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# **REVISITING HEALTH SECURITY** The Effect of COVID-19 Across South Asia

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NEPAL INSTITUTE FOR INTERNATIONAL COOPERATION AND ENGAGEMENT

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#### The Effect of COVID-19 Across South Asia

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#### **COVID-19 and South Asia**

South Asians have a profound memory of Kathmandu of the 1980s, a city full of mystic green and clouds – an enigmatic beauty of the South Asian diverse topography. The city that has turned into a symbol of a thriving economy, but at the cost of its beauty and the sanctity of nature. Perhaps, the founders of South Asian Association for Regional Cooperation (SAARC), willingly or unwillingly, chose Kathmandu to be its center of activities, the city that would reflect the natural sanctity and human aspiration of collective growth. Nevertheless, the city evolved into a perfect replication of other South Asian cities – be it Dhaka or be it Delhi – a fiasco of environmental degradation coupled with inequitable urbanization. The purpose of citing the case of Kathmandu is not to criticize the growth of the economy, but to recall the past when human health, development, and nature was intrinsically natural. Of course, medical science has increased life expectancy, science has generated astronomical speed in daily life, and the politics of development has brought new dimensions in upgrading livelihoods along with massive carbon footprints. However, the issue of health remains as a politics of number – services vs. quality rather than prevention, innovation, and identification of future challenges. Hence, this is a practical phenomenon across the South Asian countries - COVID-19 is undoubtedly a reminder of our total inability to counter pandemics and economic volatilities stemming from nature.

The newly discovered and rapidly evolving virus, known as COVID-19 – emerged and mutated from coronavirus that caused respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) – has challenged the course of civilizational growth across the planet earth. While the most recently discovered COVID-19 has been in the core of changes, human history has seen similar pandemics back in time – Ebola, Spanish Flu, and as past as Justinian plague. Unfortunately, for the South Asian nations, institutional and political memory of pandemics, natural disasters, and its linkages with demography; human society; and stability has long remained inconsequential. It means, while the budgetary allocation for health, natural disaster management, and social resilience gained flashy discourse, the Realtime capacity to deal with pandemics or uncertainty remains noticeably ebbed. COVID-19, detected in Wuhan, China, on 31 December 2019, which turned out to be the deadliest pandemic of this century and our living memory (World Health Organization, 2020).

The 'Spanish Flu,' with the nearly same impact that of COVID-19, occurred in 1918, almost a century back, is estimated to have affected approximately a third of the world's population and killed an estimated 20 million to 50 million people (History.com, 2020). The 1918 flu was first identified in Europe, the United States, and parts of Asia before it swiftly reached the parts of the world. Citizens were ordered to wear masks; schools, theaters, and businesses were shuttered; and bodies piled up in makeshift morgues before the virus ended its deadly global march (History.com, 2020). The outbreak of the Spanish flu pandemic occurred in 1918, towards the final months of World War I when several economies were experiencing an acute recession (National Bureau of Economic Research, 2010). However, the difference between the Spanish Flu, Ebola and COVID-19 lies in three fundamental areas – nature and trends in the global economy, public and social connectivity, and information technology. But these differences hardly made any difference in responding to the pandemics that happened in between a hundred years. Interesting enough, the 1918 pandemic and the 2020 pandemic supervened in two different economic systems - 1918 happened when the global economic expansion was weakening, and the economy was embracing recession, the 2020 pandemic happened when the global expansion of economy became the abode of globalization and the economies were growing at an astronomical scale. South Asian GDP stable at an average of approximately 5.9 percent, making the region a potential power hub in Asia. Although Indian and Pakistan economies have been experiencing a sharp economic slowdown, due to a decline in industrial production and imports, Bangladesh, Bhutan, Maldivian economies remained stable, Sri Lankan, Nepalese, and Afghanistan were picking up (The World Bank, 2020a).

