Wrap-up 3

COVID-19 and India’s Neighbourhood: A Review

Dr Shalini Chawla
Ms Radhika Halder | Ms Sushmita Bharti
Mr Saurav Sarkar | Dr Poonam Mann

01 June 2020
COVID-19 and India’s Neighbourhood: A Review

The raging COVID-19 pandemic indeed presents a never before global challenge. Most of India’s neighbouring countries were struggling with pre-existing economic challenges and security issues when a totally unknown, unexpected pandemic hit the nations multiplying their challenges manifold.

There is little hope that the pandemic will get over anytime soon and the world will return to normalcy. Given the situation, the CAPS scholars researching on the India’s neighbourhood were inclined to put together a brief, analyzing the COVID-19 situation and its implications in India’s neighbourhood (Pakistan, Afghanistan, Iran, Bangladesh, Nepal and Central Asia). The crisis is expected to have significant economic fallout, some countries are likely to slide into a negative GDP growth which may destabilise the region. The case studies look into the implications of COVID-19 in the neighbouring countries and examine Indian assistance to these nations in fighting the pandemic.
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COVID-19 and Pakistan: Dimensions of the Surging Crisis

Dr. Shalini Chawla
Distinguished Fellow

While Pakistan was struggling to deal with its deteriorating economic condition marked by low GDP growth rate, high fiscal deficit, mounting debt burden and high inflation rate, coronavirus pandemic hit the world and subsequently Pakistan, challenging its weak and inadequate healthcare infrastructure. Even though Pakistan Prime Minister Imran Khan tried to assure the nation (more than once!) that the COVID-19 problem is under control, the opposition parties—the Pakistan People’s Party (PPP) and Pakistan Muslim League-Nawaz (PML-N)—have been extremely dissatisfied with Imran Khan’s decisions initially regarding the delay in announcing the national lockdown and now, relaxing the lockdown early when the numbers of coronavirus cases are still rising.

Spread?

The first case of coronavirus was reported in Pakistan on February 26, 2020 in Karachi. Following this, the pandemic spread all over the country. At the time of writing the article, the number of reported Covid-19 cases stood at over 59,000. It is estimated by top pandemic doctors, including Tahir Shamsi and Saeed Akhtar, that the cases could move up to 120,000–150,000 by end of May.

Though flights carrying Pakistani nationals from the severely affected countries like Spain, the United Kingdom and Italy, etc., did contribute to the virus spread, the spread of coronavirus in Pakistan can largely be attributed to three main factors:

1. Pilgrims from Iran: The coronavirus started to show rapid signs in Pakistan in early March when infected pilgrims and workers started pouring in from Qom, a religious city in Iran, one of the countries worst affected by coronavirus. In fact, in March, Imran Khan’s special assistant on public health, Dr. Zafar Mirza, blamed Iran mainly for the spread, and said, “Eighty percent of the COVID-19 confirmed patients in Pakistan originated from Iran, which lacked the capacity to deal with an international public-health emergency.”

2. Reluctance of the Clerics and Religious Extremism: The second important factor responsible for the spread of the virus has been the
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reluctance of the clerics and religious preachers to close the mosques for Friday prayers. The government’s biggest challenge has been countering the resistance from the clerics and Imams who remained reluctant to accept the lockdown and suspend prayers during Ramadan. The extremist clerics refused to help and the logic has been that, “To avoid mosques on Fridays would only invite God’s wrath at a time when people need his mercy.”

The Sunni Muslim missionary group, Tabligh-e-Jamaat (TI) Pakistan, hosted the event in Raiwind, Lahore in mid-March. According to the reports, 2,258 attendees were tested positive (by the third week of April). The five-day annual gathering was attended by around 70,000 people, including over 3,000 foreign participants. Although the event was cut short to two days, but by then the transmission of coronavirus had hit large numbers.

3. Delay in Lockdown: The third critical factor has been Imran Khan’s hesitation in announcing the nationwide lockdown after the cases reported in February end and the beginning of March. The Prime Minister faced immense criticism from the opposition parties and the Pakistani population (the section of society which is aware of the severity of the pandemic). Imran Khan’s logic has been that given the state of the economy, a lockdown would cause immense damage financially: “Twenty-five percent of Pakistanis are below the poverty line ... today if I impose a complete lockdown then ... my country’s rickshaw drivers, pushcart vendors, taxi drivers, small shopkeepers, daily wage earners, all of them will be shut in their homes. If Pakistan had the resources that Italy has, that France has, that the US has, that England has, I would fully lock down all of Pakistan today.”

Government Initiatives

Pakistan government announced Ehsaas Programme for families affected by coronavirus. Under the programme 12 million families are covered and have received/receiving, Rs.12,000. The daily wage earners who are the worst affected by the pandemic are the priority under this initiative.

The Prime Minister’s COVID-19 Pandemic Relief Fund–2020 was up on April 1 and donations have been requested to help those “who have been made destitute by the lockdown”.
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*The Corona Relief Tiger Force (CRTF)*, a Voluntary Force, has been one of the leading initiatives by the Imran Khan government. The Tiger Force is an effort by the government to get the young population of the nation to unite and work towards the efforts dealing with COVID-19, for example, ration distribution, spreading awareness regarding the pandemic, etc. Interestingly, Imran Khan urged the youth to joining the Tiger Force and referred it as *jihad* against the pandemic:

"I want youth to play their role in helping our fight against the COVID-19 by joining our Corona Tiger Force, which will be organised to do Jihad against the suffering caused by this pandemic."

The National Core Committee (NCC) has been set up to facilitate the coordination between the national and provincial governments. The NCC is government’s lead agency in the COVID-19 fight and is chaired by the Prime Minister and has representation from all the provinces, Gilgit-Baltistan and the Pakistan-Occupied Kashmir. The National Disaster Management Authority (NDMA) has been tasked to acquire medical supplies and coordinate with the provincial governments for distribution. The National Command and Operations Centre (NCOC) has been set up to closely examine the evolving situation and status of the virus spread and also to devise a strategy to counter the spread.

