campaign of selected wealthy countries with large pharmaceutical industries, including the United Kingdom (UK), Japan, and the European Union (EU) state within the World Trade Organization (WTO) (Harman et al., 2021)³ have repeatedly blocked the proposal of India and South Africa for a temporary waiver of certain provisions of the TRIPS agreement, such as waiving patents, copyrights, trademark rights and transfer of COVID-19 technologies for the duration of the pandemic so that all manufacturers with sufficient capacity and shared know-how could start production to meet the global demand and supply of the vaccines. The indifference of the vaccine-producing countries toward technology transfer, TRIPS waiver, etc., has been a challenge in ensuring fair and equitable access to vaccines.

Hence, in the aftermath of unprecedented and multifaceted challenges posed by COVID-19 in the South Asian Association for Regional Cooperation (SAARC) region, South Asia Alliance for Poverty Eradication (SAAPE) has produced a primer on vaccine inequity and its wide range of socio-economic and public health-related implications in the region. The overall objective of this primer is to analyze the impact of the COVID-19 pandemic on the household, informal and care workers and their livelihood, education system, employment, access to health services. It also looks into small and medium-sized entrepreneurship, public spending on COVID-19 vaccine while using the primer as a education and communication material that highlights the political economy of vaccine inequity. The special focus of the primer is on five aspects namely: gender, workers/laborers, small and medium-sized enterprises, education, and public health to better understand the implications of the COVID-19 pandemic.

Vaccination: At a Glance

A reliable vaccine and its equitable distribution to prevent the spread of the virus is the need of the day. Studies suggest that vaccines are effective interventions that can reduce the high burden of diseases and the impact of deaths globally.

A study conducted by the Centers for Disease Control and Prevention (CDC) concluded that the risk of infection was reduced by 90% two or more weeks after the second dose of the vaccine (CDC, 2021). The World Health Organisation (WHO) also states that the vaccination has been shown to contribute to reducing deaths and severe illnesses from COVID-19, and reducing the transmission of COVID-19 ("Statement for healthcare professionals," 2022)5.

Vaccination in South Asia So Far: India Leads the Way in the Region

As of November 8, 2022, 950.32 million people have been fully vaccinated against COVID-19 in India. The country currently has the highest number of individuals vaccinated in the SAARC region. The total number of vaccines administered in India is 2.2 billion6.

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4 https://www.cdc.gov/media/releases/2021/p0607-mrna-reduce-risks.html
6 https://ourworldindata.org/coronavirus#explore-the-global-situation
Maldives Lags Behind

As of October 17, 2022, a total of 951,199 doses have been administered in Maldives and a total of 385,014 people have been fully vaccinated in the country.

To note, the vaccination in the SAARC region started with the generous support of COVAX co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, and the WHO, alongside key delivery partner UNICEF. The COVAX Facility aims to accelerate the development and manufacturing of COVID-19 vaccines and to guarantee fair and equitable access for every country in the world.

Number of Fully Vaccinated in the SAARC Region and the Doses Administered

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7 https://www.gavi.org/covax-facility
8 https://ourworldindata.org/coronavirus
1 GENDER
Analyzing the COVID-19 Impact in South Asia: Gender

South Asian countries saw the highest number of COVID-19 cases, predominantly in the second wave of the pandemic in Nepal and India. At present, the region is witnessing a linear growth of the virus surge putting everyone on respite. However, with the advent of winter, COVID-19 cases could rise dramatically. An article published in Reuters says daily global COVID-19 infections are projected to rise slowly to about 18.7 million by February from the current 16.7 million average daily cases, driven by the northern hemisphere’s winter months.

The virus has been and will be harsh to everyone.

Though, erupted as a serious public health threat, COVID-19 has established itself as a stark social and economic consequence since its outbreak. The SAARC region, which is home to 23.75% of the world’s total population and shares a similar socioeconomic condition, entered the COVID-19 crisis with a low level of preparedness. The impact of COVID-19 in the region is shaped by a combination of sociocultural, political, and economic contexts. Uneven distribution of gains in the region, both within countries and across them, and also because of a lack of adequate healthcare infrastructures, highly dense population, poverty and hunger, poor sanitation, poor access to healthcare services, poor investments in the health sector, and socio-economic vulnerabilities, the impact of COVID-19 was severe in the region.

The prevalence of COVID-19 has been indistinguishable in men and women throughout the region. However, as stated earlier, a consistent trend observed is that the pandemic has a differential impact on women, compounded by their intersecting identities (age, socioeconomic status, disability, sexuality, religion, indigeneity, geography, migration, refugee status, and more). For vulnerable and marginalized groups - especially poor women and girls, gender and ethnic minorities, and women and girls with disabilities - the crisis has deepened pre-existing inequalities, and the fallouts have been severe.

“The impact of COVID-19 in the region is shaped by a combination of sociocultural, political, and economic contexts.”

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minorities, and women and girls with disabilities— the crisis has deepened pre-existing inequalities, and the fallouts have been severe. The primary impact of the disease is observed significantly higher in men (i.e., worse outcomes and deaths), whereas the indirect socioeconomic impact is very high in women and girls given the status of women in society. As the region has one of the most unequal income equalities, social indices, and power relations in the world, and in times of crises like disease outbreaks, one as COVID, socio-economic and power relations alter and heighten the inequalities that women experience (ibid)\(^\text{11}\).

