

## AN ANALYTICAL STUDY ON THE COVID 19 STRATEGIES OF SOUTH ASIAN COUNTRIES

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### **Abstract**

The new coronavirus that produced the COVID-19 pandemic has had a significant influence on the economics, social fabric, and healthcare systems of South Asian countries. This study examines the epidemiology, readiness, and tactics of COVID-19 in the area, as well as its management. The research highlights the merits and limitations of different South Asian countries' responses, analyzing them through qualitative analysis and comparative investigation. Important elements like age distribution patterns, immunization campaigns, testing capacities, and healthcare facilities are evaluated. The study also explores the difficulties vulnerable groups and high-density metropolitan regions confront, highlighting the necessity of efficient infectious disease management strategies. Through the integration of information from scholarly publications, government papers, and other sources, this study offers valuable perspectives on the dynamics of COVID-19 transmission and the effectiveness of mitigation strategies in South Asia. This paper explores the application of health behavior theory and health communication models in understanding and addressing the COVID-19 pandemic in South Asian countries. Utilizing the Health Belief Model (HBM) and various health communication frameworks, the paper examines factors influencing the adoption of preventive behaviors such as mask-wearing, social distancing, and vaccination. It also assesses the effectiveness of communication strategies employed by South Asian countries, emphasizing the importance of source credibility and cultural sensitivity. The study underscores the significance of researching COVID-19 techniques in South Asia due to the region's unique challenges and diverse socio-cultural contexts. The analysis of COVID-19 analytical study results, the identification of socioeconomic variables impacting the virus's severity and transmission, the assessment of the virus's impact on the healthcare system, and the comparison of national government responses are the main areas of study. The study's primary goal is to look into vaccination rollout tactics and related issues in South Asian nations, such as public awareness and financial concerns. Examining cooperation between South Asian nations and the global community, evaluating communication tactics for sharing COVID-19 information, and determining pertinent factors and indicators to comprehend the effectiveness of COVID-19 initiatives are some of the sub-objectives. The policies of South Asian countries can be compared to identify differences in policy responses, healthcare systems, and testing methodologies. Early on in the epidemic, improper facilities and governance issues resulted from the early relaxation of social separation regulations. It is difficult to determine the pandemic's true impact because of differences in testing capability and healthcare infrastructure, even in spite of reduced case fatality rates (CFRs). The paper discusses the importance of localized lockdowns in densely populated hotspots to curb the spread of COVID-19. It highlights gaps in

*response preparedness, including shortages of hospital beds, ventilators, and standardized treatment protocols, exacerbated by economic constraints. One notable strategy for managing pandemics is the implementation of smart lockdown measures in Pakistan. Although the study acknowledges shortcomings in data quality and individual-level analysis, it emphasizes the importance of education in the fight against misinformation and vaccine reluctance. Despite obstacles, regional alliances and cooperative initiatives provide a chance to lessen the effects of COVID-19 and promote sustainable development in South Asia.*

*Keywords: Covid19,south Asian , strategies, communicate ,lockdown, preparedness.*

## **INTRODUCTION**

A class of viruses known as COVID 19 is related to the coronavirus family and could be fatal for the life irrespective of humans and animals. In human coronavirus cause trivial ailments like the influenza and converted into the life-threatening disease by damaging the lungs. In December 2019, a new virus known as COVID19 broke out and affected the population worldwide. The symptoms found in the victims of coronavirus includes infection, coughing, annoyance, fatigue, breathing difficult, loss of senses like smell taste and signs of its attack may appear one to fourteen days after exposure to the virus. When a patient of COVID-19 coughs or sneezes, tiny droplets from their mouth are released into the air and become the main source of spreading this ailment from person to person. If someone breathes in the air polluted with droplets or touches a surface having precipitations of covid's patient mouth water that come out from their mouth during coughing, before touching their face, they could attain COVID-19. The time between appearance of first symptom and getting infected ranges from 1 to 14 days with an average of 5 to 6 days more than 97 percent of people got purulent within 14 days. Covid19 was first dispersed in China in 2019 and then the whole world has been experienced unprecedented level of disruptions of all activities and become a global pandemic within a month. However small and big countries responded to control fast and move forward problem and have attained a varied level of success and failure to control the problems. Despite being largely unprepared for the disease, most South Asian regions have risen to the challenge to the best of their abilities. Their performance seems mediocre in relation to other South Asian countries. For instance, Bhutan is still among the nations that best exemplify how to fight illness. The Indian case has garnered attention due to several factors, including the country's massive population, quality of healthcare system, volume of internal migration, and geographic dispersion. At this point, India appears to have handled the illness better than many of its democratic counterparts.

While Afghanistan, Nepal, and Sri Lanka are the other countries that have had only modest success against COVID-19, Pakistan and Bangladesh can currently claim that they have been somewhat successful in fighting the virus; however, both countries could have achieved much greater success in terms of the number of tests conducted per million people. Nevertheless, the Maldives appears to have continued to be less prosperous than all other COVID-19-affected regions. In many ways, the South Asian countries are like most countries in the world; these include various impacts, including economic and social costs. With some reluctance, every South Asian nation has managed to contain the virus. To stop the spread of disease as much as possible, the only strategies they can think of are complete or partial lockdowns through the use of social distancing, remote work, self-isolation, quarantine establishment, and promotion of hygiene and health care practices. Countries in South Asia have always lagged behind, even when compared to other Asian countries. Even though India was able to establish diplomatic dominance and a stronger position on the global stage, it is still a thriving economy that meets the basic needs of its people, just like the other seven nations. The World Bank predicts that Low-income South Asians are expected to bear the brunt of the World Bank's prediction that local growth will fall to 3.1%, which would be catastrophic for the region. According to this prediction, if the pandemic spreads throughout South Asia, those who are already below the poverty line will suffer the most, and even if it is contained, it will be extremely difficult to rebuild the already-collapsed economic system. As of May 10, 2021, this area is in charge of 25.26 million people (15.83%). Cases of COVID-19 and 0.29 million (8.69%) COVID-19 fatalities worldwide. The South Asian Region constitutes 23.75% of the total world's population, and the diffusion of COVID-19 in this region has remained dynamic. Initial forecasts predicted an increased number of COVID-19 cases and fatalities due to South Asia's inadequate healthcare infrastructure. Furthermore, extremely dense populations in metropolitan areas and general socioeconomic weaknesses in South Asia caused public health organizations worldwide to express grave worry. In high-income countries (HICs), members of minority ethnic groups, such as South Asian COVID-19, constituted a large proportion of hospitalized patients who were at an increased risk of mortality. One of the numerous underlying factors that raises the comparative jeopardy of the

risk ratio for COVID-related mortality is the danger of persistent illnesses, specifically diabetes and tumors. Additional viral spread in the South Asian region has been linked to three variables: a lack of human resources, a weakened public health system, and contributory environmental factors. South Asian nations have comparable socioeconomic backgrounds and insufficient healthcare systems. The preparedness and capacity of South Asia's public health system to handle infectious disease outbreaks and their viral transmission in the region have been linked to three variables: a lack of human resources, a weakened public health system, and contributory environmental factors. Historically been lacking, as evidenced by the cholera outbreak. The epidemic has exposed the lax infection control measures in this region. Community healthiness is challenged by the high rate of preventable morbidity and death in the area, which emphasizes the need for research to support effective and control management of infectious disease pandemics.

