

Covid-19 and its Impact on South Asia: A Case Study of Pakistan

Zahid Yaseen *

Iqra Jathol †

Muhammad Muzaffar‡

Abstract

The disease named COVID-19 is a pandemic disease that was began in China in December 2019, and after that spread in all over the world. China has victimized badly by the said disease and WHO has stated reservations that Pakistan might appear as the next victim of this pandemic. Pakistan and India are two major players in South Asia, they the facing pandemic disease now a days. Scholar hypothesizes that at contemporary circumstances the Pakistani commonalities are not ready to face any pandemic threat. This study will evaluate the basic health issues regarding covid-19, the political instability and health care facilities given to the Covid-19 victims. It also evaluates the lockdown policies in Pakistan and relieves given by the Governments. Results will be analyzed through secondary sources, journals, articles and other authentic material on this pandemic with null hypothesis that Pakistani community is not well aware of the COVID-19 and having lack of facilities and strategies for the safety of people and control of infection. The study will conclude about alarming situation in the country and effective implementations against covid-19. Question arises that How should control or aware the south Asian community. It depends on awareness, training, and cooperation of South Asian Community.

Key Words: Covid-19, South Asia, Pakistan, WHO, Pandemic, Disease.

South Asia

South Asia consists of eight countries: Pakistan, India, Bangladesh, Nepal, Bhutan, Sri Lanka, Afghanistan and the Maldives. South Asian countries inherited weak traditional financial setup from their colonial masters or local authoritarian rulers. With the exception of Pakistan, Sri Lanka and India, where some kind of infrastructure development took place during colonial rule, other countries do not even have basic economic infrastructure. All countries in South Asia began the process of modernization and development in the 1950s. There were many problems and problems that affected the economies of South Asia. (Muzaffar, Jathol, & Yaseen, 2017).

Covid-19 highlighted a clear gap in public health readiness for the outbreak of infectious diseases in South Asia. The lack of a powerful system for monitoring and controlling infections is especially apparent. Two nuclear powers, the lack of a single university center with epidemiological expertise to model a rapidly progressing epidemic appears to have proven to be a major obstacle to evidence-based planning. (Bhutta, Basnyat, Saha & Laxminarayan, 2020).

COVID-19 pandemic in South Asia









Territories	Confirmed cases	Active cases	Cases with an outcome		Population (2018)
			Recoveries	Deaths	
South Asia	301,395	177,705	116,522	7,168	1,895,813,944

* Assistant Professor, Department of Political Science, GC Women University Sialkot, Sialkot, Punjab, Pakistan.

† Department of Political Science, GC Women University Sialkot, Sialkot, Punjab, Pakistan.

‡ Assistant Professor, Department of Political Science and IR, GC University, Faisalabad, Punjab, Pakistan.

COVID-19 pandemic in South Asia

 Afghanistan	14,525	12,973	1,303	249	37,171,921
 Bangladesh	44,608	34,623	9,375	610	161,376,708
 Bhutan	33	27	6	0	754,388
 India	298,001	86,422	82,370	4,971	1,352,642,280
 Maldives	1,513	1,309	197	5	515,696
 Nepal	1401	1,176	219	6	28,095,714
 Pakistan	64,028	40,406	22,305	1,317	212,228,286
 Sri Lanka	1,524	769	745	10	21,228,763

https://en.wikipedia.org/wiki/COVID-19_pandemic_in_South_Asia

Pakistan

The first case of covid-19 was appeared in February but the number of corona disease in Pakistan are rising day by day and the number of fatalities has risen number of patients in a single day in the country, Prime Minister Imran Khan announced the lockdown restrictions across the country from March. Since the policy was announced in consultation with all provincial governments, it remains to be seen whether it will create the long awaited national consensus on counter epidemic action in Pakistan because many people have come from Iran .According to media and newspapers emphasized the handover and distribution of pilgrims as a reason to cultivate and expand COVID-19 in Pakistan. According to Aljazeera TV, Taftan was the center of the epidemic.(Aljazeera TV)

