

FORUM-ASIA



Human Rights in South Asia in Times of Pandemic

Report from FORUM-ASIA and SAAPE Webinars Series:
The Status of Human Rights in the Time of COVID-19
Pandemic in South Asia

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Foreword

The COVID-19 pandemic is the defining global health crisis of our time considered to be the biggest public health crisis in recent history and has presented a tremendous challenge to our societies. Globally, the pandemic has caused immense health and socio-economic problems. More than 59 million people have tested positive for the virus with 1,396,259 people having lost their lives (as of 24 November 2020). The global economy has drawn to a halt which has led to the loss of hundreds of millions of jobs. The governments within South Asia have enforced lockdowns with the aim of slowing the spread of the virus. While the lockdowns have been successful in slowing the infection rates, they have had a significant socio-economic impact. With millions of people without jobs and income, the region's economic growth rate is projected to decline even further.

With many interweaving and changing variables, measuring the impact of the COVID-19 pandemic and determining the appropriate responses has been a significant challenge. In this context, this series of webinars has contributed towards rejuvenating civil society platforms within South Asia. The webinars have provided a forum for civil society organisations (CSOs) to discuss the human rights situation during the pandemic in South Asia and help to develop a collective strategy to fight against the virus. From a macro perspective, this webinar report highlights how human rights defenders and activists in South Asia are continuously targeted for their human rights work and how South Asian governments have increasingly centralised their powers, even in these unnerving times.

The discussions held during this webinar series have analysed topics which have been the most impacted by the COVID-19 pandemic, for instance, foreign employment, migration, labour rights, the rise of patriarchal norms, domestic violence, dropping out of school especially girls, public spending to address the public health emergencies, demand of debt cancellation etc. This webinar series also analysed the specific impact of the virus on vulnerable groups, including women and children. This report provides comprehensive policy recommendations to address the many challenges related to Covid-19 that were discussed during the webinar series.

Executive Summary

The coronavirus disease has become a pandemic, infecting over 45 million people and claiming the lives of 889,456 people across the world (as of 07 September 2020)¹. In South Asia, India has been the worst affected by the outbreak followed by Pakistan, Bangladesh, Afghanistan, Nepal and other countries. In South Asia, over 10 million people have been infected, out of which 151,006 (as of 24 November 2020)² people have lost their lives. This grave situation has created chaos across South Asia where the public health care system is in crisis.

In addressing the pandemic, swift and effective government action has been needed to ensure that human rights are being upheld during this time. COVID-19 has been a test of societies, governments, communities and individuals.³ However, in South Asia, member states have used this public health crisis as a pretext to infringe upon people's rights by imposing on their fundamental freedoms and civic space. During this period, there has been an increase in the use of fake news; abuse of security forces; arrests, fines, detentions; abusive acts against doctors by the community people, killings, racist behaviour, increased violations and abuses against the freedom of expression through the controlling of digital spaces of human rights defenders. Several South Asian countries have controlled the flow of public information in order to contain fear and scepticism related to the virus and the devastation that it may bring. The diversity of responses from South Asian countries shows a disproportionate and uncoordinated approach in the region despite the creation of the COVID-19 Emergency Fund.⁴

As millions have been compelled to confine themselves in their homes, the majority, especially the vulnerable are in a precarious situation without any decent social safety net, income or access to sufficient food for survival. Millions of informal workers have been left to their own devices as states have limited capacity to support them. The lockdowns enforced on the population have resulted in extreme difficulties, despite their necessity. In India, there was an exodus of millions of daily wage workers, who embarked on long journeys to reach their home states – a movement on a scale that has hardly been seen in the last half century.

Afraid of being caught in the cities without shelter, work or food millions chose to travel home to their villages on foot. There has been particular concern about the situation and difficulties faced by the poor, women and vulnerable sections of every community, who are struggling to survive during lockdowns, curfews and other restrictions. Globally, patriarchal, gendered norms of unpaid care work in the home have resulted in rampant domestic violence. Millions of workers have lost their jobs and livelihoods, particularly women who are contract-based and casual workers which has led to increased hunger as well as individual and household debt crises. Millions of migrant workers are living in miserable conditions in South Asia, as they struggle to live without food or a place to sleep, with female migrant

1 <https://coronavirus.jhu.edu/map.html>

2 <https://www.worldometers.info/coronavirus/>

3 <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>

4 http://saarc-sec.org/news/detail_front/pres-release-the-leaders-of-the-member-states-of-the-south-asian-association-for-regional-cooperation-saarc-held-a-video-conference-on-15-march-2020-to-discuss-measures-to-contain-the-spread-of-covid-19-in-the-region

workers being the most vulnerable. Panic and fear have become common place among the people of South Asia.