At this defining moment in the South Asian economy, the COVID-19 would add perils resulting in slower growth and socio-political instability. The labor sector, as well as the production and supply chains, are likely to witness a forceful hit that will well be detrimental for food and health security, even in the short term. Hence, the COVID-19 has placed human security at the center stage of all political, economic, and international agendas. Consequently, COVID-19 has challenged the institutional and political regime, threatening the multilateral and bilateral cooperation at various levels, such as trade, investment, and migration. Human capital and security, which has been ignored drastically in the growth models of countries in South Asia, will determine its appropriate position in the anecdote of development theory.

## **Economic Stability and Health Security**

Early indications of COVID-19's impact on the global economy have proven to be worse than initial forecasts, mainly owing to the lack of political directions and lack of understanding of the virus in both economic and social domains. A widespread slowdown in economic activity foreshadowed low pollution levels and depressed shipping traffic, among other informal barometers. Analysts have sharply revised down estimates of Chinese and US growth, with many now predicting a drop in first-quarter GDP, the first contraction since China began reporting quarterly data in 1992. As COVID-19 spreads, China's economic recovery will be challenged as demand from other countries drops as they cope with the virus (Center for Strategic and International Studies, 2020).

Regions	Total health expenditure (% of GDP)			Public health expenditure (% of government expenditure)			Out of pocket health expenditure (% of private expenditure on health)		
	1995	2005	2014	1995	2005	2014	1995	2005	2014
South Asia	3.76	4.07	4.37	4.43	4.80	5.25	92.17	89.36	89.41
South East Asia	3.69	4.24	4.72	7.64	8.18	10.42	86.41	84.60	80.07
OECD group	9.23	10.99	12.36	13.41	16.23	17.76	41.42	37.58	36.01
World	8.52	9.80	9.97	_	15.39ª	15.61 <sup>b</sup>	45.90	43.33	45.80

Table 1: Trend in Health Care Expenditures for Selected Regions (selected years) (Mohammad Mafizur Rahman, 2018)

This will have multiple spillover effects on South Asia, where economic priorities will change along with the changes in demand and supply for goods. Although the pandemic has slowed down for countries like China and South Korea, COVID-19 is accelerating in the United States, Iran, Europe, South Asia, and elsewhere. Europe is already in recession, the US and Japan are gradually

heading toward recession, and the global GDP is likely to be less than 2.4 percent (OECD, 2020). Bloomberg has warned that the annual GDP growth can fall to zero in a worst-case pandemic scenario and cost the global economic loss of USD 2.4 trillion (Bloomberg, 2020). The trend in public healthcare expenditures, including research, remains significantly lower in South Asia than its immediate neighbor South East Asia or in comparison to the rest of the world (see Table 1 above).

The total life expectancy in South Asia is always lower than that of the world average, highlighting the poor health status in the region. While the world average total life expectancy was 71.45 years in 2014, it is only 68.12 years in South Asia (Mohammad Mafizur Rahman, 2018). In addition to health expenditure, child stunting (or malnutrition) among children below 5 remains as a challenge in health security. Global estimates indicate that about 22 percent of under-five children (151 million) had stunted growth in 2017. Stunting levels in South Asia (35 percent) are the highest in the world, and the region bears 40 percent (59 million) of the global burden of stunted children. The regional average masks wide disparities in national stunting levels - stunting in Pakistan is twice as prevalent as the global average, for instance (UNICEF, 2018).

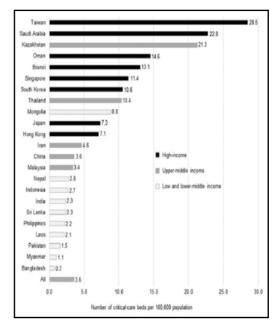
The UNICEF report mentioned that, between 2000 and 2017, the number of stunted children in South Asia declined by about 30 million from 89.2 million to 59.4 million, but the reduction between 2014 and 2017 was roughly 7-8 million, which fell short of UN target of 12 million during this period (UNICEF, 2018). The health scenario has become further complicated due to the prevailing poverty rate in the region. South Asia accounts for the largest share of global multidimensionally poor people between 2010-2017. More specifically, South Asia accommodated almost half of the world's multidimensionally poor in 2017. The proportion of poor people in South Asia, however, has reduced in seventeen years by 3 percent (Finnigan, 2019). Despite South Asia performing remarkably well in poverty reduction by reducing income poverty by 29.5 percent, South Asia has accommodated the second-largest share of global poor between 1990-2013. Therefore, South Asia's poverty reduction outcomes are negligible compared to its neighbors - East Asia and the Pacific, which were able to decline the share of poor accommodated by 42.9 percent (Finnigan, 2019).