Later, the infection spread quickly all over the world and also in Pakistan. To prevent the rapid spread of the corona virus, all schools, colleges and universities across the country were closed on March 13, 2020. Initially, this government law was criticized for not taking any other measures to protect wasting of the duration for the students. Like online courses, a quiz show, “reading material”, homework, etc. After that announcement, all learning institutes School, colleges were locked until March 31. It was later prolonged until May 31, 2020, with the announcement that this break would be considered a summer vacation. “In most parts of Pakistan, educational institutions have observed summer vacations in June and August due to the hot summer. This year, all students will take classes in most of the warm months of the year. For some people this may be a simple question, but technically it is not. Not all schools, colleges and universities withstand temperatures above 40 ° C and are a real problem, especially for small children. In addition, there are usually epidemics of summer diseases such as diarrhea and dengue fever”. (Khalil et al., 2020). Pakistan may need to organize a separate seasonal disease vaccination session and a high temperature control program. (Khalil, Tanveer, Idrees, Shinwari, & Hollenbeck, 2020).

Smart Lockdown

“Since the beginning of this crisis, the Pakistani leadership has been divided over the severity of the lockdown and its spread. All the provincial governments have imposed various levels of lockdown against the wishes of the Prime Minister, while the Prime Minister has been against it due to its negative impact on the poor and the working class” Imran Khan's identity as a national leader is good for that decision. (Waris, Khan, Ali, & Baset, 2020). Finally, since May 9, the administration has turned to partial lockdowns across the country through "smart" lockdown projects, and plans to open "low-risk" industries, as well as technology surveillance.

Co-Operation between the Federal and Provincial Governments

Although the provincial governments have indicated that they will follow the Centre's instructions, the growing

number of patients and the weeks-long political argument between the Pakistan People's Party (PPP) and the Pakistan Tehreek-e-Insaf (PTI) It is feared that as the country moves toward independence from the lockdown, there will be more internal divisions.

As the responsibility for formulating a national policy rests with the federal government, the lack of co-operation between the federal and provincial governments, as well as the political confrontation between the PPP and the ruling party in Sindh, threatens to destabilize this crisis. Despite the steady increase in the number of patients, the uncoordinated policy response could exacerbate the health crisis and overwhelm the health infrastructure in Pakistan. This situation is raising concerns and questions from the center regarding governance.

Murad Ali Shah also criticized the federal government for giving "contradictory signals" and resisted federal pressure to lift lockdown sanctions. Sindh also disagreed with the federation and refused to allow congregational prayers in mosques during Ramadan. Later, Punjab and Balochistan followed getup, limiting the number of participants to five. Similarly, the Sindh government did not welcome the establishment of a voluntary organization for relief work by the Prime Minister and alleged that it would be an organization of political party workers who should not be part of the government's relief projects.

Pakistan's Administrative Structure

The current divisions between the federation and the provinces over health are rooted in "Pakistan's administrative structure. After the passage of the 8th Amendment, provincial governments are responsible for running their own health departments". The federal government, among other responsibilities, has the responsibility to formulate inter-provincial cooperation and a broader health policy. Since co-operation between several departments as well as several other departments under the federal government was required for simultaneous decision-making on issues such as economic arrangements, border constriction, etc. a coherent national policy was essential. "The federal response to the epidemic has turned from denial to resentment, with Prime Minister Imran Khan trying to suppress the issue in his first address to the people. Khan's concern for the poor is not insignificant, but his outspoken condemnation of the lockdown was a direct criticism of the PPP government in Sindh, which at the time had begun banning public places, markets and public transport. However, soon the PTI led provincial governments in Punjab and Khyber Pakhtunkhwa and the coalition government in Balochistan implemented partial lockdowns in their respective provinces. This has led to confusion and division among the public as to whether to implement the lockdown ban".(SAV, 2020)

National Unity

Similarly, the federal government's efforts to establish national unity have been disturbed. Due to mounting public pressure, the parliament was assembled on March 2, but the prime minister walked out of the session without listening to the views of the opposition after his inaugural address, leading to further political divisions. The federal government also refused to arrange a meeting. Meanwhile, the PTI leadership continued to criticize the opposition, especially in Sindh. Although the Sindh government is not cooperating in this situation and on the crisis, all parties repeatedly accused of having an ineffective administration against the crisis, inciting divisions and waging a "mudslinging" campaign against each other.

The Prime Minister's gradual adoption of an active role, the federal government announced an aid package for the epidemic-affected citizens and industries. However, the emergence of the Code-Relief Fund in Sindh is a clear example of the fact that co-operation is the key to making such initiatives fruitful.