One of the debated steps by the government has been using the “Track and Trace” system originally meant to track down militants by the Inter-Services Intelligence (ISI), to trace the suspected COVID-19 cases. According to Faisal Sultan, the PM’s personal physician and focal person on the coronavirus, "The intelligence agencies and mobile phone network operators have information about people’s addresses and other [personal] data, which is helping us to determine how much the virus has spread around an infected individual,... We then collect the information of people in close proximity so that we can prevent [infection] hot spots from forming."

Parallel to these initiatives, the Non-Governmental Organisations and personal initiatives aimed at collecting donations and providing essentials to the masses have been actively working in different areas.

**COVID-19 in Pakistan: Implications**

*Army’s Nation*

The COVID-19 crisis has once again demonstrated that the military dominates critical decision-making in Pakistan. On March 22, Imran Khan expressed his
unwillingness and lack of conviction regarding the national lockdown, in his address. However, in less than twenty-four hours Pakistan Army spokesperson, Major General Iftikhar, announced the lockdown, contradicting Imran Khan's stance. After the announcement of the lockdown the army has been deployed all over the country to oversee the COVID-19 response efforts through the National Core Committee. Interestingly, Commander of the Air Defence Command, Lt Gen Hamood Uz Zaman Khan, has been appointed as the convener of the NCOC. The NCOC is acting as an implementation arm of the NCC. The Imran Khan government has authorised the Pakistan army to take care of adherence to the lockdown. One of the retired generals made an important statement which explains the situation aptly. He said, “The government left a big gap in its handling of the coronavirus. The army has tried to fill that gap, there was no choice.”

**Economic Stress and International Support**

Pakistan's economy has been under major stress for the last few years and Prime Minister Imran Khan, despite his 2018 election promise of “Naya Pakistan” has not been able to deliver results on stabilising the financial front. Pakistan’s near-term macroeconomic outlook has severely deteriorated following the COVID-19 outbreak and the *International Monetary Fund World Economic Outlook* has projected the GDP growth rate at −1.5 percent in 2020. Pakistan did request the IMF for a low-cost, fast disbursing loan under the fund’s Rapid Financing Instrument (RFI) in order to deal with the coronavirus crisis. The IMF has approved $1.4 billion of rapid financing for Pakistan to facilitate Pakistan’s urgent balance of payment requirements and assist it in dealing with the socio-economic impact of the crisis.

The Pakistan government has been working aggressively towards raising finances and appealing for debt relief. Imran Khan has appealed for a “Global Initiative for Debt Relief.” According to the Prime Minister, the initiative on Debt Relief intends to “bring together stakeholders on a platform to promote coordinated health and economic response.” Pakistan’s Foreign Minister, Shah Mahmood Qureshi sought China’s support at the G20 forum for the initiative. In addition to the IMF loan Pakistan has received $200 million from the World Bank and $305 million emergency COVID-19 loan from the Asian Development Bank (ADB).

Islamabad has been receiving lavish assistance from its all-weather friend,
China. Beijing has actively supported Pakistan and has supplied masks, testing kits, ventilators and protective clothes, and most importantly, medical staff to assist Pakistan’s inadequate healthcare infrastructure. Turkey has been supporting Pakistan and sending assistance in the form of medical equipment.

Pakistan did manage to amend its relations with the United States to some extent by acting as an active facilitator in the US-Taliban agreement signed in February 2020. Washington has recently announced a welcome relief package for Pakistan. According to US Chargé d’affaires Paul W. Jones, “Since designating Pakistan a priority country for coronavirus assistance, the United States has committed nearly $15 million in new coronavirus response funding to our joint efforts. All of these contributions were identified as top priority needs by Pakistani authorities and are fully paid by the American people.”

Conclusions

As Pakistan struggles to deal with the COVID-19 crisis with internal and external support, there have been significant developments, and some critical deductions are:

1. There might have been some signs of stiffness in the civil-military relations, but by and large civil-military relations remain cautiously comfortable.
2. The military does not intend to take any cuts in the defence budget owing to COVID-19. The military has sought an additional outlay of Rs.63.69 billion to cover a 20% increase in the salaries of the armed forces personnel.
3. The crisis has demonstrated the strength and reluctance of the extremist religious preachers.
4. Pakistan has been diplomatically very active in raising funds and seeking debt relief. These initiatives are likely to provide short-term relief to Pakistan’s economy.
5. Sino-Pakistan alliance will continue to grow and Beijing will provide extended support to Pakistan at bilateral level and multilateral forums.
6. Support from the US is significant for Pakistan not only in terms of quantum of aid/equipment, but also the US’ diplomatic support.
7. Despite growing tensions in India-Pakistan relations India’s export of medicines to Pakistan has continued. Imran Khan didn’t attend the SAARC video conference hosted by Indian Prime Minister Modi. He was represented by his de facto health
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minister Zafar Mirza, who raised the Kashmir issue at the meeting.

Regarding India-Pakistan relationship, a critical question is also whether the COVID-19 crisis will affect Pakistan’s actions and objectives against India ‘for the time being’. Recent terror attacks in Jammu and Kashmir have clearly indicated that Pakistan intends to continue and accelerate the sub-conventional war under a different brand—The Resistance Front (RTF) in Kashmir. Pakistan has also continued to raise the Kashmir issue at the various international forums. New Delhi is unlikely to see a change in Pakistan’s strategy against India which primarily relies on covert war, projection of threat perceptions and projection of a low nuclear threshold.

Notes


6. Ibid.


12. Ibid.


14. Ibid.

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21 “Imran Khan urges world community to grant debt relief as Pakistan’s coronavirus cases reach 5,230,” The Hindu, April 13, 2020.


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At the time of writing this paper (May 30), Nepal reported 1,212 confirmed cases of COVID-19 and 6 deaths. In comparison to some of the worst-hit countries, this may not seem like a significant number. However, its impact on Nepal, a country that is still transitioning to federalism, is nonetheless devastating.

COVID-19 in Nepal

Nepal implemented a lockdown on March 24, becoming the first South Asian country to do so. This was soon after the second and only active case of COVID-19 was detected in the country. Thereafter, not many new cases were reported till about mid-April.