A recent study shows that access to critical care and intensive care in South Asia is alarmingly low (Jason Phua, 2020). As per Table and Graph below, critical care bed capacity varies widely across Asia and is significantly lower in low and lower-middle-income than in upper-middle-income and highincome countries and regions (Jason Phua, 2020). This will pose significant barriers to providing care to COVID-19 patients. The testing of COVID-19 remains as another

Country and Region	ICUs	ICU Beds	IMCUs	IMCU Beds	Critical Care Beds <sup>1</sup>	Critical Care Beds/100,000 Population	Critical Care Beds a Percentage of Acut Hospital Beds
Low- and lower-middle	e-income	countries and	regions				
Bangladesh	84	878	41	296	1,174	0.7	3.6
India		29,997			29,997	2.3	3.7
Indonesia	1,910	7,094	b		7,094	2.7	2.3
Laos	22	152		,	152	2.1	
Mongolia	43	271	0	0	271	8.8	2.5
Myanmar	68	331	38	255	586	1.1	1.0
Nepal	67	578	22	237	815	2.8	1
Pakistan	114	3,142			3,142	1.5	2.5
Philippines	450	2,315	2	20	2,335	2.2	3.7
Sri Lanka	100	519	0	0	519	2.3	0.6
Upper-middle-income	countries	and regions					
China	3,569	49,453	0	0	49,453	3.6	0.9
iran	426	3,769	2	21	3,790	4.6	2.9
Kazakhstan	582	3,948	0	0	3,948	21.3	3.9
Malaysia	105	1,060	5		1,060	3.4	1.7
Thailand	1,221	7,100	b		7,100	10.4	5.1
High-income countries	s and regio	ins					
Brunei	5	58	0	0	58	13.1	4.7
Hong Kong	24	287	41	224	511	7.1	2.7
Japan	590	5,973	401	3,268	9,241	7.3	1.3
Oman	26	196	61	303	499	14.6	8.7
Saudi Arabia	600°	6,515			6,515	22.8	9.2
Singapore	28	335	30	336	671	11.4	6.6
South Korea	581	5,402	0	0	5,402	10.6	2.0
Taiwan	344	5,758	65	943	6,701	28.5	9.1

grey area. Bangladesh, India, Pakistan and Nepal have been criticized for limited testing facilities, which may potentially leave a significant population undetected. The urban centers of the region reflect cities that are among the top highly dense cities in the world plagued with pollution. The World Health Organization (WHO) has urged countries to test as widely as possible to curb the pandemic, but India has only been testing those who have traveled from affected countries or come in contact with a confirmed case and shown

symptoms after two weeks of quarantine (Al Jazeera, 2020a). The World Bank identified that "faced with the sudden COVID-19 health shock, low-income families across S o u t h A s i a a r e e s p e c i a l l y vulnerable. Should the virus hit a relative or loved one, many will be struggling to afford adequate treatment and medications—a chilling prospect considering that an estimated 60 million South Asians already fall into poverty each year because of high out-of-pocket health costs" (The World



### Bank, 2020b).

The informal sector remains a critical area for intervention, which contributes the most to the economies in South Asia. Despite high levels of economic growth during the past two decades, the informal economy in India still accounts for more than 80 percent of non-agricultural employment, and Pakistan accounts for 73.3 percent in the same sector. Informality is found in both the traditional informal economy and – increasingly – through the growth of informality in the formal sector. Limited employment creation in the formal economy means that for many people, the only alternative is to seek employment in the informal economy. The informal sector has shown an increase in its employment across the region. (International Labour Organization, 2020a) (International Labour Organization, 2020b). Thus "the dual economy" has resulted from a social divide, brought by gaps in levels of productivity between the agriculture and industrial sector.