A political controversy has erupted in Sindh, where the PPP government took the lead in responding to the crisis. The first case of Covid-19 in Pakistan was reported in Karachi at the end of February. In response, the Sindh government swiftly closed down educational institutions and went from partial to complete lockdown as the number of cases increased. Sindh Chief Minister Murad Ali Shah has received rave reviews for his quick response at the provincial level after the outbreak, testing at an early stage and focusing on the issue as a public health emergency. (Saqlain, Munir, Ahmed, Tahir, & Kamran, 2020). Meanwhile, PPP chief Bilawal Bhutto Zardari, organized the first multi-party online meeting on the issue and took initial steps to lock down the federal government.

Turmoil in the healthcare sector and leadership

The political confrontation between the PTI and the PPP leadership is already affecting efforts against the covid-19. The PTI leadership, for example, intends to challenge the Sindh government's Emergency Relief Ordinance in court on the grounds that it interferes with federal jurisdiction. The Sindh cabinet had approved the ordinance as a relief measure for the province. According to Sindh Govt. that Sindh government has also faced difficulties in importing testing kits due to delayed response from Islamabad. Now governments continue to challenge each other's policies. In such a scenario, the implementation of very slow measures against the epidemic is unlikely to produce effective results. This could lead to further turmoil in the healthcare sector in the region and complaints about dealing with the crisis.

The lack of co-operation between the federal and provincial governments in Sindh has had the worst effect on Karachi. Karachi is Pakistan's most densely populated city, any effort to follow the spread of the virus is futile unless it is effectively implemented in Karachi. Despite this, PTI, the political gap between the PPP is creating division and confusion in the city and enforcing provincial lockdown orders is becoming a challenge. This political imbalance is one of the hindrance and even more destructive to a collapsing economy, further undermining the federal government's efforts to restore investor confidence.

India

India had recorded fewer than fifty cases of infection compared to Iran's 7,200, Italy's 9,200, and China's 80,900. India's early risk assessment and stringent travel restrictions helped South Asia's largest, most populous, and highly-connected country maintain a relatively low rate of confirmed positive cases at 0.4 per one million. However, the number of cases has been rising very rapidly in recent days, with the total as of March 24 at 536 with 10 deaths. As India imposes a national lockdown, possibly the largest in human history, effective March 25, all eyes will be on whether this extraordinary measure may help the country to combat the menacing pandemic and arrest the global spread of COVID-19.

However, as the cases began to rise despite early action, India banned all international flights into the country and Prime Minister Narendra Modi created momentum for an eventual lockdown by appealing for a self-imposed public curfew (called "Janata Curfew") on March 22. Subsequently, all passenger train and domestic air services were also suspended, all border checkpoints closed, and public transport restricted. On March 24, Modi finally announced a complete national lockdown for three weeks starting March 25 and promised an emergency healthcare package of around USD 2 billion to fight the virus. That cautious step was taken relatively early in India's COVID response cycle at 10 deaths, whereas Italy and Spain saw 800 and 200 deaths respectively before they imposed their lockdowns.

However, the government's COVID-19 response faces a few critical challenges. Some experts fear that India's low rate of testing may be masking the actual number of COVID-19 cases in the country. Secondly, there are concerns about the costs of the national lockdown, particularly on the Indian economy and those employed as casual labor and within the country's large unorganized sector. Finally, a deluge of misinformation online propagating incorrect cures for the disease could impact India's fight against COVID-19. (SAV, 2020)

Sri Lanka

"Sri Lanka acted reasonably early in response to the COVID-19 pandemic and has thus far been somewhat successful in containing a potential outbreak within the country. As of April 6, Sri Lanka has 135 active cases 178 total cases and 5 deaths. In the absence of wide testing, however, it is difficult to assess the exact nature of the pandemic in the country. Over the course of the past week, several possible cases of community spread have been identified. The pandemic comes at a politically and economically sensitive time for the country. President Gotabaya Rajapaksa's decision to dissolve parliament in early March and the eventual election postponement have generated political uncertainty. As the country manages a narrow fiscal space and heavy debt burden, as well as low growth and the closure of the tourism sector, the pandemic is also likely to hit the economy hard". (SAV, 2020)

Nepal

"Nepal, under the leadership of the Ministry of Health and Population, has taken various steps to prevent COVID-

19. Monitoring teams and health desks have been established at major border checkpoints and cities such as Kathmandu, Lumbini, Chitwan, Pokhara, Bhairahawa and Ilam. A 24 hours operating health desk has been established at the Tribhuvan International Airport (TIA), Kathmandu (the only international airport in Nepal) to screen incoming persons with infrared thermometers along with a dedicated ambulance service to promptly transport suspected cases”.