In this study, we investigated the flaws in the medication systems of numerous South Asian countries. We focused on strategies, preparedness, and epidemiology that have given rise to the dynamic COVID-19 dissemination in this area. We went into more detail about the countries in the region that have seen a higher COVID-19 burden. On January 30, 2020, in India we examined trends in the distribution of ages, the ability to test for COVID-19, immunization efforts, and future prospects in the region. April 2020 marked the true start of the first variant of COVID-19 cases, even though the first case was reported.

It peaked in late September 2020 and then dropped until March 2021. Although the number of patients reported daily during the first wave in India was only approximately 75, this study assessed the inadequacies in the healthcare systems of multiple South Asian nations. We emphasized the tactics, readiness, and epidemiology that have allowed COVID-19 to grow quickly in this region. We held more in-depth discussions on particular nations in the region that have seen a higher COVID-19 load. We especially looked at age distribution trends, COVID-19 testing availability, immunization efforts, and predictions for the future in India on January 30, 2020. Even though the first incidence of COVID-19 was announced, the true beginning of the wave was not until April 2020. It peaked in late September 2020 and declined until March 2021. There are similarities between the trends observed in Pakistan and Bangladesh, even though during the first wave's peak in India, just approximately 75 cases per day were documented. These two nations have only witnessed three modest waves, in contrast to India and Sri Lanka. Bangladesh recorded less than 50 cases per million people per day during the peak of the most recent wave, which began in March. In Pakistan, the most recent variant, which recoiled in early March as well, peaked considerably lower. More significantly, the current wave is diminishing in both nations, in contrast to the circumstances in India and Sri Lanka, where the wave has not yet peaked. Pakistan's successful move against the COVID-19 response was the early establishment of NCOC, which gave an opportunity to every sect of government to initiate a comprehensive plan and develop an organized a counter retort against the virus. India is finding it extremely difficult to contain the COVID-19 second wave. A significant rise in new cases indicates that current preventive measures are insufficient and cannot break the chain of transmission. States like Delhi, Maharashtra, Uttar Pradesh, Madhya Pradesh, and Chattisgarh are experiencing health system strain due to an abrupt hike in COVID cases.

## **SOURCE AND METHODOLOGY**

The purpose of this study is to examine how COVID-19 has affected the nations of South Asia. This study will use a method approach that incorporates qualitative techniques. And assess strategies using a comparative analysis method. Furthermore, the information for this study will be gathered from a variety of sources, such as government reports, journals, and internet sites. The techniques and policies used by south Asian nations have been documented and examined in this study. The efficiency of the government's prompt response to the pandemic's speed has been assessed in this study.

## **LITERATURE REVIEW**

Dr Jyoti koirala, Dr suman Acharya (30march 2022) Millions of people have been unable to carry out their regular activities due to an outbreak of the Nobel Corona Virus (COVID-19) linked to Wuhan. Its infectious nature makes it almost impossible to stop the spread (WHO, 2020). Understanding the roles that business associations, the government, and development partners play is essential to figuring out how best to handle a situation right away. With reference to the experiences of South Korea, China, Italy, and the United States during the Corona virus outbreak, the central aim of this review is to explore and comprehend the overall situational management approach. Using clinical expertise and field experience, the study aims to identify gaps and needs and provide recommendations for effective response and preparedness.

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Farhan Ahmed, Amir Aijaz Syed The crisis of the twenty-first century is unquestionably COVID-19, as we shall see in this paper. impact of COVID-19 on commodities stocks in India during the first and second waves. A lockdown period during that study is included in the analysis. At lockdown phases, the findings come to an end. The stock market and oil prices have been unpleasantly affected by the pandemic of 2019. During the second wave of the pandemic in South Asian countries, the impact of COVID-19 on market performance was temporary. Based on this study, the stock commodity market in South Asian countries has been negatively impacted by COVID-19.

Muhammad Hashim, Dr Muhammad Imran pasha (14 December,2021) The primary focus of this study has been the governance issues brought forth by the practical and policy implications of the determinedly necessary urgent preventive measures. The study compared the two emerging countries and was qualitative in nature because the health services in Pakistan and India are nearly identical. This study tests managerial theory under the sociological theory of corporate governance. During the lockdown, people preferred to abide by the restrictions over following the SOPs. The investigation concluded that the government was unable to change the people's rigid beliefs about the COVID-19 virus's ambiguity and potential for spreading. As a result, following the law was against the public's perception and acceptance of the border as normal. Policymakers and law enforcement organizations will find the study useful in comprehending the shortcomings of enforcing rules over laypeople.

Tannishtha Biswas in her studies mentioned that the origin of COVID-19 was first reported in China in the city of Wuhan. After a month, they spread all over the world. The COVID-19 also affected the South Asian countries in terms of how they perform critical or dangerous conditions. In this study, we deal with the South Asian countries. This focus includes those factors that played a vital role in the spread of COVID-19. compared COVID-19 data, positive and negative cases, death cases, and government strategies to prevent and take precautions against COVID-19.

Ahsan Nawaz, Manias Kumar (10 December 2022) In this paper examine the coronavirus disease (covid19) was first report in china. It affected 4.5 million people in the world. At the time of COVID-19, the south Asian countries were also affected. The government of Pakistan also faced a challenging situation at that time. The government has taken preventive steps to control the pandemic and save the lives of its people. continuously monitoring the spread of COVID-19 and affected areas. According to global statistics, the Pakistani government has taken an effective step, and the quantity of COVID-19 patients has remained lower than the expected number for the first 169 days. This study finds the effectiveness of governance, unity at the national level, strictness in national policies, and adopting better outcomes to control disease.

Chunnel Wang 2021 The focus of this study is on the global economic crisis, health issues, and the effects of COVID-19. The disease had a negative effect on world economies. This essay examines the third-highest positivity case ever recorded in South Asia's death record. The first variant of the COVID-19 contagion began in May 2020, and its peak was reported in mid-June. The low-intensity second wave began in November 2020, and the country was also impacted by the third wave in 2021. And with effective measures and restrictions, the countries gradually improved, with a positive rate of about 20%. Numerous healthcare facility crises, as well as economic difficulties, have been brought on by this pandemic. This article concludes that there was global financial disequilibrium, a health burden, and economic instability.

Kiran Sapkata, Ganesh Dangal 2020. This study looks at Nepal's approaches to COVID-19 prevention and control. A coronavirus that affects a significant portion of the world's population. Nepal had implemented several proactive steps to contain COVID-19 and its outbreaks. This essay discusses the government's policies at the time and offers suggestions for stopping and managing COVID-19 infections in Nepal. This paper states that Nepal reported the first case of COVID-19 on January 13, 2020. It eventually had an impact on a sizable population. This nation implemented the lockdown policy. The pandemic served as a warning to the Nepali healthcare system to raise standards and capacity for effectively treating that illness. to maintain the use of hand hygiene by strengthening a powerful health promotion strategy. India stood as the second infected country of the world by the pandemic of 2019, Bhutan and the Maldives hold excessive power. They faced several issues related to the economy and hygiene. This nation also struggles with a high population and issues related to poverty. While infection and mortality rates are lower in Nepal, Pakistan, and Sri Lanka, conditions are worst in India.