Because of the pre-existing structural inequalities in the region, reports of increased Gender Based Violence (GBV), an act of physical, sexual, mental, or economic harm inflicted on persons based on their perceived or actual gender identity, have been documented since the early stages of the COVID-19 pandemic. The stereotypical, structural arrangements and perceived gendered roles of girls and women are most likely to be subject to GBV. Also, studies show that during humanitarian emergencies, risks of violence, exploitation, and abuse increase, particularly for girls and women. Nevertheless, COVID-19 cannot be a pretext for violence, exploitation, and abuse, most probable the decisions to control the epidemic via ‘lockdown’ and ‘social distancing’ have provided contexts for perpetrators to intensify existing abusive behaviors against women and children, in particular, to control, degrade, threaten or otherwise use violent and abusive behaviors against them.

In the context of South Asia, out of many forms of Violence Against Women (VAW), the COVID-19 pandemic has exacerbated mainly two types: intimate partner violence (IPV) and digital violence. The IPV, as stated above, has increased because of confinement in homes whereas digital violence is a result of remote work and higher internet usage for virtual socialization. Spending more time than usual during the pandemic has facilitated exposure to incidents of sexual harassment, zoombombing, stalking, threats, and sex trolling particularly for girls and women.

For instance, in Nepal, data from the police, National Women’s Commission, and rapid gender assessment have indicated rising intimate partner violence, including marital rape, domestic violence, and other forms. Since the first lockdown in March 2020, a total of 1,669 domestic violence cases and 353 cases of other forms of violence against women have been reported through the 1145 toll-free helpline for survivors\(^\text{12}\).

\(^{11}\) ibid
Similarly in India, lockdown 1.0 saw a rapid upsurge in the complaints that were being reported at the National Commission for Women (NCW). Between the first week of March and the start of April 2020, the number of domestic violence cases increased by twice the previous rates in India. According to the National Commission for Women (NCW), this was a 94 percent increase in the complaint of women assaulted in their homes during the lockdown. Likewise, a study conducted by Muni et al., (2021) in Pakistan highlights gender-based disparity and violence against women during COVID-19 pandemic as a common phenomenon.

What explains this sudden burst of violence against women in South Asia? Probably the stress borne out of the COVID pandemic led to the increase in the occurrence of violence in families during and post-pandemic. Periodical lockdowns, shortages of basic amenities, lack of social support, disruption to the economy, feeling of helplessness, powerlessness, and paucity of access to basic means of livelihood have had both sudden and indelible effects on violence in society. The unprepared conditions facing the loss of jobs, alienation from social support, and economic strain have harbored violence in families in which girls and women have been easily subject to violence.

Apart from the reciprocal relationship of domestic violence seemingly rising with an increase in financial stress, COVID-19 has impacted more girls and women because of their ascribed gendered roles. In South Asia, the governments implemented immediate lockdowns as early as March 2020, bringing moving life to a halt. Lockdowns were considered mandatory precautionary measures to slow the spread of the virus. The sudden mobility restriction and closures of schools in the region have seen a dramatic rise in child, early, and forced marriages. Likewise, a prescribed gendered role of housekeeping, which is done mostly by female members in the South Asian context, has doubled the time spent on the care of their families. Also, mostly female members of a family are burdened with the care of the family which is often unpaid and goes unrecognized.

The lockdown measures to contain COVID-19 also have had a significant impact on sexual and reproductive health and rights in South Asia for both men and women. Nonetheless, the epidemic aggravated the existing inequalities for women and girls. Lockdowns, which were implemented to curb the spread of the virus, resulted in a significant disruption in essential services and supplies. Regarding sexual and reproductive health services, delays and stoppage in information and service delivery are estimated to have had a grave impact on women's health and well-being, although men's health has also been affected.

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14 https://vc.bridgew.edu/cgi/viewcontent.cgi?article=2450&context=jiws

“Experts say in Nepal, the pandemic has intensified the factors that drive child marriage, such as a lack of education, economic hardship, parental death and teen pregnancy”
COVID-19 has also impacted adversely on social reproductive work in the region. As stated above, due to the gender and sexual division of labor, the majority of unpaid care and house chores already fell under the purview of women. Women are expected to carry out social reproductive work, such as child care and the demanding task of managing the family, to make sure that everything runs well. Whether a woman has other jobs or not, they are supposed to look after the home and those living at home. On the other hand, men see themselves in charge of the economic and productive sphere and are thus exempt from participating in the domestic sphere. The amount of unpaid care work performed by women in both types of family structures during the COVID-19 epidemic was examined in an Indian study by Deshpande (2020). She discovered that, although women in extended families would be better able to divide up household duties, they nonetheless experienced a sizable increase in their unpaid labor during the lockdown, albeit at a lower rate than women from nuclear families.15 COVID-19 and the subsequent lockdown further added to the barrier for women to access lifesaving services, seek counseling, legal advice, justice resources, social support, medical assistance, sexual health, and refuge provision.16 These led to negative health impacts and an increase in the risk of extreme violence. Women including older women, teenage girls, disabled women/girls, LGBTQ/trans women, migrant women, refugee women, indigenous women, and rural women face higher obstacles in accessing essential services.17

There is no doubt that gender-based violence, specifically the violence against women has intensified during the COVID-19 lockdown and has a profound socioeconomic implication for girls and women. Though unprejudiced in nature, the COVID-19 has had a more intense impact on women than on men. From increased risk and vulnerability, compromised sexual and reproductive health, victims of cyberbullying, and obstacles in education to unemployment and financial crunches, females were the hardest hit. Since women and girls are at higher risk of adverse health, social and economic impacts of COVID-19, it is imperative to form gender-focused approaches to the COVID-19 responses while formulating public health policies and actions for the containment of the pandemic.