Consequently, the socio-economic gap in these countries is further compounded by the informal sector, which is also a by-product of the dual economy. The outbreak of COVID-19 has significantly affected the informal sector. The role of the informal sector is critical in the socio-economic growth in the SAARC countries, and unfortunately, this sector is largely undercounted in the overall national accounting system. The plausible benefits of absorbing surplus labor from the agriculture sector into the manufacturing sector have led to the growth of the informal sector and casual laborers migrating to the urban cities. However, there is minimal evidence of any successful surplus labor absorption in the manufacturing sector in most of the SAARC countries. The informal sector labor, especially the casual laborers, has been adversely afflicted owing to the lock-down of COVID-19. They have lost their jobs and therefore demonstrated a reverse migration to the rural areas.

Hence, access to health for the informal workers is a critical challenge for the governments to ensure health services during and post-COVID-19 period. The workers in this sector hardly have financial protection, particularly in the case of India, Bangladesh, Nepal, Pakistan, and Afghanistan. For example, Bangladeshi informal workers spend an average of 8.9 percent of their annual income. In contrast, income loss for the periods of absence from work due to illness during the study period accounted for 28.5 percent of their overall income – i.e., a total

loss of 37.4 percent of their overall income (Valeria de Oliveira Cruz, 2019). Additional health expenditure can potentially push a significant number of people living in the margin of the poverty level to below the poverty level. In India, for example, the size of informal labor is debatable; around 90 percent of people working in the informal economy, about 400 million workers in the informal economy, are at the most significant risk of falling deeper into poverty during the crisis (International Labour Organisation). The contribution of the informal sector is estimated to be above 50 percent of the national product (National Statistical Commission report, 2012). ILO identified that, among the SAARC countries, informal labor is highest in India and Nepal (90.7 percent) with Bangladesh (48.9 percent), Sri Lanka (60.6 percent) and Pakistan (77.6 percent) (The Wire, 2018).

The informal sector also represents a gender bias. Women are somewhat more likely to be engaged in the informal economy, but significantly more likely than men to be working as informal workers in the formal sector (International Labour Organization, 2020a). Hence, women will remain as the first victim of pandemics and financial crisis. Despite the increased entry of women into the formal and informal workforce, women, as in South Asian socio-cultural structure, do more household work and ensures family welfare than their male partners (Lewis, 2020). While gender mainstreaming and gender equality have become a significant focus for the governments, there is no practically genderneutral approach to pandemics. Perhaps, there is a lack of information in the South Asian countries on how viruses similar to the coronavirus affect pregnant or underweight or adolescent women affects during a pandemic situation COVID-19. This affects effective response mechanisms, which could prove detrimental in the long run.

Perhaps, the health crises of COVID-19 allow revisiting the informal sector and unfolding the challenges associated with it. It is improbable that the displaced informal workers will be back in the near future for their livelihood. Therefore, settling the informal workers in their native place, ensuring them employment, and health security should be the ultimate priority of Post COVID-19 policies. Direct money transfer could be one of the ways to tackle the immediate need of the disadvantaged section of the informal sector. However, cash transfer fails to prove as a sustainable solution when it comes to long-run settlement of this section of society. Moreover, the cash transfer suffers from limitations of lack of bank account of each member of this class. Most of the informal employment is in the agriculture sector, therefore resettling the informal labors in their native place suggests remedies are already embedded in rural areas itself. This will perhaps help in rethinking the process of urbanization and the maximum utilization of human resources across the nations.

The states should mobilize resources to empower the rural areas by building capacity at regional and local levels. The efficient utilization of the indigenous technology and spending on the community or village economy to constitute self-sufficient villages should become the preference of policies adopted by states. The private sector has proved to be a practical resource in rethinking rehabilitation and resource mobilization. In Bangladesh, NGOs such as BRAC and private sector has been playing an essential role in setting up hospitals, health tools and machinery, and providing aid in the rural areas. Corporate Social Responsibility (CSR) can become another tool for building capacity for the absorption of displaced labor that would effectively enable the resettlement of informal labor displaced during COVID-19 health crises.

