**State Responses to Covid-19: South Asia**

**Introduction**

This year hasn't started out in the way any of us wanted. Late last year a microscopic virus somehow found its way into human beings. While we have been unable to locate patient zero for this zoonotic disease, Covid 19, the world has, in a very short period of time, made some strides in figuring out how this virus operates and what it does to the human body. As we speak research is underway in multiple countries to get a vaccine for the disease on the market.

However, there's another side to the pandemic that I think for the first time in 100 years, we have been able to pay attention to primarily because there is a lot more real-time information available now than there was even twenty years ago. We are now able to observe globally what countries and governments are doing in response to this pandemic and what these responses reveal about governance, politics and the nature of states. Keep in mind that pandemics have become a perpetual condition of modern existence. All of us have already lived through the HIV and TB pandemics that are still on-going, and, we have heard of SARS, MERS, Swine Flu, and the Ebola pandemics. Yet somehow the response to this current pandemic has been very different and it has been global which tells us two things.

1. Previous pandemics were eventually contained because many agencies worked together.
2.  Perhaps today we need to be looking at global political leadership or lack thereof to see how that sort of containment was achieved and what is missing now.

So, what is different about the Covid-19 pandemic? First, in previous pandemics leadership of countries seemed to have worked effectively – China, US, other countries and the WHO. I think, for instance, that the way in which Ebola was fought in Africa needs a lot more attention than has been given to it. Second, there is of course the nature of the coronavirus itself – easily spread with a pretty lethal R-naught, and many unknowns about the origins of the virus. Third, the initial handling of the information about the virus was less than acceptable. The world could have been warned earlier by certain governments and some very key information about the virus was covered up in crucial days leading up to the pandemic.

Even so, what we have seen with state responses to this pandemic is that there are layers to such responses. On the one hand, steps are being taken by states to fight the disease itself
1. Building excess capacity in hospitals, buying equipment, PPE, pulling doctors and nurses out of retirement
2. Research into the virus and possibility of vaccines, figuring out treatment protocols.
3. Social distancing, lockdowns, isolation and quarantine, public health awareness, public transport bans, ban on gatherings, cancelling all elective surgical procedures. All of these measures are for "flattening the curve", i.e., slow down the rate of infection.

Second, there are measures to stabilise the economy.
1. Grants for people, direct cash transfers, emergency funds, food rations for the hungry.
2. Measures to stabilize businesses
3. Announcing aid packages.

Finally, and this is what I personally find problematic, are what I call additional policies which involve some sleight of hand. Make no mistake, this pandemic is also being seen as an opportunity by many leaders across the world to concentrate and centralize power or push some agendas that were getting pushback in various countries. For instance, some states in the US have banned abortions for the duration of the pandemic. India has lifted the ban on pre-natal sex disclosure of the foetus (these have really nothing to do with the virus so why are they being done). And very scarily, many governments are enacting measures that seek to increase policing and digital surveillance of citizens, and suspending democratic rights terming these as emergency measures to enforce quarantine.

With that short and broad overview, I will get to the substance of my webinar today, which is the response of South Asian countries to the current SARS COV2 pandemic. Because of paucity of time, I won't be able to cover all South Asian countries so I will restrict myself to discussions about Pakistan, Bangladesh and India.

Of course, we have to keep in mind that many of these measures are being enacted at a time of great human insecurity in South Asia. A major region Kashmir is under a military and digital siege and continues to be heavily garrisoned even though some internet access has been restored by the Indian govt. There are fairly frequent violations of ceasefires along the LoC between India and Pakistan. There is the issue of migration from Bangladesh into India and the plight of Rohingya refugees that managed to escape the Rohingya genocide in Myanmar between 2016 and 2019.

So the main questions we need to focus on are the following.

1. What have South Asian governments done in response to the spread of the coronavirus pandemic?
2. What challenges have South Asian states faced in this process?
3. Have their efforts been remotely successful in stopping the spread of the pandemic?

