

South Asia: Call for Rapid Response from the South Asian Governments to Fight the COVID19 Crisis and to build unitedly long-term public health care for South Asians

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SAAPE is concerned about the great danger that COVID-19 pandemic poses in South Asia. The pandemic has already made the lives of the people miserable and woeful. The world is entering in a new phase of history. The pandemic has exposed the ugly face of the neoliberalism which has miserably failed to protect our lives.

Hundreds of thousands have died, health workers in the front lines of this battle have been put at risk, as country after the country failed to provide adequate protective gear to their doctors, nurses and others. It has the potential to cause grave damages to the poor and to the economic livelihoods of millions in the informal sector. If we are unable to contain the spread of this virus, allowing it to spread to high-density areas, slums, working people neighbourhoods, refugee camps and other centres of vulnerability and poverty, South Asia will be left to face health, economic and social disasters on a scale never experienced before. The developed world is being over-run by the pandemic and their economies driven into recession. The chances of South Asia, therefore coping is remote, as most of the region's economies are already in a desperate state.

The current crisis has exposed the frail nature of our public health systems.. Although uneven across the region, it is already evidenced that the public health systems are unable to cope with the current burden of disease. Three decades of neoliberal capitalism have destroyed basic public services including quality public health care and universal social protection. The average expenditure on public health in South Asia has hovered around 1.3% of the GDP. Even Italy and France which have been the epicentre of the pandemic were investing around 11% of the GDP and yet they have been unable to stem the tide of deaths and the increasing pressures on their health system to cope with the pandemic. Globalisation for South Asian countries resulted in greater privatisation of health care and a reduction in the role of the state. South Asia, by and large, has seen the reduction of primary health care centres in the predominantly rural areas making quality health care impossibility for the poor.

The majority of the people depend on the public health system. This system is on its knees today. 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 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 also not different as there are only about 360 ventilator machines in the country and 260 of them are in

the Kathmandu Valley. Afghanistan is also facing a severe shortage of coronavirus tests and ventilators. In Afghanistan as of April 2, the country'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.

As millions are compelled to be in confinement, the majority, especially, the vulnerable are in situations without any decent social safety nets, income and struggling with getting food. Millions of informal workers have been left to their own devices as states had destroyed institutions to support them. The lockdowns that were declared on the populations have caused extreme difficulties to the people, necessary as they may have been. In India, millions took to the roads in an exodus of a kind hardly seen since Partition days. Afraid of being caught in the cities without shelter, work, food etc. millions chose to travel home to their villages on foot. We are also concerned about the situation and difficulties faced by the poor, women and vulnerable section of every community, struggling hard to survive in the time of lockdown, curfews and other restrictions. Globally, patriarchal, gendered norms of unpaid care work are being reinforced at homes that are resulting in rampant domestic violence. Millions of workers have lost jobs and livelihoods, particularly women who are contract-based and casual, consequently deepening hunger, individual and household debt crises. Migrant workers are in miserable conditions in South Asia as millions are struggling to live without food and place to rest and sleep and women migrant workers are most vulnerable. Panic and fear are common sentiments that are affecting people's minds.

South Asian countries have failed to make use of economic growth to improve the lives of the poor and marginalised people, mostly women, girls and marginalised communities and reduce inequalities the region is facing. Extreme inequalities have deepened the health, social and economic crises by allowing the rich to plunder and earn profits even from basic services, which the states have handed over to them. The poor and the working people are facing extreme forms of destitution and vulnerability at the time of COVID19 crisis, living without adequate basic needs materials to keep alive and prevent from the disease- foods, soaps, water and proper shelter. To contain the spread of coronavirus, the governments in South Asia have issued travel restrictions, curfews, lockdowns to maintain social distancing and possible outbreaks. The people who work in the informal and unorganised sectors, daily wage earners, hawkers, migrant workers etc. are facing the brunt of the adverse situations where they have become helpless in their lives.

Many South Asian countries are now paying the price for diluting, not implementing and in some cases as in India -repealing and proposing to repeal even more pro-labour laws. Ironically and happily the Government of India has now issued orders to say that no one should be terminated from employment and that wages should not be denied even if workers have not come for work and that rents payable by workers should be waived by landlords. While we are happy to see that through these orders the old dogma of "Flexible Labour" and "Ease of doing business" is put on hold-this still amounts to 'too little- too late'. We urge all South Asian Governments to learn proper lessons from this crisis for the future and steps taken to cry halt to anti-labour thinking that has been quite rampant in our region.