Apart from the economic and health services dimensions, political and social understanding of health remains a significant area of concern. Misleading statements from the political leaderships resulted in lukewarm responses from both the public service apparatuses and the public at large. The Indian National Congress and the ruling party blamed each other (India Today, 2020a), several public representatives continued to provide misleading information in Bangladesh and Pakistan too. Similarly, in terms of misleading political statements at the global level, President Donald Trump mentioned on January 22, 2020, that "We have it totally under control. It's one person coming in from China, and we have it under control. It's going to be just fine (Washington Post, 2020)." In another event, President Trump mentioned, "Looks like by April, you know, in theory, when it gets a little warmer, it miraculously goes away (Washington Post, 2020)."

The religious aspect remains another critical dimension in fighting COVID-19 in the region, and to a great extent in India, Pakistan, Bangladesh, which has political and religious cross-boundary spillover effects. The tension between religion and health has put the governments into a difficult bind. During the initial weeks of COVID-19, Saudi Arabia, the country which has a significant influence over the Islamic community, suspended the holding of daily prayers and the weekly Friday prayers inside and outside the walls of the Two Holy Mosques in Mecca and Medina to limit the spread of coronavirus (Al Jazeera, 2020b). One of the leading Islamic schools - the Darul Uloom Farangi Mahal in India has issued a Fatwa by mentioning, "It is not permissible to hide it (disease). If people do not get their treatment and tests done...it is absolutely against Sharia law" (India Today, 2020b). However, the religious congregation continued in all these three countries. In India, a significant number of Hindu devotees congregated in temples in various parts of West Bengal on the occasion of Ram Navami on April 02, 2020, despite social distancing norms prescribed by the government during the ongoing nationwide lockdown period (Deccan Herald, 2020). On March 24, 2020, defying the lockdown announced by Indian Prime Minister Narendra Modi, Uttar Pradesh Chief Minister Adityanath attended a Ram Navami event in Ayodhya and tweeted photographs of the event saying the first stage of the 'grand Ram Temple' had been accomplished (Quartz India, 2020) (New York Times, 2020). While in Pakistan, the clerics remained in favor of continuing congregational prayers in the mosques amid rapidly increasing COVID-19 cases. Pakistan's President Arif Alvi sat with Sunni and Shiite clerics to convince them to close mosques. The Muslim pilgrims were not adequately quarantined, which resulted in a spike of infections. The government allowed thousands of Sunni worshippers to go ahead with the 'Tablighi Jamaat' congregation in Punjab province. Many of the new COVID-19 cases have emerged from that mass gathering (Duetsche Welle, 2020).

A host of misinformation, fake news, scams to seize on fears and hopes around COVID-19, alongside misleading information on crackdowns on COVID-19, have become another critical factor in responding to the crisis. In South Asia, the proportion of the population connected to the mobile internet has almost doubled since 2014 and currently stands at 33 percent. More than 500 million additional people in the region have also gained mobile broadband coverage during the same period (GSM Association, 2020). Around 30 percent of Asian internet users live in South Asia. Twitter has agreed to remove tweets that run the risk of causing harm by spreading dangerous misinformation about

COVID-19 after weeks of criticism that its policies on misinformation were too lax (The Guardian, 2020). The Investigation Bureau of Taiwan has claimed that "a significant increase in the dissemination of disinformation regarding the coronavirus outbreak in Taiwan. The disinformation campaigns often spread through social media platforms and are promoted by a variety of fake accounts through either posts or comments (Lien, 2020)". Facebook, too has undertaken initiatives to ban ads that promise to cure, prevent, or otherwise incite panic around COVID-19. Facebook will carry out similar policies for its Marketplace platform where Facebook users can buy and sell items (The Verge, 2020).