All in all, as I will discuss, there is this perfect storm of events in South Asia, especially India, which currently has the highest number of Covid-19 cases, the most deaths due to this disease and also is perhaps the most politically tumultuous and internally unstable country in South Asia right now.

**Pakistan**

The first two cases of Covid 19 were reported in Pakistan on 26 February 2020. Both were students who had returned from Iran. Local transmission was confirmed by March 15, 2020. First deaths were confirmed on March 18. On March 19 emergency measures start coming into force - ban on public transit. Lockdown was implemented in Gilgit-Baltistan on March

22 followed by lockdowns in Sindh, Balochistan and Punjab provinces on March 24. Flight restrictions and bans on public gatherings were also implemented and then there was the identification of an Islamist evangelical gathering as a super-spreader. 200 million USD to be given by the World Bank for the pandemic as a loan.

At the end of March, the Pakistani government announced the creation of the Corona Relief Tiger Force involving youth to distribute food and amenities, manage quarantine centres. 600,000 youth registered for this. 1.2 trillion Pakistani Rupee Economic package announced for low-income and small scale industries. [Doctors faced state action](#) when protesting about lack of PPE. They were beaten and detained.

There is still low testing, shortage of ventilators. Balochistan, for instance, has only 19 ventilators and has local resistance against the Pakistani state. Rural areas have limited access to hospitals. Political differences between the centre and provincial governments have led to uneven policy implementation.

Not enough tests. Rising dissatisfaction with the government for not doing enough or acting too late. Question of resources and compliance with lockdowns in heavily populated areas.

**Bangladesh**

In early February, Bangladesh evacuated Bangladeshi citizens from Wuhan and suspended on-arrival visas for Chinese citizens. First confirmed cases identified on 8 March 2020. Lockdown initiated on March 22, 2020. It is still in place. Flights from Europe suspended. Community transmission was confirmed by March 23. 161 million people, yet testing was initially restricted to one testing centre in Dhaka, the capital. Testing remains low. 100 million dollars injected by the World Bank for fighting the pandemic.

The pandemic creates much economy insecurity for over 50 million workers in the informal sector and the government has been slow to respond. Economic package for 600 million USD was announced only on March 25 and later increased to 8.5 billion USD on April 4. Benefits will mostly accrue to local businesses and some to the 6 million involved in the garments manufacturing sector. However, there isn't much clarity on what will be done for the 50 million in the informal sector. Food aid has been offered to those in the informal sector, but no direct cash transfers which would cost an estimated additional 14 billion USD.

There are fears that the Bangladesh death toll will mount in the coming months with Amnesty International suggesting that the Rohingya refugees (1 million in Bangladesh) could be specifically "at risk". Other reports indicate a worst-case scenario of 2 million deaths in a no intervention situation.

**INDIA**

I need to step back a little to provide you with a sense of what was happening in India in the months leading up to this pandemic. 2019 was a very interesting year for India.

India and Pakistan were on the brink of an all-out war last February following a suicide bombing in India-administered Kashmir. That was narrowly averted and many claimed that the surgical strike, as the Indians called it, was for political mileage for the right-wing BJP as India went to the polls in April and May 2019. The military engagement seemed to have worked to obfuscate Prime Minister Modi's rather dismal economic and social track record in his first term. He held on to the top spot and shortly after winning his second term, his government doubled down on Kashmir by abolishing its special status, annexing it with more boots on the ground and imposing a long-drawn out lockdown and digital siege which included placing political leaders and common citizens of Kashmir under house arrest or detention. Then in December, the Indian government enacted a controversial legislation called the CAA.