17 Ibid
The Impact of COVID-19 on Gender

GENDER-BASED VIOLENCE (GBV):
- A Human Rights violation
- Violence committed against someone based on their gender identity, gender expression, or perceived gender
- Includes rape, domestic violence, sexual assault and harassment, trafficking of women and girls, and sexual abuse of children
- Femicide- Contributing to high levels of morbidity and morality

#The Shadow Pandemic:
Violence against Women and Girls: Global and Regional Snapshots (2022)¹

Globally, 
27% (243 million) 
women and girls aged 15-49 years are estimated to have experienced physical or sexual, or both, intimate partner violence in their lifetime

Impact of COVID-19

 Trafficking
 Sexual Violence
 Domestic Violence
 Intimate Partner Violence
 Sexual Harassment
 Harmful Practices
 Early Marriage
 Force Marriage
 Increased Care Work
 Force Pregnancy

Source:
²https://evaw-global-database.unwomen.org/en/countries

Percentage of women who disclosed experience of physical or sexual violence, or both by an intimate partner in their life
Percentage of women who disclosed experience of physical and sexual violence, or both, by any intimate partner in the last six months.
WORKERS
COVID-19 Impact on Workers

8 December 2019, the onset of the first recorded case in Wuhan, China! 31 December of the same year, the first report of 27 cases of pneumonia with unknown cause in Wuhan! 9 January 2020, China announced the identification of a novel coronavirus as a causative agent of the pneumonia outbreak! 20 January 2020, human-to-human transmission confirmed! 23 January 2020, Wuhan city under lockdown! 11 March 2020, World Health Organization defines COVID-19 as a pandemic!

Nepal, the first country in South Asia to report its COVID-19 confirmed case on 23 January 2020! Nepal is in complete lockdown, so is India, and so are entire South Asian countries in lockdown as early as March 2020! Then begins the series of autocratic lockdowns; everyone, every country is looking inward to protect itself!

The sudden clampdown- without any prior notice and plans- for hundreds and thousands of workers working in different sectors all over the South Asian countries, with no provision for their needs, no contingency measure for their food, shelter, health for them, and families was no less than a nightmare. Among the hardest hit by COVID-19 were the low-level working class: migrant workers, daily wage workers/earners, hawkers, etc., who did not have the luxury of working from home. Unlike the Western developed nations where one could file for unemployment benefits after a layoff, the South Asian low-level working class does not have the privilege of doing so. COVID-19 seems to have spread indiscriminately and infected people all over the world, the virus has discriminately impacted based on race, gender, and class with the added burden of limited resources and infrastructure in the region. Workers from diverse backgrounds such as health workers, agri-workers, sex workers, domestic workers, and those in manufacturing and production, etc., were all hit. Nevertheless, the hardest hit during the pandemic were the migrants and daily wage workers, and workers from informal sectors, and this section too depicts the horrific experiences and impacts of COVID-19 on these workers. The disproportionate impact of the virus was like salt in the wound for the migrant and daily wage workers who were more impacted by the pandemic. As the crisis unfolded from health to economic to humanitarian, the harrowing plight of migrants and daily workers continue to surface in the region.
The series of lockdowns announced by the South Asian governments to break the chain of transmission of COVID-19 caused panic among millions of migrant workers in the region. To cite the horrific suffering endured by migrant and daily wage workers, during their mass exodus from Indian cities in the wake of the government-imposed national lockdown from 24 March to 31 May, the first phase for 21 days, extended for 19 days, further extended for 15 days and extended again for 15 days starting May 18, leading to a humanitarian crisis is a telling example. Television headlines and newspapers’ front pages were flooded with migrant laborers from different parts of India trekking back hundreds of kilometers carrying their scanty belongings and dragging their hungry and thirsty children in the scorching heat of the plains to reach homes. A complete economic shutdown, which eventually led to a state of joblessness, hunger with no food or rations, money, and adverse accommodation arrangements, pushed many migrant workers onto the streets. The enforcement of lockdown and social distancing as a means to mitigate the spread of the virus in the crowd of migrant workers walking back home seemed to mock the very essence of lockdown. The migrant and daily wage workers, having no other options, braved their long marches which ultimately resulted in the deaths of many due to hunger, dehydration, and exhaustion. On one hand, the distressing spectacle of migrants desperately trying to flee from cities testified lack of planning and preparation on the part of the government, and on the other, it exposed the insecurity, uncertainty, and precarity of migrants’ life and circumstances. Meanwhile, migrants who decided to stay back in cities confronted financial, emotional, and social challenges. The financial crisis of such households worsened with the increase in lockdown period leaving the migrant workers at bay with no support.

The suffering of Nepali migrant workers returning home from India after the sudden announcement of lockdown by the Indian government is no better in any sense. Since Nepal shares 1770 kilometers of open border with India as per the agreements of a bilateral treaty signed in 1950, India remains one of the major destinations for employment for Nepali workers.


“The hardest hit during the pandemic were the migrant and daily wage workers and workers from informal sectors.”
The abruptly imposed clampdown also made the Nepali migrant workers desperate to return to their home country. A majority of the migrant workers from Nepal to India are represented in the informal sector and seasonal work, approximately 86 percent of these workers are daily wage earners in the informal sector, primarily in agriculture (approx. 26 percent) and construction sector (approx. 30 percent) without any formal employment contract or other benefits, placing no contractual obligations on their employers to provide them with food, accommodation, and health care\(^\ref{19}\). On the call of lockdown by the Indian government, thousands of Nepalis working across India traveled long distances to return to Nepal with whatever belongings they had. Visual images and videos on social media were flooded with migrant workers carrying their belongings and small children beaten up, baton-charged, and frog-marched on interstate highways because they had disturbed the lockdown measures and the disease containment plan.