According to the World Bank Report The coronavirus pulled countries in dark region of progress in the fight against deprivation in jeopardy and put South Asia's economy on track for its worst performance in 40

years. Although relatively few coronavirus cases have been reported thus far in India, Bangladesh, Pakistan, Afghanistan, and other smaller countries, which together account for 1.8 billion people and some of the world's most densely populated cities, experts worry that these could be the next hotspots. Widespread lockdowns that stopped most regular activity, the cancellation of orders to Western factories, and the sudden unemployment of large numbers of low-wage workers are just a few examples of the terrible economic effects already evident." South Asia is caught in a perfect storm of unfavorable circumstances. A World Bank report stated that "tourism has been deprived, supply chains have been unsettled, the order for clothing has ended, and consumer and investor sentiments have deteriorated." With at least half of the countries entering "deep recession," it reduced its pre-pandemic growth estimate for the region to 1.8–2.8 percent for this year. The hardest hit countries will be the Maldives, where a 13 percent decline in GDP could come from the collapse of tourism, followed by a 5.9 percent decline in Afghanistan and a 2.2 percent decline in Pakistan. The bank predicted India having strong economy in South Asia see economic growth of just 1.5–2.8% in its current financial year, but the predictions shows economy should increase 4.8–5.0 percent for the year that just ended.

The swift expansion of COVID-19 has impacted trade, the global economy, and businesses worldwide, endangering lives and destroying livelihoods. Large-scale disruptions have begun to emerge, putting the global economy in danger of an unparalleled financial crisis and a severe recession. The COVID-19 pandemic has significantly affected the world's economies due to the interconnected global supply chains. While COVID-19 has caused issues for all countries, South Asian countries have been particularly hit hard due to immense population, poor healthcare systems, high inflation rate, low socioeconomic status, inadequate social safety nets, limited access to water, unsanitary living conditions, and inadequate housing – all of which are necessary for maintaining physical separation and implementing government policies. Since one-third of the world's impoverished live in South Asia, the strict lockdowns imposed by the region's governments to stop the virus's spread have had a negative impact on millions of residents. Considering this, this study investigates the risks, difficulties, and current and potential effects of COVID-19 on a few important communal and financial domains, such as relocation, leisure industry, informal sector employment, and livelihoods in both urban and rural areas. This research examines the current and potential effects of COVID-19 on key social and economic domains, including immigration, visiting the attractions, natural economy, cultivation, and countryside trades. It is expected that COVID-19 will influence Analysis shows that these factors could hinder economic growth, increase the monetary burden and fiscal deficit, increase the menace of macroeconomic volatility, reduce migration and settlements, reduce travel and tourism revenue, and lead to a decline in unofficial and micro, small, and medium-sized businesses. Increased unemployment, poverty, food insecurity, and hunger risks are likely outcomes of this. If this is not adequately addressed, it may worsen already-existing disparities, sabotage social harmony, and lead to further stress and instability. As a result, South Asia will most likely experience severe and lasting social and economic effects from the COVID-19 pandemic.

Yinzi Jin and Ambitha Sarkar (3,11,2020) The COVID-19 pandemic is posing a serious threat to the South Asian region. Despite the impracticality of long-term lockdown programs because of socioeconomic terms of the eight South Asian countries, the region nonetheless saw strict lockdowns that lasted for nearly two months. This study examined key public health response and readiness initiatives in the affected countries. The study's discussion of an appropriate response management mechanism, prevention and control methods, and epidemic preparedness plan was built upon a situation analysis. Data collected between March 21 and June 26, 2020, suggests that the lockdown program and other control measures may not have been as successful in stopping the exponential growth of COVID-19 cases that occurred every two weeks in Afghanistan, Bangladesh, India, Nepal, and Pakistan. However, in contrast, the response management mechanism improved the country's emergency operation system by integrating local, community-led organizations with state, national, and international governance entities using a four-tier governance framework. It is determined that South Asian nations experiencing a shortage of resources are unable to handle the excessive depopulation. Bhutan, the Maldives, and Sri Lanka have been successful in stopping the multiplied of the virus. To prepare a COVID-19 action plan, a thorough analysis of avoidance and direct procedures recommended in the heavily crowded context of South Asia is necessary for a public-led involvement approach, such as case suppression. For response management, therefore, maximizing governance is preferable to maximizing resources. The implementation of epidemiologic population management in conjunction with appropriate public health prevention and control measures may be a better way to strike a balance between the needs of the population's health and the economy during a pandemic.

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ESCAP (economic and social commission for Asia and the Pacific) *The COVID-19 worldwide disease, which began as a strength emergency, has grown to enormous proportions as an economic and "human crisis." Economic activity has been disrupted as governments have locked down populations to contain the pandemic and save lives. This took away the income sources from people and left them as jobless and caused high inflation rate, and caused the world economy to enter its dreadful decline since the 1930s Great Depression. Nearly a quarter of the world's population lives in South Asia, a sub region where more than a third suffer from severe hunger and poverty has suffered greatly because of the large percentage of people living on the margins, the dispersed availability of social protection, the widespread informality of employment and economic activity, and the severe deficiencies in public health infrastructure. The crisis has resulted in the unemployment of millions of workers, the exacerbation of inequality, and the potential to undo years, if not decades, of progress in reducing poverty. This could potentially undermine the sub region's progress towards accomplishing the Sustainable Development Goals (SDGs). created as a component of the COVID-19 Socio-Economic Response Framework for UNESCAP. This paper shows that the steps took of governments are unable to bring the masses back at the same level but able to take better measures to turn the crisis into an opportunity to create more equal, supportable and buoyant societies in South Asia, serving the sub region to also close the SDG gaps expeditiously.*

Deep Sharma Gaurav (15 June 2020) *Public health emergencies of global concern include the COVID-19 pandemic. At the local, regional, national, and international levels, action must be taken because it presents a serious risk to the safety of all people on the planet. Economies with dense populations, inadequate infrastructure, and inadequate surveillance systems in South Asian nations make them more susceptible to the pandemic. This essay looks at the operational and strategic reactions of South Asian healthcare professionals and policymakers to the COVID-19 pandemic, with the goal of understanding the challenges this pandemic has brought about for the region. Researchers from South Asia who are addressing the COVID-19 pandemic are interviewed for the study, and their perspectives are included. The qualitative analysis of these interviews and opinions is carried out. The results show that in effectively managing this pandemic, policymakers and healthcare providers in South Asia have been working together. Being at the operational level, healthcare administrators inform policymakers about the difficulties they encounter, and the latter then takes a strategic approach to addressing them.*

### **THEORETICAL FRAMEWORK**

*The health behavior theory and Health communication models can be applied to understand health behavior during the covid19 pandemic according to HBM, persons are more likely to involve in a health conduct if they think they are inclined to a health threat, the threat serious penalties, taking a precise feat would diminished their weakness or brutality and the benefits of taking that actions offset the outlays. In this context of covid19, promoting prevention behaviors like, mask wearing, social distancing and vaccination. Health communication models addressing the effectiveness of communication strategies employed by south Asian countries to dissemination information about covid19, considering factors as source credibility. These theories can provide frameworks for analyzing factors influencing the adoption and success of covid19 strategies in south Asian countries, helping researchers understand and improve health interventions in the region.*