The Citizenship (Amendment) Act, 2019 offers an expedited path to citizenship for religiously persecuted non-Muslim minorities from Afghanistan, Pakistan and Bangladesh who arrived in India on or before 31 December, 2014. Arguments in favour of the Citizenship (Amendment) Act, 2019 suggest that India should open up this path because it is a good, charitable thing. They also say that this does not mean Muslims who may have arrived from these countries by 31 December 2014, cannot apply for citizenship. They can, say the supporters of the Citizenship (Amendment) Act, 2019, but it will just take a while longer. However, there is a huge problem with this assessment. First, the Act does not recognize persecution of minority Muslims groups like the Ahmadiya in Pakistan, the Uighurs in China, the Rohingya of Myanmar (some of whom also practice Hinduism) or the Hazara in Afghanistan. Second, the Act does not pay heed to the plight of Sri Lankan refugees and Tibetan Buddhists. Yet, the reality is that there *are* immigrants from these communities across India who have fled here due to political and religious persecution or war.

[On the surface this act looks generous but its real impact is felt when it is combined with the threat of another policy called the NRC.](#) This is a policy that has thus far been implemented only in one Indian state - Assam. however, the current Indian home minister Amit Shah has threatened it for the rest of India on more than one occasion.  The NRC is based on the idea of identifying and deporting suspected non-Indians from the country. The primary worry is that it will be systematically used to identify Indian Muslims and find ways of removing them from the country. Detention centres have already been built in Assam state. Now we must remember that India is a hugely undocumented country. The poor don't have paper work and can't generate it. The paperwork required for the NRC requires one to prove that their parents/grandparents lived in the country at some determined time in the past. So obviously people are angry about this and Muslims believe they will be targeted by this policy and declared non-Indian. And under this government, I will add this is a well-founded fear.

In response to this, between December 2019 and March 22, 2020 at least 250 million Indians took to the streets to protest. In some areas the protests were met with violence by police, thousands of students were detained, universities were attacked by right wing thugs and police, many were killed in police firing. Even so for the most part the protests across India remained constitutional and peaceful channelling a strong history of Gandhian civil disobedience to what was seen as an unlawful policy, through non-violent means. Along

with this there was a tremendous amount of hate speech some of it coming from sitting MPs directed at liberals and anti-government student groups, anyone who opposed the right-wing government. And as is often the case with online hate speech and commentary it translated into a terrible pogrom in New Delhi at the end of February this year where 53 people were killed, out of which most were Muslims.

To add another layer of complexity, the violence in Delhi erupted at the same time as Donald Trump's visit to India.

It is rather obvious at this time that no one in India, barring a few bureaucrats in the Ministry of External Affairs who were trying to evacuate Indians from Wuhan and Iran in Feb, paid attention to how the pandemic should be handled. The only government in India that paid attention to it was the government in the state of Kerala led by the Chief Minister Pinarayi Vijayan from the Communist Party of India Marxist. Kerala was also where the first case was detected on January 30th. The central government's reaction can be described as not only slow, but also inadequate. Let me explain this.

Based on what I've described, the Indian government's initial response to Covid-19 was to focus on evacuation of citizens from overseas, isolate and quarantine any suspected overseas cases that landed in India and use thermal detection at some airports. Community transmission was established by late March. But there's this odd thing in India. There are very few cases reported in February. We are still trying to figure out why that is but could be because no state government, except Kerala, was testing widely and that people who got sick, just recovered on their own.

There are a few competing views about what is happening in India with respect to Covid 19. First, if you look at the world map the disease seems to have badly affected countries with an average temperature of 5-11 degrees Celsius. India doesn't fall into that bracket. Also, a recent piece in National Geographic effectively debunks this theory. Second, that TB vaccinations and/or exposure to malaria/use of anti-malaria drugs may have somehow slowed the spread of the disease. Third, we're just not testing enough in India and that cases will start climbing soon. I've seen all of these arguments made, and the third scenario leads to a worst-case situation where a projected 2 million could die because of pre-existing health conditions (like TB, diabetes, malnutrition and so on). Let's hope it doesn't get there, but either way these are things worth flagging.

Fourth, people are starting to argue that the Indian government's lockdown that has been in place partially since March 22 and fully since March 24 has had the desired impact in flattening the curve. However, this is where things become complicated in India for in trying to flatten the Covid-19 curve, the Indian government created another humanitarian crisis. How?