The virus is known to have entered Nepal from outside the country (like other impacted nations). Several Nepalis returning home via the air or land border before the lockdown were not properly screened or monitored in quarantine facilities, making them potential carriers of the virus. Another major source is - the fenceless and porous Nepal-India border of over 1800kms, with several people illegally crossing over despite the temporary border sealing, posing an enormous health risk.2

For the first month of the lockdown, very few cases were detected because of the insufficient number of tests being conducted. The total number of Polymerise Chain Reaction (PCR) tests conducted in Nepal since the lockdown till now is 64,154,3 making the country’s PCR testing per capita among the lowest in the world.4 Moreover, there have been numerous complaints about poorly managed quarantine facilities, lack of isolation facilities and inadequate testing or testing with unreliable kits.5 There is a potential risk of these quarantine facilities becoming hotspots for outbreak of the virus.6 Moreover, with the large number of Nepalis stranded abroad and looking to return to the country as soon as the travel ban lifts, Nepal’s health facilities are likely to be overwhelmed.

Implications of COVID in Nepal

Economy

Nepal’s economy was struggling even before COVID-19 and the implementation of the lockdown has worsened the
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situation. Some of the worst hit economic areas for Nepal are:

1. **Tourism**: Nepal was set to receive 2 million tourists in 2020 through its Visit Nepal campaign, prioritising investment in infrastructure to promote the tourism industry. Tourism is one of the country’s main income sources\(^7\), with revenue of NPR 240.7 billion and 1.05 million jobs directly and indirectly generated by the sector in 2018.\(^8\) With restrictions on non-essential travel amid the pandemic, the impact on tourism will be severe for Nepal’s economy.

2. **Remittances**: Nepal is the 19\(^{th}\) largest receiver of remittances\(^9\) with over four million work permits issued by the Department of Foreign Employment since 2009.\(^10\) While the economy depends significantly on remittance income, there has been a deceleration in remittances from before the pandemic owing to issues of labour rights and fraud faced by migrants abroad.\(^11\) Amid COVID-19, an estimated one million Nepali migrants are looking to return, due to loss of jobs or termination of contracts.\(^12\) Further, with restrictions on international travel likely to continue in the near future, fewer Nepalis are likely to go abroad for work, causing a further decline in remittance income.

3. **Food Security**: The lockdown of Nepal just before its harvest season has led to reduction in harvests this year. World Food Programme predicts food stocks in Nepal to sustain for a few months.\(^13\) As a result, food prices have almost doubled with problems of delivery and distribution of dairy and poultry products. Given that there are 4.6 million\(^14\) food insecure people in Nepal, the agricultural impact of COVID is immense.

*Informal Sector*

Daily wage or informal workers constitute about 85 percent of Nepal’s workforce. The persistent pre-existing vulnerabilities of marginalization and exclusion of the informal sector in Nepal has exacerbated with the pandemic, making survival extremely difficult during the lockdown with minimal to zero savings, dispossession of legal rights, lack of better prospects and absence of adequate social protection for these workers.\(^15\)

*Unemployment*

The unemployment rate of Nepal was already 11.4 percent, which is likely to increase with the pandemic-triggered lockdown that has led to halting of economic activities, layoffs and a large
number of returning migrants. Moreover, Nepal is facing a demographic dividend with 40.3% of its population lying between 16 to 40 years.\textsuperscript{16} The magnitude and effect of the economic impact of unemployment in a country with a youth bulge will be far higher than other countries. Apart from economic effects, unemployment is also likely to become a problem of governance and law and order.

\textit{Mental health and domestic violence}

A total of 487 suicide cases were filed with Nepal Police in the first month of lockdown with long-term mental health issues likely to be unleashed in the near future, especially among those who have contracted the virus. Prior to the pandemic, 400 suicide cases were filed in Nepal on an average per month.\textsuperscript{17} Nepal has also witnessed 176 cases of violence against women and girls since the lockdown till May 1. This is likely to increase, raising the nationwide annual average of domestic violence cases this year.\textsuperscript{18}

\textbf{Government’s Response to COVID-19}

The present Government of Nepal (GoN), led by Prime Minister KP Sharma Oli, enjoys nearly two thirds majority in the lower House of Parliament. Despite such a majority, it has unfortunately been preoccupied with internal politics and a border dispute with India during the lockdown. On April 20, PM Oli abruptly issued two ordinances, which were later withdrawn. These were to do with prerequisites for a party split leading to speculation about the PM’s internal rifts within his political party amid criticism regarding his poor management of the pandemic.\textsuperscript{19}

More recently, India’s inauguration of an 80 km road passing through Lipulekh led to a diplomatic tussle and a cartographic debate leading to the Government of Nepal releasing a new political map including all disputed territories with India. While this new map is yet to pass Constitutional amendment, it remains a major issue for the GoN.

The Nepal Army and Police have been assisting the government with the pandemic from setting up quarantine facilities to facilitating evacuation, as per GoN needs.\textsuperscript{20} The government’s official response to COVID prioritizes health, education, employment and economic revival,\textsuperscript{21} however, the political incidents during the lockdown have exposed lack of effective leadership, political instability and prioritization of internal politics and diplomacy over anything else by the government.\textsuperscript{22}

On the bright side, local governments have acted swiftly and responsibly amid the
lockdown, setting up quarantines, tracking people arriving from outside their units or abroad and distributing relief material. One of the first local governments to do so was a rural municipality in Surkhet district of Karnali province, where 75 unit action teams were set up with the aim of recording, recognizing, regulating and reporting on the health status of citizens, especially those returning from abroad. It must be kept in mind that the roles, responsibilities and duties of local governments are still unclear and their availability of resources remains limited. In the face of such adversity, local governments have outdone themselves, displaying the benefits of a federally structured Nepal. In addition to this, civil society in Nepal also known as the first responders to a crisis in Nepal, have also been instrumental in pandemic related assistance.