### **SIGNIFICANCE OF THE STUDY**

*It is crucial to research COVID-19 techniques in South Asian nations for a number of reasons. The region of South Asia, which includes Bangladesh, India, Nepal, Bhutan, Sri Lanka, and the Maldives, confronts particular difficulties in the fight against the COVID-19 epidemic. Gaining knowledge of the tactics used in these nations will help manage the virus's spread and lessen its negative effects on economies, society, and public health. Gaining knowledge about how various South Asian nations have handled these issues related to culture and government can be extremely helpful in creating tactics that are sensitive to cultural differences and tailored to the particular circumstances. Because South Asia has distinct demographic, socioeconomic, cultural, and healthcare infrastructure dynamics, it is important to research COVID-19 techniques in the region. The knowledge gained from the region's experience can provide insightful advice and best practices for controlling the epidemic in comparable situations around the world. In addition, it offers a chance to assess the efficacy of different public health initiatives, resource distribution plans, and cross-border management techniques, adding to the body of knowledge worldwide for containing present and upcoming pandemics.*

### **RESEARCH QUESTION**

1. What are the key findings of the analytical study of COVID19 in south Asian countries?

2. What socioeconomic factors emerged as crucial in influencing the spread and severity of covid19 in south Asian context?
3. How did the pandemic impact healthcare infrastructure in south Asia, based on the analytical study?
4. How did government responses differ across south Asian countries, and what impact did these variations have on controlling the virus?

## **OBJECTIVES OF THE STUDY**

### **Main objective**

*In this paper we study the strategies and challenges associated with the vaccination rollout in south Asian countries, including public awareness and vaccination.*

*Examine the economic strategies employed by south Asian countries.*

### **Sub objectives**

*Assess the level of collaboration and coordination between south Asian countries and the international community in dealing with the pandemic.*

*How did south Asian countries plan to communicate essential information about COVID19 to the public and ensure widespread awareness of preventive measures.*

## **PREVENTION AND CONTROL MEASURES**

*The COVID-19 pandemic is posing significant challenges for South Asian nations, which are notorious for having inadequately resourced healthcare systems, as there are currently no effective antiviral medications or vaccines available. COVID-19 is a new catchable disease that is grouped as a respiratory disease clinically and as a person-to-person spreading disease epidemiologically. The WHO has recently admitted the possibility of inflight spread in certain situations and environments, though. Preventive and control measures are primarily guided and shaped by epidemiological classification. Measures for prevention and control should not be applied arbitrarily because they are not the same. For instance, investigating travel history information, temperature observing, and viral testing were the primary preventive measures to identify COVID-19 among passengers reaching landing strips, crossing borders, and entering ports from overseas. Therefore, measures like contact tracing, separation and confinement, travel restrictions, social distancing policy measures, medical management like plasma therapy, oxygen support, intensive care unit (ICU) admissions, and lockdowns to ensure physical distancing have been gradually implemented to stop the spread and transmission of the SARS-CoV-2 virus. Therefore, it is imperative to always use preventive measures to avoid the disease from developing, and to stop its spread within a specific geographic population, control measures should be selected based on the disease's epidemiological characteristics.*

## **SCREENING**

*Screening is one well-known preventive measure. Since the SARS-CoV-2 virus has already spread to every country in South Asia, screening protocols for both international and intra-country travel must be strengthened. Even under ideal circumstances, recent studies on the efficiency of indicators and risk screening have estimated that, due to the detectability of sub-clinical cases – which are most prevalent during the incubation period and in situations where individuals are unaware of their risk exposure – airport screening would miss over half of the infected cases. South Asian countries shared a similar experience: breakouts in several places were uncontrollably spread, even though all of them required passport checks by January 29, 2020. Therefore, individual risk evaluations of travelers should be provided in addition to temperature and symptom monitoring. Pre- and post-travel interviews with the traveler are part of this, together with an estimation of remembrance prejudice, a local authority certification from the travel provider, and choices for a post-trip quarantine. Furthermore, quick testing subject to screening verification of selected (or suspected) tourists could be a useful alternative as a preventive intervention considering the high degree of movement in most South Asian nations.*

## **POLICY OF LOCKDOWN IN COVID19**

*Lockdown, social distancing, case isolation, quarantine, and contact tracing are examples of non-pharmaceutical interventions (NPI). The most widely used strategy to guarantee physical separation and halt the spread of the COVID-19 pandemic has been locked down. The purpose of lockdown was to lower SARS-CoV-2.49's basic R0. Other significant control methods, primarily case testing, contact tracing, case remoteness, and isolation, usually support this control measure. However, South Asian nations faced harsh criticism for their low testing rates, which made it difficult to identify active cases. Regarding the ramifications for policy, South Asia might have missed out on the chance that the lockdown window offered. The mathematical model-derived*

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estimate of cases was prioritized over epidemiological estimates during the lockdown planning, resulting in the technical error. Lockdown's primary goal of "flattening the curve" had thus shifted from its original technical function physical distancing to a lower  $R_0$ . This means that the lockdown's strategic objective that is, containing the impurity within a specific geographic area and subsequently making it free of infection was disregarded by the epidemic management, which was effectively a disease containment strategy in that domain. Finding outbreak sites quickly and deploying micro-management activities to hotspots quickly are necessary for this. In Wuhan, China, for example, a modeling study recommends early, strict social distancing measures, quarantine, contact tracing, and active surveillance.

They could be successful in eliminating or reducing the spread of disease. During March 19 and April 1, 2020, all South Asian countries aside from the Maldives, where lockdown was limited to the capital city of Male and its surrounding per-city areas come into the lockdown strategy. In each of these nations, lockdown persisted until the end of May, with varying degrees of movement restriction. All South Asian nations (apart from Nepal) began to progressively come out of lockdown during the first week of June. Since caseloads are concentrated in Afghanistan, Bangladesh, India, and Pakistan, lockdown has not been able to stop the exponential growth of new COVID-19 cases. From March 21 to May 29, 2020, all four countries experienced a nearly two-week period during which the doubling time for new cases occurred. Bhutan, the Maldives, at the beginning Over the last three months of lockdown, Sri Lanka seemed to have avoided the exponential growth and maintained a manageable level of individual caseloads. Nepal, a smaller nation, on the other hand, was unable to contain the infection. From Fortnight 5 (May 16–29), when other nations were easing lockdown restrictions in an effort to revive their economies, Nepal saw a spike in COVID-19 cases. The eight countries in South Asia initially benefited from the lockdown. The initial surge in newly reported cases has been contained by Afghanistan, Bangladesh, India, and Pakistan. A complicated image of the post-lockdown period from May 30 to June 26, 2020, becomes apparent. In the four most affected countries (Afghanistan, Bangladesh, India, and Pakistan), the increase in COVID-19 cases has not been negatively impacted by the ease of lockdown measures. June saw a slower increase in the number of fortnightly cases for these four countries. Afghanistan's growth was negative during the final two weeks of June (from 9659 in Fortnight 6 to 6514 in Fortnight 7). With the exception of Nepal, the smaller nations were also successful in maintaining a low caseload during the lockdown's aftermath. They found a decline in the growth rate of COVID-19 cases during the post-lockdown period, though it's unclear if this was because of an improved process strategy, the emergence of communal-level protection, or something else.