Civil society organizations (CSOs) are gravely concerned with the lack of human rights-based approaches being used to contain and resolve the COVID-19 pandemic. Many of the South Asian countries have restricted people's fundamental freedoms including human rights defenders and development workers. Consequently, there has been an increase in the likelihood of the military using excessive force. Furthermore, the governments of India and Pakistan have used repressive laws to control the flow of information and misinformation in an attempt to mute peoples' legitimate expressions of doubt and queries in relation to the actual situation of COVID-19 within their country. This has led to increased speculation and misinformation about COVID-19.

The spread and severity of COVID-19 in South Asia is alarming.⁵ It has caused civic and democratic spaces, which are already shrinking due to the repressive nature of governments in the region, to become even more limited and harder for the people to access. However, amidst these challenges, civil society's struggle to achieve human rights and development in South Asia must continue. Solidarity and resilience among civil society and the public are even more essential during such a crisis.

The majority of people in South Asia are dependent on the public health system, particularly during a pandemic, which is currently facing significant difficulties. Bangladesh has 112 ICU beds and 400 ventilators for a population of about 165 million. Pakistan, a country of 220 million people, has a bed-to-population ratio of less than one per 1,000 when the recommended average by the World Health Organization (WHO) is five per 1,000. The WHO also mandates a doctor to population of 1:1000, while in India it is 1:1,404. For people living in rural areas and completely dependent on government healthcare facilities, the doctor to patient ratio is abysmally low with 1:10,926. Other countries also lack adequate facilities to face the current pandemic. The situation in Nepal is no different as there are only about 360 ventilators in a country of 28.1 million, with 260 ventilators in the Kathmandu Valley alone.

Afghanistan is also facing a severe shortage of coronavirus tests and ventilators. As of April 2, Afghanistan's two designated coronavirus hospitals had only 12 working ventilators between them. According to Sri Lanka's Government Medical Officers Association, Sri Lanka only has about 600 intensive care unit beds with ventilators.

It is in this spirit that the Asian Forum for Human Rights and Development (FORUM-ASIA) and the South Asia Alliance for Poverty Eradication (SAAPE) are committed to build a platform that enables civil society to share and continue their work, as well as to increase solidarity and resilience as a community in South Asia. Through a series of webinars, we aim to contribute towards establishing the South Asian Human Rights Mechanism (SAHRM). The webinars provide a forum for CSOs to discuss the human rights situation in South Asia and develop a collective strategy.

5 https://www.forum-asia.org/?p=31456#_ftn1

Chapter I:

Human rights activism at times of lockdown and COVID-19 pandemic

*Session I: Redefining and strengthening
human rights activism and development
work in the Context of COVID- 19 in South
Asia*

The onset of the COVID-19 pandemic has, in several ways, changed the landscape of human rights activism and development work across the globe. The South Asian region, which has been grappling with issues of poverty, gender gaps, adequate housing, etc., has been affected to a large extent by the COVID-19 pandemic.

Repressive laws, the curbing of fundamental freedoms, and reprisals against human rights defenders have been on the rise in recent times, and have been exacerbated during and after the pandemic⁶. Most of the South Asian countries have failed to realise the severity of coronavirus, which has led to late action, in terms of expediting testing, etc.

John Samuel, the President of the National Centre for Advocacy Studies in India, focused on human rights vis-à-vis politics, power relationship and states' responses to COVID-19. "For the last several decades, the state has acquired a new kind of legitimacy of state apparatus because of insecurity and sense of fear in the society", he said. Although COVID-19 is a public health emergency, it seems to have had the effect of a political emergency. He expressed his concerns over the 'war' metaphor, which is generally used to promote or incite nationalistic and jingoistic feelings, that has been applied in the response to COVID-19 throughout South Asia. It has allowed the police and security forces, including the armed forces, more power than ever before and has allowed them to enforce lockdowns.