#### **South Asian Responses to COVID-19**

A collective and coordinated effort by collaborating with different institutions, response frameworks; strategies; and policies and pooling resources will determine the effectiveness of pandemic response and post-COVID-19 economic recovery for the South Asian countries. The critical challenge will stem from the macro-economic policy dilemma. The SAARC countries would face Post-COVID-19 policy dilemmas in terms of demand and supply-side. In the pre-COVID-19 scenario, the SAARC countries were engendered by a lack of final demand, and the policies were catering to demand-side management policies anticipating a push in the aggregate demand. However, the Post-COVID-19 situation calls for supply-side macro-economic policies, when the government finds it more comfortable to resort to the printing of currency that may turn out to be inflationary. The other alternatives of supply-side policies such as tax reduction and deregulation to enhance investment and expansion may not provide an effective solution owing to lack of demand. This has to be backed by strong innovation regimes, transparent medical information sharing framework, and regional task-forces for health and community services.

The current crisis of COVID-19 has revealed that the policy measures taken in isolation of socio-economic, environmental, and political would be ineffective. A video conference was held by the SAARC countries, hosted by the Indian Prime Minister Narendra Modi, on March 19, 2020, to discuss the urgency to fight the COVID-19 situation. The meeting was held after a long six years gap among the SAARC countries. A roadmap to combat the challenges from the spread of COVID-19 was discussed. India pledged USD10 million toward a COVID-19

Emergency Fund and agreed to put together a rapid response team of doctors and specialists for SAARC countries (Economic Times, 2020). Bangladesh, joined by Prime Minister Sheikh Hasina, proposed to set up an institution to prevent and fight any future public health threat in South Asia, Pakistan's health minister proposed a four-pillar strategy that includes Governance and Financing; Prevention; Mitigation and Communication and called for greater regional cooperation including China, Nepal, Sri Lanka, and Bhutan's leaders reiterated the need for collective effort, Afghanistan proposed to keep the borders open for supply of food; medicine; and other basic goods and to set up a telemedicine center (The Business Standard, 2020a).

Amid the rapidly changing COVID-19 situation, the World Bank has already rolled out USD 1.4 billion for the South Asian governments to respond to the immediate health consequences (The World Bank, 2020b). The SAARC Development Fund (SDF) has allocated USD 5 million for COVID-19 related projects in its member states (The Economic Times, 2020). Conversely, the effectiveness will largely depend on constant coordination among the finance ministers and the ability of the public officials to deliver the funds and services tailored to country strategies. The Government of India has declared economic package, at a mere one percent of its GDP, worth USD 22 billion, to provide a safety net to 800 million people, including daily wage laborers or unemployed by the COVID-19 shut down (Atlantic Council, 2020). Pakistan has been facing an economic crisis with its currency devaluation, rising inflation, and slow growth in the private sector. The USD 7 billion stimulus offered by Pakistan aims to support low-income families, food security, Small and Medium enterprises, agriculture, exports, and cash stipends for ten million weak and poor households and day laborer (Dawn, 2020). Bangladesh has announced a comprehensive stimulus package worth approximately USD 8.573 billion, which is nearly 2.52 percent of Bangladesh's GDP, for the economic and financial stability (The Hindu, 2020).

However, Bangladesh hosts one of the largest concentrations of refugees in the world, eight million Rohingya refugees from Myanmar who fled to Bangladesh from Rakhine, Myanmar. The high-level of malnutrition and densely populated households in the refugee camps means both the refugees and the host community in Cox's Bazar will remain acutely exposed to COVID-19. The International Crisis Group predicted that "should COVID-19 reach the camps, humanitarian agencies expect it to spread like wildfire, potentially triggering a backlash from Bangladeshis who live in the surrounding areas and are already unnerved by the refugees' prolonged stay (International Crisis Group, 2020)". That could potentially lead to a catastrophic humanitarian disaster beyond control. COVID-19 Multi-Sector Humanitarian Country Plan for Afghanistan laid out a comprehensive plan to fight COVID-19. USD 108.1 million will be required to mobilize activities that contribute to the containment of COVID-19 outbreak in affected and at-risk provinces, as well as minimize the humanitarian consequences of the outbreak and interruptions to existing humanitarian assistance in Afghanistan.