**International Assistance**

Nepal is receiving donor disbursements from the UN, USAID, Japan, UK, Korea and other agencies to fight the pandemic. In addition to this, India and China have also provided medical assistance. The latest batch of China Aid Medical Materials to Nepal contained 40,000 nucleic acid diagnostic kits, 10,000 disposable coveralls, 10,000 medical goggles, 20,000 N95 masks and 800,000 surgical masks. India has recently gifted over 23 tonnes of essential COVID-related medicines to Nepal with 825,000 doses of essential medicines, which included *Paracetamol* and *Hydroxychloroquine*. India has also taken the lead on offering regional assistance by pledging USD 10 million to the SAARC COVID-19 Emergency Fund. Nepal, being the current Secretariat of the SAARC has backed India’s initiative, pledging USD 1 million towards the Fund, and has been appreciative of India’s COVID-assistance to Nepal. Having said that, the cartographic tussle between the two countries has still not been put to rest. The fact that the entry of the virus to Nepal is largely attributed to its border with India, as well as the border dispute that Nepal seems to have postponed for the time being, is likely to impact the relations between the two.

**What Lies Ahead?**

The nationwide lockdown in Nepal has been strictly implemented and obediently followed throughout the country. While this factor is likely responsible for the fewer number of COVID cases, there has not been a sufficient utilization of the lockdown by scaling up health facilities and mitigation measures. Moreover, the government’s focus seems to lie elsewhere, with no effective course of action charted out during the lockdown, which seems unlikely to be lifted anytime in the near
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future. Aside from the health concerns, the socio-economic effects of the pandemic will be devastating for Nepal. As such, the international community will require to provide assistance, helping Nepal recover from the pandemic and adjust to the ‘new normal’ that lies ahead.

Notes


3 No. 1


14 Shree Ram Subedi, “4.6 million Nepalis are food-insecure, and 100% have severe need”, Republica, https://myrepublica.nagariknetwork.com/news/4-6-million-nepalis-are-food-insecure-and-100-have-severe-need/. Accessed May 30, 2020


COVID-19 and Bangladesh: Managing the Pandemic

Ms. Sushmita Bharti
Research Associate

The COVID-19 has become a widespread phenomenon and countries around the world continue to struggle to cope with the pandemic. Bangladesh in the initial stages tried to escape the crisis by curbing the import of coronavirus through the evacuation of its citizens from China in February. However, as COVID-19 spread to South Asia, Bangladesh too was engulfed into the crisis.

Bangladesh reported the first three confirmed cases of the coronavirus infection on March 8, 2020. Two of the three infected people had travel history from Italy. Also, Bangladesh recorded the first death from coronavirus on March 18, 2020. Since then, Bangladesh has set up testing facilities and quarantine centres to contain further transmission of the infection. However, religious gatherings defied the government’s appeal for social distancing. On March 18, over 30,000 people gathered in Southern Raipur city to pray under the belief that it would protect the country from the pandemic creating fear of a mass outbreak in Bangladesh.

Government Measures

To slow the spread of the coronavirus, the government of Bangladesh passed the enforcement order of a 10-day shutdown called “general holiday” from March 26 to April 4, 2020. The government cancelled all domestic and international flights and other transportation. Schools, educational institutes, and factories were shut down along with industrial and agricultural activities. Apart from the nation-wide shutdown, the government released additional rules that restricted the presence of more than 12 people in places of worship during Ramzan prayers. The government also prohibited iftar gatherings.

Also, the Bangladeshi government imposed a lockdown in 34 Rohingya camps in Cox's Bazar in early April, as the spread of infection in the Rohingya refugee camps could be disastrous. There are a total number of 859,161 Rohingya refugees in the overcrowded settlements in Bangladesh that make social distancing a difficult task.
The implementation of the shutdown has not been a smooth process in Bangladesh. On April 18, despite a nation-wide shutdown, around 100,000 people gathered in Bertola village in Bangladesh to participate in the funeral of the popular Islamic teacher Maulana Jubayer Ahmed Ansari. People have continued to travel in the name of emergency movement violating the public transport ban. Many people travelled to celebrate the festival of Eid-ul-Fitr with their families amid the Covid-19 pandemic. On May 14, 2020, the first case of a COVID positive Rohingya refugee in Bangladesh was recorded and in one week there were about 21 COVID positive cases in the refugee camps.

Therefore, the number of coronavirus positive cases is on the rise in Bangladesh and the shutdown has been extended till May 30. As of May 27, 38,292 Bangladeshis have tested positive for COVID-19 and the death toll in Bangladesh has reached 544. The total number of recovered patients in the country stood at 7925.

**Economic and Social Implications**

According to the International Monetary Fund (IMF) projections the GDP growth rate of Bangladesh would decline to 2 percent in 2020 due to COVID-19 and shutdown in 2020. The projected growth rate for Bangladesh has steeply reduced from the IMF’s pre-COVID prediction of 7 percent GDP growth rate in 2020.

COVID-19 has severely impacted the two main contributors to the economy of Bangladesh, readymade garment (RMG) sector and remittances from Bangladeshi workers. Bangladesh has the world’s second-largest garment industry after China. The annual exports from this industry stand at $35 billion. Additionally, it employs close to 4 million workers (mostly women from rural areas). Garment workers across the country have conducted protests against lost wages and jobs during the lockdown period. After almost a month of lockdown, on April 26, the garment factories started production, as there was incessant pressure from the retailers to reopen factories and meet the production deadlines.

According to the World Bank report- 'COVID-19 Crisis Through a Migration Lens' published in April 2020, remittances to Bangladesh are projected to decline by 22 percent due to the Covid-19 pandemic and shutdown. Bangladesh was the third-highest recipient of remittances in South Asia in 2019, after India and Pakistan. It received USD 18.3 billion in remittances in 2019, which amount to 5.8% of its total GDP. However, it is likely to be around US $14 billion in 2020. Due to the COVID-19 pandemic, several Bangladeshis working in...
gulf countries, western countries, and some Southeast Asian lost job opportunities or had to undergo wage cuts that resulted in many of them returning back to the homeland.