While the World Health Organisation had suggested that lockdowns are an important measure to be used in order to limit the spread of the pandemic, the governments in South Asia took this to be the sole response to COVID-19. This has been done with no consideration of the migrant workers who have been stranded, or that the poor and economically weaker sections of society have faced the maximum brunt of the crisis due to loss of jobs and livelihoods, which is of the utmost concern.

Control of enforcing the lockdowns has been given to police and security forces in all South Asian countries, which exacerbated human rights concerns. The use of excessive force and violence by police has been a common phenomenon, and has been carried out with total impunity. While a lockdown involves justifiable restrictions on freedom of assembly, the states have used it to their advantage to curb existing protests, such as the anti-Citizen Amendment Act (CAA) protests in India. Due to the pandemic, parliaments and provincial assemblies have barely been functioning due to the pandemic, and there has been little accountability in terms of governance.

Even before the onset of the pandemic, human rights defenders and activists in South Asian countries were being continuously targeted for their human rights work. According to CIVICUS Monitor⁷, the civic space of all South Asian countries is either repressed⁸ or obstructed⁹. Journalists who have been covering the government responses on COVID-19 have been targeted in various incidents¹⁰ across South Asia.

6 <https://monitor.civicus.org/COVID19/>

7 <https://monitor.civicus.org/>

8 The status of civic space in India, Pakistan, Afghanistan and Bangladesh are repressed according to CIVICUS Monitor.

9 The status of civic space in Nepal and Sri Lanka are obstructed according to CIVICUS Monitor

10 <https://thewire.in/rights/covid-19-journalists-press-freedom>

Zakia Soman from Bharatiya Muslim Mahila Andolan (BMMA), and a SAAPE Core Committee member, emphasised in their discussions how the response to the COVID-19 pandemic by South Asian governments have brought social, economic, and humanitarian crises, bringing the issues of inequality, patriarchy, communalism and nationalism to the surface. In the Indian context, she mentioned that the government has appropriated more power, which has led to a greater centralisation of power, which is against the principles of federalism.

In India, the announcement of the first nation-wide lockdown gave people just four hours to prepare for the 3-week total lockdown. Inter-state migrant workers were the most affected by the lockdown, as millions lost their jobs and their livelihoods. In India and Sri Lanka, Islamophobia has resulted in Muslims being accused of the spread of COVID-19. In India, a cluster of cases which originated from a religious congregation meeting held in early March 2020, before the onset of COVID-19 cases in India, was touted as being the main cause of the spread of coronavirus in the country¹¹. In Sri Lanka, the response to COVID-19 has been highly militarized¹², and has even restricted religious freedoms.

Gauri Pradhan, a former spokesperson of the National Human Rights Commission (NHRC) Nepal and Global Coordinator of LDC Watch, focused on how the existing gaps in terms of wealth and gender, as well as economic and social gaps, have increased due to COVID-19. He stated that at a regional level, South Asia has been grappling with developmental issues for a long time, and that COVID-19 has exacerbated these issues. He also emphasised that the South Asian governments have not been effective in addressing the pandemic. The after-effects of COVID-19 will lead to an acute financial crisis, which will eventually result in greater economic and social disparity and inequality. This raises the larger question as to whether existing development modalities at national, regional and global levels need to be rethought.

11 <https://www.bbc.com/news/world-asia-india-52147260>

12 <https://www.cfr.org/blog/coronavirus-south-asia-july-2020-no-end-sight-india-0>

Chapter 2:

State of women's rights and child rights during COVID-19 pandemic

Session 2: What are the responses from South Asian countries in COVID-19 to protect women's and children rights?

The COVID-19 surge in South Asian countries has impacted millions of women and children, primarily the poor and marginalised. With restrictions being placed on movement, as well as the closure of schools and the absence of social care programmes, South Asian people are witnessing the reinforcement of patriarchal, gendered norms of unpaid care work, as well as rapid surges in domestic violence across the region. Sharmila Karki from SAAPE highlighted that women are most affected during the lockdown in South Asia. She emphasised that the cases of domestic violence against women has seen a steep rise, as has been highlighted in a study by UN Women¹³.

