

A TASK FOR SOUTH ASIA

Relevant for: International Relations | Topic: SAARC and India

Traffic policemen offer prayers before breaking their fast along a street in Karachi on April 28, 2020 during a government-imposed nationwide lockdown. | Photo Credit: [AFP](#)

South Asia, one of the world's most populous regions, is also affected by the [COVID-19 pandemic](#). Both Karachi and Mumbai, among the world's most densely populated cities, where we live and work, are being overwhelmed by cases. While the death rate in these places may not be as alarming as in Europe and the U.S., the collateral damage of the lockdown is taking its own toll.

While there are many differences amongst the countries of the region, there are also common features which impact the health of its people, some of them a result of our shared cultural and geopolitical history. The collective experience of dealing with COVID-19 may provide important lessons, which transcend national boundaries.

South Asian countries have invested very little in health. This is reflected in our abysmally low health parameters. It is interesting that Britain, which formulated our health policies before independence, went on to form one of the world's strongest public health systems, the National Health Service, whereas its South Asian colonies chose to stray from that path. This resulted in a dysfunctional public healthcare system.

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Governments have also relinquished what ought to have been their primary duty, of health care provision, to the private sector. Having become an industry, the focus of healthcare in the private sector is on profit rather than on people's needs. Whilst privatisation has brought in advanced technology and expertise, the high costs of treatment in the private sector have resulted in impoverishment as most of the population has no insurance or third-party coverage, and pays out of pocket. The sector has also been poorly regulated. The result is that it is responsible for several excesses in its quest for profit.

Hunger, malnutrition, poor sanitation and large-scale migration are features of this region. Existing infectious diseases like TB, HIV and malaria have been worsened by emerging ones like dengue, chikungunya, healthcare-associated infections and antimicrobial resistance. The region is also an epicentre of an epidemic of lifestyle diseases.

Constant internal and external conflicts in South Asia not only consume a large portion of national budgets, but also divert the attention of the public and policymakers from healthcare needs. Defence budgets take the largest share of national budgets, and obviously adversely impact social sector spending. Underfunded public health is going to hinder our capacity to fight COVID-19.

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Religion continues to occupy a central space in the society and politics of the region. Though it offers succour to many, religious dogma can impact health policy and health-seeking behaviour. The refusal of devotees across Pakistan to avoid religious congregations during Ramadan despite the government's orders has significantly fed the community spread of the virus. On the other hand, the Tablighi Jamaat congregation in Delhi was used to whip up sentiments against

the entire Muslim population in India. This will only put a further strain on the social fabric. The medical community must emphasise that religious practices cannot be exceptions to epidemic-control practices.

If there is a silver lining, COVID-19 has forced us to seriously reflect on our healthcare system. This is welcome if it results in policy change. Healthcare professionals and bodies must seize this opportunity to push our respective governments to address it seriously and not just as a pre-election strategy. A long-term commitment to universal health care, with not only a national but also a regional and global focus, is needed.

The SAARC heads of state have already offered help to one another. A regional strategy has a better chance of controlling the pandemic than isolated national-level efforts. Pooling of resources and sharing data may not only help flatten the curve but perhaps even develop into longer-term efforts towards effective treatment. It is being speculated that our populations are behaving differently; that the BCG vaccine may be a protective influence. Joint research into such areas can be a unifying point for SAARC.

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The region's healthcare community has many tasks. We have the responsibility of upholding science as the guiding principle of policy, of guarding against fake cures, unethical experimentation and quackery. We also have the onerous task of convincing our people that regional conflicts fuelled by geopolitical interests are not in our mutual interest. This could even mean standing up to populist narratives on nationalism and reminding our citizens that the real threat to the security of our nations is our misplaced priorities. It is in our collective interest to look at health security and not just national security. By the accident of their birth, South Asians have endured a lot. They merit better.

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