On March 24, a full lockdown was announced and people panicked. There were given very little notice, there was panic buying even before the Prime Minister's speech had finished airing on television. So, while the massive Indian middle class began shoring up its resources for a three-week lockdown, the poor had fewer options. Now India has one of the largest populations of informal labor and migrant labor anywhere in the world.

About 90 % of the Indian labor is in the informal sector which means they often work on minimum wage and don't' have secure employment as many are employed as seasonal workers. Many find jobs in urban areas through labor contractors and are paid a daily wage sometimes less than a dollar a day, not a weekly or monthly wage. They don't have savings or bank accounts. They often share rented rooms with others.

So when the lockdown was announced, they were the worst affected. They were suddenly unemployed, but also stranded because all public transport (buses, railways) were shut down. While the pandemic has killed 457 people in India, the lockdown has killed approximately 211 people. These include people who have committed suicide for a variety of reasons including losing their jobs, alcohol addiction or depression. Migrant laborers have been forced to try to walk home and some have collapsed and died of heart attacks/starvation/lack of medical help. And now because the lockdown has been extended, the poor of India are staring at starvation. Some political parties in India and researchers like myself and activists are imploring the government to release and distribute the buffer food stocks of 77 million tonnes for the poor and we hope that the public pressure will lead to this. Also please understand that when a lockdown of this size is enforced in a country like India, there is always, always state brutality and violence linked to the enforcement of the policy.

Also with the lockdown the other abysmal statistic that is being revealed is that of abuse and violence at home. Childline India received 92000 calls in the first 11 days of the lockdown.

I will also flag that a massive economic package was also announced by the government amounting to 22 billion USD (which is about 1% of the GDP), but it mostly benefits low-income households which have bank accounts and can avail of direct cash transfers from the governments. It doesn't address the condition of migrant workers. Even here, the state of Kerala has done well by distributing stipulated food rations to poor households across the state.

According to a report by the Stranded Workers Action Network, 96% surveyed had not received rations from the government and 70% had not received any cooked food. 50% of workers had rations left for less than 1 day. 78% of people have less than Rs. 300 (less than 5 dollars) left with them. 89% have not been paid by their employers during the lockdown.

Along with this there has been a strong impulse in the mainstream Indian media to communalise the pandemic. While getting religious gatherings to stop has been very difficult in India, the media has specifically focused on one Islamist evangelical organization and termed them super-spreaders because a number of people who attended this congregation did test positive. However, the spin given to this is what the channels are calling "Corona Jihad", i.e., that Islamist clerics are asking their followers to purposefully spread the disease in India. There is no evidence for this, but I'm bringing this up because one of the things that has been very very difficult to combat in India is fake news surrounding the pandemic. Online rumors, WhatsApp forwards and news broadcasts combined with propaganda on Facebook and Twitter by ideologues of the right wing are

creating a situation where pseudoscience is passing off as "scientific research" and the anti-Muslim nature of this messaging is worrisome as it has in the past and could in the future lead to offline real-world violence.

Therefore, along with the pandemic the vast majority of poorer Indians have to deal with a double existential threat through the violence of the state's policies. What states have done across all cases is implement this technocratic solution of a lockdown without asking if it can work in a context where density of population is high. So the lockdown in India is its own crisis. It's a bit like monkey see monkey do. European countries implemented it, so it must be implemented here. But lockdowns are easy to enforce in situations where

1. People trust their government
2. Where populations are comparatively lesser, and where
3. There is a social security or benefits system which can help people tide over economic losses.

I will also touch on surveillance implemented during this pandemic. An app called Aarogya Setu came into being for contact tracing. However, the language of the privacy agreement had no fixed purpose limitation, i.e., why are you taking this data? So that open-endedness is troubling because the data could be used by any government agency for anything. I've added a link to an article that you could read to get more information about the app.

What the state hasn't done effectively in India has augment its existing state sponsored health care capacity. Tests are not free, they cost about 4500 INR. There's been a sustained campaign to privatize healthcare and that obviously leaves the poor out because they can't afford to pay for private treatment. They also don't have medical insurance although there are some schemes that cover low-income people.