Bandana Rana, UN CEDAW Committee Vice Chairperson, expressed concerns about the health issues faced by frontline health workers, including sanitation workers, who are mostly women in Nepal. She stressed the fact that in Nepal, since most of the hospitals are treating COVID-19 patients, it has affected other patients, who have largely been women. More importantly, women who are engaged in informal work have been strongly affected, as they often do not have access to social security.

A report¹⁴ by UN Women and UN Development Programme highlighted that due to the COVID-19 pandemic, 47 million more women and girls will be pushed into extreme poverty by 2021, and stressed that this will reverse the developments and achievements made in terms of women's empowerment in the past decades. Bandana Rana also raised concerns regarding the 'digital divide' in education, which will eventually increase the dropouts of girl children in rural areas. Rokaya Kabir, from Bangladesh Nari Pragoti Sangh (BNPS) and a SAAPE Adviser, highlighted the issue of women in rural areas who have now been forced to take high-interest credits due to lockdown and its after-effects.

Pradeep More, the Deputy Director of Dalit Foundation, India raised concerns regarding Dalit women and children who will now be facing extreme marginalisation due to 'social distancing'. He also strongly argued that the term 'physical distancing' should be used instead of 'social distancing'. He said that due to that Dalits have long been considered 'untouchables' and have been facing social distancing for a long time. He highlighted the fact that Dalits are predominantly employed as sanitation workers and manual scavengers. Though they are now on the frontline in the fight against COVID-19, and are still being marginalised and discriminated against.

He also raised concerns regarding the possible increase in child marriages due to the impact of COVID-19 and the lockdown¹⁵. He proposed solutions to the current crisis such as legal interventions, free treatment through health camps, and innovative programs for self-employment. He also mentioned that even before the onset of COVID-19, South Asia had at least 95 million children of school-going age dropping out of school. A UNICEF report suggests that this number will increase to 430 million¹⁶. In South Asia, where the right to adequate housing, sanitation, and water is yet to be achieved universally, the practice of social distancing has been difficult to achieve. What has emerged from the discussion, is that the existing inequalities have been magnified during the pandemic, especially with women, children and marginalised groups such as Dalits.

13 <https://www.thehindu.com/news/national/with-lockdown-gender-violence-is-a-shadow-pandemic-un-women/article31282619.ece>

14 <https://www.thehindu.com/news/international/female-poverty-rate-in-south-asia-projected-to-rise-due-to-covid-19-un/article32514106.ece>

15 <https://www.straitstimes.com/asia/south-asia/child-marriages-on-the-rise-in-india-amid-the-covid-19-pandemic>

16 <https://www.unicef.org/press-releases/urgent-need-secure-learning-children-across-south-asia>

Chapter 3:

Debt and inequality in South Asia during COVID-19 pandemic

*Session 3: COVID 19, Debt and Inequality:
Restructuring the architecture of financing
for human rights and development*

The current COVID-19 crisis has revealed how weak the financial systems are, when it comes to fighting back against and containing the spread of the virus. As we observe the devastation caused by the pandemic in Europe, China and the United States of America, the steep rise in active cases in South Asian countries is alarming, especially considering the public healthcare system and the infrastructure of the eight countries of the region. In this context, the demand for debt cancellation has again emerged as an important issue raised by the countries in the global South.

Mustafa Talpur, the director of the Inequality Campaign-Asia from Oxfam, emphasised the fact that income inequality is on the rise in South Asian countries, which has led to a massive reduction in public services, especially in health and social protection. He emphasised that there needs to be better social spending on public services (education, health, and social protection), as this reduces inequality significantly. He argues that social spending can play a key role in reducing the amount of unpaid care work that many women often do, which is a major cause of gender inequality, by redistributing child and elder care, health care and other domestic labour. In relation to debt cancellation, he said that it would be immoral to demand debt payment when people are dying due to disease or the unavailability of food.

While public health systems have faced enormous difficulty in coping with the pandemic, the present situation has strengthened calls for increased spending on public health. It has been argued that governments of South Asia are investing less in education and health. As per World Bank data, South Asia spends on average only 3.46% of its GDP on public health expenditure¹⁷. Zulaikha Rafiq from Afghanistan said the country is dependent on foreign assistance, and only 5% of the government's budget is allocated for public health expenditure¹⁸ as most of the budget is allocated for defence due to political instability and conflict within the country.