Given the ability to travel out of infected cases, great vigilance regarding a sound response plan is required to address the current risk of COVID-19. In this context, a government policy from the Nepalese government is vital to educate the public, take reasonable precautions to respond to the epidemic, and inform travelers of the potential risks. It is also necessary to identify and include suspected cases at the place of origin, for which the capacity of the basic health system must be strengthened. COVID-19 and previous epidemic scenarios should be a learning experience for Nepal, not only in dealing with emergencies, but also in developing a robust surveillance system and taking preventive measures for similar events in the future. (Shrestha, Shrestha & Khanal, 2020)

Bhutan

Bhutan immediately started investigating everyone who came into contact with tourists. Originally after the first two cases, 14-day quarantines had been set up for anyone who entered the country in 120 quickly set up facilities. The quarantine period was then extended by a week to reassure the public. Large-scale blockades implemented elsewhere were avoided. Instead, schools in Thimphu have been closed, tourists have been denied access, and standards for social distance have risen. In the meantime, there was a strong sense of belonging to the Buddhist kingdom. Private hoteliers offered their property free of charge, companies offered cash donations, farmers and agricultural cooperatives donated agricultural products, and restaurants provided free food. In collaboration with the government, residents have helped to create quarantine areas in villages with improvised bamboo isolation huts. <https://thediplomat.com/2020/05/what-explains-bhutans-success-battling-covid-19/>

Maldives

The first cases of COVID19 in the Maldives were reported on March 7, 2020, with a total of 13 cases on March 27 on various holiday islands and were limited to the islands where the cases were discovered. This report describes the clinical course and treatment of the first serious case that requires intensive care. The chosen treatment strategy was favorable and the patient improved thanks to timely symptomatic treatment. This case underlines the importance of epidemiological surveillance and active case finding to identify and diagnose the case early so that appropriate clinical management is possible for positive results in high-risk groups. <https://www.sciencedirect.com/science/article/pii/S2213007120302082>

Bangladesh

First case of COVID-19 was registered in Bangladesh on March 8, after that 39 positive cases and 5 deaths have been registered 25th, Although the numbers are low as compared to global records but They are hardly representative as the country could hardly test potential cases with only 1,500 test kits available. The government was therefore forced to limit the scope of the tests to those who had returned from an international trip or were in contact with arriving travelers.

Now that a large part of the population lives daily, there is a threat of closure, which will begin on March 26, and the risk of economic stagnation, from which many families become poor, that Bangladesh will find it difficult to escape for many years from the past. While the government should work out a financial stimulus package, its effectiveness for the needy remains an imminent issue for a country that has long struggled with governance and corruption. (Anwar, Nasrullah, & Hosen, 2020)

Afghanistan

WHO reports that Afghanistan currently has a single national isolation center with a capacity of 100 beds and regional and provincial isolation centers with a total capacity of 991 beds. A single central public health laboratory in the Afghan capital Kabul is currently performing diagnostic tests for COVID-19 with a maximum capacity of 50 tests per day at a cost of \$ 1,600 per diagnostic kit. The lack of local laboratories to perform diagnostic tests for COVID-19 leads to significant delays in the treatment and isolation of patients in hospitals in remote regions of

the country. "Afghanistan is currently experiencing a rapid increase in COVID-19 cases. On February 24, 2020, the Afghan Ministry of Health reported a confirmed case of COVID-19 in the western province of Herat. The number of confirmed COVID-19 cases in Afghanistan has increased since then. On March 25, 2020, there were 75 confirmed cases of COVID-19 in 12 provinces of Afghanistan". (Shah, at all, 2020)

Conclusion

In South Asia covid-19 is rapidly increasing, Major players of south Asia facilitating their community by relief funds and other medical instruments but it will be uncontrolled in coming days in South Asian region due to the lack of sources and Governmental facilities.

As the epidemic has reached its peak in Pakistan, now there is need of the hour to formulate a additional integrated plan between the provinces and play a stronger governance and their character. While PM of Pakistan is pressuring the provinces to make easiness for lockdown, PTI as well as provincial government in Punjab, are worried that it will further boost the numbers. Instead of improving the health infrastructure and testing facilities to deal with the virus, a lot of valuable time was wasted in political point scoring. The danger is that if the number of patients in the country reaches the highest level during June/July 2020, as predicted by health experts, the health care system will collapse due to the growing number of patients.