The Bangladeshi government has rolled out a series of fiscal and monetary measures to mitigate the impact of COVID-19 outbreak on the economy. The government announced a US $588 million emergency incentive package for the export-oriented industry. The allocation to the Open Market Sale (OMS) program was increased for the purchase of rice at one-third of the market price. This was followed by the distribution of the food supplies by the Ministry of Disaster Management and Relief. On April 15, the Prime Minister announced the allocation of Tk. 21.3 billion (US$ 250 million) under a housing scheme, Tk. 7.6 billion (US $89 million) for those losing jobs due to COVID-19, Tk. 7.5 billion (US $88 million) for health insurance of government employees at high risk, and a Tk. 1 billion (US $12 million) bonus payment for government doctors and health workers operating in the crisis. To support the farmers, Bangladesh Bank launched an agriculture subsidy program for 15 months till mid-2021.

Repercussions of COVID-19 have been felt within the households in the country. Violence against women and children has reportedly increased in Bangladesh during the lockdown period. According to a survey conducted by a Human Rights Organization of Bangladesh, Manusher Jonno Foundation (MJF), at least 4,249 women and 456 children have faced domestic violence in 27 out of 64 districts of Bangladesh in April.

**New Delhi’s Assistance**

India-Bangladesh ties during COVID-19 have strengthened with several efforts on part of India to help Bangladesh cope with the pandemic. In an attempt to form a joint strategy of the South Asian Association for Regional Cooperation (SAARC) to fight COVID-19, Prime Minister Modi created a SAARC Covid-19 Emergency Fund through a video conference on March 15. The conference was joined by the Prime minister of Bangladesh, Sheikh Hasina, along with the other leaders of SAARC countries. While India contributed US $10 million, Bangladesh pledged to contribute US $1.5 million to the SAARC Covid-19 Emergency Fund.

Under this fund, India had provided a consignment of 30,000 surgical masks and 15,000 caps (head covers) on March 25, 2020. In its second consignment of aid on April 26, India provided Bangladesh with 100,000 hydroxychloroquine (HCQ) tablets and 50,000 surgical gloves. On May 6, India provided the third tranche of emergency
medical assistance to Bangladesh consisting of RT-PCR Covid-19 test kits capable of running 30,000 tests in Bangladesh. Bangladesh was the first country to receive them on a priority basis from India. Besides this, New Delhi has actively conducted a series of online courses on the management of the COVID-19 in Bangla organized by the All India Institute of Medical Sciences (AIIMS) in Raipur for the healthcare professionals of Bangladesh on May 12-13.

Overall, Bangladesh has been active in the management of the health emergency. However, with the increasing number of COVID-19 cases and cyclone Amphan hitting Bangladesh, there are difficult times ahead for the country.

Notes


11 World Bank, n. 4.


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The disease caused by the novel coronavirus known as COVID-19 has infected almost 5.6 million people worldwide and caused around 350,000 deaths. The impact of COVID-19 has been felt in almost all countries with some nations being more vulnerable than others owing to weak healthcare systems and economic challenges. Iran and Afghanistan, two countries that share a border and are dependent on cross-border trade, have been particularly vulnerable to COVID-19 due to pre-existing security issues and inadequate healthcare systems.

COVID-19 in Iran

Iran has been one of the hardest hit countries by COVID-19 with more than 140,000 infections and 7,508 deaths (at the time of writing this paper). Iran was the first country after China that was severely affected by COVID-19. 2020, has already been a particularly difficult year for Iran after the killing of General Soleimani and the subsequent shooting down of a Ukrainian passenger aircraft that led to widespread anti-government protests. Recently, Iranian officials have claimed that new COVID-19 have come down in the country. However, doubts have been cast over the officially reported number of cases in Iran.

Outbreak and spread

The coronavirus outbreak in Iran can be traced back to the holy city of Qom which has felt the brunt of the epidemic in Iran. Iranian authorities ignored warnings by doctors in late December and January of an increasing number of patients with high fevers and lung infections in the city. Closing the religious shrines and implementing social distancing measures at Qom were delayed, letting the coronavirus to spread among pilgrims both domestic and foreign. Qom has close links to China and is home to many Chinese nationals. Iran's health minister had publicly said that the coronavirus is believed to have come from China through a businessman from Qom.

Another important factor contributing to the pandemic spread is that multiple Chinese companies operate in Iran— one of them is building a high-speed railway through Qom. Despite all this, Iran did not
want to risk jeopardizing its vital trade and diplomatic ties with Beijing, which is one of its most important partners. No quarantine arrangements were put together, though educational institutions were closed. In February large rallies were held across Iran to commemorate the 1979 Islamic Revolution. Elections were also held in February with Supreme Leader Ali Khamenei telling all Iranians to ignore the coronavirus and participate in the elections and vote. On February 19, the government announced first two cases of - and deaths from COVID-19. Iranians ignored warnings and the government had to declare a national lockdown from mid-March and order the security forces to implement the lockdown.

**Handling the Epidemic**

Iran has tried to contain COVID-19 by closing schools, universities, cinemas and stadiums among other public spaces since March. But it has allowed a gradual reopening of its economy since April 11. Authorities had kept public transportation open despite warnings from health experts, and made it mandatory for passengers to wear masks only as of early May. Iran had also released significant number of prisoners from its jails to avoid the spread of COVID-19 in prisons. In Iran COVID-19 had infected at least 12 current or former government officials or lawmakers. Health workers had also asked for better and more Personal Protective Equipment (PPE) kits and medicines which were in short supply.³

Iran had re-opened major religious shrines (some of which were the epicenter of the COVID-19 outbreak in the country) around May 24 to coincide with the Eid-ul-Fitr festival. Some level of health screening and social distancing of worshippers are being done at these shrines. "High-risk" businesses such as restaurants and wedding halls in Tehran were also allowed to open. President Rouhani claimed that Iran had passed the three stages of the epidemic. The fourth stage is containment in 10 of Iran's 31 provinces, where the situation is better and screening will intensify while infected patients will be quarantined.

**Economic Impact and International assistance**

Iran has blamed the United States (US) for the crippling sanctions that have not only suffocated the economy but have also prevented imports of protective gear and medicines. The US offered medical and humanitarian aid which was rejected by Iran. The US sanctions exclude humanitarian assistance, like medicines and medical equipment, still companies have been hesitant to do business with Iran.
as US banks have avoided playing any role in trade with Iran.