### **TESTING**

Lockdown is one of the rare conditions where preparation for disease mitigation and disease containment go hand in hand. It's clear that a shortage of supplies forces most South Asian nations to choose between taking mitigation or disease containment as their top priorities. Since testing is primarily a mechanism for finding cases, it may be used as a control measure to both contain and mitigate the disease. Apart from Bhutan, Nepal, and the Maldives, very few people are tested in most South Asian nations. Governments' limited testing practices are primarily due to the cost of testing and the fact that it is primarily conducted through public provisioning. Furthermore, reverse transcription polymerase chain reaction, or RT-PCR, which is a COVID-19 positive test, requires highly qualified personnel, state-of-the-art test center, and easily available collection and laboratories.

In fact, the experience in South Asia demonstrated the use of test restricting in COVID-19 control. Many governments imposed strict testing guidelines that limited testing access to populations at risk. For instance, up until April 9, 2020, testing was restricted to people with symptoms traveling from overseas, symptomatic healthcare providers, patients with facility-reported high respiratory contagions (SARIs), and close contacts of COVID-19 laboratory-confirmed cases. This approach effectively prevents testing for any individual suspected of having influenza-like illness (ILI) who has never traveled overseas or has a positive history of COVID-19 contact. Institutional testing is therefore planned as a sole control measure.

### **GOVERNMENT OPERATIONAL PLAN IN COVID19**

South Asian nations, like other nationals in world, were largely dependent on non-medicinal involvements (NPIs) from the start of the COVID-19 pandemic. NPIs can be used, in terms of policy, for both vindication (controlled movement of population to decrease the spread of disease and to prevent a healthcare flow while

caring the most defenseless from the disease) and suppression (severe ban on people movement open-endedly to reduce infection transmission fully and to keep caseloads extremely low). Leading rigid lockdown measures to tackle COVID-19, NPIs in South Asia have primarily concentrated on a policy of suppression. The cordon sanitaire technique is used in accordance with this policy to geographically isolate the populace and control the disease. However, again, In order to combat COVID-19, the region urgently needs to switch from a suppression strategy to a mitigation strategy. A mitigation policy's objective is to lessen the spread of infection in order to prevent an increase in the demand for medical care. As a result, the goal of the policy should be to distance regulations that limit national governments' total resource allocation for health to less than 1% of GDP in Bangladesh, India, and Pakistan – three of South Asia's most populous nations. With the exception of Bhutan, where access to inpatient services is difficult, the number of beds available per thousand population does not exceed ten. The burden of healthcare spending is dominated by the amount paid out-of-pocket for medical expenses. Although the circumstances in Bhutan and the Maldives are far better than in the other nations, their populations and other contextual differences prevent them from being compared. Implicitly, health system preparation would necessitate the challenging task of increasing number of healthcare units including (hospital beds, ventilators, etc.) and the resource additional status of emergency aids (skilled human resources, personal protective equipment, masks, testing kits, etc.), given the low status of South Asia's key health system indicators. virus transmission within the populace.

Therefore, in order to minimize opportunities for social interaction, a policy directive implementing social distancing measures is required. This can be achieved by encouraging a culture of virtual group works in as many industries as possible, cheering suitable and secure phone and online business interactions, establishing an age-, gender-, and time-based roster for entry to malls, markets, restaurants, and outdoor venues, and implementing a special Similarly, in order to reduce the occurrence of any future disease cluster forming, the policy guidelines must discourage tourism, draws-in sporting events, social, religious, and cultural gatherings, and other events. A persistent threat during the pandemic is disease clusters that originate in any kind of congregation and then spread to different geo-populations. A dinner party in Singapore, a church service in South Korea, a ski resort in Austria, a funeral in the United States, a music event in Japan, and a religious assembly in India are among the instances where the SARS-CoV-2 virus spread to different geo-populations. To put it briefly, policy guidelines must encourage social distancing strategies in order to guarantee physical distancing in a population's social and economic lives.

## **RESPONSE MANAGEMENT**

A component of overall epidemic control is response management. When an outbreak occurs, the number of cases reported is typically far higher than anticipated at any given time. Outbreaks can happen anywhere and at any time during a pandemic. In the course of roughly twelve months, there were three separate waves of the 1918 influenza pandemic. Once an epidemic is identified and verified by an epidemic intelligence unit, controlling an outbreak during a pandemic necessitates quick action. In order to organize, supply, accomplish, and align the resources as needed, response management mechanisms had to be developed at the beginning of the pandemic.

## **ROLE OF SAARC IN COVID19**

The first COVID-19-identified case in each SAARC nation was confirmed, but the number of crucial days it took for the government to declare a lockdown varied, with Sri Lanka acting before its first case was confirmed. With the exception of India, which imposed the lockdown on March 25, 2020, about two months after the confirmation of COVID-19 case, all of the South Asian nations had instituted a lockdown within a month of the first case being diagnosed. Nonetheless, South Asia moved decisively more quickly than the UK, US, and other European nations. From March 15 to March 25, 2020, lockdowns were imposed nationwide; however, the number of COVID-19 cases has not decreased. The main goal of the interventions in South Asia has been to suppress and impose stringent lockdown measures.

The five nations of Afghanistan, Bangladesh, India, Nepal, and Pakistan have not been able to contain COVID-19. In general, South Asia's CFR has been lower than that of the industrialized world. However, when Pakistan and India are separately analyzed, both nations rank among the top twenty in terms of CFR and deaths per 100,000 people. Most people in Bangladesh, Pakistan, and India – three of South Asia's most impoverished nations – live in rural areas. There are community and personal hospitals in three South Asian countries (India, Pakistan, and Bangladesh) that provide healthcare services under a decentralized system. The insufficiency of healthcare resources to control community transmission has been attributed to disparities in healthcare

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availability among states or regions in India, Pakistan, and Bangladesh. With 2,542 testing facilities established as of May 10, 2021, India can accommodate its nearly 1.38 billion inhabitants. With 224 million people living there, Pakistan has 139 testing centers nationwide. Bangladesh, which has 459 centers for its 166 million inhabitants, has come under fire for having insufficient testing facilities. The ability of testing centers to service more populous districts is severely lacking. Because there are comparatively fewer COVID-19 testing facilities in the most densely populated states, the number of testing facilities per population density is insufficient.

There is a deficiency of clinic bedsteads in each territory division throughout the South Asian region. For example, in Islamabad, Pakistan, 38 patients have got one bed to use, or one bed for every million people. Because of their better healthcare systems before the COVID-19 pandemic, Bangladesh's Dhaka and India's Uttar Pradesh had more competitive economies. The disparity between testing centers and in-hospital services is greater in these nations. The number of hospital beds and testing centers did not increase in tandem with the number of COVID-19 cases, medical personnel, or other technical resources during the most recent COVID-19 outbreak in India. These nations' underdeveloped healthcare systems have been criticized for not having enough resources to care for all residents in both urban and rural areas as the number of cases increases in these areas.

### **VACCINATION EFFORTS**

The region has experienced a delayed vaccination rollout as new COVID-19 variants have been discovered and physical restrictions have been loosened in countries with higher COVID-19 burdens, such as Bangladesh, Pakistan, and India. During the early stages of the COVID-19 pandemic in June 2020, a global initiative to increase access to COVID-19 vaccines was developed by the World Health Organization (WHO), the Vaccine Alliance, funded by the Gates Foundation, and the Coalition for Epidemic Preparedness Innovations (CEPI). In February 2021, the initiative to distribute two billion doses of vaccines got underway.