Likewise, a large chunk of migrant workers from faraway districts of Bangladesh, particularly those working in garment factories, was under dire stress during the COVID-19 lockdown. The closure of factories, as per the report of Bangladesh Garment Manufacturers and Exporters Association, an order worth $1.8 billion was put on hold and $1.4 billion was canceled\(^\ref{20}\). This led to millions of workers being sent home without pay and also losing their livelihood.

\(^{19}\) https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-kathmandu/documents/briefingnote/wcms_748917.pdf

A group of laborers walk on the highway. Their belongings and their children balanced on their heads and their shoulders.

*Picture courtesy: Adopted from ‘Borders of an Epidemic- COVID-19 and Migrant Workers’ (Chapter- Bringing the Border Home: Indian Partition 2020 by Samata Biswas.)*
Apart from the hardships that the migrant and daily wage workers went through while making their way back home, the Indian media, in particular, portrayed the inhuman suffering of the returnees. Savage incidents of spraying disinfectant to purify the subaltern migrants was a pitiful scene. The migrant workers were being treated in the most dehumanizing ways. The poor and migrant laborers were reduced to mere biological bodies in the corona pandemic-created conditions. The meaning of human existence seemed deleted from their bodies and existence.

A large section of migrants engaged in manual labor and/or services in informal sectors have found themselves in equally appalling conditions. Street vendors, construction and transport workers, service providers, rickshaw pullers, maids, elderly caregivers, childcare providers, and small and medium-sized businesses all became unemployed due to the lockdown. The plight of informal sector migrant workers who built cities, made city people breathe and live comfortably, grow food and deliver them, cleaned roads and offices, and care for the elderly, and the children were left alone is one of the many incidents that is revealed how our social and economic relations are getting severely altered during this pandemic. The COVID-19 pandemic made migrant workers redundant in the city space. The migrants and informal workers were seen only seen as cogs and wheels to lubricate the city system but never treated as the main object.

The other aspect, which came into focus during the period of COVID-19 was the blame on the migrant workers for importing the virus from cities to their native places. The sudden ‘reverse’ migration jeopardized the pre-existing social and geographical boundaries. The barefoot mobile bodies became the agents that turned quarantine upside down and transformed major inter-state transit points into ‘hotspots’ of disease and apprehension. Hundreds and thousands of Nepali migrant workers who arrived at the border from India were not allowed to enter the country in the fear of transmitting the virus. Treated as unwelcome guests, those stuck at the border were given no relief measures for food, transportation, shelter, or sanitation.

“When the upper and middle class was busy in settling to “work from home”, millions of migrants from various cities in the region were taking long arduous journeys towards “home”. The audio-visual images of a sea of peoples on the streets irked the middle class as the whole idea of “social distancing” sank.”

Source: https://kathmandupost.com/national/2020/10/10/government-indifferent-towards-plights-of-nepali-workers-in-india-labour-migration-experts-say#:~:text=It%20is%20estimated%20that%20nearly.sectors%2C%20including%20the
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Even when the migrant workers managed to return home, they faced stigma from their neighbors. Instead of giving those returnee migrants relief after reaching home through the perilous journey, they were stigmatized by the local people. They were seen as carriers of coronavirus and often faced ostracization which led to rising vigilantism, clashes, and hiding of the truth about returnees’ travel histories. The same remittance-sending migrants in normal situations used to get a warm welcome from family and community on their return to villages. However, during the pandemic, they were perceived as a threat. Amid the fear of spreading contamination, migrant bodies faced new challenges of ostracization and social stigma and the enforcement of new surveillance mechanisms on them.

There is no doubt that the pandemic has impacted and affected everyone. The impact has been more prominent in the lives of migrants and daily workers/laborers. Due to a halt or decline in economic activity and employment, both in the formal and informal sectors, the livelihood of millions of wage workers/laborers has been under threat. A significant shrink in economic activity has increased unemployment and underemployment which has declined household incomes, increasing the economic vulnerability of the poor and marginalized.

The loss of livelihood, income, and employment economic vulnerability on one hand, and ostracization and social stigma for the migrants and daily wage workers, on the other hand, have made them more prone to psychological, and emotional trauma and mental health. An article by Mia and Griffiths (2022) states a significant rise in mental health cases in Bangladesh, India, the Maldives, Nepal, Pakistan, and Sri Lanka owing to COVID-19. Spatial distancing, isolation, and quarantine have been cited as a reason for increased loneliness, depression, and anxiety among people. Likewise, social prejudice, xenophobia, depression, and anxiety due to repercussions of COVID-19, loss of life (committing suicide owing the COVID) have exacerbated mental issues amid the pandemic.

To conclude, poor and improper planning of governments and the absence of policies to help the migrant workers in South Asia led thousands of workers and their families to walk hundreds of kilometers to reach home after the haphazard announcement of the lockdown. Physical exertion, assault, and humiliation during the journey were common occurrences for the migrants for violating the lockdown. If the proper and timely measures by the governments had been implemented hunger, chaos, conflict, and death would have been avoided. In the aftermath of the migrant workers’ plight, one question probably that shall haunt the South Asian government is whether this ordeal could have been avoided through adequate arrangements of food and safe shelter for the workers at the places of their stay in the host cities and places of work.