Amali Wedagendra from Sri Lanka presented on the situation of informal sector workers, who amount to nearly 4 million in Sri Lanka. She said that many are on the verge of unemployment due to COVID-19, since they depend on external funding, tourism, and other sectors which have been affected by COVID. She emphasised the increase in household debt in Sri Lanka¹⁹, and that majority of the borrowers are women.

Tofazzel Monju from Bangladesh stated that development indicators like poverty reduction and access to services were improving in recent years however, due COVID-19, these may be impacted. Due to the lockdown and the shut-down of the economy, workers from the informal sector and labourers with low incomes have been the worst-affected.

Nalini Ratnarajah from Sri Lanka highlighted the debt issues women are facing due to COVID-19. She stated that women mostly work in informal sectors such as textiles, plantations and household jobs which have primarily been affected by Covid-19. She expressed that due to the loss of livelihood post-COVID-19, women will face the brunt of repaying household debt.

¹⁷ https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=8S&name_desc=false

¹⁸ https://moph.gov.af/sites/default/files/2019-09/Afghanistan%20National%20Health%20Accounts%202017_Final%20%28Annexes%29%2024-8-2019%20-min.pdf

¹⁹ <https://www.thehindu.com/news/international/in-sri-lanka-a-people-living-off-borrowed-money/article32416399.ece>

Sushovan Dhar, a labour rights activist and SAAPE Core Committee Member, explained that the present economic crisis is not only because of the pandemic but has been an issue over the past one-and-a-half decade however, has been made worse by the pandemic. He explained that the COVID-19 pandemic has led to a fall in exports and tourism, and has impacted revenues and remittances, which has consequently led to the devaluation of currency. He stressed that now governments will be pressured to bail out private corporations, while public services such as health, education, and social protection measures deteriorate.

Chapter 4:

Situation of migrant workers during COVID-19 pandemic in South Asia

Session 4: Situation of migrant workers and informal workers and their rights to work and health: Addressing poverty and inequality

The entire situation of COVID-19 pandemic and the lockdown has brought to fore the plight of migrant workers within and outside their respective countries. Initially, they were stigmatised and blamed for being carriers of the virus however, also suffered economically due to the loss of jobs, with little to no assistance. Prof. Akhil Ranjan Dutta from India explained the context in India of migrant workers in the informal sector, who move from one part of the country to another for employment. He highlighted that while in India, the government has many schemes such as the Food Security Act, National Rural Employment Guarantee Act, Pradhan Mantri Awas Yojna for housing, migrant workers are not benefitting from these schemes. The lack of coordination among state governments in India, mainly due to the absence of data on migrant workers, is the primary reason for the migrant crisis in India. Though they were entitled to benefit from several schemes, they were not able to utilise them as they were not present in their home states. Even repatriation or relocation of migrant workers could not be done due to the absence of proper documentation of the migrant workers.

Shahindha Ismail from the Maldives spoke of the plight of migrant workers in the Maldives, most of whom are from Bangladesh, and who amount to nearly one-third of total population in the island nation. She also emphasised that nearly 70,000 of them are undocumented migrant workers. The pandemic has worsened the living and working conditions of these workers, who were already facing difficult situations²⁰.

Prof. Suresh Dhakal from Nepal spoke of labour migration and transborder migration in Nepal. In the case of Nepal, more than 50% of the productive-age population is working outside the country as migrant labourers. They make up one-third of the total population of the country. Most of them are working in very risky situations, do not have decent work conditions, are treated as informal workers, many are working as free labour, their passports are seized, they cannot change their job and they cannot go back home. Under these circumstances, most of the migrant labourers returned home, in Nepal. He elaborated that, during the COVID-19 pandemic and the lockdown, the Nepalese government said that there are around 6 to 10 million migrant workers who wanted to return to the country, but have had little help from the overseas diplomatic mission as they did not respond on time and only a few were able to return. He mentioned that the situation of female workers is even worse, even though they constitute only 20% of the total migrant workers. He stated that this is because female migrant workers often go through informal channels and easily become victims of manpower companies.