In addition, the World Bank has added support to the pandemic response to assist immunization access and distribution throughout the region. The Maldives and Bhutan have successfully immunized the largest percentage of their respective populations of all the South Asian nations. The vaccination rates per week were 5.5% in the Maldives and 8.9% in Bhutan. On the other hand, the average weekly dose of COVID-19 administered to the general population was 0.8%, 0.1%, and 0.4% in the three nations with the highest COVID-19 burden: India, Pakistan, and Bangladesh. If the current rate of vaccinations continues, it will take 2.4 years, 19.2 years, and 4.8 years, respectively, for the entire populations of India, Pakistan, and Bangladesh. The availability and distribution of COVID-19 vaccinations likewise lag in other South Asian nations, such as Afghanistan, Nepal, and Sri Lanka, where the respective wait times are 19.2, 3.8, and 6.4 years. The ratio of the people that has received one dose of COVID-19 is compiled using the most recent estimates as of May 19, 2021. Such containment measures could be implemented by the government through transparent and timely reporting of the data, by prohibiting large-scale sacred or governmental rallies, by monitoring trouble spots, by requiring masks and social distancing.

### **POLICY OF "SMART LOCKDOWN" IN PAKISTAN**

On June 13, 2020, the prime minister of Pakistan, Imran Khan, proclaimed in a televised talk to the nation that a "smart lockdown" strategy would be obligatory on certain hot spots across the country "as people's unimportance to the disease was jeopardising the lives of old and chronically ill people." He emphasized in the speech that "strict checking would be done to ensure that people follow" strategies and standard operating procedures (SOPs), adding that "the government would get hard-hitting on the violators" and that all premises that caused the spread of the deadly virus would be closed. "The federal minister for planning, development, and special projects stated the next day that the government had not taken strict action against those who had violated rules and standard operating procedures (SOPs) in an attempt to stem the COVID-19 pandemic.

### **SMART LOCKDOWN STRATEGY**

After conducting a "thorough review" of possible COVID-19 clusters, the National Command and Operation Centre (NCOC) said on June 15 that 20 cities nationwide were "risky areas that are coverage numerous corona cases. During a conference on June 22, Al-Jazeera stated that the head of the Federal Ministry on Health and the prime minister's special assistant on health informed lawmakers that "these regions need to be put under limited locality-based lockdowns" and that "it is impossible to implement a complete lockdown in the country due to the current economic situation." But the administration is concentrating on implementing a clever lockdown strategy. These cities were found as having a "probable raise in ratio of infection" that required "qualified methods for containment of Covid -19." A "testing, tracing and quarantining (TTQ)" strategy is

being exercised as part of the suppression strategy. According to a government press release, "TTQ is aimed at identifying disease spread, focused clusters/hotspots to enable targeted lockdowns and need-driven resource optimization at all levels. The TTQ strategy has been formulated to keep the spread of the disease in check while different sectors open up. The TTQ strategy involves ramping up of testing, rapidly tracing the contacts of confirmed positive cases, and effective quarantining of positive and suspected cases." The government believes that the smart lockdown strategy is a "balance between life and livelihood being Pursued" and "Strict SOP implementation would be guaranteed by awareness and administrative actions, even if firms must stay open." On June 16, lockdowns were imposed by means of directives and laws issued by the province. As per the announcement, the Punjab province has chosen to enforce a lockdown on locations that may be Covid-19 hotspots in seven of its cities: Lahore, Rawalpindi, Faisalabad, Multan, Gujranwala, Sialkot, and Gujarat. Army and Rangers would be on standby, while police would be stationed at "the entry and exit points of the areas to be placed under restrictions."

Section 144(6) of the Code of Criminal Procedure, 1898, gives an authority to issue different orders for the safety of public and reduction of diseases by banning different activities concerts, sports Gallas, festivals etc. This section was applied in the major Punjabi city of Lahore by the Home Department. The directive identifies the city's hotspots and closed zones and lists the people and companies that are excluded, including pharmacies, grocery stores, clinics, and hospitals. Additional limitations for certain regions are also mentioned, including the closing of all marketplaces, retail centers, eateries, and workplaces as well as the prohibition of gathering in these areas. The lockdown is scheduled to begin on June 16 and end on June 30, 2020, per the order. However, a news story has highlighted difficulties in putting the lockdown into place and keeping it enforced in Punjab province since police are unsure of whether to detain individuals who violate the order or those who take advantage of its many exemptions. According to Dawn News, lockdowns had been implemented in 904 cases in Punjab, 26 in Sindh, 572 in Khyber Pakhtunkhwa, 29 in Azad Kashmir, 10 in Islamabad, and 5 in Gilgit-Baltistan as of June 17. Government officials around the nation are making an effort to guarantee adherence to SOPs and health regulations, especially in the industrial sector, transportation markets, and workplaces.

#### **FINANCIAL ASPECT**

"The most horrible human and economic crisis of our lifetimes" is the result of the COVID-19 outbreak. Declared to be the "deepest global recession in decades," the World Bank said that the crisis has caused a worldwide recession. Notwithstanding the notable efforts made by governments to counteract the waning support from fiscal and monetary policy, the World Bank projected a 5.2% GDP loss for the international budget in 2020. South Asia's macroeconomic conditions have been adversely affected by the crisis and its aftermath. Negative consequences are closely related to the slowdown in the advancement of SDG 8 – respectable employment and economic growth. Comparing March 2020 to November 2019, UNESCAP calculated that regional GDP growth decreased by -0.6 percentage points. The projection was in line with that of the ASEAN+3 Macroeconomic Research Office, which predicted that the pandemic's effects may cause ASEAN's economic growth to decline from 4.6% to -2.6%. The Asian Development Bank lowered its growth projections for the ASEAN nations in early April, going from 4.4% in 2019 to 1% in 2020. The ongoing pandemic has made things worse than previously predicted when comparing the economic data with the most recent IMF estimate for Southeast Asia's economy for 2021. The growth of the regional economy has been steadily declining. The ASEAN countries' GDP prediction was recently reduced by the IMF. From a slightly positive rise of roughly 3.0% to almost 8% in its prior projection, it predicted a dramatic decrease to the present negative downward trend of -8.0% to less.70%. The approximation was ranged with ASEAN+3 Macroeconomic Research Office, who estimated that ASEAN economic development could reduce from 4.6% to -2.6% because of this pandemic impacts. In early April, the Asian Development Bank compact its development predictions for the ASEAN countries from 4.4% in 2019 to 1% in 2020. When linking the economic data with the latest IMF's 2021 economic prediction for Southeast Asia, the current plague has made the condition worse than the previous forecasts. The regional economic growth has continuously plummeted. IMF has recently downgraded the GDP forecast in the ASEAN countries. It projected the significant drop from its previous forecast from slightly growth about 3.0% to nearly 8% to the current negative downward trend from -8.0% to less than 7.0%. For instance, the IMF revised down its prior forecast of 5.2% growth for the countries of Indonesia, Malaysia, the Philippines, Thailand, and Vietnam to 4.9% overall in 2021. Based on GDP growth rate forecasts from the Center for Strategic and International Studies, the economies of each ASEAN member country were impacted differently

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when ASEAN was broken up into member countries. Singapore, Malaysia, Thailand, and the Philippines had the lowest GDP growth rates in 2020, making them the most severely affected economies.