“Amidst the chaos, confusion, uncertainty and fear spreading across the country because of COVID-19, the migrants are trapped in an extremely upsetting situation. And this exceptional situation has brought the spotlight on in migrant workers

In this painting, the Mithila artist Shalini Karn portrays a real incident that took place during the return home of migrant workers during India’s COVID-19 lockdown. Some 60 miles into her 500-mile journey home, Shakuntala gave birth with the help of fellow travelers. Shalini painted this story in black and red, black marking the failure of the government and red the power of women.

Picture Courtesy: Adopted from ‘Caste, COVID-19, and Inequalities of Care Lessons from South Asia’ Anthropos India Foundation (AIF)
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SMALL AND MEDIUM-SIZED ENTERPRISES
Impact of COVID-19 on Small and Medium-sized Enterprises

This section discusses the impact on Small and Medium-sized Enterprises (SMEs) with references to South Asian countries during the COVID-19 pandemic. The focus is on governments, civil societies, and private businesses through policy initiatives and individual initiatives to respond to the consequences for small and medium-sized enterprise owners. Undoubtedly the COVID-19 pandemic has impacted all business sectors alike, big and small size firms, around the world due to paused human movement and its actions.

The COVID-19 pandemic has heavily hit on small and medium-sized enterprises compared to larger firms. Various enterprises have faced different issues with a certain degree of loss. The pandemic has affected the production, distribution, and even consumption of goods and services around the world. The impact of COVID-19 on SMEs in South Asian countries is not an exception either.

Micro, small and medium-sized enterprises make a significant contribution to economic growth and job creation across South Asia. It is the small and medium-sized enterprises that have countered a variety of problems such as a decrease in demand, supply chain disruptions, cancelation of export orders, raw material shortage, and transportation disruptions, among others. In response, governments in the region had declared restrictions based on vulnerability which COVID-19 cases have been found in various periods among South Asian countries. The form of non-procurement of raw materials reduced the production and supply of final products, and the non-availability of employees to work in the process of production of business activities declined due to lockdown and restrictions. The consequences are wide and open, like loss of employment; reduction in revenue generation declined sales, and a cut back in the income of the working class (Harihan et al., 2021).

In this context, COVID-19 has changed the operational environment for small and medium-sized enterprises (SMEs). The sudden announcement to adopt all protocols of COVID-19 emergency in the process of production gives rise to supply chain problems including raw materials import for cross-state and cross-countries borders, panic migrations of the labor force to their native places, procurement of perishable products, monetary crisis, generate unemployment and underemployment, consumer fear element, demand-side problem, price hike, malfunctioning, reduced profit. The threat of lockdown has become conscious in the SMEs sector, bringing plentiful problems in financial crisis, demand, supply chain trouble, and freezing of import and export opportunities (Banu & Suresh, 2020).

For responses and relief packages, the Government of India has taken some policy initiatives to support SMEs to manage the socks off the COVID-19 pandemic. Relaxing tax returns and due dates, easing the cost of bank credit and special Packages have developed. These initiatives supported a few SME owners and people of India. However, it was not sufficient for them because there are

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24 Since September 2015, MSMEs have had to register themselves with the Ministry of MSMEs using the Udyog Aadhaar Memorandum (UAM). UAM is a one-page online registration system for MSMEs based on self-certification. At present more than 6.8 million MSMEs are reported to have registered themselves under UAM.
many factors associated with it including its effect on mental health, domestic violence against women, and violence in low-income households. Legally registered businesses had the privilege to apply those conditions of the government. On the other side, non-registered small business sector has not been eligible for this announcement. In case of this, people come to the street spontaneously for their rights as a citizen of the country. This has created huge dissatisfaction against government policies and its mechanism. To support the informal sector's vulnerable group and their families, many kind-hearted business persons, local governments and civil society organizations have been supported for their livelihoods. The devastating impact of the pandemic on Small and Medium Sized Enterprises on formal and informal sectors is the worst-ever recession in South Asian countries. An example of Sri Lanka and other countries is a prime example. This can push millions of South Asians into extreme poverty.

Concerning policy and regulatory framework, the Government of India’s MSME Limited working capital and limited access to finance has major challenges for SMEs. Food processing, textiles, wholesale/retail trading, hospitality services, transportation, and education were the hard-hit sectors across South Asia. The owners of these businesses had to temporarily or permanently close their business activities. Similarly, Asian Development Bank Report (2021) indicates that vulnerable SMEs were more likely to reduce their number of employees, which will damage their operation in the long term. On the other hand, South Asian countries have been practicing traditional businesses which are more related to using indigenous knowledge that is established as manual-based work rather than using digital technologies. It is believed that SMEs have a very low use of digital technologies. World Economic Forum (2022) presents that millions of South Asia's small and medium enterprises face significant issues related to access and use of digital technologies that prevent them from reaping the full rewards of participating in the new economy and reaching their full potential.

Nepal is known as an ideal destination for tourists for trekking, adventure, wildlife, and culture to many global citizens. This is also a good source of income, generating employment for SMEs. Similarly, this business creates multiple opportunities for their livelihood and contribution to the country’s economy. For instance, operation of a hotel mobilises the transportation sector, tourism sector, and trekking sectors. Despite prolonged lockdown and restrictions in the country, all these SMEs have closed and their production and social moment were stopped.