Sri Lanka has been identified as one of the most vulnerable middle-income countries due to the impacts of COVID-19, resulting Chinese economic slowdown (Velde, 2020). The Sri Lankan government has signed a USD 500 million deal with China Development Bank to help the country better mitigate the financial impact of COVID-19, as it continues to struggle with fiscal debt (Global Trade Review, 2020). The World Bank has approved a USD 7.3 million fund for the Maldives' COVID-19 response, along with USD 10 million contingency financing under Disaster Risk Management Development Policy Financing which will help the Maldives provide optimum care to patients, procure personal protective equipment and medical supplies, support hospitals to maintain essential services, strengthen intensive care and cope with a potential surge in demand, strengthen the capacity of laboratories in the capital Male, and the atolls to diagnose the coronavirus, and train medical staff to manage COVID-19 cases (The World Bank, 2020c). The fund will also focus on community engagement and behavioral changes required to deal with COVID-19 and post-crisis situations. Nepal has announced a relief package to ease the impact of COVID-19 which includes 25 percent discount on electricity for consumers who use more than 150 units every month, and no penalty on utility bills and tax payments and a 25 percent discount to customers on data and voice call packages (Nepali Times, 2020). Sri Lanka, the Maldives, and Nepal's, along with Bhutan, the tourism sector has embraced a significant hit due to COVID-19.

The South Asian countries will be embracing uncertainty regarding trade, labor movement, tourism, and social stability during the initial post-COVID-19 period. According to ILO estimates, of the almost 164 million migrant workers in the world, 15 percent come from South and South-East Asia, comprising over 19 million men and close to 4 million women migrant workers. The 2012-2017 period saw Bangladesh, India, Nepal, and Pakistan, each sending approximately 46,000 to 71,000 workers overseas on average annually. The impact of COVID-19 on remittance and migration will be significant (The World Bank, 2020d). That means South Asian countries will need policy instruments to address the challenge of declining remittance, protectionist immigration regimes, and migration in South Asia to reduce poverty and increase growth both within the region and beyond.

Moreover, the cost of energy will become another critical issue during the post-COVID-19 period. The ongoing (April 10, 2020) low oil prices could plunge many petrostates into crisis that came at the beginning of March 2020. Foreign Affairs identified that, oil-linked debt troubles could explode across the Middle East, Latin America, and Africa in 2020, setting off financial crises and potentially even defaults that would be felt around the world. The Middle East, in particular, is deeply intertwined with South Asian economy, Western financial markets: between USD 100 billion and USD 200 billion in portfolio investments has flowed into the region in the form of global and green bonds and equity indices since 2016. These inflows could stop or reverse in response to the dual shocks off the pandemic and a collapse in oil prices (Jaffe, 2020). The twin crises of a pandemic and a collapse in oil prices will force the petrostates to reallocate their financial priorities and the global debt is likely to increase at faster rate than ever envisaged (Jaffe, 2020). The alarming levels of distressed debt sitting on the balance sheets, lack of storage tanks for overly produced oil, and reduction of reliance on foreign workers in the Middle East may create an epic proportion of financial instability in South Asia.

The instability in the energy sector will be an instrumental factor in determining the course of health security in the region. In the challenging times of health crises when governments are making efforts for securing health infrastructure in rural and remote areas, the deployment of renewable energy technologies would be imperative, as the new architecture of health infrastructure would need an independent self-sufficient decentralized energy solutions such as solar energy, wind energy. India, in its effort to combat the COVID-19, took a project to convert train compartments into quarantine cells to isolate the COVID-19 patients. This is a classic example of the role of PV Solar panels at the time of health crises. Henceforth, the post-COVID-19 pandemic scenario demonstrates a critical role of the decentralized system of energy provision.

During the lock-down of COVID-19 health crises, the SAARC countries are observing a drastic slowdown in economic activity. It is the time when most of the producing units, commercial places, and offices are shut down. Consequently, the usual energy transmission and distribution system, which in most of the countries in SAARC, is suffering from debt is bound to accumulate more losses. Therefore, a pandemic like COVID-19 inevitably presents a strong case for large scale deployment of renewable energy technologies such a solar energy and wind energy. Such renewable energy technologies have onetime installation costs and very minimal maintenance costs. The decentralized system of energy supported by renewable energy technologies such as solar energy and wind energy would be highly favorable for environmentally sustainable development. Renewable energy technologies do not guarantee energy security to the independent communities but also play an instrumental role in inclusive growth and development. Apart from securing energy in remote and rural areas, renewable energy technologies would create employment (International Renewable Energy Association, 2012). The SAARC countries should continue the energy transition from fossil fuels to renewable energy transition in the Post-COVID-19 pandemic. The role of renewables in energy transition would instead find an essential place in the new phase of sustainable development in Post-COVID-19 phase.