Due to weak global trade and declining demand, the COVID-19 pandemic and associated policies have generally seriously hampered regional economic growth. The economy of ASEAN was more negatively impacted than the others since it was mostly dependent on tourism and foreign trade. This region's economic production and global value chains (GVCs) were interrupted by the lockdown and quarantine measures, which also weakened domestic demand and increased unemployment. This is because the region is heavily dependent on exports and the global supply chain. Moreover, the data gathered from interviews corroborated the previously stated claim and confirmed that the COVID-19 pandemic had a significant negative influence on the ASEAN region's economy. For instance, the Faculty of Social Sciences and Humanities at Midol University's Senior Researcher on International Relations Theory, International Security, Politics, and the Electoral System in Southeast Asia stated: "The crisis hardly hit the economic growth in all Southeast Asian nations, due to the stringent governmental measures (i.e., the lockdowns and travel bans)." It has negatively impacted international supply chains and interrupted Southeast Asia's manufacturing output globally. Due to the restricted number of foreign visitors to many major ASEAN destinations and the sharp decline in foreign travel, the crisis has severely harmed the travel and tourism industry. Since the crisis struck the region's economy, the effects were severe. Furthermore, the Thailand Development Research Institute's International Economics Relations interviewed a man who stated, "the restricted moved of products and services would disturb the global and internal supply chains ." Cross-border trade has been severely impacted (both imports and exports). Because of the restricted supply during the pandemic, this may result in higher prices, which may then raise the cost of goods for suppliers, clients, and consumers. The COVID-19 pandemic has, in general, slowed down the UN SDGs' advancement, which has an impact on SDG 8 – respectable employment and economic growth.

World Bank policy document on South Asia. Percentage of GDP;<sup>b</sup> Percentage of current health expenditure as of 2016;

| <b>Countries</b> | <b>Domestic general government health expenditure (%)</b> | <b>Number of hospital (beds/1000)</b> | <b>Out-of-pocket expenditure (%)</b> | <b>Population above 65 years of age (%)</b> |
|------------------|---|---------------------------------------|--------------------------------------|---|
| Afghanistan      | 0.60  | 5                                     | 76                                   | 3   |
| Bangladesh       | 0.38  | 8                                     | 73                                   | 6   |
| Bhutan           | 2.37  | 17                                    | 20                                   | 8   |
| India            | 0.96  | 7                                     | 63                                   | 6   |
| Maldives         | 6.45  | 4.9                                   | 19                                   | 4   |
| Nepal            | 1.24  | 3                                     | 55                                   | 6   |
| Pakistan         | 0.92  | 6                                     | 63                                   | 5   |
| Sri Lanka        | 1.64  | 3.5                                   | 50                                   | 10  |

In Bangladesh, India, and Pakistan, three of the most populous countries in South Asia, national governments devote

less than 1% of their GDP to health-related initiatives. There are seldom more than 10 beds available per thousand people, with the exception of Bhutan, where access to inpatient care is difficult. The majority of healthcare costs are borne out of pocket, which puts a strain on more services that are dependent on the private sector and the impoverished who cannot afford treatment. Although the circumstances in Bhutan and the Maldives are far better than in the other countries, their populations and other contextual factors also make them incomparable. Given the subpar state of South Asia's primary health system indicators, it follows that building up healthcare infrastructure (hospital beds, ventilators, etc.) and emergency supplies (skilled labor, masks, testing kits, PPE, etc.) would be challenging tasks in order to achieve health system preparedness.

### **ENVIRONMENTAL EFFECTS**

There are conflicting consequences of the COVID-19 pandemic for the ecosystem. The pandemic's beneficial effects on the environment are demonstrated by the improved air quality brought about by a global decline in economic activity, which is helping to achieve SDG 13 on climate change. The beneficial effect is further supported by current research. Vaporizer and greenhouse gas emissions weakened as economic production temporarily stopped. Lockdowns, travel preventions, and transit limitations all contributed in decrease of air pollution. Because of the COVID-19 lockdowns, Kannan discovered declining patterns in aerosols and air contaminants, particularly in Southeast Asian urban and industrial areas.

There have been at least two detrimental effects on the ecosystem from the COVID-19 epidemic. The negative consequences are closely linked to the UN Sustainable Development Goals' slow progress toward achieving them, especially Sustainable Cities and Communities (SDG 11), Responsible Consumption and Production (SDG 12), Life Below Water (SDG 14), and Life on Land (SDG 15). The increase in the amount of garbage is the first unfavorable result. Waste types are mounted for a variety of reasons. The frequent use of surgical and face masks that are thrown away or are single-use has resulted in an increase in bio hazardous waste. For instance, in Bangkok, Thailand, the amount of medical waste rose significantly the previous year and may surpass one ton every day. Because of the travel restrictions and lockdowns, food waste also contributed significantly to the production of organic waste.

The data indicates that the growing demand for food deliveries during lockdowns has led to an increased volume of waste from meals and single-use plastics, which is of major concern to the environment. For example, "Our environment was negatively impacted by the strict COVID-19 measures due to the increasing waste from our leftover foods and plastics." Our environmental efforts to reduce the usage of plastics were negatively impacted.

The COVID-19 pandemic's second unfavorable consequence is that traffic limitations and lockdown measures would make environmental regulations less strictly enforced by law. Everyone was forced to stay indoors due to the COVID-19 restrictions, including environmental personnel at general gardens and marine and land protection zones. All things considered, the pandemic has presented us with both challenges and hope in terms of its effects on the environment. In order to achieve the UN SDGs, this study would thus advocate for increased assistance and efforts on environmental protection and care for the ongoing pandemic and post-crisis.

### **TROUBLE IN COMMUNICATING**

For the purpose of social mobilization and community involvement, South Asian countries must create a context-specific risk communication module that will not only isolate interactions but also raise awareness within the nearby community of contacts in any given space or location (e.g., the workplace). The community will be made more aware of its perceived risk as a result of previous exposure to contact(s) thanks to this contact tracing strategy, which will also motivate community members to assess their own risk and proactively report if necessary.

Since risk communication encourages community participation in outbreak management, it also serves as an independent preventive and control intervention in the pandemic. Creating communication strategies based on perception and behavior models that are tailored to the demands of certain communities is the most important prerequisite. In addition to informing the public about the preventive actions that are accessible, communication strategies should point them in the direction of trustworthy information sources. For instance, several political-religious organizations in India originally supported the practice of drinking cow pee as a prophylactic strategy.