Another repercussion of the COVID-19 pandemic in Nepal is that it has significantly affected women-led SMEs. According to Agrawal (2021), SMEs

26 World Economic Forum (18 January 2022) South-East Asian SMEs are missing out on the digital revolution. Here’s how to get them on Board.
contribute about 22% to the country’s GDP, creating over 1.7 million job opportunities in Nepal. She added that women play a significant role in SMEs in Nepal and are involved in different capacities across the sector. However, of the 111,442 estimated operational SMEs, only 12.8% of women entrepreneurs fully or partially own these SMEs. Furthermore, 84.6% of the country’s total working population is employed in the informal sector, with women’s share in the informal economy (90.5%) being more than men’s (81.1%). The sectors most affected include food and accommodation services, hospitality, wholesale, and retail – where a greater proportion of workers are female.27 Because of the pandemic, many women-led business owners had lost their businesses, income, and job opportunities. Most women remain in unpaid work or in work that is underpaid and undervalued (For example, support staff, cleaners, sanitation workers and nurses) (Agrawal, 2021).

Women become dependent on their family members, especially husbands or males. It pushes women again into household work or the private sphere. Traditionally, women’s involvement in the public domain has been limited due to the cultural and social values of South Asian countries. Thus, social, financial, and psychological support system are very low for women. Agrawal (2021) concludes that the pandemic has led to the closure of businesses, resulting in financial distress and insecurity, leaving many without a regular income or effective social security nets.

Despite facing numerous challenges during the lockdown, there are some positive impacts on SMEs due to the COVID-19 pandemic. Some of the innovative people have initiated the SMEs to be self-dependent and tried to produce well within the country. Embracing digital commerce and permanently changing consumer behavior are major outcomes of the firms during the lockdown. In the case of Bhutan, there has been a severely impacted on food processing large and small firms but the food processing industry has significant potential to cut dependency on imported food production (Norbu, 2021).28

He argues that to support the growth and sustainability of food processing industries, the government of Bhutan has provided targeted interventions to improve the food value chain. In addition, the government could also improve the policy and regulatory environment to support the growth of Agri-based startups and cottage and small industries, which will determine the future strength of the food industry in the country. Thus, food is an essential item for the livelihood of people. On the other hand, in South Asian countries, SMEs have a great opportunity to produce hand sanitizers, face masks, and other medical types of equipment which are directly deal with required items for livelihoods. Those firms had earned, created employment, and contribute to the country’s economy.

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EDUCATION
Impact of COVID-19 on Education

COVID-19 induced unprecedented hardship for individuals worldwide and particularly disrupted the conventional in-person delivery of educational services. The alarming spread of the virus caused havoc in the educational system forcing educational institutions to shut down. The abrupt closure of schools kept millions of children out of school unattended. The impact of COVID-19 on education was such that the global lockdowns imposed to counter the spread of COVID-19, 1.6 billion children were out of school, and 730 million closure of schools. Likewise, school closures kept 391 million students out of school in South Asia, with 22 million young children missing their preschool year. The impact of COVID-19 has resulted in 24 million learners being at risk of dropping school out of which 11 million girls are at risk of not returning to school. Likewise, concerning remote learning, approximately 500 million were recorded to be unable to access remote learning.

The pedagogical activity of 11% of pre-primary, 28% of primary, and 39% of secondary students have been directly affected by the pandemic as estimated by UNESCO.

In South Asia, UNICEF research reported that a substantial proportion of students and their parents admitted that students learned significantly less compared to pre-pandemic levels. In India, 80 percent of children aged 14-18 years reported lower levels of learning than when physically at school. Similarly, in Sri Lanka, 69 percent of parents of primary school children reported that their children were learning “less” or “a lot less.” Girls, children from the most disadvantaged households, and children with disabilities faced the

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30 https://www.weforum.org/agenda/2020/12/covid19-education-innovation-outcomes/
The biggest challenges while learning remotely\textsuperscript{32}. The pandemic has also resulted in increased learning poverty; the inability to read and understand a short, age-appropriate text by age 10, because of the prolonged closure of schools.

As expected, the most vulnerable children— including girls, children from low-income households or living in rural areas, and migrants and refugees— are at the greatest risk of dropping out due to the pandemic. Although school closures and disruptions have affected all children, the impact has been far greater for children in the region because of the low level of income. Also, the hardest hit by the COVID-19 are children with disabilities. A UNICEF report in 2020 ‘Children with Disabilities: Ensuring their inclusion in COVID-19 response strategies and evidence generation’ show the exclusion of children with disabilities from learning has been exacerbated.

The impact of COVID-19 on school closures has also led to an increased level of stress on children because of social isolation. Girls from low-income families are at an increased risk of child marriage when they are out of school and an increase in adolescent pregnancies at a time when maternity care is reduced, and health resources are repurposed to COVID-19. This is likely to result in a rise in communicable disease-related adolescent mortality\textsuperscript{33}.

To combat the COVID-19 impact on education, the countries in the region, in the aftermath of the abrupt closure of the school, quickly developed plans and took action to enable children to continue learning and reach vast numbers of learners. The onset of the pandemic made it clear that the physical availability of students would not be possible for a longer period of time.

\textsuperscript{33} ibid
The COVID-19 hit schools, hence, in many ways fast-forwarded the process of adopting technology and adapting to the new opportunities that the world of the internet threw up. The most plausible option during the lockdowns was to hold classes online. Information technologies and online platforms (e.g., digital and mobile technologies combined with traditional technologies such as raid and TV) were seen and taken as the most viable option to continue educational activities. Technology came to the forefront as there was no option other than to leverage technology and thus became an enabler for the education sector.