The video conference of the head of states of SAARC member states held in March 2020, though a welcome step, is totally inadequate to deal with the current crisis as it fails put in place practical measures to ensure that every country can intensify testing as well as ensuring that the region secures adequate health equipment, medicines, protective clothes and sanitizing materials. The threat posed by COVID-19 cannot be treated solely as a health risk but must be seen as a threat to the overall development of South Asia. The economic dimensions of this crisis require a comprehensive emergency response by SAARC. We need, now more than ever, a regional response as opposed to countries responding in isolation because the virus knows no border and its implications are of a trans-boundary nature. We need democratic space more than ever to combat

this crisis and strongly condemn any attempts to curtail dissent in society.

South Asia faces some of the world's worst socio-economic inequalities which contribute to one of the worst gaps in access to healthcare facilities. Barring a few exceptions, a dysfunctional public health system plagues patients all across the region. The bulk of the population is at the mercy of the overstretched and underfunded public health system. Therefore, we demand the following actions from the South Asian governments to address urgently to fight the COVID19 crisis:

1. The SAARC COVID-19 Emergency Fund should be utilised proportionally to provide support and assistance as per the need of any member state. A regional mechanism should be formed to share and exchange knowledge, information and ideas on the status and fight against the COVID19 and express solidarity to collectively fight against the impending danger of the pandemic in the region.
2. Investing in basic services, particularly the health sector, to better prepare ourselves to combat challenges that we may face in the future. All the basic services should be provided by the governments ensuring its quality, sustainability and better preparedness for any looming danger. Similarly, ensuring universal social protection for all at the time of crisis is another important step which enables all the poor and vulnerable people to sustain at the time of crisis. Strengthen social protection and start thinking for a new vision of South Asia with all people have a universal minimum income.
3. South Asian governments should call for the cancellation of all external debts so that the resources can be concentrated to provide quality basic services to the people. India being the member of G20 must raise the agenda of debt cancellation at the G20 Finance Ministers' and Central Bank Governors virtual meeting, taking place next week, 15 April 2020.
4. The governments should ensure that everyone is supported at these critical times and expenses are paid through progressive taxation on rich who have immensely benefited from the economic growth and neoliberal policies.
5. SAAPE call on all South Asian governments to reduce military and defence budget by at least 10% of the national expenditures every year. The health budget should be increased to a minimum 10% of the total national budget.
7. The governments must adopt social protection measures such as social cash transfer and distribution of resources and care to safeguard the livelihoods of the most vulnerable as well as the various employees who have lost their source of income due to the COVID19 pandemic.
7. The governments must reduce the financial burdens on small businesses and low-earning individuals by reducing VAT and other taxes. This will reduce their burden as they face increased uncertainty during these crises.
8. We urge the global political leaders and particularly the South Asian governments to take lessons from the failure of neoliberal policies exposed by COVID 19. The privatisation of the health sector resulting in downsizing and squeezing of public services particularly neglecting the role of the public health system has led us to this situation where deaths are daily occurring, where the elderly are dying in old age homes without being counted as COVID related deaths (as in UK and France). This is high time to transform the current challenges to opportunities by transforming the global order from the controls of global wealth by a handful of people to developing mechanisms so that the wealth and opportunities are distributed evenly to develop the facilities for essential services.
9. There must be curbs placed on the runaway mechanisms built up by the private sector in health care who are not regulated and who take little responsibility when there is a pandemic of this scale

and magnitude.

10. It is time for a serious reconsideration of where we are headed in the future...are we people-centred societies or are we to be governed and subjected to conditionalities which do not have the agreement of the people? The lockdown has seriously impacted on peoples' access to basic foods, employment and dependence on governments making the decisions without informing the citizens well in advance. While the curve may be flattened due to the lockdowns it is also true from various field reports being generated by civil society organisations that there are hunger, homelessness and joblessness facing millions of workers across the countries. Palpable anxiety is also leading to an alarming increase in domestic abuse of a kind rarely seen.

South Asia's future lies in cooperation, peoples' power and strong democratic government not super-rich elite led power. Therefore, it is imperative that we rebuild our movements to fight for a South Asia free of inequality, disease, hunger and homelessness. Redistributive justice, a life free of hunger, a life that enjoys social protection must be guiding values of our societies. This pandemic and the toll it is taking on society is a symptom of what we have done in building unequal societies and living in a state of over-consumption, trade wars, and disregarding the call for a sustainable development trajectory for South Asians.

We express our deepest solidarity to the people who are fighting this crisis by working in the frontlines to save lives. We express our solidarity with the millions of migrant labour left homeless and facing an uncertain future. We express our solidarity with the women and children of hundreds of households where domestic abuse and child sexual abuse has increased. We express our solidarity with the farmers who are being forced to destroying their own crops because interstate trade and transport have been stopped in the lockdown.

We urge governments to see the pandemic from people's perspectives and take swift action to contain the pandemic and at the same time to begin a new chapter in South Asian cooperation to combat poverty and all its threats to humanity.

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