The International Monetary Fund (IMF) revised its original estimate—of zero growth in 2020—to project that the economy would fall by up to six percent. Iran’s parliament projected that the economy could shrink by -up to 11 percent. There has been a rise in unemployment, reserves are low and the currency has faced inflation. Oil and gas production is also at an all-time low due to decreasing demand of crude oil and falling oil prices. Iranian oil exports were already down by ninety percent from 2.5 million barrels per day in 2018 to 70,000 barrels per day in April 2020. In the budget for the FY 2020-21 38 percent of the government revenue was expected to come from oil exports.

China was the first country to deliver aid to Iran and initially provided more medical supplies than any other country. On February 28, China delivered 50,000 test kits and 13 respirators. On March 30, Iranian state media reported that China was shipping daily around 40 tons of medical supplies. France, Germany, and the UK have skirted US sanctions with the Instrument in Support of Trade Exchanges (INTEX), a financial system set up by the UK, France and Germany in January 2019 to provide medical supplies to Iran worth around five million Euros. On March 10, Russia delivered 50,000 diagnostic tests to Iran. Interestingly, Pakistani Prime Minister Imran Khan had requested the US to lift "unjust" sanctions on Iran so that it can handle the pandemic better. On March 16, Uzbekistan sent a shipment of sanitary and medical items to Iran. On March 2, the United Arab Emirates facilitated a shipment of 7.5 tons of medical supplies from the World Health Organization. On March 16, the UAE shipped 32 tons of medical supplies to Iran. Qatar sent a second shipment of 8.5 tons of medical supplies on March 21. On April 24, Qatar dispatched a plane with 15 tons of goods and medical equipment. On April 29, Qatar sent a fourth shipment of medical aid, weighing 16 tons.

India has been airlifting its citizens stuck in Iran. The Indian Air Force has been doing the heavy lifting in bringing back Indians stuck abroad and Air India too played an important role. President Rouhani has written to world leaders, including Indian PM Modi, for help in easing US sanctions and medical supplies. Interestingly, this was after a few weeks of Iranian stance against India when the Iranian leaders had issued critical statements against India on Jammu and Kashmir and the Citizen Amendment Act. In early March, members of the Zoroastrian community in India and
the US responded to pleas from Iran to provide aid during the pandemic, going against time constraints and political embargos. It was after a plea was made by Sepanta Niknam, Iran’s sole Zoroastrian politician, and a councilor in the city of Yazd. India sent medicines and testing kits to Iran in mid-March. A total of 1,142 Indians were repatriated from Iran, while more than 1,000 Iranians have been flown back from India. Iran helped arrange treatment for some 300 Indians who tested positive for COVID-19. The Chabahar port in Iran jointly developed by Iran has proven instrumental in providing aid to landlocked Afghanistan.

A Pivotal Moment: Reconsidering Priorities?

The COVID-19 pandemic is a pivotal moment for Iran as it may make the regime reconsider some of its priorities. Tehran requested for a $5 billion in financial aid from the IMF, to deal with the crisis. However, at the same time Iran has not made any significant reduction in its covert activities and support for proxy militias in conflict zones such as Syria, Yemen and elsewhere in West Asia. Iran may have to re-strategize some of its regional ambitions but there might not be any drastic changes as Iran is used to surviving under severe economic and social distress for almost the last decade. The Iranian regime has become quite adept at keeping its hold on power and controlling its citizens with a mix of hard measures and propaganda by claiming that all its problems, including the coronavirus, are caused by its enemies such as the US.

COVID-19 in Afghanistan

Afghanistan has so far recorded moderate numbers (as compared to the rest of the affected countries) of coronavirus cases, but certainly there is the potential for the crisis to explode due to ongoing internal conflicts and an extremely weak healthcare system. The country is already struggling with a two-decade old insurgency and terrorism. At the time of writing the paper, Afghanistan recorded around 11,831 COVID-19 cases with 220 deaths. Afghanistan first case, a returnee from the city of Qom in Iran, was recorded in Herat province bordering Iran, on February 24. Herat also has the highest number of cases because of it being one of the important border provinces with Iran. Millions of Afghans live in Iran, often travelling by road across the border for work or personal business.

Challenges

Afghanistan is struggling to safely take in the more than 271,000 people who have returned from Iran and Pakistan since
January amidst the pandemic. A major shortcoming hindering an effective response to the pandemic is the low capacity for testing and lack of PPE kits and ventilators. Nine testing facilities established since January have a daily capacity of 100-150 tests each. However, there is a significant shortage of trained lab technicians and more testing kits are urgently needed.

Another grave concern is that Afghanistan has extremely limited infrastructure to treat severe cases. An average life expectancy is only 50 years and a high percentage of the population have pre-existing conditions with environmental pollution being a major factor in general population health challenges.

More than a third of COVID-19 cases in Kabul, including the health minister, have been among doctors and other healthcare staff. Some doctors have closed their clinics, putting a strain on the limited health resources in Afghanistan. Around 40 staff at the Presidential Palace have also tested positive for COVID-19. With a population of more than 37 million, Afghanistan has roughly 172 hospitals, and just four doctors per 10,000 people, according to a 2019 government report. The healthcare system is dependent on foreign donor aid for support. There are parts of the country that are under the control of the Taliban where it is hard for the government to access information.

Keeping in mind the pandemic (and also as part of the US-Taliban agreement signed in February) the government has released large numbers off prisoners in the last few weeks. The Afghan government has allocated $25 million to the Ministry of Public Health (MoPH) to fight the coronavirus. Islamic clergy have reached a consensus on preventing COVID-19 by closing mosques and refraining from conducting any gatherings. The government is also building a 100-bed hospital in Herat, along with a few clinics at district and provincial levels.

Earlier, Kabul had approved a contribution of $1 million to the SAARC Emergency Fund to fight COVID-19 in South Asian countries. The government has enforced a series of precautionary measures, including the closure of commercial facilities, in a continuous effort to slow down the spread of COVID-19.