However, information and online technologies for education are dependent on the internet and Wi-Fi, on the one hand, and computers, laptops, and mobile devices on the other. First, the internet and the Wi-fis, the average percentage of individuals using the internet (% of the total population) in South Asia is 39\(^{34}\). The percentage of those owning a mobile phone is relatively high in South Asia, with access to mobile phone technology in Pakistan (78%) Bangladesh (86%), and Afghanistan (84%). The region also has a significant gender digital divide, with girls far less likely to own or have access to digital devices and fewer opportunities to gain digital literacy skills\(^{35}\). Likewise, in terms of internet access, girls and women are 70% less likely to access online content compared to boys and men. In addition, data showed that only 7% of all children in South Asia were able to access learning materials online during the early phases of school lockdowns. Considering this, the promotion of digital or online solutions for learning continuity was problematic.

\(^{34}\) https://data.worldbank.org/indicator/IT.NET.USER.ZS?locations=8S

\(^{35}\) ibid
## Alternative Ways of Education in South Asia

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Because a vast digital divide exists within and in the region, there is a major concern regarding equitable access to teaching-learning for marginalized and vulnerable children including those living in households in extreme poverty, urban slum areas, children from disadvantaged households such as remote or hard-to-reach areas or those who speak a minority language, children on the move (migrants and refugees), children with physical disabilities and those with special learning needs, and very young children. The share of the population using the internet not only varies across the nation with Afghanistan being the lowest at 18.40% and the Maldives at 62.93%, the use, access, affordability, and skills to navigate and share content using the internet vary distinctively within the country.

In Nepal, for example, only 13% of schools are in a position to run online classes (though 35% of schools have internet access). In other words, the current ICT infrastructure and the distribution of access in the urban and rural areas have created two-tier of inequalities in the Nepalese citizenry, i.e., between students who live in the urban area and those from the rural area, and between the rich and poor who can barely afford to access the internet. Likewise, a report by Dixit (2021) on the digital divide in Indian education states a huge gap between rural and urban households in having an internet connection and computer devices. According to this report, less than 15% of rural households have internet access as opposed to 42% in urban households. Furthermore, only 4% of rural while
just 23% of urban households possess computers and only 24% had internet access. More than 75% of broadband connections in India are in the top 30 cities. Further, about 78 percent of Indians have mobile phones but in rural areas, it is around 57%. A mere 13% of people (only 8.5%) aged more than 5 years living in rural areas know how to operate the internet while this percentage is 37.1% in the urban population.

Various studies in the region also show that the transition from physical to virtual classrooms was smooth for affluent students and educational institutes in the cities, whereas, unstable internet connection and affordability of gadgets created turmoil in access and delivery of educational services in the rural area. Likewise, ‘skill gaps’, possession of relevant skills by the end users, had been a critical element in the digital divide. The advantageous group from cities and privileged students in comparison to disadvantaged groups from far away remote areas were in a better position to better use the technology once they had access to the technology. The knowledge or skill gaps, therefore, become a crucial determinant of whether the digital divide among the different groups could be narrowed.

Despite various negative impacts, the digital divide has provided opportunities to enhance the ability of different populaces to leverage the internet, and various gadgets. The pandemic has also forced education actors to look for new opportunities for changing schooling. The pandemic has opened an avenue for open and distance learning, blended learning, the use of soft copy learning materials, better collaborative work, greater digital literacy, pedagogy that goes beyond formal mechanisms, and the entire restructuring of the school system. A continuous effort to minimize the digital divide or the gap between those who have access to ICT facilities and who do not have that access, the pandemic has somehow helped in minimizing the gap in ‘technology access, capacity, and utilization.’

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COVID-19 Impact on Public Health

The South Asian COVID-19 crisis can be characterized by insufficient preparedness and a lack of know-how to handle the pandemic. In addition, the novelty of the virus also added ambiguity to its nature because of the lack of information, evidence, and response. The sudden rise of the cases, specifically, during the second wave in the region put a strain on public health. What explains this strain? The shortage of healthcare workers, lack of medical supplies, poor health infrastructure, low level of public spending on healthcare, etc. can be accounted for by the dismal performance of South Asian governments during the COVID-19 crisis. Historically, South Asian countries are not new to outbreaks and infectious diseases—Cholera being the single most important example. The Cholera outbreak had shown gaps in public preparedness and response to infectious disease. The COVID-19 crisis exposed the already fragile and dramatically underfinanced and poorly equipped healthcare system and highlighted a lack of a robust infectious control system within the region. How prepared are the South Asian countries to deal with the current COVID-19 pandemic? To address this question, let’s look into indicators such as health expenditure, health infrastructure, poverty, etc. in the region.

South Asia spends less on health care and social protection than any other region in the world. The region spends less than a percent of GDP on health compared to the global average of 5.8% and 4.5% for East Asian countries. The current health expenditure (% of GDP) of the South Asian countries shows Bangladesh at the bottom ladder with only 2.5% on health care expenditure, as a share of GDP, whereas Maldives has the highest share of GDP, i.e., 8.0% of GDP.

38 The first cholera pandemic (1817–1824), also known as the first Asiatic cholera pandemic or Asiatic cholera, began near the city of Calcutta and spread throughout South Asia and Southeast Asia to the Middle East, Eastern Africa and the Mediterranean coast.
as its health expenditure (except that of Afghanistan which has 13.2%). Nevertheless, these countries vary in terms of population and GDP, hence a better way to compare healthcare expenditure is to look at per capita figures.