To strengthen energy cooperation in South Asia in the renewable energy sector, it is necessary to design a well-planned and comprehensive energy charter. Accessibility of energy in the remote areas of the SAARC region can be visualized by developing a decentralized energy system under the same umbrella of energy sector reforms. Access can be provided to credit and cheap loans to finance technology installations in rural areas. This requires financial sector reforms, policy-level coordination between the financial and energy sector. Community-based financial arrangements such as cooperatives, policies to tackle corruption issues, adopting lessons from countries like Peru, Chile, South Africa, Thailand can provide a model for subsidy delivery mechanism. A decentralized system generating energy source for specific communities would be useful than electricity generated by a grid-connected large plant far from the area that requires stable and cost-effective energy access. Further, cooperation on energy startups or the cooperative value-chain businesses would help in faster deployment of renewable energy technologies in the community level. This new model of energy distribution may empower the disadvantaged segment working in the informal sector by resettling them in their locality and by creating employment opportunities in rural areas. These types of innovative models will help in facilitating sustainable development which focuses on inclusive growth.

# Post-COVID-19 South Asia

The COVID-19 has brought political, economic, and social insecurity to the surface. The pandemic's growth is linked with urbanization, policy planning, and the socio-political choices each society exposes. COVID-19 further shows the pitfalls of South Asia's perennial quest for control of economic and strategic resources and mercantile economic development and growth, which has posed a paradigm change moment that precisely links development and the security of individuals. The political consequences are far-reaching, often beyond our economic understanding that leaves the South Asian societies to face multiple uncertainties, including the redefined political economy of state governance and tension between the state and the individuals in preserving the age-old Westphalian social contract (Khan, 2020).

One critical lesson for the political and security leaderships is that the events unfolded during a short window of time between February 2020 and April 2020 shows security no longer can be seen only through economic or strategic prisms. For example, environmental sustainability, equitable ecosystem servicing, and environmental protection would require green accounting by formulating green GDP that would measure environment friendly economic development without exhausting the limited financial resources. Therefore, political will for transition in economic accounting and planning would be necessary. Hence, the virus that originated in Wuhan, China, can well be seen as the world's greatest equalizer that has brought all the nations to cooperate (Khan, 2020). The South Asian governments have to choose between the hard choice of individual freedom, traditional approaches to development, and human security. The necessity of a long-dormant regional organization such as the SAARC has been realized by its eight member countries – Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka to respond to the trans-border issue such as COVID-19 pandemic, the other thriving regional organization – Bay of Bengal Initiative for Multisectoral Technical and Economic Cooperation (BIMSTEC) has to be strengthened too. BIMSTEC, in any case, has a mandate to focus on 'Public Health'. The cases of New York or Dhaka certainly exposes the reality of delay in putting social distancing or lockdown measures in function or providing economic stimulus, combined with inadequate medical facilities, could spike instability that will cause damage at levels that are hard to predict and respond.

The potential global and regional recession will put a particularly heavy toll across the regions where the social safety net and inclusive economic growth will be tested. This is undoubtedly a potential flashpoint for unrest and conflict. The choice between restricting public movements for months and lifting restrictions hastily will determine the course of economy for the developing countries. That means, the countries will require additional, if not alternative, arrangements to deal with the compounding effects of COVID-19 for now, and the future ones, including injections of liquidity, fiscal stimulus, and large-scale loans. Big data, Artificial Intelligence, nanotechnology, quantum physics, and other scientific advancements will continue to shape the future. The challenge will be resisting the temptation to use resources to use these tools for hard and surveillance security or for the unseen and upcoming shocks, e.g. pandemics, natural disasters, and urban governance. Henceforth, political mindset, and socioeconomic behavior will decide the course of South Asia's growth and future.

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