Tasneem Siddiqui, from the Refugee and Migratory Movements Research Unit (RMRRU), Bangladesh presented findings from interviews with 50 migrants who returned to Bangladesh during the pandemic, mostly from Gulf countries. As most of them were engaged in informal sectors, they faced hardships of losing jobs, and of receiving partial or no payment. As per the testimonies, even workers with proper documentation and visas were randomly arrested, detained, and deported back to Bangladesh²¹.

She mentioned that many migrant workers were shifted directly from detention centre/jails to the airport, and returned to Bangladesh. Hence, they were unable to bring back their belongings (money and

20 <https://www.thehindu.com/news/international/rights-watchdog-flags-harsh-treatment-of-migrant-workers-in-maldives/article32449932.ece>

21 <https://www.thedailystar.net/opinion/news/pardoned-host-countries-incarcerated-bangladesh-1946653>

other items) that remained in the camps/dormitories, and that nearly 74% had left behind a significant amount of resources in destination countries. At least 269 of the deported Bangladeshis are presently incarcerated in prisons and have been charged with unsubstantiated and arbitrary offences by the authorities²².

She recommended that the UN Migrant Worker Convention 1990, which ensures the protection of migrants in any situation, should be strongly enforced and further suggested that Bangladesh should develop and establish a comprehensive documentation on migrant workers' grievances. She stressed that the registration process needs to be conducted by Bangladeshi missions before workers are repatriated.

22 <https://www.thedailystar.net/frontpage/news/pardoned-abroad-punished-here-1932529>

Chapter 5:

Public health system in South Asia – Need for radical change

Session 5: Envisioning radical changes in public health system in South Asian countries to meet the universal goal of right to health for all

As per the recent ILO report²³, the continued sharp decline in working hours globally due to the COVID-19 outbreak means that 1.6 billion workers in the informal economy, that is nearly half of the global workforce, are in immediate danger of having their livelihoods destroyed. The economic and social consequences of those measures have come as secondary afterthoughts. South Asia faces public health challenges on a demographic and geographic scale that is unmatched in the world. The majority of the people depend on the public health system. India, Pakistan, Bangladesh, Nepal and Sri Lanka are home to nearly one-fifth of the world's population, with two-thirds of the world's population living on less than USD 1/ day, and have high infant mortality rates. Furthermore, the COVID-19 pandemic is likely to break out on a massive scale, given the present condition of poor access to improved water and sanitation, poor maternal health and poor access to healthcare services. South Asian countries spend less than 3.2 percent of their GDP on health. As a consequence, South Asian countries do not have the capacity to protect the lives of people if COVID-19 spreads widely.

Syed Hussain Anosh from Afghanistan stated that issues of corruption, conflict, and a fragile health system has affected the government's response to COVID-19. He said that during the pandemic there has been an increase in violence, including attacks on human rights defenders.

Haroon Baloch from Pakistan spoke of the public health system in Pakistan which has been affected by political dynamics as provinces are autonomous. He also spoke about the overcrowding of hospitals, which had added difficulties to the government's response to COVID-19.

Dr. Renu Adhikari from Nepal stated that public health systems in South Asia are fragile. She said that when Nepal found its first COVID-19 case, the country did not have a testing facility, and the samples had to be sent to Hong Kong for testing. She highlighted the problem of creating a whole new public health structure in order to be able to respond to the pandemic. She mentioned that since the onset of COVID-19 in Nepal, basic health services have been affected too, especially for pregnant women.

Prof. Rashid-E-Mahbub from Bangladesh highlighted various issues that have plagued Bangladesh's response to COVID-19, mainly in relation to private hospitals overcharging for testing. Private hospitals have even gone so far as to provide fake COVID-19 negative test certificates for money²⁴.

23 https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_743036/lang--en/index.htm

24 <https://www.nytimes.com/2020/07/16/world/asia/coronavirus-bangladesh-italy-certificates.html>

Conclusion and Recommendations

Conclusion

It is evident that the pandemic has created a crisis in all spheres of human life, and has affected economic, social, and political sectors equally. However, despite its negative effects, COVID-19 has brought new challenges that could be transformed into opportunities for reform. Poverty, corruption, transparency, accountability, employment, education and health services, migrant workers, the digital divide, social justice and power relations, have been recognised as common grounds of interests that could be points of departure to work collectively in the South Asia region.