**COVID-19 and Non-State Actors in Afghanistan**

In southern Afghanistan near the Taliban front lines, doctors at the Emergency NGO hospital in Lashkar Gah are disinfecting and distancing. In nearby villages, the Taliban have been seeking greater assistance from aid agencies to fight
COVID-19, and have now declared a three-day Eid ceasefire. The MoPH and World Health Organisation (WHO) confirmed that its staff were being allowed to work in Taliban-controlled territory. The Taliban has also been running COVID-19 awareness camps and workshops in some areas to educate the public about the coronavirus with its “health commission” members wearing PPEs and wielding guns and thermometers. However, until recently the Taliban did not cease or modulate its attacks on Afghan forces despite the virus outbreak and the US-Taliban deal. However, Taliban has reportedly agreed to a ceasefire in areas affected by the virus. The Taliban have also given medical assistance and distributed PPEs and other necessary items to the public in some areas in Jawzjan, Helmand, and eastern Afghanistan. They have also set up quarantine and testing centers for people travelling from other provinces. Propaganda videos and messages were released aimed at highlighting the group’s efforts, although the actual impact of the work on the population remains unknown.

The Islamic State Khorasan Province (ISKP) have stepped up attacks in recent months in Afghanistan since the outbreak of the pandemic, conducting multiple attacks in Kabul itself which has been under lockdown due to the crisis. Attacks such as that on the maternity ward in Kabul run by the Doctors without Borders NGO might make external aid agencies wary of operating in Afghanistan to help with relief efforts, especially when foreign aid workers can be a valuable target for terrorists. While IS has not made any statement related to the coronavirus specific to Afghanistan they do, however, see the virus as a “punishment from God” and an opportunity to take advantage of.

Conclusion

India has delivered large consignments of medicine for COVID-19 patients in Afghanistan. India had also separately delivered 5000 metric tons of wheat consignments to Afghanistan via the Chabahar port in Iran and has committed 75,000 tons in total. It remains to be seen what will be the level of India’s engagement in the future given the political developments in Afghanistan. Another important factor which is important in the future assistance to Afghanistan is that a significant chunk of already strained resources of the Afghan government are being diverted to deal with COVID-19. This may impact the available national resources for counter-terrorism (CT) operations. This may deteriorate the security situation and make it increasingly difficult for international aid agencies and NGOs to operate in the country. In such a...
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scenario international agencies may reduce their presence to reduce risks from non-state actors that could attack foreign aid workers by taking advantage of a slowdown in CT efforts.

Notes


6 Chakravarty, n. 3


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The current global situation has highlighted the fact that viruses can have extensive effects. The combined global population is enduring the COVID-19 pandemic irrespective of their distance from the epicentre in Wuhan, China. Since November 2019, the virus has spread across all continents causing everything to come to a standstill, and what can essentially be termed as a worldwide lockdown. It has not only placed public health systems under intense stress globally, but has also disrupted the global economy. Confronting the threat, therefore, has become a serious challenge for countries around the world. The Central Asian region is no exception and the effects of the virus have been glaring there as well. Although, the five Central Asian Republics (CARs) face the similar challenges like the other countries around the world, but the peculiarity of their geographic, demographic and economic situation offers a curious case study given the fact that over the years, all these countries have developed in such a way that they have become highly dependent upon their neighbours (particularly on Russia and China). For instance, trade, employment and their economy largely rely upon export earnings, particularly for fuel and mineral exports. Also, the Central Asian countries, particularly Kyrgyzstan and Tajikistan, have a large migrant workforce specially in Russia. Within the boundaries of this context, it is important to understand the response of the Central Asian countries during this pandemic.

Spread of Covid-19 in Central Asian Republics and their Response

The presence of the virus was not officially acknowledged by any of the Central Asian Republics (CARs) until mid-March 2020. It seemed unrealistic, considering the proximity of the region with China and their intense relations with the country through busy trade and transit routes, presences of large number of students from CARs at Chinese universities and thousands of Chinese workers in the Central Asian region. However, many analysts believed that they chose to suppress the seriousness of the crisis due to their tradition of concealment and secrecy. Nevertheless, the first official case of Covid-19 in region was identified in Kazakhstan on March 13 and then later on in Uzbekistan on March
15, in Kyrgyzstan on March 18 and Tajikistan, after weeks of continuous denials, registered its first case of Covid-19 on 30 April. Turkmenistan, still does not have any officially registered cases of the virus and is quite confident of control over the pandemic. There has been a considerable increase in the number of cases in region so far and the number varies in different republics. For instance, till the time of writing this paper, the number of positive cases in Kazakhstan were 8531 mostly in Almaty and Nursultan with 35 deaths, and the source of carrying the virus, reportedly, were two Kazakh returnees from Germany on 13 March, and two from Milan via Moscow on the same day. In Kyrgyz republic, the number was 1433 with 16 fatalities, mostly in southern part of the country (is blamed on the returnees from the Haj pilgrimage from Saudi Arabia), Tajikistan- 3100 with 46 people dead and Uzbekistan- 3189 with 13 fatalities.

Subsequently, the governments of these countries have taken effective counter-infection measures. The affected states, particularly, Kazakhstan, Kyrgyz republic and Uzbekistan, have declared a state of emergency and entered a state of complete lockdown. This also brought the restriction of travel from in and out of the country and closing of their borders. They have also imposed quarantines. All the educational institutions have been shut down and public events cancelled. The military was asked to help disinfect the cities. The governments also outlined the anti-crisis economic packages. The poor countries like, Kyrgyzstan, asked the international bodies including the International Monetary Fund (IMF) for financial assistance and aid packages. Thus, these countries have done well in mobilizing for the first emergency stage of the crisis. However, at the same time, the economic repercussions emerging out of this crisis cannot be ignored.

**Economic Implications**

All Central Asian countries are facing the economic consequences of Covid-19, like other countries around the world.