Effective and context-specific communication techniques could therefore have a favorable impact on people's adherence to cleanliness and public health protocols, as well as stop the public from spreading false information. The information management component is the other half. In an emergency, both misinformation –

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*drawing incorrect inferences from incomplete information – and disinformation – purposively fabricating lies to advance a political cause – pose a threat. An examination of the handling of the Wuhan outbreak revealed that the development of strategies and content involving a network of government specialists and public collaborations with shared accountability to convey risk should be guided by transparency and information accessibility. The countries must immediately implement the COVID-19 information campaign policy, which upholds the values of cooperation, transparency, dependability, and trust, in order to provide a prompt and efficient risk communication continuum.*

### **COMPARISON OF SOUTH ASIAN COUNTRIES STRATEGIES IN COVID 19**

*The testing methods, laboratory techniques, and healthcare systems used by and within South Asian nations have varied significantly. Premature and discontinuation of social distancing policies have resulted in inadequate governance in the region, causing insufficient facilities and community transmission during the early stages of the pandemic. Though this may be overstated, South Asia has so far been found to have lower CFRs. According to our analysis, Pakistan has the highest CFR in the region, but it also has the least amount of testing capacity. Nonetheless, Pakistan's CFR was noticeably lower during the early stages of the COVID-19 pandemic, indicating a deficient surveillance system. The frequency of cases has led to an increase in the CFR in Pakistan, which raises two potential problems: The number of mild-to-moderate COVID-19 cases is under-represented because patients are not being tested enough, and the number of people being tested are more seriously ill, leading to an overestimation of CFR. Although there is a discernible ongoing improvement in the testing capacity, there may be a bias in the CFR trends observed in the Region. Smaller nations managed to regulate the spread of COVID-19 by tracking the lockdown and post-lockdown trends observed in the SAARC countries. The three most impacted nations – India, Pakistan, and Bangladesh – did not, however, reduce lockdowns to stop the spread of COVID-19 cases.*

*In light of the current COVID-19 pandemic wave, some extremely dense hotspots should be taken into account before suggesting nationwide lockdowns. These hotspots include Mumbai, Karachi, and Dhaka, the three most populous cities in India, Pakistan, and Bangladesh. To stop a serious outbreak in these nations, select hotspots need to be placed under localized lockdowns for two to three weeks while rigorous quarantine regulations and constant surveillance are in place. Curing the peak, or the exponential growth in COVID-19 infection that requires medical supplies, a few weeks ahead of time is imperative from a public health perspective. Due to various variations, there are gaps in the Region's response preparedness, including shortages of hospital beds, ventilators, quarantine facilities, and standardized treatment protocols, which cause delays in the delivery of healthcare. International regulatory bodies have provided testing kits, ventilators, vaccinations, and assistance to SAARC countries. Nonetheless, less than 1% of GDP is spent on healthcare overall in the three most populous and affected nations – India, Pakistan, and Bangladesh. Every SAARC nation save Bhutan has fewer hospital beds available overall than 10 per 1000 people. Furthermore, the World Bank has forecast that the ongoing COVID-19 pandemic will cause the SAARC countries to experience their worst economic crisis to date. The Pakistan adopt the best of policy of smart lockdown in COVID 19.*

*The health systems in the South Asian region have already experienced a shortage of healthcare resources due to the socioeconomic context. The COVID-19 pandemic made the shortage of healthcare resources even worse. The economic losses these nations were suffering added to the pressure to loosen lockdowns. A challenge in the South Asian context is the lack of clarity surrounding the disparity in testing, vaccination acceptance and access, and treatment between urban and rural areas. The region's high-burden nations – India, Pakistan, Bangladesh, Sri Lanka, and Afghanistan – have reported shortages of hospital beds, oxygen, and personal protective equipment (PPE). The devastating second wave of COVID-19 in the nation and a lack of mitigation strategies made the detection of emerging strains more difficult. Eliminating erroneous reports is also relevant to the Region. Education is necessary to combat misinformation about COVID-19 infection and vaccination, in order to end vaccine hesitancy and encourage the use of safety precautions (masks and distance). One potential drawback of the data that is currently available from government websites is that the actual scenario may have been underestimated. For example, confounders and data quality were not explained in public repositories. Furthermore, we were unable to investigate factors at the individual level because the current study is centered on a population-level analysis. All the same, the goal of this study is to estimate representative data at the national level for public health organizations.*

## RECOMMENDATION

COVID-19 has brought the South Asian countries closer together to work together on dealing with the pandemic. By collaborating, they can complement their individual efforts in handling the health crisis and also in reviving their economies. This cooperation is seen as vital in implementing the UNESCAP framework for responding to COVID-19, which focuses on protecting people, supporting economic recovery, and restoring supply chains and helping small businesses. As a development partner of South Asia, UNESCAP is committed to promoting regional cooperation and has a subregional office dedicated to this purpose. UNESCAP is ready to help the member states of South Asia in taking advantage of the potential of regional cooperation, including working with organizations like SAARC, BIMSTEC, BBIN, and others, to support their efforts in building back better and fostering inclusive, sustainable development. Controlling the COVID-19 pandemic in South Asian countries requires a multifaceted approach that incorporates public health measures, healthcare capacity building, vaccination campaigns, and social and economic support for vulnerable communities. Each country faces unique challenges, but there are general strategies that can be applied across the region. Here are some key strategies that can help in controlling the pandemic in South Asian countries: It's important to note that the effectiveness of these strategies depends on strong leadership, political will, community engagement, and effective coordination among various stakeholders. South Asian countries can learn from successful approaches implemented in other parts of the world and adapt them to their local context. Additionally, leveraging technology, data analytics, and research collaborations can further strengthen the pandemic response in the region. Overall, a comprehensive and coordinated approach that encompasses public health measures, vaccination campaigns, healthcare capacity building, social and economic support, and international collaboration can help South Asian countries significantly mitigate the impact of COVID-19 and work towards controlling the pandemic.

## CONCLUSIONS

During the COVID-19 pandemic, developing nations in South Asia had to choose between their economics and health policies, in contrast to developed economies. The COVID-19 burden, unemployment, and negative economic repercussions were higher in South Asian nations (Nepal and India) with prolonged lockdown periods and a mismatch between the temporal trends of the government reaction stringency score and the test positivity or disease incidence. Targeted lockdowns were shown in Pakistan, along with a quick see-saw pattern of government health policy reaction that roughly mirrored the test-positivity trend and reduced negative economic repercussions, unemployment, and the COVID-19 load. The SAARC nations responded to the COVID-19 pandemic quickly, launching containment measures including limiting entry for incoming foreign nationals, halting air travel, and conducting contact tracing as early as February and March 2020 to prevent its spread. The majority of SAARC countries implemented total lockdown measures in order to stop the virus from spreading and taxing the healthcare system further, as well as to increase public health's ability to contain it. As of 2013, about 33.4% of the world's low-income population lived in these nations. It was unknown at the outset of the COVID-19 pandemic how their populations and economies would fare in the event of a total lockdown. The GDP growth estimate was reduced from 6.3% to 1.8%–2.8% as a result of lockdown measures, which were brought on by an unstable health care system and widespread poverty [10, 11]. Lockdown procedures could not be maintained for an extended period of time without having a negative impact due to the difficulties of maintaining physical distance, the absence of water supply in many places, and inadequate health management systems. The SAARC countries' leaders had to strike a balance between downplaying the seriousness of the pandemic (which could result in many COVID-19-related deaths) and implementing pandemic response measures, which could potentially cause deaths due to poverty made worse by lockdowns and decreased economic activity.

As a result, the South Asian region can be used to better understand how to balance public health initiatives with pandemic response in order to protect people from a highly contagious virus and lessen the suffering and deaths associated with economic collapse. In order to assess the efficacy of the COVID-19 health policies and their impact on the economy and standard of living of the people in South Asia, we set out to ascertain the epidemiology, macroeconomic indicators, and COVID-19 health policies of the SAARC member nations.



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