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Source: Created from Health Nutrition and Population Statistics Series: Current health expenditure (% of GDP)

Likewise, current healthcare expenditure per capita in purchasing power parity (PPP) terms and measured in current international dollars, varies widely across the countries in the region. Bangladesh has the lowest health expenditure with $123.3, followed by Pakistan at $165.5 per person and Nepal at $177 per person. With $1639.8 per person, Maldives is way ahead in the region in health expenditure.

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Source: Created from Health Nutrition and Population Statistics Series: Current health expenditure per capita, PPP (current international $)
Similarly, domestic general government health expenditure (% of health care expenditure) is lowest in Afghanistan and Bangladesh, 8.2% and 18.6% respectively. Maldives and Bhutan have the highest share of the percentage of government healthcare expenditure with 70.2% and 73.6%.

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Source: Created from Health Nutrition and Population Statistics Series: Domestic general government health expenditure (% of current health expenditure)

The state of health infrastructure is not promising in the region either. Hospitals bed per 1000 people is the lowest in Afghanistan whereas the highest in Sri Lanka as per the available data.

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Source: Created from: Health Nutrition and Population Statistics Series: Hospital beds (per 1,000 people)
Similarly, physician per 1000 people is lowest in Bhutan with 0.5 physicians per 1000 people, whereas Sr Lanka has the highest physical per 1000 people with 1.2 physicians per 1000 people.

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Source: Created from Health Nutrition and Population Statistics Series: Physicians (per 1,000 people)

The number of nurses and midwives is also not encouraging per 1000 people. Nepal has the highest number of 3.3 nurses and midwives per 1000 people whereas Bangladesh has 0.4 nurses and midwives available per 1000 people.

Besides poor investment in health and health infrastructure, poverty and a high level of income inequality remains the major issues in equal access to public health in South Asia. Home to approximately 25% of the world’s global population, the region accounts for only 5% of the world’s GDP\(^\text{41}\). The high level of income inequality is prevalent in the region where on average 45% of the region's total income or consumption can be attributed to the richest quintile of the population\(^\text{42}\). Likewise, the region also differs considerably in terms of development, the regional average Human Development Index is around 0.6, ranging from 0.5 for Afghanistan to 0.8 for Sri Lanka.


\(^\text{42}\) ibid
COVID-19 has posed unique challenges to South Asian public health due to the region’s large population and high rates of poverty, deplorable health infrastructures, poor socio-economic conditions, inadequate social protection systems, limited access to water and sanitation facilities and inadequate living space arrangements (Rasul et al., 2020)\textsuperscript{43}. Health systems in the South Asia region, thus, can be characterized by inadequate public investment, a scarcity of healthcare workers, and excessive out-of-pocket expenditure.

In other South Asian countries, funding of health care comes mainly from out-of-pocket spending (i.e., health spending directly paid by households): the share of out-of-pocket spending is particularly high in Afghanistan (79.3 percent) and Bangladesh (72.7 percent). Maldives and Bhutan’s out-of-pocket spending is relatively low at 16.5 and 17.8 respectively. The rest of the countries in the region have higher out-of-pocket spending on health. This illustrates the burden of health care payments on households in these countries- a consequence of the inadequacy of government provision of health services.

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Poor investments in the health sector seem to have resulted in poor public health infrastructure measured in terms of the number of beds and health personnel as many countries in the subregion fall much below the world averages on these indicators which seem to have negatively impacted the public health of the region.

Conclusion

COVID-19 is within us and though in a latent form, it has every possibility of bursting into an epidemic or pandemic at any given time owing to its mutating nature. The pandemic is about to mark its fourth year but there is still no consensus about the origin of the virus. The only known fact about the virus to date is it has infected more than 643,107,742 people whereas 6,626,060 people have succumbed to the virus worldwide. The battle between humans and the virus insinuates that there is less likelihood of the end of the COVID-19 virus soon, as the ingenious virus is continuously evolving and changing its nature through mutations and is becoming more infectious. The virus even continues to spread across the world with an unpredictable trajectory. Since the great influenza epidemic, popularly known as the Spanish flu, the COVID-19 pandemic has single-handedly wreaked havoc on the life of the people. From a public health disaster to a socioeconomic catastrophe culminating in a humanitarian crisis, COVID-19 has interfered with every domain of people’s life.

After almost three years of living with COVID-19, and the development and release of COVID-19 vaccines in record time, we are learning to adapt to a world with this virus. The critical question that lies in front of us is whether we all are done with the virus and if we are all protected against it. The honest answer to this question is a definite no, considering the circumstances that we find ourselves in at the present. Indeed, a global rush and priority to develop safe and effective vaccines in the aftermath of the Covid-19 catastrophe led to the global effort to find a vaccine against SARS-CoV-2. Thanks to the spurring global cooperation, modern science and technology which resulted in the unprecedented development and release of a vaccine in less than a year since the outbreak was declared a pandemic. Despite the rapid development of vaccines, the inequitable access and distribution and also the stockpiling of vaccines by wealthy countries, with no clear intention to use them have hampered vaccine equity. Vaccine nationalism, the anti-TRIPS campaign of the rich countries for vaccine monopoly, etc., has been a stumbling block for vaccine equity.

At present the world is experiencing a stunted growth of the virus, and, hence the world seems to be taking a sigh of relief. However, the nature of the virus has shown that it continues to spread across the world with an unpredictable trajectory, hence, there should be no relief or respite regarding the gravity of the virus. A recent daily virus surge to nearly 20000 in China is a perfect example. The flattening curve of the COVID-19 cases is delusive, hence there should be no complacency in tackling COVID-19 virus.

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THE HIDDEN PANDEMIC: IMPACT OF COVID-19 IN SOUTH ASIA