



SOUTH ASIA & COVID-19

THE ISSUE:

The COVID-19 pandemic is poised to break into thousands of cases in South Asia as governments across the region impose strict lockdowns and curfews amid fears the virus will strike densely populated areas, overwhelming woefully inadequate healthcare facilities and devastating livelihoods across a region where more than 600 million people already live in poverty.

The COVID-19 crisis in South Asia has been exacerbated by a failure of the authorities in South Asia to provide accessible, accurate and evidence-based information about the virus, how people can protect themselves, and what the government is doing to help them. Some senior government officials in different countries in the region have either played down the crisis, suppressed information about its true scale, or, in the most damaging cases, provided false information about the effect it has – undermining the effectiveness of any public health response and potentially their right to health.

The vast majority of workers in South Asia earn their living in the informal economy, often depending on daily wages. According to the International Labor Organization, the informal sector “accounts for 80% of total employment” in South Asia. They include street vendors, sanitation workers, drivers, construction workers, cleaners, tea plantation workers, fisherfolk, porters, cooks, and domestic workers, many of whom are internal migrant workers and live far away from their families. As lockdowns come into force, they will overwhelmingly be denied their means of earning a livelihood. In an economically low-income region with limited social security systems in place, they do not have an adequate – or, in many cases, any – social safety net to fall back on.

Some countries in South Asia, including India and Sri Lanka, announced economic stimulus packages, but these have been chiefly targeted at industries. There is a need for specific measures aimed at people working in the informal sector in line with the right to social security so that they can realize their right to an adequate standard of living.

Every one of South Asia’s eight countries has one of the lowest numbers of physicians per capita, according to the World Bank. It ranges from 0.3 physicians per 1,000 people (Afghanistan) to just one physician per 1,000 people (Maldives, Pakistan and Sri Lanka). At the best of times, there are too few healthcare workers with too few resources. Health workers in Bangladesh, India, Nepal and Pakistan are already raising concerns about the lack of personal protective equipment available to them as they treat patients who have contracted COVID-19.

South Asia’s prisons are notoriously overcrowded. In Bangladesh, there are more than twice as many prisoners as there is capacity. More than 70% of the country’s prison population is still awaiting trial. In Nepal, the occupancy rate is more than 150%, with more than three times as many prisoners as there is capacity in some prisons. Prisoners are also often subject to inhumane conditions, including poor ventilation and sanitation, that put health at risk. In Sri Lanka, two prisoners were killed, and others injured, by prison guards when protests related to COVID-19.

TALKING POINTS:

- Even as we confront our domestic challenges, we must also turn our attention to helping other countries. Especially in South Asia – where densely populated areas, inadequate healthcare capacity and more than 600 million people who live in abject poverty. The consequences could be devastating for the region and the world– and remember if we don't address the pandemic everywhere it will come back to us.
- Our response plan in South Asia will be focused on helping those most vulnerable and most at-risk such as informal workers, internally displaced, migrant workers, refugees and prison populations. We can only do this if the governments in those countries are prioritizing that part of the response as well.

RECOMMENDATIONS:

- To address these challenges, the White House should:
 - ◇ Provide public health assistance for South Asia – that helps South Asian countries combat the virus and includes special emphasis on at-risk groups and puts protection of health-care workers at its core.
 - ◇ Use its voting power at international financial institutions to ensure that as the economies of these countries recover – it focuses on marginalized and vulnerable groups at higher risk, including daily wage earners, people displaced by conflict, health workers and prisoners and takes into account the views of labor and civil society.
 - ◇ Highlight human rights cases and emphasize to countries that as the international community supports their recoveries it expects their governments will not shirk away from international human rights responsibility.

FOR MORE INFORMATION, PLEASE CONTACT:

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