To avoid the risk of an epidemic, it is important that the general public's knowledge, attitudes, and actions regarding COVID-19 response are rapid. However, the results show that the people of Pakistan are not aware of the seriousness of the situation. Moreover, frontline professionals should ready for the challenge. Awareness at all levels is required.

Suggestions and recommendations

Awareness

In Pakistan for this COVID-19 pandemic, we need some relevant training courses. Awareness programs should be created to inform the public about their personal nature and limit the spread of this virus throughout the community. The findings indicate that COVID-19 capacity building activities need to be initiated as an essential step in establishing an effective inspection system in Pakistan.

Quarantine

Quarantine measures may have helped prevent the virus from spreading faster, but they have also hindered economic activity. The wave of the virus has vulnerable neighboring economies, especially in South Asia

Political Instability

These pandemic concerns have greatly warned the country's situation, so the government must act wisely to keep the new situation under control. If such problems are not competently and effectively resolved, the entire nation is likely to bear the consequences and complications of the problems caused by such political instability.

Immune system

In the best case, passive immunization is only used if the patient's immune system has already started to fight the virus. The more you leave the patient alone with the infection before you protect them with passive immunization, only active immunization can be protected in the long term.

SAARC

"South Asia is small due to the relatively low number of COVID-19 cases in the region, but is growing rapidly. It is one of the most populous and least developed regions in the world and more vulnerable to the spread of the coronavirus. In this way SAARC members should seek regional cooperation by establishing this institutional mechanism, which is linked to the national control measures of the Member States and may depend on the development of the pandemic in the region". To tackle the emergency crises SAARC food bank was introduced in south Asian region to facilitate south Asian community in shortage of food and or natural disaster like earth quack or such other natural problems. This was signed by the south Asian states at Islamabad for the security of people against natural issues at 14th summit. (Muzaffar, Jathol, & Yaseen, 2017). But at this time south Asian states are not cooperating with each other on covid-19.

References

- Anwar, S., Nasrullah, M., & Hosen, M. J. (2020). COVID-19 and Bangladesh: Challenges and how to address them. *Frontiers in Public Health*, 8.
- Bhutta, Z. A., Basnyat, B., Saha, S., & Laxminarayan, R. (2020). Covid-19 risks and response in South Asia. GeoTV, 30 March 2020
- Hays, J. N. (2005). *Epidemics and pandemics: their impacts on human history*. Abc. Clio. https://en.wikipedia.org/wiki/COVID-19_pandemic_in_South_Asia retrieved on 18-06-2020
<https://southasianvoices.org/pakistans-covid-19-political-divide/> retrieved on 17-06-2020
<https://southasianvoices.org/the-covid-19-outbreak-how-has-bangladesh-fared/>
<https://www.researchgate.net/publication/340349542>
<https://www.sciencedirect.com/science/article/pii/S2213007120302082> 18-06-2020
- Khalil, A. T., Ali, M., Tanveer, F., Ovais, M., Idrees, M., Shinwari, Z. K., & Hollenbeck, J. E. (2020). Emerging viral infections in Pakistan: issues, concerns, and future prospects. *Health security*, 15(3), 268-281.
- Muzaffar, M., Jathol, I., & Yaseen, Z. (2017). SAARC: An Evaluation of its Achievements, Failures, and Compulsion for Cooperation. *Global Political Review*, 2(1), 36-45.
- Saqlain, M., Munir, M. M., Ahmed, A., Tahir, A. H., & Kamran, S. (2020). Is Pakistan prepared to tackle the coronavirus epidemic?. *Drugs & Therapy Perspectives*, 1-2.
- Shah, J., Karimzadeh, S., Al-Ahdal, T. M. A., Mousavi, S. H., Zahid, S. U., & Huy, N. T. (2020). COVID-19: the current situation in Afghanistan. *The Lancet Global Health*, 8(6), e771-e772.
- Shrestha, R., Shrestha, S., Khanal, P., & KC, B. (2020). Nepal's First Case of COVID-19 and public health response. *Journal of Travel Medicine*, 27(3), taaa024.
- Waris, A., Khan, A. U., Ali, M., Ali, A., & Baset, A. (2020). COVID-19 outbreak: current scenario of Pakistan. *New Microbes and New Infections*, 100681.