Gender-based segregated data-collection and gender-based strategies are other aspects to consider in making a difference. It is imperative to view all mechanisms of governance from a rights-based perspective, so that both the duty-bearers and right-holders are held accountable for their behaviour. The fractured health care service systems across South Asia are of primary concern, especially in dealing with the present pandemic. It is important to emphasise the role of SAARC in responding to the COVID-19 pandemic in South Asia, and its significance in formulating post-pandemic strategies.

Recommendations to South Asian governments

- Improve and expand access to healthcare for all people without discrimination, including the most vulnerable and marginalized;
- Increase expenditures on public health systems to make them more robust and effective to respond to pandemic situations;
- Provide special funding for children who face risk of malnutrition and drop out of school due to their economic situation;
- Maintain accountability and transparency in testing, tracing, and treatment for COVID-19; and
- Introduce economic measures for various sectors, including migrant workers, unorganised workers, and agricultural workers who are affected by the pandemic and lockdown.

List of Acronyms

BMMA	Bharatiya Muslim Mahila Andolan
CAA	Citizen Amendment Act
COVID-19	Corona Virus Disease 2019
CSO	Civil Society Organization
FORUM-ASIA	Asian Forum for Human Rights and Development
ICU	Intensive Care Unit
ILO	International Labour Organization
LDC	Least Developed Country
NHRC	National Human Rights Commission
RMRRU	Refugee and Migratory Movements Research Unit
SAAPE	South Asia Alliance for Poverty Eradication
SAHRM	South Asian Human Rights Mechanism
WHO	World Health Organization
UN	United Nations
UNCEDAW	United Nations Committee on the Elimination of Discrimination Against Women
UNICEF	United Nations International Children's Emergency Fund

Glossary

Civil Society	The elements such as freedom of speech, an independent judiciary, etc, that make up a democratic society.
Civic Spaces	Civic space refers to the places in which a community performs or engages in some part of its political or social life.
Dalit	People belonging to the lowest caste in South Asia characterized as untouchable.
Debt Crises	A situation in which the large debts owed by a number of individuals, organizations or countries threaten to overwhelm them, so that they become unable to service their debts which, in turn, may threaten the stability of larger structures.
Digital Divide	A term that describes the division of the world into two camps, those who have access to the internet and other advanced information technologies and those who don't.
Digital Spaces	What is displayed on the screen of a digital device e.g. laptops, computers, tablets, or smartphones.
Diplomatic Mission	A mission serving diplomatic ends.
Domestic Violence	Violent or aggressive behaviour within the home, typically involving the violent abuse of a spouse or partner.
Freedom of Assembly	The right to hold public meetings and form associations without interference by the government.
Gulf countries	Arab states of the Arabian Gulf that comprises of following countries Iran, United Arab Emirates, Oman, Bahrain, Qatar, Saudi Arabia, and Kuwait.
Human Rights	The basic rights and freedoms that all humans should be guaranteed, such as the right to life and liberty, freedom of thought and expression, and equality before the law.

Lockdown	A state of isolation or restricted access instituted as a security measure.
Pandemic	An outbreak of a disease over an entire country or the world.
Provincial Assemblies	A Member of the Provincial Assembly is a representative elected by the voters of an electoral district to the legislature or legislative assembly of a subnational jurisdiction.
Public Health Emergency	A state of emergency declared by the governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic or pandemic disease or a highly fatal infectious agent or biological toxin and that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.
South Asia	The countries and land area of Afghanistan, Bangladesh, Bhutan, Sri Lanka, India, the Maldives, Nepal, and Pakistan.
State Apparatus	Institutions such as education, the churches, family, media, trade unions, and law, which were formally outside state control but which served to transmit the values of the state.
Virus	An infective agent that typically consists of a nucleic acid molecule in a protein coat, is too small to be seen by light microscopy, and is able to multiply only within the living cells of a host.
Webinar	A seminar or other presentation that takes place on the internet, allowing participants in different locations to see and hear the presenter, ask questions, and sometimes answer polls