- With the air, rail, and road travel put into halt, supply chains links in many of the significant sectors of the economy have suddenly taken a big hit. Businesses have suffered with the closure of markets, factories, educational institutions, public institutions etc. and the fear of collapse of commodities’ prices loom large on the exporters. Besides the loss of routine earnings and livelihoods have made an unprecedented social and economic upheaval in the region.
- Further, the pandemic could significantly affect the economies of the CARs,
specifically, considering they are relatively small and undiversified economies and heavily dependent on foreign trade. Since, for controlling the spread of the virus, the countries have closed their borders with neighbours and have restricted internal movement of goods and people, while value chains have also been disrupted. Lower and expensive trade will effect consumption and cause a decline in the manufacturing competitiveness of the region. This will be specifically important due to significant costs created by connectivity and regulatory barriers.8

- Falling migrant remittances are likely to squeeze the government revenues. Two of the Central Asian Republics i.e. Kyrgyzstan and Tajikistan have remittance-based economies. The economic slowdown in their main trade partners; Russia, China, Kazakhstan and Uzbekistan, will not only affect their economies (with remittances accounting for around 30-50 percent GDP in both countries), but will also have its impact on the families of the migrant workers since labour migration has been the life line of many households of these republics.9

- The economic effects of coronavirus can also be seen in Central Asian countries with a drop in the global demand for primary commodities. For example, oil and gas are the Central Asian countries’ biggest hard currency earner, therefore overdependence on the hydrocarbon sector can further increase its economic vulnerability. Moreover, the sharp decline of crude oil prices (because of the Russia-Saudi Arabia conflict over oil production and price), reduced gas exports to China (as Petro-China issued a force majeure notice on March 5, by citing the reason that it is cutting imports due to ongoing coronavirus crisis) and general slowdown in trade because of Covid-19 has disrupted their economy.10 This, in turn, could force these republics to revise their respective state budgets for the year 2020.

- Since there are no answers yet as to how long the coronavirus outbreak will continue to spread across the region and economic impact is likely to be profound. Also, it is likely to put a significant strain on their healthcare systems. Since, Central Asia is home to some of the poorest nations of the world, therefore, fighting the disease would be very challenging for their medical systems. Low-level of financing, inappropriate use of allocated funds, lack of availability of modern medical equipment, outdated treatment standards, unavailability of sufficient medical staff etc. are some of the issues these countries have to address.11

So far, the CARs have tried to fall in step with the other countries around the world to confront the pandemic. The sudden arrival of the crises has vividly revealed the
lack of strength in the resources of the healthcare industries/ systems of these countries besides their economic vulnerabilities. Therefore, it is very important for these countries to revise their domestic and foreign policies while monitoring the global trends. This could prove to be the key to overcome the pandemic.

**International Assistance:**

The Coronavirus Pandemic is clearly both-political/geopolitical as well as bio-political issue. It is territorial as well as people-centric.\(^\text{12}\) It promises to fundamentally reshape the dynamics of a state’s thinking towards domestic as well as global front. It will, also, generate a new thinking so as how to deal with any such crisis in future. Therefore, the role of diplomacy and aid will come into play here and the strategic use of goodwill gestures will steer the way to what partners countries value.

To combat and overcome the Covid-19 crisis, a number of international financial institutions have responded through various financial assistance programmes for Central Asian republics. For example, Kyrgyz republic became the first country in Central Asia to receive $121 million disbursement from the IMF under its the Rapid Financing Instrument and Rapid Credit Facility assistance programme,\(^\text{13}\) and the IMF has approved US$375 million disbursement to Uzbekistan to fight the impact of the Corona virus.\(^\text{14}\) Besides, Asia Development Bank (ADB)\(^\text{15}\), Eurasian Development Bank along with Russian Export Centre\(^\text{16}\) have also moved forward to provide the economic assistance to these countries. To what an extent, this assistance will be able to sustain the economies of these countries is debatable but certainly, will prove helpful, when combined with local economic and administrative measures to stimulate domestic economy in this hour of need.

**Regional Assistance**

Although, all the five republics have chosen their own individual path to confront the crises, at the same time the leaders of these countries are also making conscious efforts to touch base with their direct neighbours. Uzbek President Shavkat Mirziyoyev has taken the lead in this endeavour. As a part of humanitarian aid Uzbekistan has sent medical masks, protective overalls, thermal imagers for detecting the disease, pyrometers, flour, oil, rice, laundry soap, clothes for children to Afghanistan on 01 April.\(^\text{17}\) Similarly it has sent 1,000 tons of flour, 7,000 protective overalls, 7,000 respirators, 20,000 gloves, 500 goggles, 200 pyrometers to Kyrgyz Republic.\(^\text{18}\) Reportedly, President Mirziyoyev has also used telephonic
diplomacy with his counterparts in the region as well as in Afghanistan to coordinate their efforts.\textsuperscript{19} Such efforts can be attributed to boost the level of cooperation among the Central Asian republics along with Afghanistan, which they had started two years back, nearly after a gap of twenty years.

**Assistance from India**

Central Asian countries are a part of India’s extended neighbourhood and strategic partners. India’s engagement with region has increased in recent years, therefore, the current crisis is another opportunity for India to give a further fillip to its diplomacy in the region. In fact, as a gesture of its support to the friendly people of Central Asia India has provided Hydroxychloroquine and Paracetamol tablets as humanitarian aid.\textsuperscript{20} Besides, India’s Foreign Minister Dr. S. Jaishankar had a telephonic conversation with his Tajik counterpart and discussed the prospects of medical cooperation between the two countries in response to Covid-19 challenge and reviewed various aspects of bilateral relations. Further, virtual discussions on the preparations for the second India-Central Asia foreign ministers’ meet are also underway.\textsuperscript{21}

Furthermore, India participated in an extraordinary meeting (virtual) of the Foreign Ministers of members of Shanghai Cooperation Organisation (SCO) where they discussed about sharing of information on best practices on containing COVID-19, particularly in the medicine, medical equipment, and pharmaceutical sector and agreed on a joint declaration that focused on creating a plan of action that could be adopted at leaders level summit on collaboration for vaccine development and methods of disease treatment. India’s Foreign Minister expressed its readiness to share information, expertise and best practices to the SCO Member States.\textsuperscript{22} Thus, mutual support and planning at bilateral and regional level is very significant for future engagements and strengthening of relationships.

**Notes**

1. The five Central Asian Republics include the republics of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

2. Three of the five Central Asian Republics i.e. Kazakhstan, Kyrgyzstan and Tajikistan, share borders with People’s Republic of China.


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9 Ibid


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